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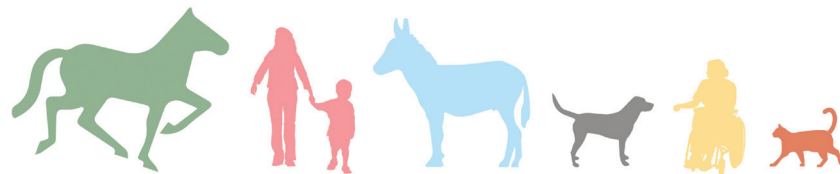
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The Intersection of Aging and Pet Guardianship: Influences of Health and Social Support

Ranell L. Mueller¹ and Elizabeth G. Hunter¹

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Abstract Studies of the human-animal bond show many positive health effects for pet guardians including a sense of companionship, reduced depression and loneliness, and higher activity levels, yet few studies have examined factors such as how the pet guardians' health, age, and social networks influence their relationship with and ability to care for their pet. These health factors may affect the ability of older adults to care for their pets, therefore inhibiting them from reaping positive benefits associated with pet guardianship. This qualitative study involved 21 in-depth interviews with older adults, aged 60+, who were pet guardians. Four themes emerged from the one-on-one, in-depth interviews: Accommodations to Aging Changes; Pets and Mental Health; Importance of Formal and Informal Social Supports; and Dogs as Activity Catalysts. Participants reported unique ways in which they adapted their care of pets to limitations as a result of their changing health. Participants reported positive and negative mental health effects of caring for a pet, such as reduced depression and an increase in sadness related to loss. They also reported their pets influence their level of physical activity and frequency of social engagement. Dogs are especially helpful as a means with which to engage with others and increase physical activity. Pet guardianship becomes increasingly difficult with declining health that is often related to aging, but perhaps becomes more important as well. Older adults can utilize formal and informal supports to adapt to age-related difficulties with pet guardianship, thereby enabling them to experience the benefits of caring for pets.

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Background

Older adults today comprise approximately 15% of the population, but that will increase to 20% by the year 2030 (Morgan & Kunkel, 2007). This burgeoning population is healthier than previous cohorts but often lives with physical limitations related to chronic conditions such as arthritis, hypertension, diabetes, and heart disease (Bloom et al., 2015; Holmes, Powell-Griner, Lethbridge-Cejku, & Heyman, 2009). While not all older adults live with chronic health conditions, all will be faced with one or more physical changes related to aging. Examples of such physical limitations congruent with change would include difficulties with lifting; reduced ability to bend over or stoop; and difficulty with walking (Holmes et al., 2009). Continuity theory (Atchley, 1993) claims that older adults are proficient at adapting to age-related changes and addressing any chronic or acute condition that accompanies aging, and as a result, may utilize coping skills differently depending on present health conditions.

The health considerations of older adults can create a cascade of repercussions that may inhibit their quality of life, leading to a decline in physical, mental, and social functioning and an increase in dependence on others. Loneliness and isolation are a defining factor in health-related quality of life for older adults (Shankar, McMunn, Banks, & Steptoe, 2011). Due to decreasing social contacts, family relocating, and isolation, older adults' frequency of social interaction can be limited, leading to increased risk of mortality (Ellwardt, van Tilburg, Aartsen, Wittek, & Steverink, 2015; Steptoe, Shankar, Demakakos, & Wardle, 2013). Social interaction is essential to quality of life for older adults (Cacioppo & Cacioppo, 2014). One approach to engaging older adults and improving health-related quality of life is through caring for pets. Pets bring a multitude of benefits to humans, especially to older adults. A pet in itself can be a source of companionship, a friend, and a means with which to engage with others (Wood, Giles-Corti, Bulsara, & Bosch, 2007; Wood et al., 2015).

Currently, pets reside in over 60% of American households (American Humane Association, 2012). These pets, whether cat, dog, bird, or reptile, are often considered family members by the people who care for them (Carlisle-Frank & Frank, 2006; Hall et al., 2004; McNicholas et al., 2005; Shir-Vertesh, 2012). Pets are often a source of profound emotional support for older adults who have fewer options for companionship due to disability, confinement, or the death of friends (Erickson, 1985).

Pets have the potential to be partners in benefiting older adults in the physical, social, and psychological realms. Positive health effects of caring for a pet at the biological level include lowered blood pressure and increased physical activity, often as result of simply petting an animal or walking a dog (Boldt & Dellmann-Jenkins, 1992). The American Heart Association notes that the heart health benefits of owning a dog include reduced risk of cardiovascular disease (Levine et al., 2013). Oxytocin is released as a product of the human-animal bond and buffers against stress (Beetz, Uvnäs-Moberg, Julius, & Kotrschal, 2012). A randomized control trial showed that adult joint replacement surgery patients who were visited by dogs not their own used approximately 6.0 mg less of pain medication than those who did not spend time with a dog (Havey, Vlasses, Vlasses, Ludwig-Beymer, & Hackbarth, 2014).

While the benefits of pets to humans are well documented, little is known about how the health of the aging pet guardian and the availability of social support to the older adult pet guardian affects their ability to own and care for pets. The question that emerges is: How does the phenomenon of aging, complete with changing health of the individual or a family member and changing social support needs, intersect with the ability to have pets? Older adults are a group that seems to be well suited to reaping the health benefits of pet guardianship, but it is the presence of age-related health concerns that may put an older adult at risk for not being able to care for pets. This project is couched in Bronfenbrenner's Ecological Systems Theory. The theory conceptualizes each

person as embedded in a network of systems including the individual as its center. The model moves from the individual (micro) level, to the family and neighborhood (meso) level, on to the social system, and finally the social policy and values (macro) level (Bronfenbrenner, 1979). Bronfenbrenner claimed that human development is formed within and affected by these different systems. Development is a life-long process reflecting an accumulation of the effects of the interconnectedness of these systems. This study involved in-depth interviews with older adult pet guardians in order to explore aging and pet guardianship with regard to how these systems interact with and affect the ability of older adults to care for their pets.

Methodology

Understanding the experience of being an aging pet guardian on any level other than superficial requires an in-depth interpretive analytical approach that can best be achieved through a qualitative approach. The goal of this study is to address two questions: What are the factors related to aging that may affect aging pet guardians' ability to care for their pets; and how does the context in which older adult pet guardians function affect their pet-keeping? Personal interviews allowed us to understand the realities of being an aging pet guardian.

Participants

In-depth interviews with 21 older adults (aged 60+) took place over three months. Participants were recruited through flyers and snowball sampling. Table 1 contains participant information. Participants ranged in age from 63 (young-old) to 80 and consisted of 5 males and 16 females. All identified themselves as Caucasian with the exception of one female who self-identified as multiracial. Sixteen of the participants had dogs only; two had cats only; and three had both dogs and cats. Interviews were conducted

either in each participant's home or at a site of their choosing. The study was approved by the university Institutional Review Board.

Interview Process

Individual interviews took no more than 90 minutes. An interview guide consisted of four broad questions focused on how age, health, and social networks affected the participant's ability to care for her or his pet. Interviews were audio recorded. Participants completed a demographic form that asked for their age, income, types of pets in the home, living situation, history of pet guardianship, and current marital status. All participant and pet names in this paper are pseudonyms as the study participants come from a small community of pet guardians and using the pets' real names would reveal the identity of their guardian.

Data Analysis

All interviews were audio-recorded. The first author personally transcribed each interview. Transcription took place at the conclusion of each interview. Each transcript was read and analyzed line by line (Saldaña, 2009). Line by line analysis led to the development of an open coding scheme that revealed meaningful concepts and categories of data that spoke to the participants' personal experiences of pet-keeping. Axial coding was the next step in the analytical process. This coding revealed relationships among the categories that created subcategories and subthemes. Finally, through selective coding the subthemes were informed by the literature and by the overall gestalt of the combined participant experiences to create global themes related to aging and pet guardianship (Charmaz, 2014; Saldaña, 2009). A colleague read all transcripts in order to assess for congruence in coding. A congruency percentage of 80% was achieved (Roberts, Priest, & Traynor, 2006).

Table 1. Participants

Participant	Age	Sex	Marital Status	Living Circumstances	Income	Pet/s
Alice	69	F	Married; living with spouse	Owens home; lives independently	25–40K	Four dogs, two cats
Anita	68	F	Divorced; living alone	Owens home; lives independently	0–25K	One dog
Bertie	63	F	Married; living with spouse	Owens home; lives independently	70K+	One dog
Bonnie	68	F	Married; lives with spouse	Owens home; lives independently	40–55K	Two dogs
Charles	69	M	Married; living with spouse	Owens home; lives independently	70K+	Two dogs
Connie	80	F	Widowed; living alone	Owens home; lives independently	25–40K	One dog, one cat
Dee	65	F	Married; living with spouse	Owens home; lives independently	40–55K	One dog
Douglas	66	M	Never married; lives alone	Owens home; lives independently	40–55K	One dog
Edward	66	M	Married; lives with spouse	Owens home; lives independently	55–70K	One dog
Emmie	78	F	Divorced; lives alone	Owens home; lives independently	0–25K	One dog
Hannah	65	F	Divorced; lives alone	Owens home; lives independently	40–55K	One dog, two cats
James	69	M	Married; lives with spouse	Owens home; lives independently	70K+	Three dogs
JoAnne	73	F	Divorced; lives alone	Owens home; lives independently	0–25K	Four dogs
Judith	67	F	Divorced; lives alone	Owens home; lives independently	25–40K	Three cats
Lucy	76	F	Married; lives with spouse	Owens home; lives independently	55–70K+	One dog
Magnolia	73	F	Married; lives with spouse	Owens home; lives independently	55–70K	One dog
Roberta	65	F	Married; lives with spouse	Owens home; lives independently	40–55K	One dog
Teach	68	F	Married; lives with spouse	Owens home; lives independently	70K+	One dog
Theresa	65	F	Married; lives with spouse	Owens home; lives independently	40–55K	Three cats
Tony	70	M	Married; lives with spouse	Owens home; lives independently	40–55K	Two dogs
Virginia	69	F	Married; lives with spouse	Owens Home; lives independently	40–55K	Two dogs

Findings

Four overarching themes, each with subthemes, emerged from the in-depth interviews. The themes related to age-related physical and social changes participants faced, the psychological impact of pet guardianship, the formal and informal social support needs, and the overall impact of pet guardianship.

Theme 1: Accommodations to Aging Changes

The first theme was difficulties older adults face when caring for their pets. Seven of the older adults in the study live with physical constraints that limit the ease of caring for their pets. Adaptations to the presence of their physical limitations were made by participants who had difficulties related, for

example, to arthritis, which made the weight of litter and food a concern, or myasthenia gravis, which made walking a large dog difficult if not impossible at times. Four female participants had spouses who could no longer assist in sharing responsibility for care of the pet due to Alzheimer's disease or other health concerns.

Physical Limitations

Participants mentioned ways in which they manage potential physical limitations and their impact on pet guardianship. Cat litter is heavy and even heavier if you have arthritis or simply cannot carry a 40-pound box of litter. Alice explained ways in which she and her husband have managed this: *"We buy smaller bags of food and litter when you get older because they're heavy and [it's] easier to handle 25 pounds instead of 50."* This was a common adaptation. Bertie, aged 63, cannot safely walk Rukus, a large border collie, alone as a result of myasthenia gravis. She explained how she adapts: *"I don't take him for walks anymore, you know. If I do, I take him to the park and go with a friend."* This strategy reduced the risk of being stranded alone somewhere in her neighborhood without help. Cat carriers are awkward when empty but with a cat in them, can become very heavy. Hannah, who has cats Wilson and Chloe, and also an old wrist injury that has become more troublesome with age, said she adapted the way she transports her cats, explaining: *"Yeah, I've got the carrier with the shoulder strap. My shoulder can handle it a lot more than my wrist."* Some participants relied on their spouses for pet care tasks that they could no longer undertake safely or painlessly.

Social Changes

Four participants were not only caring for their pets, but also for their older adult spouse as well. These participants had to manage more of the pet care as a result of their spouse's illness, either permanent or temporary, straining the participant's mental and/or physical strength. Bonnie cares for two dogs, Cooper and Riley, and is 68 years old. She said,

"He [husband] used to walk them every single night . . . just doesn't do that anymore and I have really had to step up to the plate. I have no problems. But he has Parkinson's." Roberta spoke of her husband's health condition that affect his balance, so that he wasn't able to walk their dog, Sunny: *"He can't really pick [Sunny] up anymore, so I take her out."* Likewise, Magnolia was unable to pick up Mr. Bluffy, their dog, so her husband now does that when needed. Theresa, who has three cats, said, *"My husband has Alzheimer's. . . . I'm picking up the slack [with care of the pets]."* These participants had to adapt the ways in which they care for their pets, either due to a spouse's illness, getting older, or due to serious health concerns of their own. Some relied on their friends, neighbors, or their own ingenuity as demonstrated by their creative adaptation techniques for new ways to make caring for their pets easier.

Theme 2: Pets and Mental Health

A second theme was how pets affect the psychological health of the aging pet guardian. Pets were effective in decreasing depression and loneliness in their guardians but were also a cause for concern and heartbreak. The physical health of the pets was mentioned, as many pet guardians were caring for pets that were older and in poor health, and they often found themselves worrying about their pets' health.

Decreasing Depression

Psychological benefits of caring for pets ranged from helping alleviate depression to offering a sense of comfort simply by being present. Theresa's husband is living with Alzheimer's disease. She said of her three cats, *"Well, considering my own personal situation, um, if I didn't have the cats I would be fighting depression like crazy. They do a lot to keep me on a level."* JoAnne, aged 73, who cares for four dogs, claimed that her pets are psychologically beneficial, saying, *"They help with the depression. . . . I'm supposed to walk them, I'm supposed to be . . . taking care of them, letting them in and out."*

Reducing Loneliness

A frequent subtheme was the experience of companionship as a result of caring for their pet. Hannah commented, *“I mean they comfort you just by being there.”* The idea of her dog “being there” was important for Hannah; she used this phrase five times during her interview. She also said as a result of her pets, *“You’re not alone.”* Magnolia, aged 73, said, *“Well, he’s there. . . it’s nice.”* Charles, aged 69, said of his two poodles, *“They keep me company. . . they sit with me while I watch TV, or while I’m working.”* Reinforcing Hannah’s sentiments, when asked what his dogs’ presence meant to him, he said, *“It means I’m not alone.”* James, aged 69, has three dogs. Speaking of companionship, he explained, *“There’s a tight companionship there.”* His smallest dog, Duke, is a Yorkshire terrier whom he would put inside his button-up shirt with Duke’s head sticking out fast asleep. He claimed Duke would sleep that way for hours. Roberta, aged 65, has a very close companionship with her small Bichon, Sunny. She said, *“I think they fulfill a need of companionship. As you get older you want that unconditional love. It’s just a nice thing.”* Alice, aged 69, summed up the situation: *“I mean the companionship is the main thing; why else would you have them?”*

Potential for Heartbreak

While there are many psychological benefits to caring for a pet, there are also difficulties. Most of the difficulties mentioned were related to loss of one’s pet. As Virginia commented, *“The downside is you have to prepare for a broken heart.”* Almost all participants had lost a pet to death, some by disease, some to disappearance, and some to being killed by a car. Some participants cried when speaking of pets they had lost, some many years previously and some more recently. Charles remembered his dog’s death 40 years ago saying, *“I do remember it vividly. It was very traumatic. Spent several months crying myself to sleep. She was special. That was very hard to take.”* Hannah, speaking of losing her dog as a young child, said, *“That was my first major heartbreak.”* JoAnne expressed a similar sentiment: *“It*

just about did me in. It was such a terrible, terrible void. It was just awful.” Judith began to cry when speaking of the recent loss of her cat: *“I missed him, that broke my heart. I really missed him. That one broke my heart [crying], it just broke my heart. He was my bud.”* Lucy, aged 76, who has a new dog, a rescue named Bailey, spoke of how her husband will still cry when they speak of losing their previous dog, a beloved German shepherd, many years ago. There were many pictures of this dog still displayed in their home.

Participants expressed concern and worry for their current pet if it was presently not in good health. Half of the participants had animals that were older and were living with some health concerns. Mr. Bluffy has had some serious health problems, but at the time of the interview was on the mend. Magnolia said frankly that when worrying about her dog’s health, *“I was a basket case.”* Teach has Princess, a Pomeranian who is 14 years old. Princess has had almost all of her teeth removed and has arthritis. Teach feeds her softened dog food from her hand. To address Princess’s arthritis, she explained, *“I don’t want her to jump off of things, because she’s old, so I ordered her a pet ramp.”* Teach cried often throughout the interview in reaction to concern for Princess’s health.

Theme 3: Importance of Formal and Informal Social Supports

The third theme emerging from the data was the increased need for formal and informal supports for older adults in caring for their pet. Successfully having a pet in one’s life led directly to interacting with informal and formal support systems, such as family, neighbors, veterinarians, pet sitters, and lawyers.

Formal Support

Veterinary care is an example of a formal support. Veterinary care was mentioned in two contexts—cost and planning for continuing care in the event of one’s own death. Judith spoke of how convenient veterinarian care was for herself and her cats, explaining of her

veterinarian, *“He’ll bring his wagon up here.”* The extra cost of this home visit was worth the convenience for her as this eased the difficulty of her packing her three cats into her car and transporting them all to the vet’s office. She also felt it decreased some of the anxiety her cats felt around “going to” the vet.

Kennels and boarders also provide formal support by offering peace of mind through reassuring guardians that their pet is being well cared for in their absence. Teach had gone to great lengths to ensure Princess was well cared for in the event she and her husband were out of town. She takes Princess to a boarding site where they have themed dog kennels for the pets. She expressed how she likes to get there early and reserve a special room for Princess as Teach feels her dog likes that room the best. With regard to the employees who work there, she expressed some sentiment, saying, *“I have really developed a relationship with the people there.”* She was able to trust that Princess was well cared for and received plenty of attention in her absence.

For some of the participants, lawyers were sought to formally include their pet(s) in their living will to ensure care for their pet in the event of their death. Virginia and Tony, a married couple, said, *“Yeah, we’ve drawn up wills. It’s a provision we’ve put in our wills about what would happen to the cats.”* Connie, aged 80, who has a dog and a cat, discussed end of life planning in terms of allocating money to whomever takes her pets in the event of her death: *“I’ve got it in my will too.”*

Informal Support

Many rely on family or friends to help care for their pets at various times: when they are out of town; in the event they are incapacitated or recuperating from surgery; or with taking multiple animals to the vet. Local family members often serve as pet sitters in the event the owner is absent. Judith mentioned how her son watches her cats: *“My son will come by and feed them if I’m gone.”* He himself has two cats that she has cared for in his absence. Friends or neighbors were options for pet sitters, especially if the pet owner had no family living near as was often the

case. In the event that she was gone, Theresa said of her three cats, *“I could get a neighbor from across the street to check in on them.”*

An important topic was whether or not pet guardians had plans for someone to take their pet(s) in the event of an emergency, death, or unwittingly delayed absence. Participants were asked if they had a plan for their pets’ care under such circumstances. Responses ranged along a spectrum. Judith said, *“I don’t know anybody. I don’t know anybody who could take them.”* Dee said, *“Our son and his wife have agreed to take her.”* Theresa said, *“My daughter would [take the cats in the event of death], right up her alley. And if she couldn’t do it, then my granddaughter.”* Her daughter had two cats of her own. It was often the situation that family members had pets of their own to care for, and participants were concerned about adding their own pets to the mix and overburdening their family member. Teach mentioned a verbal agreement with her brother that she would care for his dogs, and he would care for Princess if something were to happen to herself or her husband. Teach and Dee had had explicit conversations with their family members concerning care of pets after their own death or in the case of prolonged absence, while Judith did not have anyone. Further discussion revealed that Theresa had assumed her daughter would care for her cats, but had not verbally asked her daughter to do so.

There was a wide range of responses from participants regarding support in caring for their pets. Nine had verbal care agreements with others; seven had written it in their wills with a lawyer; and five had not given it a moment’s thought. Regardless, all participants were in some way connected to formal and/or informal care support. These systems provided a network that helped the older adults keep and care for their pets or offered a sense of comfort knowing their pet would be cared for after their death. Those who had family or friends near or who had the means to board their pets seem to appreciate the support they received from others, formal or informal, which enabled them to keep pets and care for them as long as possible.

Theme 4: Dogs as Activity Catalysts

A final theme related specifically to dog guardianship. Nineteen of the 21 participants cared for one or more pet dogs while only two participants cared for cats only. The 19 participants described how caring for their dog had a strong influence on their lifestyle. No mention was made by any participant of cats acting as activity or social catalysts, indicating that type of pet cared for has a strong influence on the older adult's likeliness to engage with others or in physical activity. Specifically, analysis revealed that the presence of a dog could influence social relationships and increase physical activity.

Social Catalysts

Having a dog present while walking in one's neighborhood can assist in meeting one's neighbors for the first time, making new friends at the dog park, or maintaining already developed relationships. Dee, aged 65, who cares for a small dog, said, "I know my neighbors because of my dog." Douglas, aged 66, who has a small mixed-breed dog named Barney, agreed, saying, "Well, after I got Barney, everybody who knows Barney knows me as Barney's dad. But eventually, believe it or not, all of a sudden you'd start talking to people."

These social interactions had the potential to decrease loneliness among these older adults. Emmie, aged 78, who has a black lab mix named Rosie, said, "There's a group of us that go to the park with our dogs every morning. It's wonderful. If it wasn't for her, I wouldn't do that." She continued, "People don't realize how much time you spend with your dog." Anita, aged 68, owner of CeCe the poodle, said, "We've made a lot of friends at the park, up the street. CeCe likes the trails." Bertie emphasized the frequency with which she and her husband talk about their dog, "If we didn't have Rukus, what would we talk about? I mean, we talk about a lot, we have a lot of friends, we do a lot, but man do we talk about the dog a lot." In these instances, the dogs could be seen as social instigators leading their owners to interact with other dog guardians in their neighborhoods,

thus assuaging feelings of loneliness and enhancing feelings of connectedness.

Physical Catalysts

Along with the strong social impact, there was a related physical impact as well. Dog-walking increased participants' chances for social interaction while also adding the benefit of the physical activity of walking. Emmie noted, "If I didn't have Rosie, I don't think I would go walk," while Virginia, aged 69, who cares for two cocker spaniels, said, "Exercise is a huge advantage [to caring for a dog]. Some of the older people in our subdivision do get out, not far, but they do." Emmie who had undergone surgery as a result of cancer, explained, "When I was getting over all the cancer operations, I'd walk with Rosie, I had to walk her. It made me go out." Hannah said of walking her dog, "She's great for my arms. She has to walk every day of course and that means I walk every day." Dee said, "She keeps me doing things that I might not otherwise do, like going for short walks."

In terms of the physical impact, there could be negative outcomes as well as positive ones. Hannah described how her dog Abby injured her arm because she was so strong: "Abby did pull me down the front steps once, off and into the bushes." Additional problems that emerged included tripping over chains or leashes or the pet itself and handling very strong, large dogs. Bertie had a large back yard where Rukus would often chase the crows. She mentioned how one time he saw a crow and took off. "I got caught on the chain, [Rukus] sees something and he just goes, he's walking in the other side of the house and as he did that, I just couldn't get out of the way quickly enough." Tony, aged 70, said of the dangers of leashes, "Well, you really gotta be careful, is when you're hooking up leashes, getting ready to go outside, 'cause they will tangle. . . . I had one around my legs near the door, you gotta let it go, and then pick it up again when they get to the gate, just let 'em go." He continued, "'Cause your body just can't keep up with what your brain is telling you. Your feet aren't fast enough to get there, even if your brain makes the correction. Most people at our age try to correct, but they just can't." These concerns related to safety are especially pertinent for older adults.

Discussion

The purpose of this study was to address two questions: What are the factors related to aging that may affect aging pet guardians' ability to care for their pets; and how does the context in which older adult pet guardians function affect their pet-keeping? This study was developed on the foundation of Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979). This perspective was utilized knowing that older adults live and function within small micro-, meso-, and exo-level systems, but also expand their interaction with and are affected by the larger, contextual macro-level systems as they age. How these systems interact in the context of an older person's ability to care for their pet will be expanded upon here.

Multiple factors emerged in the data that revealed a complex interaction between aging and pet guardianship. Typical factors such as physical limitations that comprise the individual core at the center of Bronfenbrenner's model and the potential for a greater impact from microsystems in the form of social support and family all were revealed as influencing pet guardianship for these participants. Bronfenbrenner's theory of changing utilization of these systems with age is best exemplified by Judith and her care of her three cats. Figure 1 describes not only the interaction between the person, being the pet guardian, and their companion animal, but also how they interact and are affected by the larger micro, meso, and macro systems according to Bronfenbrenner's model.

Judith is 67 years old, is retired, and lives alone with her cats. Her current health concerns include fibromyalgia, osteoarthritis, back pain, and allergies. She recently had surgery. She expressed how her health concerns affect her care for her cats: *"With the litter boxes, it's more with my back problems. Just being bent over and such. Any length of time, and it's hard to get low to scoop it out. I'm losing height in my spine, I guess it's part of getting old. I try to not stoop to do things, I bend over instead. I can't lift things like I used to. It's hard getting her to the vet."* Caring for her cats is primarily her responsibility

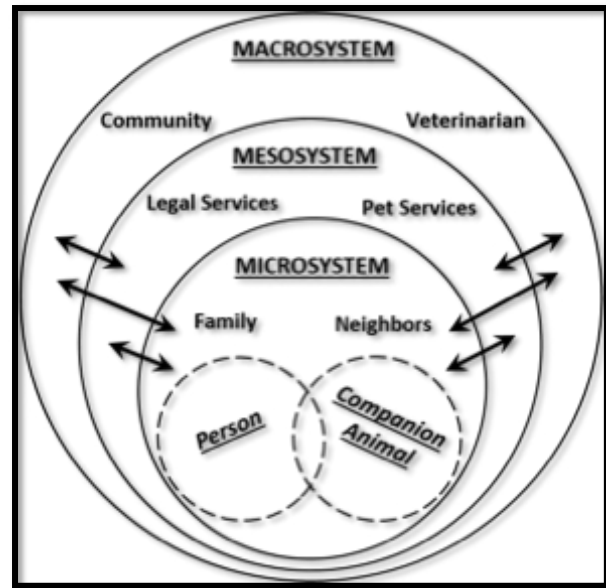


Figure 1. Bronfenbrenner's Ecological Systems Model

although Judith has occasionally relied on assistance with care for her cats from her veterinarian (macro system), and her neighbor and son who are components of her micro system. Her neighbor who lives across the street has a key to Judith's home and cares for her cats when Judith is gone or needs assistance with packing the three cats into the car. If her neighbor is unavailable, Judith's son will care for them, but only temporarily as he has cats of his own and cannot take her cats permanently. Her son has also come by to assist Judith in taking her three large cats to the vet. Aside from personal friends and family, Judith relies on her mobile veterinarian to come to her home to care for her cats in the event she cannot receive help from her neighbor or son. Even though this service costs her extra financially, it is easier on Judith physically to have her vet come to her home to provide care to her cats. Judith's neighbor, son, and veterinarian have all impacted the ease and manner in which she cares for her cats through their support and services. Judith lives alone in a small neighborhood and her health concerns prevent her from getting out, but her three cats provide her with social interaction with others in her personal life as well as her broader community that might not occur if

she were not a pet guardian. This interaction with others as a result of her cats is an example of Bronfenbrenner's model at work in Judith's life, where the interaction of others affects Judith's ability to care for her cats.

Pets themselves can be a large part of one's micro-system. They have direct effects on guardian health and are affected by the health of their guardian (Betz et al., 2012; Havey et al., 2014). For these participants, having pets increases their health-related quality of life through social interaction with those active in their micro, meso, and macro systems. Caring for pets also increased their individual physical activity.

The human-animal bond also affects the broader context of the macro systems in which they interact, in that the more reliance on the presence of a pet to maintain the guardian's health-related quality of life, the less demand is placed on an already overburdened health care system (Bloom et al., 2015).

The older adult participants interviewed in this study were proficient at adapting to their changing health concerns with regard to caring for their pets. Each manifests different coping skills and ingenuity in caring for their pets. Alice now carries smaller bags of cat litter; Bertie doesn't walk her dog alone; and Hannah utilizes her cat carrier differently. Not only are these women adapting to their own health changes, but they have lost the assistance of their spouse in caring for their pets. Sharing the responsibility of pet care with a spouse was quite common among these participants. In some instances, however, this assistance was no longer an option as the spouse had more significant health concerns. Future research is needed to understand what happens when the individual is not able to adapt to the changes in themselves or others and is forced to rely more heavily on informal supports. What happens to the pet relationship at that point? Do the appropriate organizations or systems exist that can help an older adult in that situation?

Caregiving was a factor in this study. Pets as either a source of burden or support to a caregiver has been researched with both realities being reported (Connell, Janevic, Solway & McLaughlin, 2007;

Fritz, Hart, Farver, & Kass, 1996). Relying on their spouses for assistance with pet care was no longer an option for four women: Theresa was caring for a spouse with Alzheimer's disease who could no longer assist due to his health condition. Not having her husband's help added to her responsibilities of care not only for the pets, but also for him. This is an example of how the family system can influence the individual's experience of pet guardianship and aging (Baun & McCabe, 2003). Bonnie's husband has Parkinson's disease and can no longer walk the dogs, leaving full responsibility to her for their exercise needs. Roberta's husband, Edward, lives with health concerns that affect his balance and he cannot safely pick up or walk their dog. Roberta now has full-time watch over their dog. Further research is needed to look at how caring for one's spouse affects the ability to care for a pet and vice versa.

The participants' values and beliefs play a role in the manner in which they care for their pet and affect who will care for their pet in their absence; quality and quantity of veterinarian care; and how they cope with pet loss. Pet loss continuously arose in conversation with these participants as all but one had experienced losing a pet. Pets become increasingly important as human friends and family die and/or move away (Sable, 1995). Pets can be a constant for someone in times of instability and provide important social support when those friends and family are no longer present (Pachana, 2007). This creates a potential double jeopardy for the older adult in that they are losing friends and family at this stage of life and their pet can help them overcome that, but the pet is also at risk of being lost to death. The reality of knowing you will lose a pet is one of the most difficult and painful realities a pet guardian faces (Sharkin & Knox, 2003; Turner, 2006). As mentioned previously, Charles vividly remembered and could even now feel the pain of losing his dog, though it happened over 40 years ago. As an older adult faced with the loss of friends and family, the loss of a pet has the potential to be one more loss that negatively impacts their quality of life. In addition, the loss of a pet may be negatively impacted by having experienced it multiple times throughout a long life, as

well as by the realization that perhaps one should not replace a pet at a certain stage of life (Sable, 1995).

Pet guardianship results in connection with formal and informal supports for the people who took part in this study (Wood et al., 2015). Judith's veterinarian was helpful in coming to her home to provide veterinarian care for her cats. This demonstrates the importance of the larger macro systems' effects on older adults' ability to care for their pets. This veterinarian plays an important role in assisting Judith with caring for her cats in her home, which reduces the strain and stress on Judith caused by taking three cats to the vet at once. Likewise, Teach's puppy spa assisted in caring for Princess when needed, giving Teach peace of mind that her dog was being well cared for while she was out of town. Pet owners here relied on veterinarians to assist with care for their pets as well as kennels to look after them in the event of their absence. What was not addressed among these participants was the potential financial burden related to accessing formal supports (Connell et al., 2007). The experience of being an aging pet guardian could look very different with a different group of participants from more diverse backgrounds. Future research needs to increase the diversity of the populations studied.

For the participants in this study, formal systems and industries that exist to provide services for pet guardians were important, but less formalized supports were more important for their day-to-day life. These participants utilized both formal and informal supports well, depending on their physical or emotional needs (Hara, 2007). The bottom line is that without informal support systems it can be problematic for older adults to maintain their role as pet guardians. Informal support came in the shape of friends and family as they were relied upon for day-to-day care such as pet-sitting. In some instances, neighbors of the participants had keys to their homes so they could care for pets in the event of the owner's planned or unplanned absence. Friends and family were often the participant's first choice of care for their pet when asked who would take care of the pet in their absence. It can be hypothesized that a person's health is less of a factor in their ability to care

for their pets if they have the appropriate formal and informal social supports. This may indeed be a key to aging pet guardianship.

As stated earlier, social interaction and activity as a result of caring for a pet led to maintaining quality of life for the older person as well as those with whom they interact. One of the defining factors of this interaction was caring for a pet dog, as dogs were focused on solely with regard to influencing social interaction and physical activity. Dogs as social catalysts has been supported in research (Knight & Edwards, 2008; McNicholas & Collis, 2000; Robins, Sanders, & Cahill, 1991; Wells, 2004). Our findings support that indeed, dogs specifically are a catalyst for social interaction among strangers. Douglas and Anita met others while walking their dog in their community or at a dog park. This phenomenon was supported in a study reporting that 58% of participants claimed to have made friends with strangers as a result of having their dog present (McHarg, Baldock, Headey, & Robinson, 1995). Dogs could very well be viewed as a tool with which to reduce isolation among older adults, especially given that methods used to reduce isolation are not prevalent and are difficult to implement (Cattan, White, Bond, & Learmouth, 2005; Nicholson, 2009). Emmie, Hannah, and Dee lauded the physical benefits of caring for their dogs, claiming that if it were not for their dogs, they would not exercise as frequently as they do. Virginia commented that she sees other older adults out and about in their neighborhood walking their dogs. Physical benefits gained from caring for dogs are frequently discussed in the human-animal bond literature (Coleman et al., 2008; Cutt, Giles-Corti, Knuiman, & Burke, 2007; Hoerster et al., 2011).

It must be acknowledged that pets can be the catalyst for injury among older adults (McNicholas et al., 2005). This factor is an important one and one that may diminish the enthusiasm of those providing social support to support pet guardianship as a loved one ages and becomes frailer. Participants in this study mentioned falling over a cat, being pulled off a porch by a dog, and tripping over leashes. Additionally, emotional challenges emerged related to

the loss of a pet and worrying about a pet's health (Chur-Hansen, Winefield, & Beckwith, 2008). An older person's emotional and even physical challenges with pet guardianship may be compensated for as a result of social interaction with others and the health benefits of physical activity. Other pet guardians may be especially attuned to the pain of pet loss and able to provide support. Veterinarians may also be a first support when a guardian loses a pet to death.

The findings of this study contribute to an important area of research on the human-animal bond. Aging and pet guardianship happen in a complex context, not in isolation. Family, the community, and a higher level of policy/systems influence the interaction. What this study adds to the literature is a perspective on how being an older adult affects the ability for pet-keeping. Findings indicate that the health of the older adult plays a role in pet-keeping, in that health concerns or realities of aging may make difficult the daily responsibilities of caring for a pet. The implications of the findings are that aging and health do influence the ease of pet guardianship. As a result, older adults benefit from the assistance of others such as friends, family, and veterinarians. Aging individuals are faced with different challenges to pet-keeping than those of younger individuals. Harnessing the older adult's social and familial environment in supportive roles may help address some of those challenges.

Conclusion

The aging population may benefit from pet-keeping more than any other age group, yet they may face increased difficulties in pet-keeping due to the very nature of aging. It is important to acknowledge the many barriers to pet-keeping older adults may face due to health, lack of family nearby, or finances. This study has highlighted some of those barriers, while also emphasizing the benefits of pets as reported by older adult pet guardians themselves. Older adults' social supports, both informal and formal, may need to step in and make the process of caring for

a pet easier, more manageable, and less stressful on the aging pet guardian. This can manifest in many ways such as family members or neighbors helping with daily care of the pet when needed or when the guardian is out of town or unexpectedly hospitalized, and assistance with end of life planning.

This study has some limitations. Participants who volunteered for the study were current pet guardians who were passionate about the topic at hand, therefore influencing them to take part in the research, both of which may result in a positive bias. The study lacks a multicultural perspective due to the homogeneity of the population of participants. Finally, as with all research the researchers themselves can influence findings in numerous ways. Discussing this before data collection allowed for the researchers to attempt to bracket their perspectives and to limit the insertion of their biases into the interview process.

The area of the human-animal bond and aging is ripe for future work. The complexity and the level of emotion that emerged through these interviews was startling. Is this a result of having interacted with pets for a longer period of time due to age? Taking a life course perspective, how does reflection on one's previous relationships and history with pets influence emotional bonds with one's current pet? To understand how to better support safe and appropriate pet guardianship, the complexity of interactions of guardian health, partner health, and effects of health on pet/guardian relationships should be more thoroughly examined among older adults.

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