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THE RUSTY YEARS:
SENIORS' SOCIAL NETWORKING IN RETIREMENT

(Thesis Format: Monograph)

By

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Graduate Program in Anthropology

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ABSTRACT

This thesis investigates how retirees in the Greater Toronto Area experienced the transition from work to retirement and how they dealt with the changes that they experienced. In particular, this work considers how individuals' social networks are altered during the process of retirement and how individuals develop new social networks in order to adjust to these alterations. Anthropological methods of inquiry—participant-observation, individual interviews, and focus groups—were used to explore these phenomena. The results of this study reveal how recreational centers for seniors, and the programs offered at these centers, help retirees connect to their peers and their communities and thereby provide them with access to valuable social networks. In addition, this study suggests reasons for incorporating said centers into the alternative healthcare sector. This work and its findings are likely to be of interest to anyone studying the relationships between ageing, retirement, social networks, and/or health.

KEYWORDS: retirement, seniors, ageing, social networks, recreation, health, healthcare, Toronto, Canada

For my grandparents,
whose faith, love, and inspiration I will forever be grateful for.
Harold, Jean, and Dorothy

*

For all that we are and all that we will become.
Ever growing
Ever changing
Ever being
Ever ageing
Time everlasting.

ACKNOWLEDGEMENTS

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CHAPTER ONE

Introduction: Perceptions of Ageing and Growing Old

It had been an entertaining morning at the Durham-East Seniors' Center. Although my teammate and I had been losing the majority of our shuffleboard games, I was thoroughly enjoying myself. Despite the teasing, no one really seemed to be taking the games too seriously. My time with the shuffleboard players was always informative. The members were willing to talk to me about whatever I wanted to talk about and more. Every week after we were finished playing, the shuffleboard players and I would go to the center's cafeteria and have some coffee. It was during this time that I learned the most about the players. It was through our conversations in the cafeteria that I came to know of the members' families, their concerns about growing older, the things that they enjoyed doing, and everything else in-between. On this particular morning Harold, one of the regular shuffleboard players, was not in a pleasant mood. As the morning wore on, Harold became increasingly angry about nothing in particular. His temper was unusual and the other players were just as confused as I was the angrier he became. After some time the other members decided that it was time to call it quits for the day, even though we still had 20 minutes before the Day Program would need the room. I was disappointed because I had been having a good time, regardless of Harold's negative attitude. As the members were packing up, Harold began to rant about getting older. The other members laughed and Paul called out that he was talking "nonsense." Before I was able to comment Harold turned to face me and said, "They call these the golden years, but they're not golden. They're rusty." With that comment he left the room. Although the following week Harold retracted his statement, his words and the sentiment behind them have stuck with me. Whether Harold meant what he said or not does not matter to me. From now on, I no longer look forward to the golden years, they seemed too good to be true anyway. I now look forward to the rusty years; a little bit of rust never hurt anyone now did it?

Early in 2009 a series of television commercials were broadcast on Canadian airways promoting a number of hands-free telecommunication devices for Bell Canada®. In one particular commercial an older woman is followed, while walking down the street pushing her walker. The audience watches as she talks to herself about a variety of senseless things and as the other individuals in the commercial look at her apparently one-way conversation in confusion. Near the end of the commercial the woman turns a corner and the camera angle reveals a hands-free wireless device plugged into her ear. Immediately after the device is revealed in the woman's ear, she smiles and continues to

walk down the street while a statement appears declaring how easy the advanced technology is to use; it is so simple that anybody can make use of it. So go a number of media representations of older individuals that play on the notion that seniors are senile and that once one reaches a certain age things have to be overly simple if one is to understand them. Without being able to draw on these notions that particular telecommunications commercial, and others that rely on age-based stereotypes, would not receive one of the responses that advertisers are counting on, amusement.

Sketches that rely on the use of stereotypical perceptions, or rather misperceptions, of seniors, like the aforementioned one, are quite common. Over the years, human interest in ageing and growing old has fuelled a number of studies, experiments, as well as personal examinations and has garnered significant media attention (Cox 2006). Arguably, the universal phenomenon of ageing has grasped the attention of academics and non-academics alike (Estes *et al.* 2001), because of its universality. Although it is possible that every individual will grow old, research has demonstrated that many individuals try to avoid the ageing process by attempting to hide the physical characteristics that have come to be associated with old age (Estes *et al.* 2001, Calasanti 2005, Calasanti & King 2005, Russell Hatch 2005). Many argue that the current attempt to avoid and deny the ageing process is a direct result of the high social value that has been placed on youth (Calasanti 2005). Moreover, they have suggested that because youth is socially valued old age has subsequently been devalued (Rudman 2006), so much so that the word senior has somehow become an unacceptable one to use; to call someone a senior is to insult her (Russell Hatch 2005). Therefore despite its universality, ageing has become a sensitive issue; it has become a process associated with negative

experiences, such as decay, deterioration, and death as well as derogatory descriptors like old hag, spinster, dirty old man, and senile (Jones 2006).

Although anxiety about growing old is not a new phenomenon and for many years people have tried to discover the "fountain of youth" (Cox 2006), today's plastic surgeons, dermatologists, and advertising moguls have increased both the need for anti-ageing products, treatments, and procedures, as well as the fear of growing old (Bayer 2005). Fuelled by the *medicalization of old age,* the anti-ageing industry and researchers have changed the natural life-course of humans through scientific and biomedical discourses. [1] As a result of these changes, much of the recent research in the field of ageing has focused on the body, the meanings associated with the body, the anti-ageing industry, and individuals' obsession with the preservation of youth (Katz 2001/2002, Calasanti 2005, Jones 2006).

While it is important to examine the physical changes associated with an ageing body and the way that scientific and biomedical discourses have transformed how the ageing process is understood, bodies are not the only things that change as people age. The physical realities of ageing are only one aspect of the ageing process. In fact the current obsession with the ageing body seems to suggest that ageing is solely an individualized process (Estes *et al.* 2001); it is one's own responsibility to ensure that she is taking care of her body and thereby ageing successfully. However, in reality the

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[1] The *medicalization of old age* refers to the large amount of attention given to disease and health related issues in old age, which has as Estes *et al.* note, "coincided with the substantial increase in the social and technical power of the medical profession, setting the stage for the dominance of biomedicine and its way of viewing life over old age" (2001:46).
The anti-ageing industry is currently a 30 billion dollar a year industry that is expected to grow to a 50 billion dollar a year industry in the coming years (Dennis 2004/2005). This industry is responsible for developing, marketing, and selling products that assist individuals to resist the ageing process. Anti-ageing products range from non-invasive products, procedures, and activities to surgical procedures. Consumers of these products tend to have a desire to look and feel younger.

attention given to the ageing body demonstrates how highly social the process of ageing is. Although obscured by the medical gaze projected onto illness, disease, and physical appearance in one's later years, these things are greatly "influenced [and/or] determined by potentially modifiable social factors, such as (a) income and education, (b) safe and supportive housing environments that promote healthy behaviours, (c) opportunities for meaningful human connections,… (d) public financing for rehabilitation" (Estes *et al.* 2001:47), and (e) meanings and associations attributed to the ageing process. Even the process of categorizing people into age groups, like seniors, adults, and children are social as opposed to biological divisions (Vincent 1999). Thus, even the biological aspects of ageing are in actuality highly social.

Although there are many avenues from which the social processes that affect ageing individuals can be investigated, I have chosen to examine one specific process experienced by working individuals throughout this piece: the process of retirement. Though this work does touch on issues relating to health and healthcare, its main focus is not on the body or the scientific and biomedical discourses that shape Canadian understandings of the ageing body. The focus of the piece, and the research from which it has stemmed, is on the process of retirement and the lived experiences of retired individuals.

Throughout this work I examine how a small number of retirees living in the Greater Toronto Area (GTA) experienced the transition from *worker* to *retiree,* and how they dealt with the changes that they experienced.[2] The ethnographic goal of this work is

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[2] For the purposes of this work a *worker* is considered to be any individual who participates in the labour market to support herself or to accumulate wealth.
For the purposes of this work a *retiree/retired individual* is considered to be any individual who is no longer participating in the labour market to support herself or to accumulate wealth.

to come to a better understanding of one of the key transitional periods in an individual's life-course, retirement, as well as to understand some of the social aspects of this transition. By looking at how retired *seniors* develop and maintain social networks with peers and society at large through their membership at recreational centers for seniors, I explore the role that these centers, and the recreational programs offered by these centers, can play in helping seniors cope with the changes associated with retirement.[3] In short, I am attempting to come to a better understanding of the highly social and individualized process of retirement through the analysis of a group of retired individuals' lived experiences.

One of the key theoretical approaches that I employ throughout this work to support my arguments is the life-course approach to the study of ageing, which emphasizes how things change over time and place (Vincent 1999).[4] While the approach taken by life-course theorists has been criticized by some researchers, I have still chosen to use this perspective in order to understand the process of retirement and my participants' experiences of it. The primary criticisms of this approach are that (a) it overlooks individual variability within the experiences of age cohorts, (b) it disregards the effect that individuals' choices have on their lives (Dannefer & Uhlenberg 1999), and (c) it does not help to explain how broader processes and systems influence ageing (Estes

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[3] For the purposes of this work a *senior* is considered to be any individual 65 years of age or over, as that is the legal definition of a Canadian senior.
Throughout this work I will, at times, use the terms *senior* and *retiree* interchangeably. Since all of my participants were retired seniors it is appropriate to interchange the terms. However, I do acknowledge, and want to make it clear, that not all seniors are retired and that not all retirees are seniors.
Throughout this work I will be using the terms *recreational centers for seniors* and *seniors' centers* interchangeably.
[4] A more comprehensive description of the life-course perspective and my use of it are provided in chapter two, "I'm Retired. Now What? Retirement and the Reconfiguration of the Self."

et al. 2001). However despite its critics and its perceived limitations as a theoretical

approach, I believe that it is the most effective means by which to conduct an analysis of

individuals' lived experiences as they age. Throughout this work, I believe that I

highlight how the life-course approach can provide "a useful lens through which to

examine [how]... aging is complicated by cross-cutting influences" (Rasmussen

1997:xvi). Furthermore, I believe that I have effectively used it to situate myself within

the ageing process (Rasmussen 1997), and thereby limit the separation that I might

otherwise have felt between myself and my participants as a result of the age difference

between us. Lastly, I feel that the life-course approach has helped me to shed light on

issues that other approaches, such as the disengagement, activity, and social

constructionist approaches, would have been unable to illuminate.

In addition to the life-course perspective, I attempt to highlight the experiences of

my participants as well as my own experiences throughout this work, by drawing on the

methodological framework put forth in Victor Turner and Edward Bruner's collaborative

book (1986), *The Anthropology of Experience.* This work puts forth an approach to

anthropological methods of inquiry that concentrates on understanding one's own

experience in the field and the experiences of one's research participants. *The*

Anthropology of Experience has greatly shaped my research and this influence should be

evident in the manner in which I have chosen to write and organize this work.

The arguments that I will make and the conclusions that I draw throughout this

piece have also been influenced by the works of various theorists and researchers who

have conducted their own studies and analyses of ageing and retirement, such as Carroll

Estes, Barbara Myerhoff, and Susan J. Rasmussen. As a result of the limited number of

studies conducted on old age, and retirement in particular from an anthropological perspective, I have relied greatly on research conducted in the fields of gerontology, sociology, and political science. I strongly believe that my use of such a wide variety of material has allowed me to broaden my perspectives on the issues at hand and to strengthen my analyses.

Interestingly, I began this research project with the intention of learning about seniors and citizenship in Canada. Over the course of my fieldwork, I thought that I would be able to come to a better understanding, or at least some understanding, of how seniors felt about their status as citizens since they had retired. My intention was to gauge how the changing model of citizenship in Canada, from the Canadian welfare state and social citizenship to the neoliberal state and market citizenship, had impacted Canadian seniors, if at all. I had conducted background research, which included reading the *Citizenship Act, 1977,* the *Citizenship Regulations, 1993,* and the *Constitution Act, 1982* and formulated my hypotheses. Since Canadian citizenship models had recently undergone a transformation (Erickson & Matthews 2005), I thought that it was likely that the rights, principles, obligations, and experiences of Canadian citizens had also changed. In particular, I believed that these changes to the larger model of citizenship had had exclusionary effects on many seniors, because of their socioeconomic position as retired persons. The research questions that I developed focused on assessing if seniors were experiencing new forms of exclusion, and if so, how they were experiencing them.

However as I spent time with my participants, I came to realize that they were not interested in talking to me about citizenship models or their experiences as Canadian citizens. In general, my participants were not interested in discussing the things that I had

wanted to discuss; they had their own interests and questions about me and their lives. Rather than answering the questions that I had, my participants provided me with questions that I could not have anticipated. And as it turned out, their questions were far more interesting than mine. The stories that were told, the moments that were shared, the activities that I participated in, and the realizations that I made with my participants over the course of my fieldwork shaped my research. They shaped the questions that I began to ask and the questions that I am still asking about ageing as well as the experiences of seniors in the GTA and other areas across Canada. While my research did provide me with some valuable insight into Canadian citizenship, which I have used in one section of this work, it also provided me with invaluable insight into the lived experiences of a group of Canadian seniors. This insight has formed the basis of this project.

The more information that I collected, the more my topic began to change and before long a project about retirement began to take shape. With the assistance of my participants, I developed four main research questions that have provided the structure for this work. They seek to address what I consider to be the issues of most concern to my participants as well as some of the gaps in the anthropological literature available on ageing and retirement. How are ideas about ageing and retirement linked? How, if at all, does retirement affect seniors' social networks? What role, if any, do recreational centers for seniors play in providing seniors with a means by which to develop and maintain social networks? What, if any, are some of the benefits of attending recreational centers for seniors other than the opportunity to participate in leisure activities? Although one might consider these questions to be quite simplistic in nature, one should not be deceived by this. In fact they have allowed me to get to the crux of some very complex

issues; these questions have helped me to come to an understanding of my participants' experiences as they transitioned from worker to retiree and to explore the ways in which they have adjusted to their lives as retirees. They have also helped me to consider, from an anthropological perspective, the importance of social networks as one ages and the many ways in which social networks can be maintained, developed, and improved. Such questions matter, most obviously, because a large number of Canadians experience the process of retirement each year and because ageing is a universal phenomenon.

Just as my participants provided me with my research questions, they provided me with the answers to those questions as well as the arguments that I will be making throughout this work. After analyzing the information that I gathered over the course of my research, I have formulated a multidimensional argument and analysis, which I will build on and explore in the following chapters. My research has indicated, as others' have, that retirement is one of many key transitional periods in a working individual's life-course (Luborsky 1994); as such it is intimately linked to ideas about ageing and growing old. Moreover, the process of retirement can impact an individual's connection to her peers and her community and can consequently alter her existing social networks. In order to adjust to said changes, individuals can and do employ various strategies to maintain pre-existing and develop new social networks. One such strategy is to join recreational centers for seniors and to engage in activities at said centers. At these centers it appears that members are provided with an opportunity to adjust to some of the social changes associated with retirement, such as the alteration of social networks. In addition, my research supports the arguments of other scholars who have conducted research on ageing and health (Lowenthal & Haven 1968, Knipscheer *et al.* 1995, Michael *et al.*

1999, Diehl & Berg 2006, Bassett *et al.* 2007), which indicate that the development of social networks as well as the involvement in recreational activities can have positive effects on seniors' overall wellbeing. As a result of these indications, I would suggest that since the interactions and networks that I witnessed were developed at seniors' centers, these centers should be considered part of the alternative healthcare sector. Lastly, the benefit of considering these facilities to be a part of the alternative healthcare sector would be twofold: some of the burden would be eased on the traditional healthcare sector in terms of healthcare services for seniors and more funding would arguably be provided to said facilities, thereby improving the current services available to retired seniors.

By exploring the process of retirement and the social networking of retired individuals from an anthropological perspective, I intend to expand the large body of literature known as the anthropology of ageing. The foundation of anthropological literature on ageing can be found in works such as Margaret Mead's *Coming of Age in Samoa: A Psychological Study in Primitive Youth for Western Civilization* (1928) and Leo Simmons' *The Role of the Aged in Primitive Society* (1945). Initially many anthropologists who were working toward building a strong body of anthropological literature on ageing were criticized by other anthropologists for ignoring older individuals (Clark & Anderson 1967, Myerhoff 1978, Fry 1981). Out of this criticism emerged works like Jennie Keith-Ross' *Old People New Lives: Community Creation in a Retirement Residence* (1977), Barbara Myerhoff's *Number our Days* (1980), and Robert Atchley's *Aging: Continuity and Change* (1987), which sought to address the invisibility of seniors in anthropological literature on ageing. Although these works were the first to address seniors' concerns, issues, and lives, they were criticized by some for their portrayal of

older individuals (Estes 1979, Estes & Clarke 1984, Cohen 1994, Rasmussen 1997). In a review of the literature comprising the anthropology of ageing, Lawrence Cohen (1994) argued that while these works have attempted to represent seniors as independent powerful persons, they have simultaneously suggested that seniors need to be empowered. In addition, he suggested that anthropologists need to be more reflexive when they conduct research on ageing, because all individuals are ageing persons (Cohen 1994). The purpose of such reflexivity is to produce studies that do not consider seniors and/or old age in isolation, but rather studies that consider seniors and/or old age in relation to broader processes and the continuation of time (Cohen 1994). By looking at some of the social and cultural processes that impact the process of retirement and by focussing on my participants' lived experiences, I believe that I have developed the type of work that Cohen was calling for. Furthermore, by drawing on some of the methods of inquiry and analysis used by Keith-Ross (1977) and Myerhoff (1980) as well as by taking my own experiential approach, I would suggest that I have produced a work that does not consider seniors or old age in isolation, nor in relation, but rather as a part of the social world.

Although my primary objective is to contribute to anthropological literature on ageing, I believe that this work can also contribute to the fields of gerontology, sociology, political science, and health sciences. Though many researchers in these fields have studied the process of retirement and seniors' social networking, I believe that the ethnographic research that I have conducted has provided new insight into how research on retirement and social networking could be conducted in the future. In addition it provides insight into the lived experiences of individuals. Furthermore, because much of

the recent literature on seniors and old age in other disciplines has concentrated primarily on issues relating to the economy, health, and broader theoretical issues regarding the study of ageing (Estes 2001 *et al.*, Baars 2006, Cox 2006) as previously mentioned, I believe that my research offers additional insights into and a new perspective on retirement and social networking. Moreover, the Canadian aspect of my work addresses the definite lack in Canadian literature on such topics.

My research for this project was conducted over a four month period during the summer of 2008 in the GTA. The GTA was determined to be the best location for my research primarily because I already had contacts in the area. In addition Toronto and the surrounding areas, that comprise the GTA, are home to a relatively large number of recreational centers for seniors. Thus, the GTA proved to be the optimal site for my research. To recruit participants, I contacted the program/activity co-ordinators of ten recreational centers for seniors in the area. Out of the ten centers that I contacted, four centers agreed to assist me with my research: the North Toronto Seniors' Club, the North Toronto Seniors' Club Day Program, the Durham-East Seniors' Center, and the Red River Seniors' Club. The co-ordinators and I worked together to find activities for me to participate in. The intent was to attend the same activities each week, so that I would be in contact with the same group of individuals each time that I visited the center. Once an activity was chosen, all of the center members who participated in the activity were contacted and provided with the details of my research project. I also visited each group in person to answer any of their questions and/or concerns regarding my research. I only participated in activities in which group members had agreed to my involvement and who

were aware that I was conducting research. I did not record any information concerning individuals who did not provide me with written or oral consent.

My research methodology consisted of participant-observation methods, extensive individual interviews, and three focus group sessions. Overall, I had approximately 60 participants with whom I interacted with on a regular basis. Every Monday I participated in "Ladies Dine," a luncheon program for women, at the North Toronto Seniors' Club. On Tuesday evenings I played darts at the Durham-East Seniors' Center. I spent Wednesdays at the Red River Seniors' Club playing darts and carpet bowling and Thursday mornings I participated in shuffleboard with some of the members of the Durham-East Seniors' Center. It was during these activities that I acquainted myself with the members and engaged in participant-observation. It was also from these groups that I recruited individuals who were willing to be interviewed on separate occasions at their homes. I reserved Fridays and Thursday afternoons for interviews. However, if my participants were unavailable on Thursdays or Fridays, I would arrange to meet them at another time.

The individual interviews that I conducted with my participants were fairly unstructured and the majority of them were recorded. However, I took hand written notes during both recorded and non-recorded interviews. I often began my first interview with a participant by asking her to tell me about herself and her life. I used this technique in order to develop an understanding of what events and ideas influenced her opinions and her experiences; the more knowledge that I could gain of an interviewee's life the better I could understand her stories and her position. If I conducted more than one interview with the same person, then I would begin my secondary interviews with something that

we had previously discussed or with a comment made by another participant about a relevant issue. These comments and questions were primarily used to start the conversation, not to direct it and most often they did just that. Ultimately, I wanted the interviews to be guided by my participants; my interviews were designed to limit the influence that I had on my participants' comments and to allow for natural conversation. My intention was to facilitate the discussion of topics that were of interest and importance to my participants. Although the scope of my interviews had the potential to be broad, because of their unstructured nature, they did not tend to be so. In general, it seemed that my participants came up with a particular topic or a small range of topics that they wanted to discuss during an interview before I even arrived.

In addition to the individual interviews and participant-observation methods that I engaged in, I also conducted three focus group sessions over a period of three weeks (one session per week) at the North Toronto Seniors' Club Day Program. What sets this particular center apart from the other centers is that all of the members have some form of cognitive impairment, from mild to severe. The members that participated in my focus group sessions had mild to medium cognitive impairments. However despite these impairments, all of the members who participated in the sessions were able to engage in discussions with me and were aware that I was conducting research. Each session was approximately one hour long and included roughly 15 members from the center.

All of my participants were men and women who were 65 years of age or older and retired.[5] Although not all of the members that I spent time with were over the age of 65 or had retired, I only included data from those that were and had. Thus, this present

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[5] Though my participants' ages ranged from 63 to 101, the majority of my participants were between the ages of 75 and 85.

study concerns only a portion of the individuals that I interacted with regularly, albeit a large portion. Although my participants could not be considered a homogenous group, they did have some similarities. The majority of them were in relatively good health, currently lived in middle to upper middle class neighbourhoods, and appeared to be without large financial problems. However, my participants' levels of education, the jobs that they had held while working, their ethnicities, as well as their religious backgrounds varied significantly.[6] In regard to sex, I had a relatively equal number of male and female participants, though my three key informants were male. The majority of my participants were or until recently had been married and many had both children and grandchildren. Moreover while all of my participants had lived in Canada for a large portion of their lives, not all of my participants had been born in Canada or were Canadian citizens.

For the purposes of confidentiality I have changed the names of many of my participants. However if I was granted permission to use an individual's real name, then I did so. Nevertheless, only first names have been used and I have avoided using any information that would compromise my participants' privacy. At times I have also combined life-history details and comments in order to form composite participants. The purpose of amalgamating these details is, like the substitution of names, to respect the wishes of those who preferred to keep their identities private. I have also changed the names of the centers that I frequented. I have kept quotations as accurate as possible and ellipses have only been used to omit repetition, incoherent discourse, and irrelevant information.

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[6] Participants' socioeconomic statuses, lifestyles, ethnicities, levels of education, and religious backgrounds were assessed based on self-reporting.

The intent of my work is to describe the personal experiences of a limited number of retirees in a selected research area, as opposed to generalize from a survey conducted with a representative sample of the senior population in Canada. As a result of my methodology, I recognize the limits of my research. It is important to mention however, that small groups across the chosen research area were selected in order to add as much breadth as possible to the research project, while simultaneously containing it within the specified area. In addition because my research was conducted in an urban area, I fully recognize that the same study in a rural area, or even in another city, could reveal different findings. Nonetheless, I do not feel that the limitations of my chosen research site are greater than they are in any other study that has been conducted within a single research site. Moreover, the arguments that I will be making are as well as the events and conversations on which I have based my arguments were context specific. I also want to acknowledge that I do not consider seniors to be a homogenous group; not all seniors have the same interests or have had the same experiences; the concerns and experiences of my participants may not reflect those of other Canadian seniors. Nevertheless, I do not believe that heterogeneity negates the opportunity to find patterns in individuals' experiences or the opportunity to discover similar concerns among a group.

Like all ethnographic research, my project has limitations. Yet even though my research participants are not representative of the entire senior population in Canada, the information that they have provided me with cannot be ignored. Despite my small sample, the information that I have collected can be used to demonstrate a method of inquiry that other researchers may want to utilize in order to look at other groups of retired individuals who have experienced or may soon experience the process of

retirement and/or who may be utilizing recreational centers in similar ways. Unlike others who have studied the process of retirement and were limited because the experiences and voices of individuals were not heard (Savishinsky 2000), my research is not limited in this sense. It is rich with individual details and "humanistic accounts" of how individuals actually experienced the process of retirement and are experiencing the period of retirement itself (Savishinsky 2000). In addition, my work raises some important issues regarding the relationship between ageing, retirement, social networking, and health that should be explored in more detail. Moreover, this project highlights the need for researchers and policy makers to come to a better understanding of how alternative methods of healthcare can support the strained traditional healthcare sector. More research of this kind in other areas could significantly expand current understandings of retired seniors' experiences, needs, and concerns in Canada. Thus, regardless of the specificity of my research project, I believe that it still makes a valuable contribution to investigations of ageing in a Canadian context.

In the pages that follow, I describe and analyze the stories that were shared with me by my participants about their lives and experiences. I begin with their discussions of the process of retirement, which highlight both the individual and social aspects of the process. Their discussions also provide insight into the changes and challenges that some individuals face when they retire as well as a few ways in which individuals adjust to these changes. Next I discuss possible reasons why retirement might be a difficult adjustment for some individuals and the role that recreational centers for seniors can play in helping seniors adjust to their lives as retirees. I begin by exploring how these centers provide seniors with a means by which to create social networks between themselves and

their communities through volunteer work, administrative appointments, community events, information sessions, programs, and services. I also spend time examining how these social networks provide some members with a new role and/or new social position. In the following section, I investigate how recreational centers for seniors also provide their members with a means by which to develop social networks with their peers. In addition, I explore the strength of these networks and the support that they offer those involved in them. This discussion leads into an analysis of the overall health benefits of retired seniors' involvement at recreational centers. Moreover, I make an argument for the inclusion of seniors' centers in the alternative healthcare sector. I conclude this work by outlining potential avenues of research for future investigations of retirement, social networking, and healthcare in relation to the life-course. Lastly, I reflect on the importance of research on ageing and growing old. While reading this work it is important to keep in mind that everyone ages, so it is in our best interest to understand the processes and forces that may affect us and others over our life-courses.

CHAPTER TWO

I'm Retired. Now What? Retirement and the Reconfiguration of the Self

We sat outside of the center on patio chairs. Doris was shy and not very talkative. I was nervous. I had spent the past two months getting to know her as a member of the North Toronto Seniors' Club, but I had yet to really spend any time with her alone. One day after lunch, I asked Doris if she would allow me to interview her. Perhaps the following week she could stay after the program for a little while and talk with me. She had agreed immediately. She arranged it with her husband. He would pick her up an hour later than usual. I was grateful and excited. There was something about Doris that I was drawn to. But then sitting on those patio chairs, I suddenly had nothing to say. She sat there patiently as I smiled and asked her where she was born, even though I already knew the answer. She was born on her family farm in New Brunswick. She answered and then said, "Why do you want to talk to me? I have nothing important to say. I have no education." I smiled and tried to reassure her that I was very interested in learning about her and her experiences as a Canadian senior. I wanted to talk about whatever she wanted to talk about. After some time she looked at me quite seriously and said, "When I first arrived here in Toronto, I did housework because with no education you couldn't get a job...so I did housework... After I turned 65 I stopped working...and since then...I just do [my] housework." Retirement, she suggested, changes people in some ways and yet no matter what changes, some part of them remains just as it was. Educated or not, Doris taught me to consider retirement to be a reconfiguration as opposed to a re-creation of the self.

Over the years much has been written on retirement and retirees. In the past, many thought that retirement was an event (Luborsky 1994). One day one was working, the next day one was not and life continued on as usual; individuals did not need any time to adjust to being retired. However such an understanding of retirement has come to be considered quite limited, as it cannot account for the highly individualized and complex descriptions of retirement that have begun to emerge (Atchley 2000). Recently, there has been a renewed focus on the concept of retirement and what it means to be retired in many studies, inquiries, and discussions by academics and non-academics alike. Arguably, this interest has stemmed out of the realization that the world's population is ageing and that more people than ever before will live well into their retirement years

(Mellor & Rehr 2005). Out of this interest have come new approaches to the study of retirement. One such approach is the life-course approach that links retirement to ageing in new and significant ways (George 1998).

Unlike previous approaches to the study of retirement and ageing, such as the disengagement and activity approach, that were static and linear (Estes *et al.* 2001), the life-course perspective on ageing attempts to reflect the flow of time (Vincent 1999). Life-course theorists are interested in understanding and studying individuals' experiences within the sociohistorical contexts in which they are embedded (George 1998); theorists taking a life-course approach to their work attempt to "reflect the intersection of social and historical factors with personal biography" (George 1998:358). Moreover, since the life-course approach recognizes that social contexts and individuals' places within them are always changing, many life-course theorists focus their research on trying to understand how individuals adapt to these changes. Their research has shown that because individuals are constantly adapting to change, they are also constantly adjusting and negotiating their social roles, identities, relationships to others, as well as their sense of place within society (Savishinsky 2000). While examining how people adapt to broader changes over time, life-course theorists pay particular attention to the more personal effects of these adaptations and changes. Life-course theorists refer to these periods of personal change and adaptation as *life transitions* and argue that individuals experience various life transitions over the course of their lives (Estes *et al.* 2001). In addition, life-course theorists suggest that after one experiences a life transition, one often enters into a new phase or rather a new *Age*[7] in her life-course. Those who

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[7] Some theorists divide the life-course into different Ages. These are periods defined by loose boundaries based on age. Theorists acknowledge differences between individuals that are considered to be in the same

study life transitions are most interested in understanding how individuals experience these transitions and how they adjust to life in a new Age. As previously mentioned, one commonly studied life transition and Age is retirement (Luborsky 1994).

From a life-course perspective, retirement is considered to be a key transitional period in a working individual's life-course; retirement initiates many changes in an individual's life, for example one becomes a retiree as opposed to a worker. In addition, retirement is thought to mark one's transition into a new phase in one's life-course. Some refer to this new phase of life as the *Third Age* (Aldrich & Omoto 2006). [8] Throughout this chapter I have attempted to incorporate the multiple facets of the life-course approach in order to understand my participants' experiences of retirement. In addition to listening to their experiences I have also tried to consider other factors, such as the current sociohistorical understandings of retirement that exist. Although the majority of my participants already consider themselves to be situated within the Third Age, their reflections do much to support the argument that retirement is a key transitional period in a working individual's life-course and as such retirement should be considered both a process and a period, not an event. Moreover, because many of my participants have already transitioned, my research has also provided me with evidence to support the arguments of others who have suggested that life transitions are periods during and after which individuals make various adjustments to their lives (Bengston 1973, Luborsky 1994).

Age and do not tend to attribute any specific characteristics other than age to particular Ages (Aldrich & Omoto 2006).
[8] For most theorists who divide the life-course into Ages the *Third Age* is considered to be the period of time from approximately 65 years of age to 80 years of age (Antonucci *et al.* 2006). Since 65 is generally considered to be the average age of retiring individuals, the beginning of the Third Age is often associated with retirement (Antonucci *et al.* 2006).

Currently there are many competing representations of what retirement is, or rather what retirement could or should be. However, there appear to be two dominant, yet somewhat contradictory representations of retirement. By looking at the literature available as well as by talking with my participants, it appears that these two representations play a large role in shaping some Canadians' perceptions of retirement and retirees (Rudman 2006). The first representation depicts one's retired life as a pleasant and enjoyable one. In this representation retirement is considered a reward; a reward for the efforts of an individual's labours over her working lifetime. Individuals who have worked hard throughout the majority of their adult lives can reward themselves by retiring and once retired they can take the time to do all of the things that they could not do while they were working (Luborsky 1994). This image of retirement is most often used to promote retirement community living, leisure activities, and anti-ageing products (Calasanti & King 2005). It is a highly marketable image of retirement that has influenced the way that many perceive retirement and is likely why many look forward to the day that they can leave their working lives behind (Savishinsky 2000). Arguably this representation also plays a role in many individuals' decisions to make various economic arrangements, with the help of a variety of public and private services, before and after retiring (Bogart 2005).

The second common representation of retirement does not project the same image nor leave one with the same expectations. This representation links retirement to physical deterioration and social disengagement. It portrays retirement as a time of decline in which there is not only a loss of status, but a loss of personal control over one's body and one's life (Vincent 1999). Retirees are depicted as old, decrepit individuals who are

unable to contribute to society because they are no longer producers (Rudman 2006).

These individuals are dependent on others and cannot take care of themselves (Rudman

2006). This representation suggests that once retired a person is of little value (Hendricks

2005). While this image of retirement and being retired contrasts significantly with the

previous image that I described, it too has become a highly marketable and well-known

representation. It is promoted mainly in media and popular culture discourses and appears

to be just as influential in individuals' perceptions of retirement (Calasanti & King 2005).

Together these two representations, although in stark contrast, appear to play the largest

role in shaping how Canadians perceive and expect their retirement to be (Shavishinsky

2000).

        While these representations exist and often do play a role in influencing

individuals' understandings of retirement (Victor 2005), it is not necessarily the case that

those who have been influenced by them will experience one of these two versions of

retirement. Nor is it that individuals will experience a combination of the two. Rather it

seems, based on the information provided to me by my participants, that these

representations shape individuals' expectations, but do not necessarily dictate their

experiences. The process of one's retirement seems to begin with the attitudes and beliefs

that influenced both her decision to retire and her understanding of retirement (Atchley

1982:120), but the process certainly does not seem to end with one's preconceived

notions. Each person appears to experience retirement differently and how one looks at

herself and her social position once retired largely depends on other factors that cannot be

controlled, such as the socioeconomic time period, one's access to social networks, and

the events that occur during one's retirement. Thus, regardless of the expectations that

one might have and the representations that have shaped those expectations, it seems that retirement is both a highly individualized and social process as well as experience.

When Marshall, an environmental consulting engineer, retired 15 years ago he was unprepared for what he experienced. The company that he had been working for went bankrupt and at 5:00 p.m. on Christmas Eve 1993 Marshall was "retired." Over the course of our time together, Marshall told me that he was a hard worker. I believed him. He was born on a farm in Hamilton and after living through the Great Depression, the Big Band Era, and World War II Marshall had "learned just how to do a day's work." However, when his company went bankrupt and he was let go, Marshall's hard work ethic suddenly did not matter anymore. One day while describing his experiences of retirement he said to me, "I was bewildered...I hadn't thought about retirement. I didn't plan to retire at age 65 I wanted to go to about 70..., but I suddenly plunged in at 5:00 p.m. that night...and started thinking about what I am into and how do I cope with it? This wasn't how it was supposed to go." The day after he "retired" Marshall and his wife took a trip to Florida. The vacation had already been planned, but Marshall recalls suddenly hoping that it would give him time to get used to the idea of being retired. Unfortunately, Marshall remembers still being "in shock" when he returned. The realization that he did not have a job to go back to was difficult and Marshall informed me that the transition was particularly hard for him because his wife was still working. Being alone during the day, Marshall was given plenty of time to reflect on his new status as a retiree. "Retirement," Marshall said one afternoon, "requires a lot of preparation...it is a totally different lifestyle...You know your place has changed in the world, but at the same time you still feel the same as you always have. It is a manageable change, but at

times it seemed unmanageable." Looking back, Marshall still believes that the first few years of his retirement were the hardest ones and suggests that if he had been given more time to prepare for retirement that the transition would likely have been a whole different experience for him. Even in saying that he admitted to me, what other researchers have suggested (Luborsky 1994, Counts & Counts 1996, Savishinsky 2000), that there is no guarantee how one will experience retirement, because life does not always turn out exactly as one intends it to. How is one "supposed to know that being a retiree will be so different than not being one?"

Like Marshall, Gordon was an engineer, had been raised on a farm, lived through the Great Depression, the Big Band Era, and World War II. In addition, Gordon also calls Toronto his home and has for many years. As I spent time with both Gordon and Marshall, on separate occasions, I began to discover that they had a lot in common. Even their lifestyles seemed very similar to me. However unlike Marshall, Gordon had chosen to retire. Gordon retired with the hope that he and his wife would be able to spend more time together at their cottage. While Gordon was working and his children were young, his wife and children would spend their summers up north at their cottage. When he could, Gordon would join them on the weekends. Once retired, Gordon planned to spend every summer at the cottage with his wife. Although Gordon had already experienced two attacks of Multiple Sclerosis in his lifetime and had been diagnosed and treated for prostate cancer, he was in good health. He expected to have a long and relaxing retirement with his wife. Unfortunately, soon after Gordon retired his wife was diagnosed

with Alzheimer's disease and after a few years she moved into a long-term care (LTC) facility.[9]

When I asked Gordon about being retired, he said that his time has been primarily consumed with caring for his wife. For him, it had not been the transition from worker to retiree that brought on the most adjustments. Rather it had been the "unexpected" things, like taking care of his wife, that were the hardest to adjust to. Although Gordon told me that he is now content with his "new life," he said that it did not happen overnight. Like anything else retirement had been an adjustment for him. Though some may not consider the things that forced Gordon to adjust to be directly associated with retirement, they have played a large role in shaping Gordon's experiences of being a retiree and as a result they have influenced his understanding of retirement. Despite the differences between Gordon's expectations and his experiences of retiring and being retired, Gordon still has a very positive outlook. He insists that difficulties can be surpassed if you "take life as it comes." Calling himself "Batman with a walker" in letters to his friends, Gordon believes that he has learned to do the things that he needs to do in order to cope with all of the changes that he has experienced. "You have to adapt yourself to [life]. You have to make the best out of it you can," he told me. "You have no choice because that's the way life is."

While Marshall, Gordon, and some of my other participants had some initial difficulty coping with their unfulfilled expectations, others found that retiring had been easy and that being a retiree was better than they ever could have expected it to be.

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[9] Long-term care facilities provide individuals with chronic illnesses both medical and nonmedical care (Ministry of Health and Long-Term Care 2002). They are meant to be supportive facilities and tend to offer more personal care than the average retirement residence and/or assisted living facility (Ministry of Health and Long-Term Care 2002).

Francis for instance, who is a retired government employee and a British immigrant, told me that retirement is everything that he had hoped for and more. Though he too admitted that retirement has been a new experience for him, he believes that one is better off retired for both economic and social reasons.

I think retirees are better off. Actually I think I am better off since I retired. Cause you know, I've still got the suit I had when I was working. I haven't bought a suit since, well 20 odd years...so I'm saving more...You own your home...That's one cost that has gone out of the equation... I found when I went to pension...my life started to change as far as economics go. Because I was contributing over 1000 dollars a month in the pension anyway so I didn't have to make any more contributions. So even though my salary went down it wasn't that bad...And of course your transportation costs change because you aren't commuting anymore. And when I was at the house of course, suddenly you had a lot of time to do things, which you didn't before and it's amazing. Like when I was working it would take me half an hour to clean up the yard and all that stuff. When I retired it could take up to two hours because I would stop and talk to everybody on the street... I also used to go and walk the dog. When I was working I would get up at half past 6:00 a.m., walk the dog from 7:00 a.m.-7:30 a.m., and then go to work. Well when I retired, I'd still get up and do that, come back for breakfast, and then go for another walk with the dog.

In addition to walking the dog for longer periods of time, saving money on suits and on his commute, Francis talked a lot to me about the benefits of being old and being retired, such as the Canada Pension Plan (CPP), the reduction of his drug bills, and the tax breaks that seniors receive. These benefits, he argued, make retired life better than working life and for him in particular they have helped to make his retirement better than he could have ever imagined it would be. Although Francis seemed to be enjoying his retirement, I asked him one afternoon if he had ever been concerned about how he was going to fill his time once he retired. He laughed and responded, "No, no, no. Everybody asks when you retire what you are going to do? I said bugger all. That's why I retired." Though Francis does not appear to have found the transition from worker to retiree a difficult one, as some of my other participants did, his experiences and comments still suggest that he

did make some adjustments, particularly with regard to how he understood himself and his role within society. For example in conversation Francis often distinguished between the activities that he engaged in while working and those that he currently engages in. Furthermore, his belief that retirees are "better off," suggests that a person who is working has a different lifestyle than a person who is no longer working. Moreover, Francis' comments about his suit, while seemingly trivial, suggest that it is socially acceptable for a retiree not to purchase a new suit, but somehow socially unacceptable for a worker to forgo purchasing a new suit. Thus, even though Francis did not seem to have had any difficulties transitioning, it became apparent to me that he too had gone through a period of transition.

Francis, Gordon, and Marshall's stories clearly show not only that retirement is a key transitional period in a working individual's life-course (Savishinsky 2000), but also that each individual experiences the transition differently. The differences between my participants' experiences highlight both the individualized and social aspects of the process. In addition, their stories demonstrate that regardless of how retirement and retirees are represented in popular culture discourses, individuals who are in the process of retiring and/or individuals who consider themselves to be retired, through the process and settled within a new stage of life, seem to make sense of the discrepancy between their experiences and expectations (Savishinsky 2000). Whether because retirement was better or worse than one expected it to be, my participants showed how individuals can and do adjust to retirement.

Though each person that I spoke with had retired at a different age and for different reasons, they were all retired and appeared to have come to terms with being

retired. Moreover, all of my participants seemed to demonstrate that retirees do not have to disengage from society as some theorists have suggested older individuals do (Cumming & Henry 1961, Kalish 1972). In contrast, all of my participants had come to understand themselves as retirees. They had also continued on since retiring and were continuing on currently with their lives. Although most of my participants spoke of adjusting to their new role and seemed to recognize that socially they occupied a different place than they once did, no one mentioned feeling like they had become a different person or that their identities had been re-created. Each one had adopted the identity of retiree and done so without completely ridding themselves of who they used to be. Just as Luborsky (1994) found in his examination of newly retired individuals, I found that there seems to be some continuity throughout the life-course in terms of social and personal identities. Although some might suggest that what my participants experienced was a re-creation of the self (Estes *et al.* 2001) as they transitioned from worker to retiree, I would suggest that what was occurring could more accurately be referred to as a reconfiguration of the self; people adjusted but did not completely change themselves or start their lives anew. Thus, the nature of the term re-creation seems completely inaccurate when one considers the comments and experiences of my participants.

While some of my participants, like Marshall, found that the biggest adjustment that they had to make when they retired was coming to terms with the actual shift from worker to retiree, others found the biggest adjustment that they had to make was coming to terms with their own, and others, preconceived notions about retirees, retirement, and growing older. Many of my participants who dealt or were dealing with this kind of adjustment believed that others associated negative things with retirement and retirees.

This belief, at least initially, appeared to influence their abilities to adjust to their lives as retirees and older individuals. Because of the inherent implications of withdrawal and cessation that can be found within the definitions of "retire" and "retirement," it is not surprising that these participants did not like how they believed that others, arguably working individuals, perceived of them. In addition, when one takes the definitions of "retire" and "retirement" into account, it is even less surprising that their concerns are quite common; they echo those of retired individuals in other anthropological studies (Clark & Anderson 1967, Myerhoff 1980, Luborsky 1994, Counts & Counts 1996). On the other hand however, some seemed to find that the adjustment was realizing that ageing and being retired did not have to be regarded as a negative thing. During and after retirement these individuals found that they were forced to adjust to a new outlook on the ageing process. Their feelings often seemed to contradict what they had been taught to believe and what they had believed when they were younger. Thus, their alternative change in attitude also influenced their abilities to adjust to as well as their experiences and understandings of both retirement and being retired.

Betty, a retired administrative assistant in her late sixties, finds it hard to believe that she is retired and collecting a pension. Although Betty told me that she knows that she is no longer "young," she just cannot believe how old she actually is. For her, the hardest part of retiring was not adjusting to days without work or her status as a retiree, but rather accepting that she was "*old enough* to retire." Even though Betty was legally a senior before she retired, it was only after she retired that she began to feel as though people actually knew she was a senior. In her eyes it seemed that as soon as she retired her age had suddenly become obvious. "There's no hiding from it once you are no longer

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working. You're old." Though Betty said that she does not have a problem with being retired, she said that she does sometimes have trouble admitting exactly how old she is. "Sometimes," Betty exclaimed in a humorous tone, "I wish I could be retired and not be old, so that I could enjoy my retirement without people looking at me funny." However since Betty recognizes the impossible nature of her wish, she informed me that she will learn, over the years, to ignore what other people think of her and enjoy being retired. Although her husband Matthew claimed that he does not feel the same way as his wife, he did say that he does understand his wife's reservations about getting older. "It is not easy," he told me, "to accept that you have already experienced the largest portion of your life. It goes by so fast and before you know it there is only a little while left. It is not that you cannot enjoy these years. It's just that you don't have as many to enjoy." When I asked Betty if her husband's claims were in fact correct she responded, "I know that I am senior and I know what that means in terms of the years that I have left…I am fine with that…I just don't like what others think it means for me to be a senior…It puts a damper on retiring."

Just as getting older and the meanings associated with being old have played a large role in Betty's experiences and understandings of retirement, so too have they impacted William's experiences and understandings of retirement. William, a member of the Red River Seniors' Club, is in his late sixties and has had Parkinson's disease for approximately 30 years. For over three decades William worked for the city of Toronto, but he chose to retire when his Parkinson's progressed and he was no longer able to do his job properly. Shortly after he retired his wife died from cancer and it was then, he now says, that he realized just how old he was. "When I was young" he recalled, "I did

not have to worry about death or life after work. That was for old people. Now I am old and I too have to worry about these things." In addition to losing his wife and retiring, William moved in with his daughter in order to get the care that he required. Though William retired at a relatively young age in comparison to many of my other participants, he believes that retirement has made him old; this belief seems to have made retirement a tricky transition for him. "It's not that retiring is difficult in nature," he said during one of our many conversations, "it's everything that comes with it, the expectations, beliefs, and suddenly not knowing where you fit." Even though William feels that he is in a good place in his life right now and would not go back in time, he still has trouble identifying with the man in the mirror and seeing what he believes other people see when they look at him—an old "washed up" man.

Although William and Betty, as well as some of my other participants, had a difficult time coming to terms with the ageing process and their places within it once they had retired, some like Jessie seemed to have found the opposite. For Jessie, and some others, the adjustment was not realizing that they were old or that young individuals sometimes regard older individuals in a negative manner, but realizing that they wanted to get older. In our first conversation together, Jessie stated that her age mattered and that it had certainly affected her experiences of retiring; it had played a large role in influencing how she had adjusted to her new social position as a retiree and how she had begun to perceive of herself. Yet unlike William and Betty, Jessie found that once she retired she became quite proud of being old, even though for many years she had tried to avoid it. For Jessie, retirement was a turning point in her life. It taught her to appreciate her age and all that she had lived through. The social transition had felt like the beginning

of a new journey and had in many ways shifted Jessie's priorities. "When you are younger you want to stay young," she told me in a matter of fact tone, "but suddenly you realize your place in life and you want to get old...I don't mind being a senior. I haven't got much say in the matter (laugh). I'm going to be a senior. One day I'm going to be a dead senior, but I believe that...getting old is better than the alternative." For Jessie, retirement allowed her to look forward to ageing over the years; her age is now one of her greatest accomplishments.

Despite their differences in experiences and understandings of retirement, it is evident that for Jessie, William, and Betty, as well as for many of my other research participants, retiring and ageing are intimately related. Although one does not have to be old to retire or be retired to be considered old, some of my participants seem to have made this connection. In fact it is becoming increasingly common for individuals to work well into their "old age" for various economic, social, and cultural reasons (Mellor & Rehr 2005:41). In addition because of the improvements in medical technology, individuals are continuing to live longer into their retirement years. On the other hand as the cost of living rises in many areas, there are also a greater number of senior labourers than ever before (James 2006:154). Regardless of these facts, it appears that my participants have linked retirement and ageing. Arguably, it is at least partially the result of the second representation of retirement that I discussed earlier that such an association has been made between ageing and retirement. Betty's comments and concerns alone about how working individuals perceive of retired individuals indicate this. So too does William's argument that when he was younger he did not have to worry about death. However whether or not popular culture representations have played a role in shaping

their experiences, my participants have demonstrated that many do make a connection between age, ageing, and life transitions like retirement. Retirement does in fact have its place in the life-course of working individuals.

In addition to the two most mentioned adjustments brought on by the transition from work to retirement, adjusting to one's new social role as a retiree and coming to terms with one's place in the ageing process, there were a few others that many of my participants experienced. These adjustments also seemed to influence how they currently understand themselves, their place in society, and their relationships with others. They have also influenced their understandings and experiences of the process of retirement and support my argument that retirement is a key transitional period in a working individual's life-course. One such experience that marked and/or was associated with retiring was moving from one's house to an apartment, a condo, a retirement community, or a family member's home. Although not all of my participants moved to the same location, for the same reasons, or at all, for those that did relocate the experience of physically transitioning seemed to coincide with the social transition that these individuals were also experiencing. Moving out of their family home seemed to have a significant impact on their senses of self. In some regard the move appeared to signal a change in my participants' lives as well as in their identities. For a few of them the move was viewed in a positive light and for others it was considered to be primarily a negative experience. The reactions of my participants tended to vary according to their reasons for moving. However regardless of whether the move was believed to be for the best or not, it still revealed another adjustment that can be and is associated with retirement.

Dorothy, an 80-year-old dedicated bridge and dart player, decided that she had to move when her osteoporosis reached the point where she no longer felt that it was safe for her to live alone. Although she still believed that she could look after herself, Dorothy did not feel as comfortable as she once had living on her own. When her husband died a few years ago Dorothy decided to remain in the two-storey brick house that they had lived in for over 40 years, even though some family members suggested that she consider moving into a retirement community. Dorothy also decided to remain on her own after she purchased her first cane and began to have difficulty making it up and down the stairs of her home. However, when Dorothy purchased her walker and learned that her bones had become more brittle, she decided that it was time for her to move. At the time her biggest fear, she told me, was the she would fall in her home and that no one would find her for a few days. It was this increasing fear that prompted her to sell her house and move into a popular retirement residence in the neighbourhood. Although she is enjoying her new apartment and the building in which she lives, Dorothy confided in me that she misses her home. In particular, she misses the freedom that she had to do whatever she wanted; "learning to share your home with others takes some getting used to" Dorothy stated, "everyone has a different way of living." Even though Dorothy made the decision to move, she admitted in one of our discussions that it was not an easy decision to make. She was afraid that the move would signal a loss of independence to her friends and family members. As a result of her concern, Dorothy said that she was very selective about where she moved. In order to balance her need for some assistance with her desire for independence, Dorothy decided to move into what is considered an *assisted living*

residence.[10] Many of these types of facilities are scattered across the GTA and according to some of my other participants they are a popular choice for those who can afford them.

Although some moved out of their homes because they required extra care, like Dorothy, the majority of the individuals that I spoke with moved out of their homes because they no longer wanted all of the responsibilities that come with owning a home. Their moves were seemingly unrelated to the state of their health. For example Frank, who currently lives in a high-rise apartment building in Toronto, no longer wanted to do the yard work or the cleaning that was required to keep up his home. Frank wanted to be able to come and go at any time and spend his retirement going on various vacations— something that he thought was not possible if he owned his own home. In contrast to Dorothy who thought that moving out of her house signalled a loss of independence, Frank felt that it gave him the independence that he needed to enjoy his retirement. Despite his willingness to move however, Frank admitted that it was difficult for him to pack up his home because he had made so many memories there; he had made a place for himself in the world within that home. On the other hand, Frank also recalls knowing that his priorities had shifted and being a homeowner no longer suited the lifestyle that he desired to have during retirement. Laughing while discussing the move with me one morning, he said, "When I was younger I could not wait to buy my first home…and then as I got older I could not wait to get out of it! Isn't it strange how things change as life

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[10] *Assisted living residences* are buildings in which residents are provided with some daily systems of support and/or assistance such as prepared meals, on-site medical aid for minor ailments, and housekeeping. Residents rent and live within their own apartment units, but social activities and entertainment are often provided by the facility for all residents. These facilities range in price depending upon the services provided and the location of the facility. The benefit of these facilities is that they provide individuals with the opportunity to live independently, while also receiving some care.

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goes on? One minute you've got what you want and the next minute you want something different."

Although Frank and Dorothy, as well as the majority of my participants, moved out of their homes willingly, they still appeared to question their decisions to move. While most of those who had moved out of their houses had done so at least five years after they had stopped working, many related moving out of their homes with the process of retiring. As previously mentioned, the move seemed to signify another aspect of their transition (Shavishinsky 2000). Moreover, out of my discussions with those who had moved, as well as with others who were considering selling their houses, it became particularly evident that my participants' identities and overall senses of self were intimately linked to their sense of place. As Joel Shavishinsky suggested, "retirement is played out and explored not only in one's lifetime, but also in one's life space" (2000:107) and how one comes to understand one's experience of retirement seems to depend largely upon how one comes to understand oneself and one's place within all aspects of society.

In addition to moving, other things that my participants brought up in our discussions of their retirement experiences were the death of friends and family members, the loss of privileges and abilities, the ages of their children, the arrival of grandchildren, and the growing awareness of being alive. While some might think that these changes are not directly related to the process of retiring or being a retiree, my participants discussed them during their reflections on being retired. And while these things may appear to be less significant than some of the others that I have discussed thus far, they did seem to be very significant to the participants who mentioned them. Each one of these events and/or

occurrences seemed to have forced the participants who were experiencing or had experienced them to re-evaluate how they viewed themselves in relation to others as well as how they currently viewed themselves in relation to how they had viewed themselves in the past; these experiences were in fact a part of their transition.

Max, an 89-year-old avid shuffleboard player, lost his driver's license during the course of my research. Two months before he lost his license, Max had had a seizure. Because of his seizure Max's doctor decided that it was no longer safe for him to drive. In accordance with the law, Max's doctor notified the Ontario Ministry of Transportation and Max's license was suspended.[11] Even though Max was told that he would be given the opportunity to retake his driving test within a month, and potentially regain his license, he was devastated. The day before his license was suspended Max repeatedly said that he was going to go "crazy" without his license. As could be expected, he was very concerned about how he would be able to make it to the activities at the Durham-East Seniors' Center since he would no longer be able to drive himself to them. The more upset that Max became, the more that the other shuffleboard players seemed to sympathize with him. The other players agreed that they too would not know what to do if they could no longer drive. Many of them told Max that if their licenses were ever revoked that they would drive anyway and risk getting a ticket if caught. They seemed to believe that the reward of still being able to drive would be greater than the risk of getting a ticket.

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[11] It is the responsibility of Ontario doctors to report any individual that they believe to be a danger on the road because of a medical condition to the Ministry of Transportation (Ministry of Transportation 2008). More information about this reporting procedure can be found in Section 203 of the *Highway Traffic Act* (Ministry of Transportation 2008).

At first I thought that Max's frustration was at the loss of what he perceived to be his independence. Just as Dorothy had feared that moving out of her house into an apartment would jeopardize her independence, I thought that Max was concerned about what people would think of him if he could not drive. However before I had figured out a way to ask him if that was indeed the case, he exclaimed to a group of us one morning while drinking his coffee, "I am a driver...I cannot remember a time when I did not drive...who am I if I cannot drive? What will people say?" It was then that I began to understand the complexity of Max's situation. Max was upset because driving had been a part of his life and a part of his identity for so long in addition to being his connection to others. By losing his license, Max was in essence losing a part of his identity and at that moment he was unable to picture himself without that ability. He did not know who Max the non-driver was and he did not know who this "new" Max would be to others; it was not just a question of independence, it was a question of identity.

Similarly when Carla's daughter turned 60 in July, she told me that her daughter's birthday had made her stop and think about who she was and how her relationships with others had changed over the years. She said that since she had retired, she had begun to feel like everything around her was always changing; she was no longer sure exactly who she was or where she fit in. After her daughter's birthday Carla suddenly found it necessary to reflect on the ways in which her role in life kept on changing. "Once," she said, "I was just a sister, then a sister and a wife, then a sister, wife and mother, then a sister, wife, mother, and grandmother, and soon a great grandmother and don't forget a cook, housekeeper, and salesperson." When she talked about all of the "different women" she had been and was, Carla stated that she could accept each one of her roles, but had

not always understood how she felt about them. It had not been until she retired that she had tried to come to terms with herself and her relationships with others. "There's something about being old...and having all this time," she commented during one of our discussions, "that makes you get a little reflective." Although Carla said that she would not change anything or stop changing if she could, she wishes that her identity was clearer and that she had tried to sort herself out earlier. "I wish I had tried this 30 years ago... to see myself...funny what retirement gets you to do, isn't it?" she said.

From my conversations with people like Carla and Max, I came to realize how influential the transition from work to retirement is and how this transition affects not only how individuals perceive themselves but also how individuals believe that others perceive them. In addition, I came to see just how complex, dynamic, individualized, and social the process of retirement is. Through the information provided to me by my participants' stories, I was also able to see how deeply embedded individuals' lives are in sociohistorical contexts and how these contexts greatly influence individuals' experiences (Aldrich & Omoto 2006). Although my participants provided me with valuable information about how some individuals experienced the transition from work to retirement, they were also able to provide me with information about how they had adjusted since retiring. Some of this information I have described already in its relation to my participants' transitional experiences. However, some of this information I have yet to discuss and will do so now, as it is pertinent to the remainder of this work.

Since all of my participants considered themselves to have already gone through the transition from worker to retiree, I was also able to ask them about their lives now and their experiences of life after work. When asked directly, most of my participants had

fairly positive things to say about being retired and being a retiree. However some

mentioned that they did experience some periods of time during which they did not feel

so positive about retired life. Mark, for example, told me that he sometimes finds being

retired "a bummer." Even though he feels that he has settled well into retirement and has

come to recognize what he considers to be the positive aspects of being retired, such as

being able to spend the whole day doing nothing, he confessed to me that sometimes he

cannot help but feel down. Similarly Paul, a man I met playing shuffleboard at the

Durham-East Seniors' Center, often advised me not to get older because being old is "no

fun" and retirement is "boring." Interesting however, every time that I saw him he was

full of energy and seemingly enjoying himself. Now, by no means were Mark and Paul

the only people that made passing comments about the downside of being old and being

retired. Yet, I had little luck initially discovering why individuals who seemed to be

enjoying themselves would have such negative things to say about their place in the life-

course. Moreover, if I asked someone why growing older was an unpleasant experience,

my question was often ignored. Despite my best efforts to discover how some of my

participants could be so cynical and pessimistic about growing old and being retired

when they seemed to be in relatively good health and living seemingly fulfilling lives, I

remained unenlightened for many weeks. Fortunately, I was enlightened by a

conversation that I had with one of my participants, Bette. She told me quite seriously

that she and many others felt bored, lonely, isolated, and depressed once they had been

retired for a few years. She said that in her case these feelings did not surface right away,

but after some time she recalls waking up one morning and thinking: "I'm bored. That's

what my problem is (laugh)." Unfortunately with her boredom came other feelings that

Bette could not seem to control or understand completely. Though personal, Bette's comments helped me to see how my own preconceived notions about what successful ageing is, had been keeping me from understanding my participants' comments.

After talking with Bette, I tried to broach the subject with some of my other research participants. Once mentioning that I had heard that some individuals felt lonely, isolated, and/or depressed others seemed more willing to share their own experiences. It is my assumption that those who originally refused to share these feelings with me were embarrassed of them and/or that they were trying to give me information about retirement that they thought I wanted to hear. My conversation with Bette opened many doors for me and after speaking with her it did not take long for me to learn of others' who had experienced similar feelings. For some like Joan, who had been retired for ten years, there were times during which she felt disconnected and detached from herself, her friends, and her community. She said that it was not easy for her to deal with these feelings or to figure out why she felt the way that she did. Although her feelings have since passed, others that I spoke to were still experiencing such feelings. Though not all of the individuals that I spoke to recalled having felt or feeling this way, those who did seemed to either have many different reasons for their feelings or could not come with any. However after listening to all of my participants' stories about their experiences, I was able to decipher some similarities. One thing in particular that was mentioned rather frequently was the decline in the amount of interpersonal interaction that my participants experienced once they retired; many spent a lot of time discussing how their interactions with others seemed to be more limited than they had been in the past. As Marshall

informed me, spending time talking to people had been a large part of his and many others' working lives.

I used to go to the office and get a cup of coffee at the coffee machine…I'd mention with whoever else was standing there about last night's hockey game or something and that was just part of the day. I didn't realize how much I was missing that or even that I was missing it. I didn't remember it as an activity if you will. But when I realized what I was missing, I saw that it was an activity in real life.

While many said, as Marshall did when talking about being retired, that they just needed someone to talk to, it seemed to be about more than just that. Their comments indicated to me that work and the workplace had been more than just somewhere one had to go or a social role to occupy. The transition from worker to retiree had changed more than their identities and their social positions. Whether my participants realized it or not work had occupied their time, structured their day, and given them a way to connect to people (James 2006). Now as retirees, these things were missing. It was not that my participants missed work, but rather they seemed to miss the social network provided by work (Diehl & Berg 2006). In addition to connecting my participants to peers, work had also provided them a means by which to connect to their communities. Once retired, my participants no longer seemed to have an easy means of interaction; they were no longer forced to interact with others, as they had been at the workplace and that seemed to have been a difficult adjustment for them to make.

To cope with the decline in social interaction, I found that my participants employed multiple conscious and unconscious strategies. Some began to spend more time with their children and grandchildren. Paula for example, started to pick her granddaughter up from school everyday. One of my other participants, Laura, decided to start taking in abused and neglected animals. Sylvia, after being retired for seven years,

took on a part time job at a law firm and began a whole new career. Others who had belonged to church groups since before they had retired, began to take on more time consuming roles, such as church treasurer or Sunday school teacher. Although each person that I spoke to had employed their own coping methods, I noticed that even those who had not stated that they had felt disconnected or isolated had dealt with retirement and being retired the same in at least one way. They had all become members of recreational centers for seniors. Whatever their reasons for doing so or reasons for staying a member each one was involved in at least one recreational activity.

Considering the number of times that the importance of social interactions was mentioned in the discussions that I had with my participants, their memberships at recreational centers seemed quite logical. Moreover, I found that even those members who did not state that they had ever experienced feeling isolated, lonely, or depressed, often mentioned how the center had introduced them to new people and allowed them to be involved in their communities in new ways. Seniors' centers, I discovered, are great places for members to connect to their communities and to their peers. They offer a central location for social networking and interactions, but can also provide members with the opportunity to gain a new sense of purpose and personal satisfaction; the center replaces the workplace in many ways (Shavishinsky 2000). Although I found that some of my participants have other means of connecting to their communities and to their peers, for many it seemed that the center is the only means by which they can make such connections. However regardless of whether or not recreational centers for seniors are their only means of connection, I have come to see them to be very important and beneficial places for my participants; through the connections that they facilitate, they

offer a way for members to deal with ageing and retirement. Throughout the next few chapters I will attempt to support the arguments that I have made here by examining the social networks that my participants developed at these centers. I will also use these examinations to argue that recreational centers for seniors should be considered a part of the alternative healthcare sector.

CHAPTER THREE

Community Connections: The Role of the Recreation Center

I sat down and all eyes were on me. I opened my notebook quickly to review some of the questions that I had prepared for the group. It was my first focus group session at the North Toronto Seniors' Club Day Program. It was my first focus group session ever. I was not sure how the next hour would go. All of the individuals in the group had mild to medium cognitive impairments. Would they be able to answer the questions that I had come to ask? I assumed my being there would never have been approved if the Day Program supervisor had not thought that the clients would be able to manage, so I began. I smiled at the group and asked them how they were doing today. All of them responded. That was comforting. I continued and began to explain why I was there and what I was hoping that they could do for me. They all seemed to understand, so I asked, "Would anyone be willing to share how they feel about being retired?" I held my breath. No one answered. An awkward silence began to form in the room and I began to think that coming to the Day Program had been a big mistake. However I was proved wrong when I heard a man begin to speak. "My name is Michael. Sometimes I cannot remember what I am allergic to or where I live...I have it all written down on a piece of paper in my pocket...but I remember what it feels like when you first retire. I know what it feels like now, being retired. It is difficult to explain, well I can't explain it. You just don't seem to fit... somehow you are placed outside [of society] when you retire." That was it. His words were short and sweet, but other members of the group seemed to be nodding as if they agreed with him. As the others around him began to speak, I began to think about what Michael had said. Do many people feel disconnected, and if so, how do they find a way to reconnect? Although Michael said that he could not explain his feelings or tell me what he was allergic to, I did not need an explanation. I did not need to know what his allergies were. He had already told me more than enough.

In recent years various scholars have argued that the concept of citizenship has been changing in Canada and other countries around the world (Balibar 2004, Fudge 2005, Sassen 2005). These shifts in meaning have altered not only how citizenship is understood but also how it is experienced by citizens. Numerous theories have begun to circulate about what kinds of citizenship can and do exist in the new globalized world (Jenson 1997, Sassen 2005, Gulalp 2006). As the Canadian economy, like many other national economies, has become increasingly integrated within the larger global economy the pressure to be economically competitive has also increased (Sassen 2005). The

resulting transformations of this integration have seemingly altered the relationship and obligations between the Canadian state and its citizens.

After the Second World War until the early 1980s, policies developed and enacted by the Canadian government encouraged an active state. The role of the state was to promote social justice, economic development, and the vision of a single Canadian community that was made up of diverse individuals (Jenson 1997). The federal government also attempted to maintain a strong central government while protecting the social rights of individuals and promoting a notion of equality among all citizens (Bogart 2005). The fundamental unit of the Canadian state was considered to be the individual, the citizen, and so the state was responsible for ensuring the welfare of its citizens (Fudge 2005). It was during this time that legislation like the *Citizenship Act, 1946*, the *Constitution Act, 1982,* famous for its inclusion of the "Charter of Rights and Freedoms," and the *Official Languages Act* were generated. It was also during this period that intellectuals debated over the meaning of Canadian citizenship, identity, and social relations (Jenson 1997). The changes that were made during this period resulted in the development of what is now known as the Canadian welfare state (Erickson & Matthews 2005).

Beginning in the mid-1980s with the election of Progressive Conservative leader Brian Mulroney, who embraced the growing neoliberal trend in global governance, postwar forms of citizenship began to change in Canada (Jenson 1997). The Mulroney government and those following him have slowly reduced social spending in order to fight the Canadian deficit. In addition, other changes have included the altered and diminished role of the federal government as a result of privatization, the increased

responsibilities of provinces, municipalities, individuals and the family as well as the slow integration of the Canadian national economy into the global economy (Jenson 1997). These changes have defined what some refer to as the marketization of citizenship in Canada (Jenson 1997). The reduction of social rights and the increased role of the market, in addition to neoliberal ideologies which support the erosion of the welfare state, challenge the relationship between the Canadian state and its citizens. Although the model of citizenship that was developed after World War II promoted a notion of inclusion and equality for all citizens (Fudge 2005), the transformations that began in the mid-1980s, and continue today, highlight the inequalities between citizens and mark the new model of Canadian citizenship—market citizenship.

Market citizenship emphasizes competition and market participation. Citizens are expected to participate in the market and are responsible for protecting themselves in times of economic downturn (Fudge 2005). It is the government's responsibility to facilitate competition, market participation, and essentially to help citizens to help themselves (Fudge 2005:645). Although I would argue that the current model of citizenship in Canada has had significant unequal effects on various groups of individuals within Canadian society, it is not within the scope of this paper to discuss them. Rather I will focus my discussion on the impact that I believe that market citizenship has had on individuals' understandings of what it means to be a senior and particularly what it means to be a retired senior. Because of the recent transformation in the Canadian model of citizenship, I would argue that the relationship between citizenship and ageing has also undergone a transformation.

Since citizenship is now tied to market participation and the value of paid labour has subsequently increased, it has been suggested that as citizens transition across their life-course their experiences of citizenship will vary (Fudge 2005). In particular, it has been argued that those who are no longer participating actively in the market as producers, such as retirees, will experience citizenship quite differently than before they retired (Bogart 2005). Interestingly, because of the value placed on paid labourers and the recently reconfigured relationship between citizenship and the economy, as well as many seniors' socioeconomic position as retired persons, the perception that seniors are not valuable and are unproductive has emerged (Bogart 2005). Although in reality seniors make many contributions, such as doing paid and unpaid labour, supporting family members, making charitable donations, and paying taxes there tends to be an overarching assumption that they do not make any or at least that they do not make as valuable contributions as younger people or paid labourers (Gilleard & Higgs 2000).

Some of the assumptions about seniors that have resulted from the current model of Canadian citizenship are exemplified in the policies and initiatives of the federal government. For example, at the end of one's 71st year, one is no longer able to contribute to her Registered Retirement Savings Plan (RRSP) (Canada Revenue Agency 2008). Thus, even if an individual continues to work later into her senior years she is no longer offered the same opportunity for tax deference as younger paid labourers. In addition, once one is no longer able to contribute to her RRSP, one has to begin to withdraw income from it and to pay the taxes on the income (Canada Revenue Agency 2008). If an individual is still engaged in paid labour when she begins to withdraw from her RRSP, the extra income could increase the rate at which she is taxed. Such an

increase would defeat the purpose of the initial tax deference and is less likely to occur if one is no longer a member of the paid labour force. This policy, developed by the Canada Revenue Agency, assumes that individuals will not be in the paid labour force when they are 71 either because all seniors want to, are able to, and/or should retire. Moreover recent policies that have determined where to allocate healthcare resources often impact seniors and indicate that they are not valued as much as citizens of other age groups. Community and social services that assist a great number of seniors in various ways, and for which there is a great need, are the first to be cut out of healthcare budgets (Bogart 2005). Although healthcare expenditures for seniors' services have increased slightly in recent years, the increases are not proportionate to the need (Bogart 2005). Without proper healthcare services some seniors are left without the valuable resources that they need to live as healthy independent individuals. Similarly the CPP, while increasing in recent years, is not increasing at the same rate as the cost of living (Erickson & Matthews 2005). Support for the CPP is also diminishing and claw back provisions are threatening the future of the public pension system in Canada (Erickson & Matthews 2005). Although there are many other policies and initiatives that highlight the intersection of citizenship and ageing, as well as the ways in which seniors are being specifically affected by the new model of citizenship in Canada, the ones that I have discussed should have made my point clear.

While I am not suggesting that the current model of citizenship and the understandings of citizenship that come with it are the direct cause of individuals difficulties with retirement or that they have had the largest impact on retired individuals lives, I am suggesting that it is likely that they have played some part in shaping

individuals' experiences as retirees. And while citizenship is a legal status, it is also a social status that affects individuals' daily interactions with and relationships to broader political, social, cultural, and economic systems. Thus what this exploration highlights is how seemingly personal experiences like retirement can be influenced by larger sociopolitical changes related to this transition, such as understandings of what constitutes a valuable Canadian citizen. Saying that however, it is important to mention that this is only one example of how broader concepts and issues can influence individuals' experiences of retirement and was used because my participants talked about their status as citizens in our initial discussions. Nevertheless, after coming to some understanding of the sociopolitical contexts of which my participants belong, it seems even less surprising that many of them, like Bette and Michael felt detached, disconnected, and/or isolated from others and their communities once they had retired. Not only had they lost the social network provided by work, they also seemed to have lost a social status that they had once occupied.[12] In addition, it seems likely that what my participants experienced, and arguably were experiencing, also influenced them to some extent to join recreational centers for seniors. At these centers they could engage in social interactions and perhaps gain a renewed sense of social status.

Although all of my participants currently belong to seniors' centers and seem to enjoy being involved in the recreational activities offered by these centers, not all of my participants were initially enthusiastic about becoming members. In fact many of my participants recall having great reservations about joining recreational centers for seniors. Doris for example remembers telling her husband that she "definitely did not" want to

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[12] It is important to note that teasing out the exact ramifications of shifts in policy and political rhetoric are difficult. What I have discussed here is my interpretation of some of the impacts that the changes in the Canadian model of citizenship may have had on retired individuals. It would be interesting however, to pursue in more detail how broad sociopolitical changes interact with individuals' lived experiences.

join the North Toronto Seniors' Club. When he signed her up to become a member of the "Ladies Dine" group despite her protestations, Doris recalled being very upset with him. Her husband thought that the group would be beneficial for her and would give her a reason to spend some time out of the house. However Doris did not see the same opportunity that her husband did. Having grown up on a farm and having become a housekeeper at a young age, Doris had never been a member of a social group; the thought of belonging to one made her nervous and uncomfortable. "I wasn't used to that—outings. It's like an outing for me. That's not what I am used to....I didn't know what to do," Doris told me during an interview. Nevertheless after some persuasion, Doris agreed to attend one "Ladies Dine" luncheon. She had made an agreement with her husband. If she did not enjoy herself, then she would not attend another luncheon. If she did enjoy herself, then she would become a regular member of the group. Much to her surprise Doris enjoyed her visit to the North Toronto Seniors' Club and now admits that it was wrong of her to refuse to join without even knowing what the group was all about. Today, Doris attends "Ladies Dine" every Monday and will tell anyone who asks how wonderful the program is. "It's a good time," she said while laughing, "who knew?"

Like Doris, Rose also resisted becoming a member of the North Toronto Seniors' Club. However, it was not the idea of social outings that concerned her, but rather the acknowledgement that she could become a member of a seniors' center; Rose felt that she was too young to be a member. "It's hard. First you retire and you get used to the idea of that...then you try to figure out what to do when you are retired...how do you find yourself? So you decide to do something, stay active...and then you realize that the most appropriate place to do that is in a senior center...That can be a shock." Rose and others

that I spoke to had been forced to come to terms with their ageing selves. While some

people that I spoke to had begun to deal with their position in the life-course while they

were in the process of retiring as I mentioned in the previous chapter, some, like Rose,

only began to think about their ageing selves once they had settled into retirement and

had begun to adapt to their lives as retirees. "If I had just been joining a *regular*

recreation center it wouldn't have been so hard," Rose tried to explain to me during one

of our regular conversations. "I just didn't feel like I fit the description of what people

think seniors are." Just as many of those who had come to terms with their position in the

life-course during the process of retirement seemed to have struggled with social

perceptions or rather misperceptions of what it means to be a senior and a retiree, so too

did Rose and others who found it difficult to join a recreational center specifically for

seniors. Although Rose knows that some people thought that she was in denial when she

struggled with joining a seniors' center, she argued and still does that she was in

transition. Only now that her transition is complete has she accepted her status as a senior

and a retiree.

Unlike Rose and Doris who were wary about joining seniors' centers, some

individuals with whom I spoke expressed a great willingness to join. For them the

benefits of joining a recreational center for seniors and being able to remain active were

greater than not joining. They seemed to consider the centers to be retreats from their

homes and daily obligations. And while attending a particular activity often became an

obligation for many, it appeared to be a welcome one. Most of these individuals told me

that from the beginning they made an effort to attend every session that they could and

were disappointed when the programs that they participated in were cancelled or postponed. Sally, a member of the Red River Seniors' Club, is one of those individuals.

When she first retired, Sally remembers hating it. She told me that retiring was difficult for her and soon after she retired she began to find it difficult to leave the house and do something that she considered to be "worthwhile." Throughout her working life Sally had been a busy person and said that she had always enjoyed being "on the go." Working while raising a family, Sally was able to keep active for many years. Although when Sally first retired she was able to fill some of her time with small projects that she had been putting off for many years, after awhile she began to feel as though she had "used up" all of her activities. It was then that she started to feel lonely and depressed on a regular basis. Eventually Sally did not even want to see her friends or family and this behaviour began to worry them. The main problem Sally told me was that she "didn't have a place" and that she felt as though she had been socially disconnected from those around her. Luckily, Sally and her husband decided to move to Pickering five years ago to be closer to their children. It was in Pickering at the Red River Seniors' Club that she found what she needed. "I had become invisible and suddenly I found a way to become visible again," she said. "I made friends and got back out into the world." Today Sally is involved in various recreational activities at the center and assists with their bi-annual craft-show. She believes that the company of the other members at the Red River Seniors' Club has benefited her greatly. The center, she claims, helped her to find her "place" again.

Paul expressed similar feelings of loneliness and depression when he talked about joining the Durham-East Seniors' Center. His wife had been diagnosed with Alzheimer's

disease almost ten years ago and had been living in a LTC facility for the past six years. When his wife was admitted into LTC Paul said that his life slowly began to fall apart. "I could handle it with her there," Paul explained, "but when she was no longer at home and I was alone I suddenly wanted to work again...If I didn't come here I'd be sitting at home staring at four walls...I've rejoined society." Spending time with Paul at the Durham-East Seniors' Center, I came to see why he felt that way. He was at the center everyday and was a member of more programs than anyone I knew. In addition to the recreational activities that Paul participated in, he also helped organize special events at the center, like dances and holiday celebrations. Moreover, just as Sally found a place for herself at the Red River Seniors' Club, so too did Paul find his place at the Durham-East Seniors' Center. Like so many others that I spoke to told me, Paul said that he "would have joined earlier if [he] had known how much it would help [him] adjust."

Regardless of the reasons behind, the reasons for wanting or for not wanting to join a recreational center for seniors, my participants' comments support what Myerhoff found almost 30 years ago (1980)—recreational centers for seniors can and do play a large role in helping individuals adjust to and accept the changes that they experienced during and after retirement. For some, like Paul, the feelings that encouraged them to join or discouraged them from joining were the same that made them feel disconnected, isolated, and/or detached from society. For others, like Doris, the feelings were different and seemingly unrelated. Yet for all of my participants the centers that they belong to and frequent appear to have become a place of connection, a place of self-reassurance, and a place of enjoyment.

Although one might assume that the most beneficial aspect of these centers is that they offer my participants a means by which to lead active lives, my participants' comments indicated that this was not the case. In reality, it seemed that the opportunity for my participants to make connections, such as to their communities was most beneficial. The connections made at these centers provide my participants in many instances with larger social networks and for some a renewed social status. Through volunteer work, administrative appointments, community events, information sessions, and services the seniors' centers allow many of my participants a way to reconnect to their communities. And for some of my participants these centers provide the only means by which to make such connections.

Husband and wife Bob and Barbara have been members of the Durham-East Seniors' Center for many years. Although the pair is involved in numerous recreational activities, the majority of the time that they spend at the center is consumed by their volunteer responsibilities. The Durham-East Seniors' Center relies heavily on member volunteers to run recreational programs, organize activities, and help other members who need extra assistance. Bob and Barbara are primary volunteers. As volunteers, they run a variety of programs at the center. This requires them to set-up for the activity or program, record members' attendance, submit the attendance list to paid staff members, clean-up after the activity or program is finished, and return any equipment that was used to the paid staff members at the Durham-East Seniors' Center. In addition to running programs, Bob and Barbara also drive a van owned by the Durham-East Seniors' Center once week. The purpose of the van is to take members who are unable to drive to and from the center as well as to and from doctors appointments. The transportation service runs throughout

the week and relies on volunteers like Bob and Barbara to operate. As if these activities were not enough, Bob and Barbara also attend and help organize special events at the center. Interestingly even though the two are quite busy, Bob told me that they "wouldn't have it any other way" and are happy to be of so much use.

Like Bob and Barbara, Mary is consumed with her volunteer work at the Red River Seniors' Club. She too participates in a few of the activities at the center, but spends most of her time fulfilling her responsibilities as a volunteer. Unlike the Durham-East Seniors' Center, the Red River Seniors' Club relies solely on member volunteers. There are no paid staff members and all of the activities, including day trips and community events, are run by member volunteers. As the club's social convenor, Mary is responsible for running all of the recreational activities offered at the club. Although the Red River Seniors' Club is considerably smaller than the Durham-East Seniors' Center and consequently has fewer programs, Mary's task is not an easy one. Similar to Bob and Barbara, Mary is responsible for setting-up activities and cleaning-up when they are finished. She is also responsible for making sure that snacks are available for members at their coffee break, because the club does not have a cafeteria. While many of the other members often try to help Mary, it is ultimately Mary's responsibility; the majority of the work lands on her shoulders. When Mary is sick or away for personal reasons other members step in to help, but as soon as she returns Mary regains her responsibilities. In addition to her weekly responsibilities at the center, Mary and her husband Alex run the "Luncheon Out" program put on by the Red River Seniors' Club once a month. The "Luncheon Out" program is for local seniors who are too physically frail to be active in the community or the club on a regular basis. "For many," Mary explained, "the luncheon

is their only activity for the whole month. They look forward to it...and if it does not go on there is great disappointment." Each month in order to prepare for the luncheon, Mary and Alex contact the community members that have signed up for the luncheon program and let them know when it will be held. These calls can take over a few days to complete and require Mary and Alex to take time out their daily routines to conduct them. On the day of the luncheon Mary and Alex, along with a few other volunteers, are responsible for running the entire event from start to finish; it is a full day of work for Mary and the others. After describing her volunteer duties to me one afternoon Mary said, "People who say that you have more time when you retire are talking rubbish. If I had a job now I wouldn't be able to go because I am too busy." After seeing her work over the course of my research, I would have to agree.

Though one might think that Bob, Barbara, Mary, and Alex are exceptions, they are not. Many of the individuals that I spent time with over the course of my research volunteer at the center to which they belong as members and/or at other organizations that have posted volunteer requests at their center. In addition, various studies have shown that many seniors participate in volunteer work once retired (Atchley 1982, Jones 1999, Luoh & Herzog 2002, Kloseck *et al.* 2006). That is not to suggest however, that all of my participants are as busy as Bob, Barbara, Mary, and Alex, or that all of them volunteer, but rather to suggest that the centers seemed to provide an opportunity for individuals to volunteer and become involved. Furthermore, the number of members who do volunteer seems somewhat necessary once one considers how heavily the centers rely on volunteers and particularly member volunteers to survive. Without the large number

of member volunteers these centers would likely have difficulty running the number of programs and offering the number of services that they do.

What is interesting about the volunteer work available at recreational centers for seniors is the way that it allows members to connect to others and their communities in ways that they might not otherwise have been able to. While it appears that members who volunteer are acting out of complete selflessness, most deny that this is in fact the case. As Bob told me when I mistakenly asked why he and Barbara had decided to volunteer for so many things at the Durham-East Seniors' Center, "It's not really *helping* other people. It's helping us. We get enjoyment out of it. We get to meet all sorts of new people." His comments were supported by Jack who said, "You have to try and stay active. It's too easy to stay at home and be alone, but if you have a job to do you never stay home...you get out there." These comments and the moments that I witnessed suggest that volunteer work serves many purposes for those who engage in it. Though the volunteers may help others, it seems that volunteering also serves the purpose of helping individuals to make connections to and to be involved in their communities. Just as M.A. Okun found in his article entitled, "The Relation between Motives for Organizational Volunteering and Frequency of Volunteering by Elders" (1994), volunteerism in older adults is motivated by a variety of factors to serve a variety of selfish and selfless purposes.

Although volunteer work provides my participants with a significant means of connection to their communities, the centers also provide them with the opportunity to connect to their communities in other ways. For example, some of the programs and services offered by the two larger centers, the Durham-East Seniors' Center and the

North Toronto Seniors' Club, are run by outside organizations. Throughout the duration of my work I participated in and became aware of numerous programs and services of these kinds. Many of my participants really seemed to appreciate it when representatives were sent from government-run and private sector organizations to inform the members of services that are available to seniors. These sessions seemed to be considered valuable by members because many of them did not know of any other way to access information about services except through the center. Although there are various services available to different groups of Canadian seniors, I found in my own exploration that the majority of them can only be located and applied for online. While one might argue that this is the most effective means by which to promote services, Gordon, one of my key informants, suggested that the internet may not be the best way to promote services specifically for seniors. "I suspect there are a few people my age who don't use the internet and I don't know how they find out about these things," he pointed out to me. "There is a basic assumption these days that everybody is using the internet and I don't know whether that is true or not." Gordon also informed me that even those services that can be applied for with paper applications are difficult for many people to find information about, because they do not know exactly where they are supposed to look. Thus he suggested, and I discovered, that by having representatives from service providers present information about services for seniors, the centers are providing their members with direct access to information that might be of use to them. For example one morning while I was visiting the women of "Ladies Dine" at the North Toronto Seniors' Club, representatives from the local school for dental hygienists came to speak to the women. They provided them information about oral care and dental health professionals in the area. Although the

majority of the women had visited a dental health professional recently, they seemed to appreciate the information. As Marge said after the students left, "How do you know you're doing something wrong unless somebody tells you? Everybody needs a reminder." In addition to the students from the school of dental hygienists, other local services that came to the centers while I was conducting research were local foot care specialists, who offered appointments for individuals to have their feet taken care of, local hair stylists, who cut, washed, and styled interested members' hair, and local law firms, who provided some with legal advice.

These services and information sessions appeared to be greatly appreciated means by which my participants were able to develop connections between their communities and themselves. However, they did not appear to be the most enjoyable for my participants. It seemed from my observations that my participants most enjoyed connecting to their communities during special events held by their centers. Over the course of my research, the North Toronto Seniors' Club did not hold any such events, although they do hold them. However the Durham-East Seniors' Center held quite a few. Though members have to pay to attend special events most did not seem to mind the extra expense. For Cindy, and others that I spoke to, the cost was considered a bargain. "You pay 10 dollars or whatever, but you get laughter, people you have never met, who know people you've never met and the next thing you know you've got the number for someone's grandson who will come and cut your lawn. That 10 dollars is a bargain." While I am sure that my participants enjoy the entertainment aspect of the events that they attend, Cindy's comments highlight the alternative enjoyment that can come from these events. They are an opportunity to meet other people in one's neighbourhood and to

see what connections they have to potentially valuable resources. In addition these events can also provide members with the chance to meet others who have similar interests and are involved in other activities in the community. Just like large social gatherings in other contexts, these special events are a great opportunity for social networking.

Since I have paid quite a bit of attention to the ways that members at the Durham-East Seniors' Center and the North Toronto Seniors' Club are able to develop relationships between themselves and their communities, I would now like to take the time to discuss some ways in which smaller centers like the Red River Seniors' Club do so. Like the larger centers, the Red River Seniors' Club also offers two significant means by which individuals can connect to their communities. These methods are also utilized by the larger centers at times, in addition to the methods that I have already discussed. The first way is through administrative appointments and the second is through organized day trips. Since the Red River Seniors' Club is run completely by member volunteers, some of the members at the Red River Seniors' Club have been appointed specific roles within the center, such as Rebecca the club's president and Mary the club's social convenor. Rebecca and Mary are the liaisons between the club and the City of Pickering and they are also ultimately responsible for the entire operation of the Red River Seniors' Club. In addition they organize all of the events that are held at the center, such as the two annual Bazaars, the monthly potluck lunches, and the special birthday celebrations. The money that they collect from some of these events, like the two Bazaars, is looked after by the club's treasurer who develops the center's budget. The administrative committee also runs the monthly meetings during which members can voice concerns and discuss any issues related to the center. Evidently a lot of responsibilities are given to the

members who hold administrative positions. Although not all of the members of the Red River Seniors' Club hold such positions, the monthly meetings provide all of the members with the opportunity to have a say in the operation of the organization and to request that particular issues be discussed with municipal leaders. Such an opportunity for members' voices to be heard is unique to the Red River Seniors' Club and really provides the members with great access to their community.

Though not to the same extent, members at the Durham-East Seniors' Center and the North Toronto Seniors' Club also have an opportunity to get involved in some of the organizations' decisions and with the organizations' relationship with their communities. The Durham-East Seniors' Center has a Seniors' Advisory Committee (SAC) and the North Toronto Seniors' Club has a Volunteer Committee (VC) and a Members' Council (MC). These committees allow members to engage in discussions about each of the centers. Even though the members do not get to play as large a role as they do at the Red River Seniors' Club, these committees do allow them to become involved in ways that they might not have had the chance to otherwise. As many of my participants who were members of the SAC, VC, and MC argued, these committees and these positions allow members to take a leadership role.

The other way that seemed to get individuals involved and connected at the smaller centers was through organized day trips. Such trips were offered by all of the centers that I spent time at over the course of my research, but seemed to be the most popular at the Red River Seniors' Club. Whether by poster, flyer, or word of mouth the news of day trips spread quickly throughout each of the centers. Often a trip would be sold out months before it was to take place. Although all of the centers were located in

different neighbourhoods across the GTA, they offered many of the same trips. Some of the most popular trips were city tours. My participants suggested that these trips were popular because they took people to places that they were not likely to go on their own. In addition to city tours, members also seemed to like the trips that took them to different forms of entertainment, such as musicals and casinos. Although the average cost of such trips is 100 dollars, most of my participants seemed to think that the cost was reasonable and went on many trips a year. Members at the Red River Seniors' Club seemed to feel that they received a particularly good deal on the trips because their fares were discounted after taking more than one trip a year with the center.

While I found that these trips were great opportunities for members to spend time with each other and meet seniors from other centers, they were also a great opportunity for my participants and the other members to take part in their local communities and in others' communities. When attending local entertainment events they were contributing to the local economy, in addition to participating in local cultural and social activities. When they travelled to other cities, they were stimulating the tourist economies of those cities. They were also interacting in their cultural and social economies. Even though these trips are meant to be recreational, I do not believe that the opportunity for community involvement or the social and economic contributions made by the members should be overlooked. Though the means of participation may not be as formal as some of the other methods that I have mentioned, the organized trips are just as significant.

After reading the preceding pages it should be evident that the services, programs, activities, and positions that I have discussed are quite important in terms of providing my participants with access to various social networks extending beyond the walls of the

center. Although my discussions have been fairly brief, what I have mentioned is only a small portion of the ways in which members are able to connect to their communities as retirees through the center and in general, these methods seemed to be the most significant. Now while the connections that these centers allow individuals to make are valuable in their own right, it seems important to note that in addition to allowing members to develop social networks between themselves and their communities, these services, programs, activities, and positions provide some of them with a new social role and/or renewed sense of purpose. This seemed particularly true for those who ran programs and/or held administrative appointments and my findings appear to support those of Keith-Ross (1977). Keith-Ross, who conducted her work at a French retirement residence, noticed that individuals who performed leadership type roles acquired a high social status among the group (1977). These individuals stood out from the other members of the retirement residence (Keith-Ross 1977).

Every Tuesday night members from the Durham-East Seniors' Center meet to play darts. The first night that I arrived to play darts with the group, I was greeted by Mabel and Cameron. They were the only two members that had been informed by the paid staff members at the center that I would be joining the group for the summer. Talking with Mabel and Cameron, it did not take long for me to realize that they were "in charge" of the group so to speak. They were responsible for making the teams and organizing the 50/50 draw each week. They also set-up, cleaned-up, and took the group's attendance. And although Mabel and Cameron play darts, they spend much of the evening organizing everything. Their actions and the others' reactions revealed a definite social ranking; Cameron and Mabel were at the top of the social hierarchy. They were

who the other dart players looked to in order to settle disputes, organize the evening, and share center gossip. If one of the two was away for the evening, another member would step in to help, but only temporarily. Moreover, if new members joined the group, like me, it seemed to be up to Cameron and Mabel to accept them into the group. Cameron and Mabel held important positions within the dart group.

Similarly when I met Bob and Barbara early one Thursday morning playing shuffleboard at the Durham-East Seniors' Center, they were referred to as the "bosses" of the group. Although their titles were used in a joking manner, I did find there to be an air of truth about them. Just as Mabel and Cameron had run the dart program, so too did Bob and Barbara seem to run the shuffleboard program. Even though Bob and Barbara were considered to be on holidays when I was conducting my research and a man named Jake was filling in for them, they still commanded the attention of the other players when they came to play. Since I had never played shuffleboard prior to the days that I spent at the Durham-East Seniors' Center, many of the members were interested in teaching me how to play. However, no one seemed more interested than Bob. Whenever I played with him he was full of ways to improve my shuffleboard skills. The other players also seemed to look to Bob and Barbara for advice and the pair seemed to really embrace their position of leadership at the Durham-East Seniors' Center.

The situation was no different at the other centers and the other activities that I participated in. "Ladies Dine" had women that not only spoke more, but tended to have their voices heard more by the staff at the North Toronto Seniors' Club. Though these women did not run the program in the way that Bob, Barbara, Mabel, and Cameron did, they greatly influenced the dynamics of the group. Rebecca and Mary also held similar

positions of authority at the Red River Seniors' Club, since they were responsible for so much of the club's survival. Their status could also be discerned when they delegated responsibilities to other members. It is not as though these members are actually the "bosses" of the other members, but rather that these members have taken on particular roles within the center that have provided them with particular statuses. For some I believe this newfound status has helped them to deal with the perceived loss of status that accompanied retiring. As Ming-Ching Luoh and A. Regula Herzog found, and as my participants also demonstrated, volunteer positions often offer a purpose and status much like one acquired when working (2002). In saying that however, I am not suggesting that all retirees seek to regain a status or even that they feel that a status has been lost, but I am suggesting that some of the members did seem to develop a high social status by taking on particular roles.

Interestingly, these individuals are recognized by the centers to which they belong for their efforts. For example, the Durham-East Seniors' Center publishes the names of program leaders like Bob and Barbara in their seasonal activity calendar. Exceptional volunteers are also mentioned in their monthly newsletters. The North Toronto Seniors' Club also writes about particular volunteers in their newsletters and holds volunteer events regularly to thank volunteers for their hard work. Individuals on the North Toronto Seniors' Club's VC and MC also get publically acknowledged at the center frequently. The volunteers at the Red River Seniors' Club have their names and positions posted on their website and the room within which all of their activities are held has a list with their names on it as well. Although these acknowledgements may appear trivial to some, they are anything but that. They are tokens of recognition and affirmation of those individuals'

contributions. They should be considered no different than workplace acknowledgements of employees' successes. Just as one would expect to be validated appropriately for their hard work at a company, so too should the members who work hard for their seniors' center to run smoothly. Paid or not, these individuals contribute greatly and do gain a status from participating in particular activities at these centers. Thus as previously mentioned, these activities do more than just connect my participants and other members to their communities; they provide some of them with a renewed social status within the center and arguably within the community.

Although as I mentioned earlier, the centers are supplementary for some who have found other ways to connect to their community as retirees, for some it is their only means. Thus, the activities and positions that I have discussed are extremely valuable. When one retires there should be no need for her to disengage from society. There should be multiple opportunities for retired individuals to be involved, even if the opportunities are different from those that were available to them while they were working. As one transitions across the life-course, it should have been made evident that the importance of social connections and interactions does not diminish (Smith & Christakis 2008). Seniors, like individuals of all other age groups, should be able to be socially active in whatever way that they desire.

Although I do believe that recreational centers for seniors are effective and valuable means of social connection, I must state before concluding this section that not all seniors will want or will be able to become members of seniors' centers. Nevertheless, my participants reveal how seniors' centers can and do play a role in helping some retirees to connect to their communities. In addition, my participants shed light on how

the benefits of recreational centers for seniors extend beyond helping individuals stay active in the later years of their lives, by highlighting the broad social networks that are facilitated by individuals' interactions at these centers. As Sharon said, "I found a way to become a part of the world around me...I found me...I found others like me...I do not know what I would do without the Red River Seniors' Club." In the following chapter I will continue to explore how seniors' centers provide a means by which members can connect to others. However rather than examining how they allow members to connect to their communities, I will explore how they allow members to connect to their peers; recreational centers for seniors are places within which thousands of small social networks exist between members.

CHAPTER FOUR

Socializing, Sanity, and Support: The Formation of Social Support Networks within Recreational Centers

It was a busy Wednesday morning at the Red River Seniors' Club. Almost double the usual number of people had shown up to play darts. It seemed like every two minutes another person would appear wanting to play. The room was slowly filling up and as more people appeared, it became increasingly difficult for Mary to make up the dart teams. She was trying hard to sort everything out but the other members were not making it easy for her. After a little while some of the members began to argue over who they wanted on their teams and who they did not. Richard, one of the regular dart players, began to take over Mary's role and started directing people to different areas of the room. Although he was trying to help, Richard was just making it more difficult for Mary as she tried to see how many people were actually in the room. Trying not to be another headache, I moved off to the side with Laurel. Laurel, like always, was handling all of the commotion in good spirits and was happily talking with some of the other women when I joined her on the sidelines. Without missing a beat, Laurel began to joke with me about the chaos that was developing in the small room. She was good at making all of the chaos easier to handle. After some time and much effort, Mary was able to organize all of the teams and people began to play darts. Unfortunately, the bickering between members continued all morning and it seemed that the whole day was going to be chaotic because of its busy beginning. It was not hard to see that the arguing was bothering Mary, as she generally tried to avoid conflict. Although she did not say how she was feeling aloud, the frustration was evident in her body language. Finally it was time to take a coffee break and I could see the relief spread across Mary's face. As I put my darts away so that I could get something to drink, Mary turned to me and said, "We're like a family here. We are because we are a relatively small group...And just like a family we sometimes annoy each other and fight, but we get over it. When it comes down to it we care about each other." Smiling, as if somehow satisfied with herself for being so understanding, she shook her head and walked away leaving me to think about her description of the group. What made them a family?

Interpersonal relationships, resulting in social networks of various kinds, have received a significant amount of attention from scholars. For centuries, various disciplines have been interested in understanding the links that connect individuals to each other. They have examined how people form, maintain, alter, use, and benefit from their relationships with others and the social networks that they create (Barnes 1954, Granovetter 1974, Wellman & Wortley 1990). Though there are many different

circumstances under which social networks can be formed and understood, they have been broadly defined as the "channels through which pragmatic help as well as emotional and psychological support can be exchanged between individuals" (Achat *et al.* 1998:735). They are commonly of interest to those concerned with understanding human behaviour, as it has been suggested that studying individuals within social networks is more "illuminating" than studying individuals only as such (Bruggeman 2008). Some researchers use network analysis to study social networks. Network analysts use specific formulae to determine who is connected to whom and why, as well as what patterns can be discerned in the way that relationships are formed (Knipscheer *et al.* 1995). Others use the concept of social networks more as a framework for understanding social relations as opposed to a theory or method of analysis (Bott 1957). Although there are different research methodologies used and multiple understandings of social networks, the number of studies on social networks makes it difficult to deny the significance of them in human life.

As improvements in healthcare, nutrition, and sanitation in North America and Western Europe have been made over the years, there has been a considerable increase in the average life span of individuals living in these regions (Bayer 2005:14). Today, individuals expect to live through and past mid-life (Bayer 2005). In Canada, it is expected that by 2011, approximately 15 percent of the Canadian population will be over the age of 65 and that 1.3 million individuals will be over the age of 80 (Statistics Canada 2008). It has also been projected that this number will continue to increase as the baby-boomers begin to reach the age of 65 (Statistics Canada 2008). With the dramatic increase in the senior population, it is not surprising that researchers interested in social

networks and social networking have begun to focus on the social networks of older adults.

To date the studies that have been conducted on seniors' social networks suggest that maintaining and developing social networks in the later years of one's life are important (Knipscheer *et al.* 1995, Achat *et al.* 1998, Michael *et al.* 1999, Silverman *et al.* 2008), because they are believed to have positive effects on older individuals' health and overall wellbeing (Silverman *et al.* 2008). Moreover, it has been argued that social networks provide seniors with an element of agency and support that would otherwise be unattainable (Silverman *et al.* 2008). In addition, the research indicates that individuals' social networks change over time and that as one ages, it often becomes increasingly necessary for one to reorganize her relationships because of ever changing social situations (Knipscheer *et al.* 1995). Although it seems relatively undisputed that seniors benefit from social networks and relationships, most researchers also seem to agree that as one ages, new opportunities for creating social networks and relationships with others decreases (Knipscheer *et al.* 1995). As Jenny de Jong Gierveld and Theo van Tilburg stated, and as many other researchers have suggested, "growing older goes hand in hand with decreasing possibilities and increasing restrictions for participating in all kinds of social activities. Participation is directly or indirectly connected to the state of health of the elderly" (1995:159). Therefore while seniors benefit from social networks, they are not always easy for them to maintain or obtain.

Interestingly, despite the evidence that seniors often have difficulty developing and/or maintaining social networks, few researchers have offered solutions for increasing seniors' connections to others. Nor have they provided information about how seniors do

maintain previous connections. Although it is important to know the benefits as well as the drawbacks of social networking as one ages, it also seems important to recognize the ways in which seniors are making connections. Without such recognition, an image of unavoidable loneliness in one's senior years begins to develop. Over the course of my research it became extremely evident that not all seniors are lonely. Nor are all seniors who occasionally feel lonely in fact alone. Thus, not all seniors have difficulty creating and maintaining social networks.

My participants revealed that many seniors are a part of numerous social networks and that many of them exist within the seniors' centers to which they belong. Moreover, they helped me to understand some of the significance and benefits of the networks found within seniors' centers for those who participate in them. The relationships that I observed as well as the one's that I developed highlight many ways that individuals can and do create social networks, even in the later ages of life. Furthermore, the time that I spent specifically at the North Toronto Seniors' Club Day Program suggests that deteriorating health does not always have to equal decreasing opportunities for social interaction or network development.

I first began to notice the close relationships and social networks that my participants had formed and were a part of while spending time with the women of "Ladies Dine" at the North Toronto Seniors' Club. Each week the women of "Ladies Dine" meet to socialize over tea and coffee, later lunch, and after lunch one of a variety of leisurely activities. Every week the meal served for lunch is different and the women do not know what meal will be served ahead of time. The center has an in-house chef that

prepares the lunches for the women and other center members who choose to eat at the center's cafeteria.

After spending only a few weeks with the women of "Ladies Dine," I noticed that the majority of the women were frequently dissatisfied with their meals. They would complain about the quality of the food, the meal selection, and the combination of food in the meal. One particular woman, Michelle, rarely finished her meal and hardly ever wanted to eat what was being prepared. Rather she would ask to have her lunch substituted with a sandwich. Although Michelle was not the only member to do so, it seemed that she substituted her meal the most often. Initially her behaviour confused me. I could not understand why she continued to come week after week when she did not enjoy her meal. It was not as if the meal was free. The program cost her eight dollars per week on top of her annual membership fee. Though eight dollars may not seem overly expensive, it does seem expensive for a meal that one does not enjoy or eat.

When I became comfortable enough with the group, I asked Michelle why she continued to come to the program. I explained my confusion to her and to my surprise she found my serious question quite humorous. Laughing she answered my queries, "I don't come for the food. Although you would think the food would be the reason...I suppose that is what drew me in at first, but it is not what keeps me coming back. Not by any means. These women, they are what I come back for. Ask them. I know I am not the only one who feels this way." Her reason for remaining a member of the group seemed obvious once she had explained it to me, but for some reason I had been unable to see it before. The activities seemed to be what attracted members to particular programs and

groups, but the other members of those programs or group were what kept individuals enrolled.

I shared what Michelle had told me with some of my other research participants to see if they felt the same way. Interestingly, many of my participants agreed with Michelle. The activities that they participated in had only attracted them to become members, but on their own would not be enough to keep them coming back. The other members largely determined whether individuals continued to come as well as whether they enjoyed the activity that they were participating in. One woman, Jane, told me that she would rather do something that she did not like with people whose company she enjoyed, than do an activity that she did enjoy with people whose company she did not. Similarly John, who was a member of the Red River Seniors' Club, told me that he had once been a member of both the Red River Seniors' Club and another center in the area. However, he had decided not to renew his membership at the other center after his first year because he was unable to make many friends at the center. Jill had also switched recreational centers in the past looking for an activity to do with people that she got along with. After trying out a few different centers in the Durham region she found the dart group at the Durham-East Seniors' Center. It was as a member of their dart group that she found the "friendship, support, and just plain fun" that she had been looking for.

The relationships that existed and were formed by my participants seemed to be very important and to serve various purposes, just as Keith-Ross found the relationships that her participants formed at their retirement residence did (1977). Like Keith-Ross' participants, my participants not only seemed to enjoy spending time with each other, but also seemed to seek support from and provide support to each other. The more time that I

spent with my participants, the more I became aware of the various informal networks of social support that existed within each of the centers that I frequented. The discussions that I witnessed and were a part of indicated a much deeper connection than one might initially suspect. In many ways it seemed that my participants' relationships were social support networks (Asher 1984) that provided them with quite significant emotional, psychological, and practical support. My participants helped each other find useful resources within the community, compensate for losses of other relationships, understand themselves and develop their identities as seniors, make it through difficult times, share thoughts as well as interests, and ultimately remind each other that they are not alone.

Although the centers that my participants were members of provide them with various services and resources, they cannot provide them with everything necessary for their overall wellbeing. Thus I noticed that members would often share information with each other about other services and resources in the area that might be of use to the other members. Often my participants would bring in information about retirement residences, government assistance programs, sales on assistive devices, and other useful items. Moreover, if one person thought that they had received a good deal at a store, then she was often more than willing to help another get the same good deal. In addition, individuals living in well-known retirement residences or apartment buildings would often share their opinions of the buildings with others who were considering moving into them. My participants also seemed to warn each other about unhelpful services or bad experiences that they had at restaurants or stores in the area. The members really seemed to look out for each other and the way that they passed information around revealed the finest of social support networks.

Though it was apparent that my participants genuinely appreciated and valued the friendships and networks that they had formed at their centers from the way that they interacted, my participants were sure to point out that these new relationships could not replace some of the relationships that they had lost over the years. As Katrina told me, "Bob will never be my husband, but he can be my friend." Comments like Katrina's showed that my participants' relationships could not take the place of longstanding friendships or companionships, but that they could compensate for them. Over the course of my research, when my participants' spouses died or long-time friends moved out of the area, they talked about how hard it was to lose them. Even when talking about those they had lost years before, many of my participants revealed that they still had not gotten over the losses. However, while conducting my research, I also witnessed the loss of center members and my participants' reactions to those. It was made clear by many of their reactions that they were also invested in each others' lives and the wellbeing of group members was important. Many felt that other center members were like additional family members, just as Mary had said the dart players at the Red River Seniors' Club were. Therefore, although the relationships formed between members at the seniors' centers could not replace those that had been lost, my participants' comments seemed to demonstrate "that cohesive bonds in one domain can be compensated for by the realization of cohesive bonds in others" (de Jong Gierveld & van Tilburg 1995:170); the loss of one relationship appears to be made easier with the gain of another. Though some of the relationships that my participants formed may have been compensatory, they served what I would consider to be many valuable purposes and offered invaluable emotional and arguably psychological support (Asher 1984).

As mentioned earlier, many of my participants felt that retirement and/or their membership at their centers had forced them to come to terms with their age. Thus, it was not overly surprising that they talked a lot about age, ageing, growing old, and being old with each other. Whether by telling jokes or by making passing remarks, age came up a lot in their conversations with me and among themselves. If I had any doubts at all when I started my research that how my participants talked about age mattered, they were quickly dissolved. Their discussions of age did matter, but not in the way that I had expected.

On one of my first days at the North Toronto Seniors' Club Freda asked me, "How do you know that humans are part of nature?" When I could not immediately come up with a response she said, "As you get older everything starts growing on your body. It turns into a vegetable garden." The women around us laughed at her joke and began to tell jokes of their own about ageing and being old. Later in the summer while I was playing shuffleboard at the Durham-East Seniors' Center early one Thursday morning Caitlin turned to me and said, "Do you want to hear something funny?" When I nodded she said, "There's one thing to be said about getting older. Women never have to worry that their breasts are too small because they are always in the way...I can't even cut my toe nails anymore without my breasts blocking the view." Smiling, she continued to play shuffleboard amused by my shocked silence. Although Freda and Caitlin's jokes did not include specific stereotypes about seniors or being older, it was not uncommon for my participants to use them while joking in order to describe themselves or others. Common phrases such as "old fogey," "crazy old woman," and "senior moment" were used often. One man, Pat, that I played shuffleboard with liked to tell me each week how he disliked

playing with "old people" and preferred "young things" like me. Of course he never made such comments unless there were other players present to make their own comments about him and most enjoyed reminding him that he was not exactly a "young thing" himself. Bantering like that which went on between Pat and the other shuffleboard players went on between many of my other participants at the other centers. At the Red River Seniors' Club it was usually Harold who would tease the other dart players and carpet bowlers. He seemed to particularly like teasing the women about their "fading" looks and memory. Though most would take his comments with a shrug and a smile, some of the women knew just how to tease Harold right back. They would come up with quick witted responses to his remarks. Birthdays also brought up a lot of discussion and jokes about ageing and individuals often kidded about how they would like to switch their age around. For example, when Fred turned 81 he said he would like to be turning 18 again.

In addition to joking about themselves, my participants also seemed to enjoy teasing me about my relative youth. It was common for people to comment on how I was such a "young-looking senior" when they first met me. Furthermore, I cannot count the number of times that I was told how good of a dart player or carpet bowler I would be by the time I was able to become a member of a recreational center for seniors. If I were to forget what I was saying or stop mid-thought I was often told that I was "too young" to forget, as if only older people forget things. "Senior moments," as they and others referred to temporary lapses of memory, were not supposed to occur in young minds. My youthful appearance was also a topic for conversation. I was warned about the effects that ageing would have on my body and was told by many of the women to enjoy my beauty

now. All of their comments however, were made in a light-hearted manner. They seemed

pleased that I had a good sense of humour and could handle their comments. One day

while I was chatting with Joy, who is a member of the Red River Seniors' Club, she

suggested that I call one of the chapters of my "report" "The Jokes Seniors Tell and the

Excuses Seniors Make." She also told me to be sure to include something that made sure

people knew that seniors "are not dead, but they are not young either."

My age and my participants' ages were not only brought up in jokes and witty

comments, but also in actual conversations and discussions. Unlike when they were

joking with each other, when my participants were conversing about age their comments

seemed to be taken quite seriously. For example, Jean liked to discuss her "quirky"

insecurities that she claimed had developed since she had entered "old age." She would

often talk about her fear of finding growths on her body that she did not recognize, more

wrinkles on her face, and/or of getting lost alone at night. These insecurities she

attributed to the ageing process, retirement, and the death of her husband. Though she

called them her "irrational fears," most of the other members of "Ladies Dine" were

willing to talk them through with her and listen to what she had to say about them. It was

also made clear in their discussions, as well as in the discussions that I heard at the other

centers, that Jean was not the only one who used her age as an explanation for

behaviours, feelings, and/or experiences. Many of my participants had their own "quirky"

insecurities and/or "irrational fears" that they related to ageing even though they did not

label them as such. Moreover, most were willing to talk about ageing or their age if

asked, and many did so without being asked. Their numerous discussions of age and

ageing helped me to see how age penetrates one's life and one's experiences. More

specifically, I came to see how age becomes a part of one's identity and social experiences; age is a personal and social marker of identity. It classifies individuals within society and consequently, influences individuals' perceptions and experiences of the world.

When I first began to grapple with the ways in which age mattered, I thought that my participants, and perhaps other seniors, had indeed internalized ageist beliefs and that they were reproducing them among themselves through their jokes and comments. However as I thought about it more carefully this did not seem to be the case. They were not disassociating themselves from the category of "old," as it has been argued that seniors do subconsciously when they have bought into stereotypes about ageing (Jones 2006). Furthermore, even though some voiced concerns about how seniors were perceived by others, they did not seem to suggest that they were not seniors. Moreover, their jokes and comments were not overly self-deprecating. Nor did they suggest that all seniors were the same. Rather as I began to pay more attention to their comments and the contexts in which they were made, I came to see them in a whole new way. I realized that what I was observing was very similar to what Robin Queen (2005) observed when she studied jokes told by lesbians about lesbians and lesbianism. These jokes and comments were one of the many ways that my participants' were using to cope with the ageing process, by recognizing, accepting, and creating an identity for themselves as old persons (Queen 2005). The stereotypes used in their jokes and comments provided my participants with a context within which to sort through the social characteristics generally associated with seniors in order to adjust their own identities in relation to those characteristics (Queen 2005). In addition, they served the purpose of developing and

negotiating their relationships with each other. Their words were fundamentally and actively involved in constructing their identities at their centers and likely in their communities as well.

The realization that their comments were a part of their identity making process led me to believe that part of the reason that my participants enjoyed coming to their centers was because they were places in which being old was accepted. The majority of the individuals that attend the centers that I spent time at are seniors. Although the paid staff and some of the non-member volunteers at a few of the centers are not seniors, the members of the centers outnumber the staff and non-member volunteers. Thus, being a senior is the norm at these centers and members are given the opportunity to be with their peers. As Ingrid made clear to me, people like spending time with their peers and although, "At one time we would have thought we had…to integrate people and…we wouldn't have had stand alone elderly persons centers because that is isolating an age group…[sometimes you] just want to be with [your] peers…and there is nothing wrong with that."

Ingrid, like many of my other participants, appreciated having a place to go where she could be among her peers. This is not to suggest however, that all of the members are the same age or that they all share the same attitudes and/or beliefs, but rather that seniors' centers offer a chance for individuals of a shared social status, senior, to socialize with each other and enjoy the support and friendship of other senior individuals. Although I do not believe that this is the only reason that my participants are members of seniors' centers, I do believe that peer relationships and peer support are significant

reasons. As Jeanne laughing told me one afternoon, "we come here out of desperation (laugh). None of us want to be the only *old* one."

In addition to helping each other come to terms with their age and growing older, some of my participants also seemed to help each other make it through difficult times. For example, one afternoon Dot was late arriving to "Ladies Dine." When she finally arrived, she looked tired and flustered. The other women seemed to notice immediately that she was not herself and began to ask her if she was alright, if she wanted some coffee, and if there was anything that they could do for her. Although Dot was fairly quiet on the best of days, she seemed particularly reserved that afternoon and it was not difficult to sense that something was distracting her. After some time Dot announced that her husband was having trouble with his liver. At first the doctors had thought that he had cancer, but then they had determined otherwise. Regardless, the doctors informed Dot and her husband that there was nothing that they could do for his deteriorating liver because of other health complications. Dot also told the other members that the doctors were unsure of how long he would be able to live a "normal" life. As Dot recounted the doctors' diagnosis and concerns, her eyes began to well up with tears and she became increasingly upset. The other women tried to soothe and comfort her. They spoke of others who had had similar diagnosis and lived for many years afterward. They told her that she and her husband were both strong and that they would be able to get through this.

Dot was not easily comforted, although the women were trying their best. She began to ask them what she should do with her house. She asked how she would survive without her husband. The more Dot thought about her husband and the "what ifs" of the situation, the more it seemed hopeless to her. Luckily, the women did not give up. Some

hugged her and others told her about how they had managed immediately after their husbands had died. They assured her that she could manage on her own. I was amazed by their overwhelming support and the way that they were eventually able to calm her. By the end of the afternoon she was smiling again and had stopped talking about all of her worries. Moreover, from that week on the women would ask for updates on Dot's husband's health. Their continued support was arguably invaluable to Dot.

I witnessed similar outpourings of support at the Durham-East Seniors' Center's dart group when Linda returned from having an operation on her shoulder. Even though she could not play darts immediately after her surgery, the other players encouraged her to come on Tuesday and Friday evenings when the group met. She came most weeks and the other members would sit and chat with her when they were not playing. Often they would ask her how her recovery was coming along and when she would be able to play darts again. Linda seemed to enjoy coming to the center. Despite the fact that she could not play, Linda told me one evening that she believed that it was better for her to be with her friends than to be at home alone. Watching the others with Linda and talking to her myself, I could see that coming to darts was encouragement for her to work on gaining the strength in her shoulder. The other players were interested in her wellbeing and reminded her often that they could not wait until she was able to play again. And just as they had hoped, Linda did begin to play again in the last few weeks of the summer. Although she could not lift her arm as high as it needed to be in order to hit the top end of the board or put the same strength behind her throw as she used to, she played and the other members helped her as much as possible. Linda's recovery was definitely the result of a team effort.

In addition to supporting each other during difficult times, my participants also supported each other by acting as a forum for presenting each others' thoughts on a wide variety of topics. For some, like Arnold, it seemed to be the only opportunity that they had to make their voices heard. Each week Arnold would come into the Red River Seniors' Club ready to bounce an idea off of someone else. He would wait patiently until coffee break and then would jump into a discussion with any member who was willing to engage in conversation with him. Each week the topic changed, ranging from Canada's economic situation to the troubles that he was having with his grandchildren. Similarly Ted, who was another member of the Red River Seniors' Club, would often come ready to talk. He however, enjoyed talking about the past and what his life used to be like. He also seemed to enjoy hearing about the lives of the other members and how they had grown up. Ted's conversations with the other members and me were almost always of interest to me. They helped me learn a lot about him and the other members that I spent time with at the Red River Seniors' Club. On Tuesday evenings at the Durham-East Seniors' Center, it was always Mabel who had something to share with the group. Whether it was a piece of news about another member of the center or a piece of local news, Mabel seemed to have all the information an interested party could want. She was also very good at getting the members to talk to each other and often started conversations between members. Like Mabel, Geraldine was very good at getting the women of "Ladies Dine" to talk to each other and with her. Some weeks she would bring in newspaper articles for the other women to read, if they had not already, and to discuss over lunch. Although she was a good listener she was also good at voicing her own opinion and would make sure that it was heard.

The activities that I was a part of seemed to be particularly good venues for my participants to engage in discussions. They allowed time for my participants to have an opinion and to talk about things that they felt were important and worth discussing. By having time for conversations, the activities also provided my participants with the opportunity to hear others' opinions and learn about each others' lives, thoughts, and interests. As Christina D. Aldrich and Allen M. Omoto discovered in their research on retirement community residents, I found that my participants' discussions seemed to provide them with the chance to get to know each other better and to form as well as strengthen existing support networks (2006). By strengthening these social support networks, it seemed that my participants were provided with proof that they were not alone and that the things that they were experiencing were of interest and concern to others (Aldrich & Omoto 2006).

The very first time that I realized how my participants helped each other to remember that they were not alone was on a Monday afternoon at the North Toronto Seniors' Club. The women of the "Ladies Dine" group had just finished their lunch and were on their way to the craft room. Jessica had just started to reach for her walker when she fell. It did not appear that she had been rushing or that the floor was wet, rather it seemed that she had stumbled over another walker while reaching for her own. Almost immediately after she fell, staff members rushed to her side and so too did the other "Ladies Dine" members. Jessica was stunned, but she did not appear to be injured. After lying on the floor for a few minutes catching her breath, Jessica was able to stand with little assistance. Embarrassed and a little out of breath it seemed, Jessica sat herself at the

table and began to drink a glass of water. Then while staff hurried to fill out accident reports, the "Ladies Dine" members swarmed to make sure that she was indeed alright.

The "Ladies Dine" women were persistent, but Jessica was finally able to convince them all to leave her and to continue on with their afternoon. Joyce was the last woman to leave and it took a lot for Jessica to convince her that she was fine on her own. However, she did eventually leave and Jessica was left by herself. As I was getting up to leave the room, Jessica stopped me and asked if I would help her find someone who could take her home; she did not feel like staying for the remainder of the afternoon, but could not drive herself. I agreed and went with her to find a taxi.

While waiting for the taxi to arrive, Jessica told me that she considered herself weaker than the other members and that she was embarrassed by her accidental fall. She did not like the women to see her in such a vulnerable state. It was hard for me to respond to Jessica's comments, but luckily I did not have to say much of anything because not long after Jessica made those comments Catherine, another member of the "Ladies Dine" group, came to see if Jessica had left yet. When she saw Jessica sitting by the door she sat down beside her and said, "I fell last week in my living room at home. I've got the bruises to show for it. How'd we get so old?" She laughed while patting Jessica's leg and wishing her a safe ride home. When the taxi arrived Catherine left telling Jessica that she and the others would look forward to seeing her again the following week. Although Catherine's comments did not convince Jessica to stay, it was clear that they had made some impact on her, because as she was leaving Jessica gestured toward where Catherine had sat and said, "That's what friends are for."

The day that Jessica fell still stands out in my mind as the most evident example

of how my participants remind each other every day that they are not alone and others are

experiencing similar things. The other moment that stands out in my mind occurred at the

North Toronto Seniors' Club Day Program. I was there for my second focus group

session and the group was talking about retirement and growing older. About halfway

through the session Harold began to get upset with himself because he could not

remember what he had wanted to say. Out of frustration he decided to take a little walk to

see if he could jog his memory. When he returned, he announced to the group that his

memory had "officially been lost." He seemed defeated as he slumped down in his chair,

visibly angry that he could not remember what his comment had been. I tried to be

supportive by telling him that if his comments came back to him that he could interrupt

and share them with us. Unfortunately his bad mood began to rub off on some of the

other members and the discussion began to slow down. Suddenly Rose, who was sitting

across the room from Harold, exclaimed that she too could not remember what she was

going to say to the group. Looking at Harold she said, "Aren't we two peas in a pod? It

seems that someone has run off with both of our memories this afternoon." At first I

thought that she was serious. Everyone in the room did have mild to medium cognitive

impairments and so it was not unfathomable that she had also forgotten what she had

wanted to say. However when Harold laughed and sat up a little in his chair, I overheard

Rose say to the woman sitting beside her, "See that's better. He's smiling." Though I

suppose that I will never know for sure if Rose pretended to forget what she was saying

in order to ease Harold's frustration or if she actually did forget, it seems that regardless

of her intentions her comments served the purpose of reminding herself and Harold that they were not alone; everyone forgets things sometimes.

Although I have only described two instances during which my participants reminded each other that they are not alone, they were not the only two by any means. Witnessing these acts of support, I truly believe, as others have suggested, that it is beneficial for my participants to support each other and to be supported by others (Michael *et al.* 1999, Aldrich & Omoto 2006, Silverman *et al.* 2008, Smith & Christakis 2008). The centers and activities offered by the centers provide a wonderful opportunity for people to affiliate with others, be social, and find support. Over the course of my research it was interesting for me to witness the support that the members provided each other. They invested a lot of time and effort in each other and their support often extended beyond the walls of the center. Many of my participants would drive others to the center and/or doctors appointments, some visited each other at home, and others would call members who were sick or absent to make sure that they were alright. Moreover, the amount of information that was shared between individuals and the confidence they had in one another was also impressive. It was impressive largely because the majority of them had not known each other for a very long period of time. Yet they shared things and helped each other as if they had known each other their whole lives. Many of the relationships that exist between my participants are wonderful examples of how valuable and beneficial social support networks can be.

After reading this chapter it should be evident that seniors' centers are vibrant places full of various small social support networks. In addition to the larger networks that connect the members to their communities, the centers also provide their members

with a chance to connect to their peers. Although it may seem easy to get caught up in the fear of becoming increasingly lonely as one ages, my experiences reveal that there is no reason for seniors to be alone, and more importantly that not all seniors are alone; many have other social networks in addition to the ones found within their centers. One's age does not have to determine one's access to social interaction and to an extent neither does one's health. As other research has shown, remaining socially connected continues to be important in the later years of one's life. Just because one is old does not mean that one does not "go on living like everyone else" (Keith-Ross 1977:xi). The stories told, the conversations heard, and the moments witnessed over the course of my research show how older individuals can and do form and have meaningful social support networks that exist outside of the family. Moreover, they illustrate how the various functions that these networks serve are no less significant than the social support networks that my participants' formed earlier in life (Aldrich & Omoto 2006). While this chapter as well as the previous chapter have explored some of the benefits of the networks facilitated by recreational centers for seniors, the following chapter will consider the overall health benefits of these networks. Throughout the chapter, I will suggest that recreational centers for seniors should be considered part of the alternative healthcare sector and explore the reasons for this. I will also explore how alternative healthcare differs from preventative healthcare for seniors. As Dorothy informed me one evening while we were taking a break from playing darts at the Durham-East Seniors' Center, "When you get older, [doctors] say they can't do anything for you…they say you're on your own, but not here…[at the center] there is always someone who can help;" seniors' centers are a form of healthcare.

CHAPTER FIVE

Alternative Healthcare: Being Old and Being Healthy

It had been a long, but enjoyable day at the Red River Seniors' Club. I had played darts all morning, enjoyed lunch with the members, and was just about to finish carpet bowling. Although I was beginning to feel tired, I had been having a good time. Everyone seemed to be in a good mood, as they had been joking around with each other and telling stories all afternoon. It was one of those days that reminded me of how much fun I had been having over the course of the summer. As I was helping the members pack up for the day, I struck up a conversation with Jim. We rarely got a chance to speak to each other because we were hardly ever put on the same carpet bowling team. And since he did not come to darts in the morning, we were left with very little time to socialize. It was nice to chat with him and as our conversation progressed, I began to realize that he was a very interesting man. While we were talking Jim began to tell me about how much coming to the center meant to him. He told me about why he had first joined and why he continued to come. I asked him a few questions, but tried to let him do most of the talking. When we were almost finished packing up the carpet bowling equipment, he told me that the other members always put him in a good mood and remind him that everything in his life will work out some how, even it does not always seem like it will. Jim also said that since he started coming to the center, he has felt healthier and more positive about growing older. Jim's comments seemed to resonate with some of the other members who had become a part of our conversation, and so I listened carefully as they shared their thoughts with me. Although all of the members' comments that afternoon were interesting, Jim's parting words have stood out in my mind. As he turned to leave Jim stated, "We're not dead yet and we have each other to thank for that." Though his words were brief, I do not think that he could have put his or the others' sentiments any better than that.

In recent years a lot of emphasis has been put on the healthcare system in Canada and with the increasing senior demographic, concern over how the healthcare system will be able to handle the increased demand for services has been growing (Bogart 2005, Kloseck *et al.* 2006). Most of the discussions have focused on issues relating to the traditional healthcare sector, such as the direct provision of physicians, nurse practitioners, and pharmacists in addition to specialists and in hospital services (Bogart 2005). In 2001 Health Canada published a report entitled, "Health Expenditures in

Canada by Age and Sex, 1980-81 and 2000-01." [13] This report was one of several reports based on studies conducted by Health Canada that were concerned with coming to a better understanding of the impact that Canada's ageing population will have on the Canadian healthcare system (Health Canada 2001). The report determined that hospital expenses accounted for 44 percent of provincial and territorial public healthcare expenditures (Health Canada 2001). Moreover, the report revealed that while government hospital expenditures increased for Canadians of all ages, the largest increase was for those aged 85 and above (Health Canada 2001). This proportionately high increase in spending on healthcare for individuals over the age of 85 was also seen in the private sector (Health Canada 2001). Although the report revealed increased spending on seniors' healthcare services, it also revealed that the increases were not evenly distributed across the provinces and territories. Nor were the increases proportionate to the rate of increase in the senior demographic (Health Canada 2001).

Within its discussion of health expenditures specifically for individuals over the age of 65, seniors, the "Health Expenditures in Canada by Age and Sex, 1980-81 and 2000-01" report revealed that the province of Ontario spends more on the senior demographic per capita than any other province or territory and Prince Edward Island the least (Health Canada 2001). Interestingly, Ontario's healthcare system is one of the largest and widest-reaching publicly funded healthcare systems in the world (Health Canada 2007). It is supported by over 35 billion dollars annually and provides the funding for various public services and programs, such as health insurance, assistive devices, LTC, homecare, as well as community and public health (Health Canada 2007).

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[13] Health Canada is one of many departments within the Canadian Government. It is responsible for public health in Canada.

The Ministry of Health in Ontario is also responsible for regulating the province's hospitals and nursing homes, the operation of psychiatric hospitals and medical laboratories, as well as for the organization of emergency health services (Health Canada 2007). However, despite the impressive size of the healthcare system in Ontario and the noted increase in funding for seniors' healthcare services, the Ontario Ministry of Health is still unable to fully meet seniors' demands for services. This fact is particularly troubling because the majority of Canadian seniors do not reside in Ontario (Statistics Canada 2007b). Although Ontario is the most populous province in Canada (Statistics Canada 2007c), only 13.5 percent of the senior population resides in Ontario (Statistics Canada 2007b). The largest percentage of Canadian seniors are located in Saskatchewan, followed closely by Nova Scotia (Statistics Canada 2007b) and these provinces do not spend nearly as much on health services for seniors as Ontario.

It might seem surprising that the approximately 1.1 billion dollar allotment of funds for "improving access to healthcare for seniors" over the next three years pledged in the 2008 Ontario budget (Ministry of Finance 2008) or the 238 million dollar a year allotment of funds promised in the "Action Strategy for the Elderly" section of the 2007-2008 Québec budget (Ministry of Finance 2007) are unable to fully meet the healthcare needs of elderly Canadians. However it does not seem as surprising when one is aware of the type of services that this money has been set aside for. In Ontario, Québec, and some of Canada's other provinces, the funding for senior-oriented healthcare services has been primarily limited to providing increased funding for the operation of homecare services and LTC facilities as well as in-hospital services used by seniors and drug benefit programs (Ministry of Finance 2007, Department of Finance 2008, Ministry of Finance

2008, Ministry of Finance and Enterprise 2008). Although these services are important, I learned from my fieldwork experiences that these are not the only services that are of value, particularly to Canadian seniors. Thus, while the federal as well as provincial and territorial governments have been working on improving and increasing traditional healthcare services and funding to LTC facilities, they have not been developing other, arguably valuable, healthcare services for seniors, such as recreational centers like the ones that I have been discussing. By not increasing funding to alternative healthcare services like recreational facilities for seniors, I would suggest that policy makers are doing a disservice to themselves, Canadians, and the Canadian healthcare system.

Over the course of my research, the conversations that I had with my participants often turned to the topic healthcare. However, the issues that concerned them and the things that they discussed the most were not necessarily what one might expect seniors to be concerned with, particularly if the federal, provincial, and territorial health reports/budgets are taken as any indication of seniors' healthcare needs. When my participants talked about the healthcare system in Canada, and more specifically in Ontario, they rarely discussed wait-times for services in hospitals or doctors' offices. Nor did my participants commonly discuss the lack of doctors available to them or the medical equipment that treated them. While in comparison discussions of LTC facilities and homecare arose more often, the discussions focussed on those they knew who lived in such facilities and/or required such services as well as the costs of said services. Many worried that if they or their loved ones ever needed extra care that they would be unable to afford it. Others who already were receiving or had family members receiving support services worried that they would not be able to afford the best possible care for long. It

was not that the number of personal support workers and/or nurses on-site never came up in conversation, but rather that other issues were of more concern to the seniors that I spoke with. Interestingly, the one aspect of seniors' healthcare that my participants did seem particularly concerned with, but that was not mentioned in any of the government documents that I read concerning healthcare, was the number of recreational centers for and recreational activities available to seniors. The high membership, insufficient funding from various levels of government, types of services, and unequal access to facilities were issues often brought up in our conversations. For the most part members seemed to be dissatisfied with the lack of attention given to recreation for seniors and the disassociation made between ageing, health, and recreation in government discussions of seniors' healthcare needs.

Late one morning while I was sitting with the members of "Ladies Dine," a few of the women began to talk about some of the things that had been upsetting them about the program and the center over the last few months. Two things in particular seemed to be bothering them the most. The first was that the program leader was frequently away or had other obligations that kept her from running the program. Although the women did not seem to mind the staff members that replaced the usual program leader in her absence, they did not like how the replacements were often unprepared to run the program. The women felt that they were not receiving the best quality of service for the money that they were paying to attend the program. Their secondary concern was that their meals had not been very fresh lately. Since the women came to the program for lunch, they felt that their meals should be well prepared. As the conversation continued on between the group of women, Joan, one of the women who had been listening to the

whole discussion, turned to me and said that the group would not have any "leverage" by which to make sure that their complaints were taken seriously. She said the trouble was that other centers in the neighbourhood did not have anything like the "Ladies Dine" program and so the women could not just go somewhere else. Moreover, because many of the women can no longer drive, it is difficult for them to find transportation to centers that are in other neighbourhoods. Thus regardless of whether the women are completely satisfied, they have to remain at the North Toronto Seniors' Club if they want to participate in such a program.

In addition to concerns over some of the services provided, many of my participants often discussed the increasing number of members at the centers to which they belonged. Members seemed to be concerned with overcrowding. Although it is likely that those who run recreational centers for seniors want a high number of members in order to supplement their funding from government sources, I was informed that extremely high membership was not considered desirable by center members. As June pointed out to me during her interview, more members means "more competition for trips, activities, and services, which means that members are not able to take advantage of as many services." In addition, June stated that too many members can make a center crowded and negatively affect members' ability to interact with one another. If there are too many members, then one "might never see the same person twice" and this would arguably decrease individuals' abilities to develop strong social networks. Although June and others did not think that it was necessary for seniors' centers to overcrowd themselves with members in order to collect more membership fees, they did feel that it was beneficial to have a relatively large membership; a variety of individuals to interact

and network with was considered preferable. Comparatively, too many members seemed to push my participants to look for less crowed centers to join. Their comments and concerns made it clear to me that there is a fine but necessary line between full and overcrowded.

Although the largest demographic of seniors have not yet arrived and will not begin to arrive until the year 2011, when the first baby-boomers reach the age of 65 (Statistics Canada 2007a), there already appears to be a disproportionate number of seniors' centers according to my participants. Moreover, while some of my participants complained about the lack of centers available to them, as mentioned above, there were others who believed that they had more than enough choice of centers in a reasonable vicinity. This variance in access is arguably the result of municipal downloading. As the costs for such centers are downloaded from higher levels of government, it becomes up to the local levels of government to support the services and not all municipalities have the same budget, if any budget for such services. The service providers that I spoke to over the course of my research as well as the members of seniors' centers that I spent time with already notice the inequalities in services offered and this inequality is only likely to increase unless the supply starts to meets the demand so to speak. And so, in the future the greatest challenge will be to get more funding from higher levels of government in order to maintain existing centers and to create new ones. However, the funding for more universal community-based programs like recreational centers for seniors will not be granted unless there is evidence that a need for such programs and services exists, which in turn is why it is important to consider their health benefits.

Though many people would likely assume that recreational facilities for seniors are purely a source of leisurely activity, I have come to find this assumption completely inaccurate based on the comments and actions of my participants. While recreational centers for seniors do provide their members with a place where they can engage in leisurely activities and meet others, that is not the only function that they serve and/or benefit that they provide. Rather these centers, as made evident by my research, seem to act as alternative healthcare facilities for many members. The members of the centers are able to benefit physically, mentally, and emotionally from many of the activities, services, and programs and as a result members are able to maintain active and enjoyable lifestyles in the later years of their lives.

Though some might suggest that recreational centers for seniors should be considered preventative healthcare, if they are to be considered a part of the healthcare sector at all, I would suggest that the use of the adjective "preventative" is misleading. When my participants talked about their centers and the health benefits of attending them, they did not talk about wanting to stay alive longer. Rather my participants discussed wanting to maintain and/or improve their quality of life. To them the centers are a means by which to achieve the quality of life that they desire. Thus, their participation in leisurely activities does not appear to be a conscious attempt to prolong life, even if their life is in fact prolonged by their engagement in said activities.

The realization that recreational centers for seniors could be considered part of the alternative healthcare sector occurred one morning while I was talking to a dart player named Patrick. As we were playing, Patrick began to tell me a little bit about himself. He talked about his wife and kids. He also told me about his grandchildren and where he

used to work. As our conversation continued, Patrick began to tell me some more personal information about his health. He informed me that seven years ago he had been diagnosed with Fibromyalgia and had since been struggling with his condition. Coincidentally years earlier, Patrick told me that he had watched his father struggle with the same condition. Already having witnessed the progression of the condition in his father, Patrick said that he was determined to do things differently. He did not want to follow in his father's footsteps. When I asked him what he did not like about the way his father had handled his condition, Patrick replied "everything."

Patrick explained to me how his father had never learned how to live with his diagnosis. Over time he saw how his father became increasingly reclusive and unhappy. Patrick also recalled his father becoming extremely dependent on others. He did not want to go anywhere without Patrick's mother or be left alone by himself. Within a few years his father's life had become consumed by his condition. After seeing how his father's behaviour and attitude had affected him and those around him, Patrick said that he refused to do the same thing. He did not want the disorder to take over his life. Thus almost immediately after he was diagnosed with Fibromyalgia, Patrick retired and joined the Durham-East Seniors' Center. Patrick said that he decided to join the center in order to keep his mind off of his condition and so far it has worked. While talking to me, he boasted of "invaluable" support from his fellow members and referred to his involvement in darts as "physical therapy." Overall, he claimed that the center had helped him to cope with the progression of his condition and had provided him with the "push" that he needed to get out of the door early each morning. Without the center Patrick said that he would have been more likely to become like his father and rely heavily on others.

However, thankfully he has avoided becoming a "social recluse" and has found the support he needs to live the life he had always hoped he would in retirement.

Like Patrick, Lily has also found that the Durham-East Seniors' Center has had a positive impact on her health, though for different reasons. Four years ago Lily's husband passed away and shortly after she began to feel very depressed. They had been married for 60 years and she said that she was not "quite sure how to live without him." After some time she recalled her health beginning to deteriorate because she had stopped believing that she "had any reason to live." Instead of seeing her friends and family Lily told me that she began to avoid leaving her home. Luckily, Lily informed me, she had been a member of the Durham-East Seniors' Center for many years and her friends from the center continued to phone her. They left messages encouraging her to come back to the center. It was their messages she said that reminded her that there were still things worth living for. Although Lily has been able to return to the center and to her normal self, she does not believe that she could have done it without the help of her friends at the center. "They helped me bounce back into shape, mentally, physically, and spiritually," Lily shared with me. Without the other members' encouragement Lily believes that she could be "dead, injured, or passed out on the floor and nobody would know." Today she calls the center her doctor's office, her friends her physicians, and encourages every senior she meets to join the center.

Although one might think that Lily and Patrick are just two extreme examples of how recreational centers for seniors can improve seniors' quality of life, I found many others who told similar stories. Even some of the service providers that I spoke to believed that members find much more at seniors' centers than leisurely activities. In an

interview that I had with the director of the Durham-East Seniors' Center, Katherine said that "the clientele [at the center]...don't want to take the time to take care of their illness...Why...miss a good time? The quality of living is there...why concentrate on illness, if it decreases the quality of living?" After spending time with members who spoke of their illnesses but concentrated on enjoying their lives, I came to see the truth in Katherine's words. The members' conditions are of secondary importance, even if by participating in the activities their health benefits. Moreover, my participants supported Kirsten Smith and Nicholas Christakis' argument which claims that "health and healthcare can transcend the individual" (2008:420); good health is the product of many factors, including both social interactions and physical activities.

The health benefits of physical activity for individuals of all ages have long been supported by researchers (Diehl & Berg 2006). In addition, there has been quite a lot of research that has focussed specifically on the physical, mental, and emotional health benefits of leisurely and physical activity for seniors (Diehl & Berg 2006). Moreover, leisurely and physical activities have been the cornerstone of many campaigns promoting "healthy" and "successful" ageing (Dennis 2004/2005). From my observations and the comments of my participants, I would suggest that recreational centers for seniors provide a good place for seniors to engage in physical activity. Since they offer a wide variety of activities, the members are given the opportunity to choose the level of engagement that they desire and the type of activity that they want to participate in. Some of the centers that I visited offer aerobic exercise programs for those wanting to exert a high level of physical energy and chair aerobics for those interested in low-impact exercise. Furthermore, more leisurely activities like darts and lawn bowling allow

individuals to be physically active without having to join a class specifically for exercising. As Geraldine pointed out to me one afternoon, exercising at seniors' centers may be preferable to some, like her, who are overwhelmed by large gyms and community centers. She also suggested that some members may prefer to exercise at the center because the fees are considerably lower than most gyms and community centers, but still offer a variety of activities for the members to choose from. For these reasons alone one could consider recreational centers for seniors to be alternative healthcare facilities. However after listening to and observing the behaviour of my participants, I have discovered that the social networks that they develop at these centers also have an impact on their health.

Over the years there have been various studies conducted on seniors and social networking which have argued that maintaining and developing social networks in the later years of one's life are important (Knipscheer *et al.* 1995, Achat *et al.* 1998, Silverman *et al.* 2008), because findings have indicated that there is a positive association between social networks and quality of life (Achat *et al.* 1998). These findings suggest that social networking can directly and indirectly moderate the negative influences of many stressors, including bereavement, and subsequently improve individuals' mental capacities and physical functioning (Knipscheer *et al.* 1995, Michael *et al.* 1999, Diehl & Berg 2006). Moreover, the research conducted by Harley Schreck (1994) on church-based social networking suggests that social networks can be critical for the wellbeing of individuals' of all ages because ageing is both a social and individual process (1994). Similarly Dorothy Ayers Counts and David R. Counts (1996), in their work on RVing seniors, argued that social isolation can lead to an increased vulnerability to illness and

even premature death. Although I cannot claim that social networks can prevent illness or death, my observations this summer strongly support the arguments of others who have suggested that interpersonal interactions have the potential to positively impact seniors' health. Through their relationships with each other I witnessed individuals working through various personal issues that arguably could have had a much larger impact on their health, if it were not for the support of the other members. Together my participants worked, whether consciously or not, to decrease many life stressors and improve each others' physical, mental, and emotional functioning. Thus, regardless of whether social networks are directly or indirectly connected to the state of individuals' health, I would argue that they undoubtedly do help to maintain and improve seniors' overall wellbeing.

Given that recreational centers for seniors can have beneficial health effects on seniors' mental, physical, and emotional wellbeing it seems necessary to consider including them as part of the alternative healthcare sector. By making recreational centers a part of the healthcare sector, it is likely that the funding for such facilities would increase and positively impact the number of seniors that they are able to support and services that they can provide. For many of the seniors that I met, these centers are their only opportunity to network and to engage in activities. During my fieldwork I watched individuals improve the wellbeing of others and as a result I discovered the alternative side of healthcare (Smith & Christakis 2008).

Although interest in seniors' health and recreation has been around for many years in the form of the "positive ageing" movement, policy makers, industry, and academics have yet to really promote a truly positive image of ageing or services that support ageing individuals in a positive way. Rather what the public has seen is a

tendency to minimize the appearance of age and ageing (Rudman 2006). Positive ageing campaigns seem to have made it acceptable for older individuals to do whatever it takes to age without ageing (Katz 2001/2002). Instead of countering the well-spread belief that ageing leads to inevitable physical and social decline, the positive ageing movement seems to have reinforced it to some degree by rejecting the ageing process (Calasanti & King 2005). As Kathryn Bayer noted, by promoting "representations of mature health, wellbeing, and activity…with a need to retain and reflect youth…"positive ageing" soon equates with anti-ageing for many" (2005:14). Therefore, despite the "positive" spin, the positive ageing movement does little to reflect how individuals can and do age in healthy, respectful, and enjoyable ways. Moreover, the images of ageing that have developed out of this movement have done little to reflect the actual experiences of seniors or shed light on the reality that individuals can be old and not only feel healthy, but be healthy; youth does not equal health and old age does not equal disease.

For positive ageing discourses to actually be positive many representations of ageing need to be recreated. In particular, an entirely new image of the relationship between ageing and health needs to emerge in order to make it evident that ageing is not strictly a process of decline; a representation of ageing and old age that includes good health as well as individual wellbeing is imperative. In addition, such a positive ageing movement should also make it clear that ageing and health have individualized aspects. Therefore, it is important that positive ageing discourses recognize that "successful," "healthy," and "positive" ageing can take many forms. Moreover said discourse should be primarily concerned with quality of life, not with prolonging life.

Though such a discourse and/or representation of ageing may seem idealistic, I do

not believe that it is unrealistic or unattainable. Rather with the growing senior

demographic and the renewed interest in seniors and healthcare (Health Canada 2001), I

believe that such a representation is becoming increasingly attainable. Furthermore, when

I consider what I observed over the course of my research at recreational centers for

seniors, said changes seem more than possible. At all of the centers that I visited I

witnessed seniors engaging in both healthy and active lifestyles. That is not to say that

none of the members had health problems or chronic conditions, but rather as previously

mentioned, individuals were leading healthy lives despite their conditions. In addition, I

found, as Bassett *et al.* did in their examination of the "Canadian Study of Health and

Aging," that "not all healthy seniors age successfully and conversely, many who

experience disease and disability can age successfully" (2007:114). Such an

understanding of health and ageing has led me to come to a better understanding of some

of the more social aspects of healthcare and it was while spending time at the North

Toronto Seniors' Club Day Program that it became particularly evident to me how self-

perception can impact how "well" one feels that they are ageing.

Although all of the Day Program members have some degree of cognitive

impairments, when asked about getting older many thought that they were ageing fairly

successfully. Though members did have complaints about aspects of the ageing process,

or rather what they associated with the ageing process, individuals' beliefs about their

overall health did not always seem to correspond with these complaints. While many

would likely assume that individuals with cognitive impairments could not possibly

consider themselves to be ageing successfully and/or be considered an example of ageing

in a "positive" way, I found that assumptions about the relationship between ageing and health do not necessarily correlate with individuals' experiences (Bassett *et al.* 2007). My participants seemed to measure themselves against a personal standard as opposed to a general standard of what it means to be healthy or age successfully.

My experiences at the North Toronto Seniors' Club Day Program strongly support the argument that "seniors often perceive themselves as ageing well despite having chronic conditions or functional disability. And self-perceptions of ageing influence functional health over-time, which in turn, affects perceptions of both ageing and of control" (Bassett *et al.* 2007:117). In addition to supporting said arguments, my experiences at the other centers also highlight how recreational centers can have positive effects on members' self-perceptions and consequently members' functional health. For example John, a man I met at the Durham-East Seniors' Center who has diabetes, early onset Alzheimer's, and is confined to a wheelchair for reasons unknown to me, feels that despite his various health conditions he is "lucky" and "in relatively good shape." Interestingly, he credits his good health to being involved in activities at the center and his wife's good cooking. During one of our conversations, John also told me that he believed that he has aged better than many of his friends who have "lost touch with the outside world." Similarly, Joan, a woman I met at the North Toronto Seniors' Club who has Parkinson's, smokes cigarettes, and was recently diagnosed with heart disease, also feels that she is in "great health" for her age and looks "pretty darn good for an 80-year-old." Like John, Joan also believes that her involvement at the center has contributed greatly to her overall wellbeing. John and Joan, as well as other members that I spoke with and observed, strongly suggest that recreational centers for seniors provide members

with more than just a good time. These centers function as alternative healthcare facilities because of both the physical and social activities engaged in by the members of these centers.

With the increase in the number of Canadian seniors and the struggling healthcare system (Bogart 2005), it seems necessary to consider alternative methods through which healthcare services can be provided. In addition it has been argued that because of the evident demographic shift, addressing the healthcare needs of older individuals will soon be "one of the most significant challenges facing the [Canadian] healthcare system" (Kloseck *et al.* 2006); thus, it appears that there is no better time than now to consider new ways in which seniors' healthcare needs can be addressed. Nor does there seem to be a better time than now to consider how social networking and physical activity can work together to improve and/or maintain older persons' quality of life (Kloseck *et al.* 2006). Moreover, the knowledge gained from such considerations has the potential to benefit both policy makers and society at large by providing a more holistic understanding of seniors' healthcare needs (Asher 1984). Finally recreational centers for seniors, like the ones that I spent time at over the course of my research, have the potential to support and ease the burden placed on more traditional methods of healthcare. By expanding the healthcare sector to include such facilities and services, policy makers would ultimately be facilitating the provision of a higher level of healthcare service for seniors and would be taking individuals' lived experiences into account.

CHAPTER SIX

Today, Tomorrow, and the Day after Next: Conclusions and Directions for Future Research

I sat in Marshall's living room with his dog Buddy snuggled beside me on the couch. It was our last interview session and I was upset by this realization. I had come to care deeply for Marshall, as I had many of my other research participants. I had grown accustomed to spending my days wrapped up in the lives and memories of my participants and consequently, I had forgotten, until this week, the final week, that it would all be over soon. I would go back to school and try to put this puzzle, my research project, together. As the interview drew to a close, I scrambled to think of something else that I could ask him. I wanted to stay just a little bit longer, even though I had already been there for almost three hours. Unfortunately, I could not come up with anything else to ask or anything else to say that had not been said already. I suppose I was afraid that I might never see him again and that I would not be able to make anything of our conversations. I did not want to disappoint him and I worried that I might not make a good enough project out of my notes. As I packed up my things to go, I thanked Marshall and his wife for taking the time to help me with my research. I said my goodbyes to Buddy and took one last glance around the apartment before heading into the hallway with Marshall. As we took the elevator downstairs to the parking garage, so that Marshall could let me out of his building, I continued to thank him for his time. He was all smiles, reassuring me that it had been his pleasure. I wanted to believe that it really was his pleasure, but I was uncertain. Then while stepping out of my car, he told me that he would miss our talks. He said that he would miss seeing me and that he hoped that I would visit sometime soon; I was to know that I was always welcome in his home. Although I knew that I would not be able to see him for awhile, Marshall's comments reassured me that we would meet again. Most importantly however, they calmed me, by assuring me that my research mattered, even if only because of the time that it had allowed me to spend with others.

Literature on ageing, and more specifically old age, is both valuable and incomplete. Despite the significant amount of literature available on these topics, there is still much that needs to be learned and better understood. Although for the past 40 years the field of *gerontology*, defined as the study of the ageing process as well as of the processes and forces that effect ageing persons, has led ageing and old age research (Cox 2006), other disciplines have slowly begun to take an interest in these issues. Out of this interest has stemmed new insights into the ageing process and old age. While the research

that has been conducted by gerontologists should not be disregarded, researchers from other disciplines have brought alternative perspectives as well as methodologies from which to analyze both new and old issues. These alternative perspectives have often illuminated issues, questions, and information that was previously overlooked (Myerhoff 1980, Cohen 1999, Estes *et al.* 2001).

By taking an anthropological approach to my examination of the process of retirement, I have attempted to shed new light on an old issue. I have also attempted to highlight the benefits of using anthropological methods of inquiry to study ageing. While there are no absolute angles from which to approach the study of retirement, ageing, social networking, or health, my experiences have led me to believe that ethnographic research, which pays particular attention to the stories that individuals tell about their lives, is one way that researchers can gain insight into these complicated phenomena. My use of participant-observation methods, extensive individual interviews, and focus groups has allowed me to learn quite a lot about the lives and experiences of my participants. Moreover the relationships that these methods allowed for provided me with the opportunity to better understand the information that I collected. As Serena Nanda (1999) reminded anthropologists and other researchers, ethnography is about people and doing ethnography places the analytical lens on peoples' lives. Consequently, since people and peoples' lives are inherent parts of retirement, ageing, social networking, and health, it seems quite beneficial to explore them through ethnographic methods. By analyzing these processes without talking and interacting with people, I would argue that researchers are missing out on important information, because these processes would not exist without social interactions—without people.

Throughout this work I have formulated and made a case for my arguments. I have argued that retirement is a key transitional period in a working individual's life-course and as a result is linked to ideas about ageing and growing old. I have demonstrated this by presenting and analyzing my participants' experiences of retiring and being retired. Their experiences highlight both the social and individualized aspects of retirement and do much to suggest, as other research has (Atchley 1982, Bosse *et al.* 1991, Luborsky 1994), that many individuals go through a period of adjustment during the process of retirement as well as after having retired. For many of my participants, this period of adjustment often resulted in the reconfiguration of one's self as well as the alteration of one's social networks.

In order to cope with said adjustments, I have argued that individuals employ various strategies to maintain existing and form new social networks. One way in which individuals attempt to do so is by joining recreational centers for seniors. My participants' experiences exemplify how seniors' centers can provide their members with an opportunity to adjust to some of the social changes associated with retirement, such as the alteration of social networks. They do so by connecting them to their peers and their communities in various ways. As Myerhoff (1980) found almost 30 years ago, recreational centers for seniors provide many retired individuals with the opportunity to develop complex and dynamic social relationships.

Insofar as I can, I have also tried to explore throughout this work how my participants' engagement in the social networks formed and the activities offered at recreational centers for seniors can and do have positive effects on many of the members' overall wellbeing. Furthermore, by using the information provided to me by my

participants and the observations that I made over the course of my research, I have

attempted to make a claim for considering recreational centers for seniors to be a part of

the alternative healthcare sector. My findings seem to support the arguments of various

other scholars, who have conducted research on issues relating to ageing, health, leisurely

activities, and social networking (Lowenthal & Haven 1968, Knipscheer *et al.* 1995,

Michael *et al.* 1999, Diehl & Berg 2006, Bassett *et al.* 2007), and thus make a strong case

for reconceptualizing the role of recreational centers for seniors. In addition, I suggested

that there would be two main benefits, if seniors' centers were considered part of the

alternative healthcare sector: the burden placed on the traditional healthcare sector could

be eased and the current social and health services available to seniors could be

improved.

Through the course of this work I have presented my arguments in a clear,

concise manner, but I hope that they will not be misinterpreted. It is not my belief that all

seniors want or need to join recreational centers for seniors. Nor am I suggesting that

recreational centers for seniors are the only means by which retired individuals can

and/or do connect to their peers or their communities. Furthermore, I am not arguing that

all seniors are the same or experience the process of retirement in the same way, as I

recognize that not all seniors are retired or occupy the same position within society.

However, what I hope that the preceding pages have demonstrated is that some seniors

want and do join recreational centers for seniors once they have retired and that these

centers can and do provide some with a means by which to connect to their peers and

their communities. Moreover, I hope that I have made a case that indicates the need for

more research in the area of retirement, ageing, social networking, and health,

particularly from a Canadian perspective. Although I have tried to make my intentions clear throughout this work, I believe that it is important to reiterate them once more, as I do not want any reader to mistake the purpose of this work. In any event, I have tried to be as clear as possible from the onset of this work about the objectives of my research and the foundation on which my arguments are based.

In addition to my main arguments, what I have also intended to make apparent throughout this work is that how one experiences the process of retirement and being retired is dependent upon broad sociopolitical and temporal factors as well as individual and personal ones. The way that the process of retirement is understood, how citizens are shaped and regarded, one's ability to access, maintain, and develop social networks, as well as how healthcare is defined, impact and complicate one's experiences and understandings; the process of retirement and ageing are, as previously mentioned, inherently linked and social. Retirement is not an event and adjusting to retired life does not happen over night. One's expectations cannot determine one's experiences of retirement and the entire process requires many preparations.

Although it can be easy to get caught up in simplistic understandings and definitions of retirement and retiring, those investigating this process and period must do their best to look beneath the superficial discussions of retirement and retired life that occur in everyday conversations and highlight its complexity. Moreover, researchers need to shed light on the diverse strategies employed by men and women to adjust to and cope with the changes that they experience during and after retirement. Conceptualizing retirement as a process as well as a period within an individual's life-course is both important and productive, because it allows one to consider differences among

individuals' experiences and understandings; it stresses the heterogeneity of age groups and those individuals within them, while also allowing researchers to see patterns. In addition, such a conceptualization opens the door to much wider discussions and deeper analyses of individuals' experiences and the many ways in which the sociophysical process of ageing is linked to other broad processes.

In the future similar research needs to be conducted in other areas across the country to see if patterns can be discerned. Research should concentrate on exploring whether or not other retired seniors in Canada are experiencing the process of retirement and/or if they are utilizing recreational centers for seniors in similar ways. Moreover, rural and urban comparisons should be made to see if seniors utilize and require similar services in different geosocial regions. Since one of the limitations of my research is that I was only able to examine one region and one group of Canadian seniors, I believe that it would be both interesting and useful to see how my research compares to others and how retired seniors living in different areas experience the process of retirement. Such comparisons would allow for a greater understanding of some of the social aspects of the retirement process that are frequently downplayed in comparison to economic aspects of retirement in many academic and non-academic studies. In addition, it would be interesting for future research to investigate and compare the experiences of seniors from more varied socioeconomic backgrounds. Lastly, it would be useful to for researchers to examine in more detail how broad socioeconomic and political processes influence individuals' experiences of the retirement process. The more information that can be gathered, the more likely it is that such research could influence the development of public policy regarding retirement programs and services. It could also influence how the

role of recreational centers for seniors is understood. Research that supports my findings about the health benefits of recreational centers and recreational programs for seniors could alter the face of seniors' healthcare in Canada. My research is only the beginning of what I hope becomes an in-depth investigation of the intersection of ageing, retirement, social networking, and health in Canada. I think it raises some important questions and concerns from which anthropologists and others interested in the study of ageing can challenge and change the way that the relationship between said phenomena is understood.

In addition to that which was mentioned above, future research in this area may also include investigations into what kinds of resources are available and where. Furthermore, how accessible social services for seniors are and potential improvements to accessibility should also be examined. Since the Canadian government has long prided itself on the universality of Canadian public and social services (Erickson & Matthews 2005), it seems relevant and necessary to determine whether or not seniors across Canada have equal access to services. Moreover as the baby-boomer generation ages, it will become increasingly necessary to examine how their need for social services and their experiences differ, if at all, from previous generations of seniors. Although it is fairly likely that the demand for services will increase because of the growth of the senior population, it is also likely that the services said seniors require will change. Based on research that has already been conducted, it appears that future generations of retired seniors will not be interested in the same activities as previous and existing ones (Mellor & Rehr 2005). This type of change in demand will call for a further restructuring of services and programs.

Currently few government agencies, businesses, or individuals are seriously addressing the needs of the ageing population in Canada. Furthermore, those that have seem to be most concerned with the "problem" of old age (Cohen 1999, Vincent 1999); they have developed alarmist arguments that concentrate on how a large retired senior population will drain a country of its public resources—the younger generations must suffer in order for the older generations to thrive (Bogart 2005). Such arguments are extremely problematic, because they disguise the real issues and concerns of retired seniors and perhaps most importantly, they discount the contributions that retired seniors make and have made to society. Because of the type of arguments and strategies that are being developed to "deal" with the old age "problem," it is important that other research, such as the kind that I have suggested, emerges to compete with existing arguments. Such research has the potential to appropriately address any needs, concerns, and/or challenges that Canada may face as a result of the changing population.

No work about ageing, social processes, or individuals' lived experiences should ever end with all of the questions answered and all of the issues addressed. These things, like many others, are too complex to deal with in one study or one argument. So rather than concluding with a conclusion, I will tell one last story, share one last lesson that I learned, and make one last remark about the direction that I hope to see research on ageing take in the future. I will conclude without concluding, by offering possibility and possible inspiration.

It was a hot afternoon in mid-August. I was sitting outside of the Red River Seniors' Club on a picnic bench with George. I often sat outside with him during the lunch break between darts and carpet bowling. He would have his cigarette and I would

eat my lunch, while trying to warm-up from the powerful air-conditioner inside. On this particular afternoon I was feeling overwhelmed. I knew that the summer was coming to an end and I was beginning to panic about whether or not I had collected enough information to complete a thesis. After having spent each Wednesday that summer with me, George was able tell that I was not my usual chatty self.

The minutes dragged on and I did not say a word. George did not say anything either. He smoked his cigarette and sipped his soft drink. After some time George started to talk to me. He told me how much the group was going to miss me and how much I was going to miss the group. He talked about some of the things that I had experienced over the course of the summer and laughed about the memories that we had made. As he was talking, he also teased me about my dart and carpet bowling skills, or lack there of, and reminded me of how far I had come this summer. I wish that I could have come up with something to say to him. I desperately wanted to respond. I wanted to tell him how much I had enjoyed myself and how much I would miss each and every one of the members. Instead I sat there smiling and nodding my head. I did not add one single sentence to the one-sided conversation. All I could think about was my project and I could not focus on the conversation, even though the conversation was a part of my project. I was just about to excuse myself from the table and the conversation, because I felt terrible that I was unable to participate appropriately, when the words that George spoke stopped me from going anywhere. He leaned across the table slightly and said, "Just remember this when you are writing that essay of yours and you will be fine...we're all getting older...When you're thinking about this summer, remember that and you will see where we're coming from." He did not say anything else and barely let me say thank you before he put out his

cigarette and stood up to go inside. I remained on the picnic bench a few minutes longer before following him.

Old age should not be considered something that happens to others. If not us already, it is our future. Rather than searching for ways to avoid or conquer the ageing process, we should be looking for ways to embrace and work within it in order to understand ourselves and our experiences, as well as the experiences of others. At issue is the way that individuals tend to separate themselves from the ageing process and consider old age to be the end of life. This is a problem, particularly where services and policies are concerned, because people situated within one age group are able to separate themselves from people situated within other age groups. This separation tends to decrease individuals' willingness to support programs for those who are situated within age groups other than their own (Erickson & Matthews 2005). It does not seem to matter that they themselves will one day be situated differently (Erickson & Matthews 2005). At risk is the future of every individual, because the changes that we make today, impact our experiences of tomorrow; we all have something invested in ageing research. I believe that it is both the privilege and the responsibility of researchers to begin the process of reconceptualizing ageing and there is no better time then now, as the population around the world continues to age (Estes *et al.* 2001). If and when a reconceptualization is accomplished, what lies ahead is the opportunity to take responsibility for individuals of all ages, and to better understand the ageing process and our places within it.

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APPENDIX A

Office of Research Ethics

The University of Western Ontario
Room 00045 Dental Sciences Building, London, ON, Canada N6A 5C1
Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
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Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. D. St. Christian	
Review Number: 14023S	**Review Level:** Full Board
Review Date: March 7, 2008	

Protocol Title: Senior, Citizen or Senior Citizen: An Analysis of Seniors and Citizenship in Canada

Department and Institution: Anthropology, University of Western Ontario

Sponsor:

Ethics Approval Date: April 11, 2008   **Expiry Date:** December 31, 2008

Documents Reviewed and Approved: UWO Protocol, Invitation to participate (seniors), Letter of Information and Consent (seniors), Invitation to participate (service providers), Letter of Information and Consent (service providers)

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the study or consent form may be initiated without prior written approval from the NMREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the NMREB:
   a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
   b) all adverse and unexpected experiences or events that are both serious and unexpected;
   c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the NMREB.

Chair of NMREB: Dr. Jerry Paquette

Ethics Officer to Contact for Further Information			
☑ Grace Kelly	☐ Janice Sutherland	☐ Jennifer McEwen	☐ Denise Grafton

This is an official document. Please retain the original in your files.   cc: ORE File