

**Understanding Space, Place and Leisure of Women  
Over 85 Living in the Community**

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## Dedication

I dedicate the following thesis to Arthur Raymond Moffatt and Vera Blanche Knickle. Both of you lived out your lives before me. As a result you provided me with a glimpse into the pain and promise of what it meant to age. My desire to improve and promote quality of life among older adults is attributed in large part to what I saw and learned through your lived experiences. The following work is dedicated with much love and gratitude to both of you. Grandparents that I am forever proud and privileged to call my own.

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## Abstract

There is an increase in the number of older adults 85 and over, who are choosing to live alone within the community. Moreover, older adults who live alone are reportedly spending an extensive amount of time alone within the home environment. In an effort to provide additional support and resources to older adults living in the community, a compliment of services are being offered through public and private organizations. These in-home supports focus on the instrumental or functional tasks of daily living, such as personal and rehabilitative care, nourishment, maintenance and upkeep of the home, as well as volunteer social visitation. However leisure resources and programs are not included among these services. Consequently, this creates a gap in leisure provision among this segment of the population.

Throughout the life course, an individual's identity, role and purpose are developed and sustained through instrumental work roles in the formal and informal sector, as well as through personally meaningful leisure pastimes and experiences. Although roles shift post retirement, participation in instrumental and expressive activities can provide opportunities through which older adults are able to fulfill their need for agency (individuality and autonomy) and affiliation (social relatedness). Therefore barriers that inhibit instrumental or leisure experiences can negatively impact older adults' quality of life.

This study explored the leisure lifestyles of four older adults, all of whom were over 85, lived alone within the community and were oriented to person, time and place. It became apparent that participants ordered their lives around a routine that consisted of instrumental, expressive and socially integrated tasks and activities. Moreover participants purposely chose to remain at home because their home environment facilitated freedom, choice and independence. As a result all four participants viewed their independence within the home as a critical determinant to their overall quality of life. Challenges associated with the home environment, participants' personal capacities and relationships were negotiated on a daily basis. Failure to positively adapt to these challenges inhibited meaningful engagement and personal fulfillment.

Traditionally, leisure service delivery has been offered within institutions and through various community based venues. As a result leisure provision has been focused on the needs of the frail elderly who reside in institutions or the well elderly who are able to access leisure amenities within the community. However the growing number of older adults electing to live alone is on the rise. As individuals age the home becomes the preferred context for leisure experiences. If older adults are choosing to live alone, then both their instrumental and leisure needs must be addressed. As a result, it is imperative that leisure professionals extend the scope of service delivery to include home centered older adults.

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## Chapter One: Introduction

The profile of society is changing with just under 6 million Canadian baby boomers moving toward the age of 65, and another 4.2 million currently beyond this landmark. The next 25 years will undoubtedly bring a marked increase in the number of older adults who will change the face of the Canadian mosaic (Statistics Canada, 2006). Statistics Canada hypothesizes that the number of seniors who comprise 13% of the current population, will double by the year 2031 and will constitute upwards of 25% (Statistics Canada, 2005) of the total citizenry. Within the wake of this aging revolution there are a variety of additional trends occurring among the older adult cohorts, such as an increase in the number of home centered older adults who live alone.

The National Advisory Council on Aging (NACA), in their 2006 report, identified several notable changes that are occurring within the old-old (75-84) and oldest-old (85 +) cohorts. According to the NACA report, the number of seniors living alone within the community has been on the rise since the late 1990's. Subsequently, older adults within the oldest old cohort (85+) have experienced the highest increase in living alone, with women in the old-old cohort (75-84) comprising the majority of older adults who reside alone within the community. Currently women, the majority of whom are widowed, constitute 75% of the 1 million seniors which reside alone in Canadian communities (NACA, 2006).

The longevity enjoyed by Canadians is attributed to medical interventions, a reduction in childhood mortality and also a more ardent approach towards

health lifestyles (Belsky, 1999). Additionally, financial status also impacts the quality of life enjoyed by older adults who reside within the community. On the one hand many Canadian older adults are entering this stage in their lives with a degree of financial stability (NACA, 2006). This is evidenced by the fact that 83% of Canadian older adults own their own home, mortgage free. On the other hand there is a significant percentage of older adults living alone who do not own their own home (NACA). However, the NACA concludes that "the overall situation for housing is positive: seniors are more likely to be homeowners and to be mortgage-free than they were in previous decades" (NACA, p.39). Thus one could assume that Canada's older adults are not likely to rush to relocate to subsidized or institutionalized housing.

Currently the number of older adults electing to live alone is on the rise. However the NACA (2006) is hesitant to quantify this trend as either positive or negative. They contend that for financially independent and healthy individuals, this choice would undoubtedly be advantageous. The well elderly are more apt to be able to access community based activities and amenities, and if their health status should start to decline, wealthier individuals can pay to have additional services provided within the home (Wendy Walker, personal communication, May 1<sup>st</sup>, 2007).

Living alone can also provide an older adult with opportunities for agenic fulfillment because it is within this context that an older adult is afforded choice and independence. Often agenic benefits such as an increased sense of independence and individuality are realized through a sense of "perceived

choice”, autonomy, “self-determination”, “self-expression” and competency (Freysinger, 1995, 1999). Agenic fulfillment can be achieved through meaningful and rewarding leisure experiences (Freysinger; Herzog, Markus, Franks, & Holmberg, 1998).

Living alone within the community can also provide opportunities as well as challenges related to affiliate fulfillment. Affiliate needs are centered around relationships with family, friends and community based involvement (Freysinger, 1995, 1999). Often it is within the leisure context that these needs are met (Baltes & Baltes, 1990; Freysinger; Herzog et al., 1998).

Affiliation can promote continuity with an individual’s past as friendships or family ties continue to maintain a vital role in the life of the older adult. Similarly, social support and relatedness from those within the local neighborhood and community can also serve to promote role and identity continuity as one ages in place within the home environment (Atchley, 1993; Golant, 1984a; Kyle, Graefe & Manning, 2005; Lawton, 1980; Litwin & Shiovitz-Ezra, 2006; Parmelee & Lawton, 1990; Perkins-Taylor, 2001).

However the NACA (2006) also suggested that living alone may not be perceived as a positive experience for individuals who are forced to contend with “affordability problems, health problems and social isolation” (NACA, p.43). Thus individuals who are struggling to maintain their level of independence and autonomy amidst deteriorating health conditions may view their living situation as a direct threat to their quality of life. Furthermore a significant reduction in the

number of friendships and social support could lead to a sense of social and emotional isolation (Chappell & Badger, 1989; NACA, 2006).

Golant (1984b) referenced Wohlwill's (1976) work to suggest that extensive time in the same living space may produce "boredom, monotony, and apathy" (p.248). Rapoport (1985) contended that there are a number of constraints within any given environment, however it is not the actual barriers that render the greatest challenge, but rather the effect the barriers have on "limiting and distorting" the options and choices available to the individual (p.258).

Moreover for many, living alone is often associated with an increase in the amount of time spent alone. Statistics Canada reported that "in 1998, Canadians aged 75 or over spent 8.0 hours alone on an average day, compared with 4.7 hours reported by young people aged 15 to 24" (Statistics Canada, 2002). Harvey and Singleton's (1989) study on the leisure activity patterns of Canadians also identified a significant disparity between the amount of time older adults spend alone in the home in comparison to younger adults.

In an attempt to assist older adults who live alone in their homes, a variety of government funded and private home support organizations have been formed (NACA, 2006). Many of these in home support services are focused on activities of daily living (ADL's) which includes personal care, meal preparation, as well as instrumental tasks like cleaning, yard work, and maintenance. When sufficient volunteers are available, visitation type programs are also provided, however

these are mainly social in nature and although beneficial, fail to comprehensively address the expressive leisure needs of this population.

Expressive leisure is identified as pursuits and experiences which are freely chosen and enjoyed because of their intrinsic value and meaning to the individual (Gordon, Gaitz, & Scott, 1976). Comparatively, instrumental tasks are associated with functional, work type activities that are essential to sustenance and provide benefits in the future versus the present (Gordon et al.). Both expressive and instrumental activities are involved in the role and identity formation of individuals across their lifespan (Gordon et al.). However as individuals age, it is expressive or leisure based experiences that promote role redefinition, identity, and continuity with their past (Freysinger, 1999; Gordon et al.; Kleiber, 1999; Singleton, 1990, 2007). Unlike the well elderly who are able to access community activities or institutionalized older adults who have leisure services within the facility, home centered older adults appear to have limited access to leisure based services within the home.

Therapeutic recreation is a field that provides extensive services to older adults and focuses on expressive and social activities that embed meaning, purpose and wellbeing into these individuals' lives (Carruthers & Hood, 2004; Gordon et al., 1976; Neulinger, 1981). Essentially leisure is defined "as the combination of free time and the expectation of preferred experience" (Kleiber, 1999, p.3). Unfortunately, the majority of therapeutic recreation service delivery occurs outside the private home environment. Community based senior centers that service the well elderly and institutions like long term care facilities and



hospitals are the primary areas of concentration for therapeutic recreation services among older adults. However, the literature on leisure and aging reveals that as people age they purposely begin to select or modify their leisure lifestyle so that it is in or around their home environment (Gordon et al.; Horna, 1994). Combine this fact with the growing number of older adults 85+ living alone at home, it becomes apparent that the home environment is the context for home centered older adults' leisure functioning. However the impact of this context is not clear. Therefore it is vital that leisure practitioners gain a clear understanding of how older adults negotiate their expressive needs within the home environment.

To better understand the lived experience of the older adult one needs to look at the literature on aging. One of the early theories on aging regards older adulthood as a time of detachment, deterioration and ultimate disengagement from their socio-economic, relational and leisure based roles and identities (Fry, 1992). This explanation may be used by some to define home centered older adults who have limited opportunity to engage in community based experiences outside the home. Another, more influential theory used within the leisure and aging literature is not an aging theory at all, but rather a lifespan theory of development. The Continuity Theory views aging as a developmental stage whereby the factors that determine whether individuals positively or negatively engage within this phase of their lives is predicated on how they adapt both their internal attitudes and perceptions as well as their external lifestyles to the present circumstances (Atchley, 1993, 1999; Fry). Individual personalities and adaptive

capabilities are believed to have been learned over the life course (Fry) and impacts older adults' ability to integrate and adjust positively or negatively during this phase. Therefore the Continuity Theory, when "applied to activities... maintains that adults gradually develop stable patterns of activity and that, in adapting to aging, adults engage in thought and take action designed to preserve and maintain these patterns in their general form" (Atchley, 1993, p.5). The degree to which home centered older adults over the age of 85 are able to maintain these patterns is not clear. Moreover the factors that facilitate or inhibit the maintenance of stable patterns are also not known.

The majority of our lives are comprised of both instrumental or work type experiences and expressive or leisure type experiences (Gordon et al., 1976), thus it is a combination of these two mediums through which an individual's agenic and affiliate needs are met (Freysinger, 1995). However for many, retirement marks the beginning of older adulthood. The Activity Theory proposes that an individual's identity is impacted by this shift and as a result, leisure or expressive type activities become the bridge through which role redefinition and identity occur (Fry, 1992; Herzog et al., 1998; McGuire, Boyd & Tedrick, 1996). Given that activities provide opportunities for role and identity formation, it is believed that participation in various activity pursuits will slow the disengagement process that often sets in when one feels stripped of their roles and identity (Di Mauro et al., 2001; Herzog et al.; Litwin & Shiovitz-Ezra, 2006). Therefore expressive avocational leisure pursuits provide opportunities for older adults to

continue to meet both agenic and affiliate needs as they age (Kleiber, 1999; Herzog et al.).

This explanation appears to readily describe the well elderly that are able to access various leisure services in and outside of their home. However does it also describe the lives of home centered older adults who are more likely to maintain their independence with in-home support and the occasional visit from a family member, friend or volunteer? Does expressive leisure continue to be modified and adapted by older adults who progressively age in place at home? If so, what process do older adults go through as they try to negotiate their agenic and affiliate needs through expressive leisure pursuits within the home environment? The aging theories provide an understanding of how older adults negotiate the aging process, however they fail to examine the person environment link, which is essential to understanding the lived experience of home centered older adults and their leisure lifestyle.

Interestingly, the field of Environmental Gerontology explores the person environment relationship. Lawton and Nahemow's Ecological Model (1973) addressed both the older adult, their abilities, capacities and subsequent adaptations in relationship to the environment and the demands it places on them.

This model readily depicts the relationship between older adults' functional competencies and the environment in which they live. The theory upholds that moderate changes in an individual's competencies or the environment are positive (Voelkl, Winkelhake, Jeffries & Yoshioka, 2003) and serve to promote a

sense of “comfort” and or a manageable degree of challenge where progress is achieved (Lawton & Nahemow, 1973). However significant changes in competency or environmental demands elicit either adaptive or maladaptive responses.

Therefore an older adult who has suffered a hip fracture and is unable to climb the stairs to his or her second floor bedroom will need to adjust either his or her competency level or reduce the demands of the home environment to effectively adapt to the situation. More than likely the logical adaptation would be to relocate his or her bedroom to the ground floor. This would restore a sense of equilibrium between the individual and their environment (Lawton & Nahemow, 1973). A maladaptive response would be to continue to negotiate the stairs and experience frustration, fear of falling and possibly depression. As a result the older adult may begin to resent the home environment given that there is an unresolved disparity between the individual’s physical competency and the environmental press.

Consequently the quality of the relationship between an individual and their environment is based on the balance that can be achieved and maintained between older adults’ competencies and the environmental demands.

Baltes and Baltes (1990) Selective Optimization with Compensation Model provided a detailed description of how older adults negotiate this ongoing relationship between their abilities and the environmental demands (Freund & Baltes, 1998). This model suggested that activities and behaviors are purposefully chosen based on their intrinsic value. In this case, adaptation occurs

through the conscious or unconscious selection of certain activities and the discontinuation of other ones. Ultimately older adults downsize their activities in an effort to optimize their skills and resources while compensating for changes in the internal and external aspects of their lives (Fry, 1992). This theory supports the fact that the number of instrumental and expressive activities naturally decrease with age and only those that hold personal meaning are maintained.

One can only hope that expressive activities, which focus on the development and sustenance of both agenic and affiliate needs, are among these valued selections. Considering that home support services are usually focused on the instrumental tasks, there remains a significant need for older adults to continue to engage in expressive activities. Given the fact that activities are refined and adapted in response to older adults' resources, abilities and environmental demands, how do expressive experiences factor into their daily lives? Is there a blend that occurs, whereby certain instrumental tasks are maintained and modified to include an expressive component?

Thus this study will examine the intersection between older adults' home environment and their subjective expressive leisure experiences in an attempt to further expand the scope of the field for therapeutic recreation and related leisure practitioners. Furthermore this study will also provide information that could inform policy development and provide insight for future home based programs and services. The research questions to be examined in this study are:

- 1) What activities and behaviors comprise the leisure lifestyle of home centered older adults?

- 2) How is the lifestyle of home centered older adults inhibited, supported or enhanced through the home environment?
- 3) What adaptations (positive/negative) have home centered older adults made to their environment, behavior or daily activities to stay meaningfully engaged within the home environment?

## Terms and Definitions

- **Expressive Leisure-** refers to activities and experiences that are purposefully and freely chosen because they are intrinsically meaningful (Gordon, et al., 1976). Expressive experiences and activities provide a sense of continuity with past interests, foster a deeper sense of individuality, identity (Kleiber, 1999) and purpose in an individual's life.
- **Instrumental Tasks-** are work type activities and experiences pursued for extrinsic type benefits (Gordon et al., 1976). These tasks are essential to sustenance of the individual and rewards are not immediately attained (Gorden et al.). Instrumental duties are most often associated with an individual's job in the formal workforce as well as informal work roles performed within the home or outside the paid workforce (i.e. caregiving). Instrumental tasks also provide 'working' individuals with a sense of identity, role definition and purpose (Gordon et al.; Herzog et al., 1998).
- **Agency or Agenic-**refers to individuals' need to maintain a sense of "separation...[and] autonomy from others" (Freysinger, 1995, p.74). Therefore agenic needs are associated with a sense of independence, control, choice, and self-determination (Freysinger, 1999). Agenic needs can be fulfilled through a variety of leisure (Freysinger; Herzog et al., 1998) or instrumental activities.
- **Affiliation or Affiliate-** refers to the need for social interaction and relatedness with family, friends and others (Freysinger, 1995, 1999).

Socialization or a sense of belonging can occur through leisure pursuits (Freysinger) as well as instrumental activities.



## Chapter Two: Literature Review

Canada's aging population is actively reshaping the aging process due in large part to improved health and longevity, financial stability and access to home based support services (NACA, 2006). Additionally, there is a noted increase in the number of men and women 85 and over who are living alone within the community (NACA). Currently it is unclear whether this should be viewed as a positive or negative experience among older adults (NACA). However, it is agreed that residents' quality of life and subjective assessment of home centered living is undoubtedly influenced by a variety of socio-economic and psychosocial factors, all of which directly impact the relationship that exists between older adults and their physical and social environment (NACA).

The government along with the private sector has responded to this increase in the number of home centered older adults by developing and providing various in-home support services. Many of these organizations provide older adults with several hours a week of assistance. The majority of services are focused around activities of daily living (ADL's) and household upkeep such as cleaning, laundry, yardwork and repairs. Volunteer visitation is offered, however it is contingent on the availability and suitability of volunteers, which can be a challenge. Furthermore, while volunteer-based services provide an outlet for social support, they rarely purposefully support participation in expressive leisure pursuits.

The theories and literature on aging and leisure describe the inherent value and role that expressive leisure activities have throughout the entire life

course, and more specifically the critical part they play with regards to identity and role redefinition post retirement (Herzog et al., 1998; Horna, 1994; Kleiber, 1999). Expressive leisure refers to activities and experiences that are purposefully chosen because they are intrinsically meaningful (Gordon et al., 1976). This is in direct contrast to instrumental or work type activities and experiences, which are pursued for extrinsic type benefits (Gordon et al.). Both expressive leisure experiences and instrumental work type activities are participated in across the life course. It is through these mediums that individuals develop and fulfill their agenic needs, which are associated with person centered choice, autonomy, purpose and expression (Freysinger, 1995). Affiliate needs are also developed through expressive and instrumental activities and are understood as the relational components that are a fundamental part of peoples' lives and identities. More specifically, affiliate needs are fulfilled through supportive friendships, family interaction, and a sense of being a member or integral part of a larger community (Freysinger).

Given that older adults seek to maintain both agenic and affiliate needs through a continuous process of selective optimization and compensation (Wilhite, Keller, Hodges, & Caldwell, 2004), how are expressive activities modified and maintained amidst a decrease in instrumental activities and experiences? In order to understand this concept, the following literature review will explore several seminal theories on aging, discuss leisure and its role within the aging process as well as examine the home based leisure lifestyle of older adults. Lastly, this review will discuss the person environment relationship from

the perspective of two complimentary environmental gerontology models, both of which served as the theoretical foundation for this study on older adults' leisure within the home environment.

### *Theories on Aging*

Over the course of the past 50 years, there have been numerous theories that have vied for dominance within the aging literature. The following section will review three prominent theories that are most relevant to this study, the Disengagement, Activity and Continuity theories on aging.

#### *The Disengagement Theory*

The Disengagement Theory is structured around the removal or decentralization of older adults from their socio-economic, relational and leisure based roles and identities within society (Fry, 1992). The thematic undertones of this theory are associated with a sense of loss, brought on by the inevitable physiological decline indicative of the biomedical approach of aging. Consequently this model explains the gradual phase out of the older adult from the mainstream socio-cultural and socio-economic environments which like the early Abandonment Theory of aging may be characterized as an attempt to facilitate opportunities for younger talent (Fry).

The Disengagement Theory is positioned as the "graceful" pulling away of the individual from society, and consequently, society from the individual (Fry, 1992, p.252). Thus the rationale for removing the elderly from their centralized position within society is assisted by institutions (Fry), which replace the familiar family home with a more congregate physical living environment.

Given that this theory is predicated on the removal or disengagement of elders from key positions and roles within society, the behavior of the older adult within their environment is assumed to be benign and of little consequence (Fry, 1992). However this theory fails to make room for those older adults who do not choose to disengage. Considering the increase in longevity and the large amounts of disposable time and income, many of today's older adults are investigating an infinite number of possible uses for their time and talents, rather than retreating to a lower profile position within society. On the other hand, there is a growing segment of the oldest old that appear to be living on the periphery, hedged in between the community and institution, navigating their life course as independently as possible within their own homes. Disengagement theory may explain some aspect of life for this group of older adults.

According to the theory's authors, Cummings and Henry (1961 as cited in Golant, 1984a), "home-centered activities...[are viewed] as one manifestation of normal aging" (p.530), and thus the segment of the oldest old who are electing to live alone in their home and spend an increasing amount of time engaged in home based activities are seen as acting in accordance with the "natural" disengagement process inherent in all older adulthood. However, one must question whether the assumption can be made that mere engagement in home centered activities is synonymous with disengagement. Is it rather the meaning and intrinsic value associated with that experience that truly determines whether an individual is engaged or disengaged?

The Disengagement theory continues to be considered in the literature on aging because it has most likely served as the impetus for the further development of theories on aging. Although it fails to comprehensively depict the aging process, it has been suggested that detachment may indeed be one facet or possible approach individuals ascribe to as they age (Fry, 1992). Critics may question whether the inherent loss experienced at this stage in life leads to an increased sense of disengagement (McGuire et al., 1996) or the lack of opportunities and support provided by society that make disengagement a “natural” unavoidable alternative for some older adults (Fry, 1992)? Is it possible that disengagement could be considered a “natural” outcome for home centered older adults who encounter barriers to meaningful experiences and activities within their home environment?

### *The Activity Theory*

Comparatively, the Activity Theory has core beliefs and dimensions from within the biomedical, role and abandonment theory approaches to aging (Fry, 1992; McGuire et al., 1996). According to Fry, the Activity Theory continues to perpetuate the idea that to age is to endure physical decline. However through the preservation of mid life activity patterns, one can hope to either postpone or circumvent the negative physical and mental effects of aging. Given that activities provide opportunities for role and identity formation it is believed that participation in activity pursuits will prevent or slow the disengagement process (Di Mauro et al., 2001, Herzog et al., 1998; Litwin & Shiovitz-Ezra, 2006; McGuire et al.).

One of the biggest considerations addressed by the Activity Theory is the redefinition of vocational roles post retirement. Unlike the Role, Abandonment and Disengagement Theories that place the individual at the mercy of the role reassignment by society, the Activity Theory focuses on role renewal through the autonomous decisions of the older adult (Fry, 1992; McGuire et al., 1996).

Being and staying active is definitely a proven method for reducing or ameliorating the early onset of physical and cognitive decline. However if one elects to do so strictly to avoid aging then it is obvious that one's view of the value and worth attributed to older adulthood is still somewhat stigmatized. However, the bridge that this theory provides is one whereby being active and looking for role renewal can be extremely healthy and provide numerous beneficial options to assist in the negotiation of the post retirement years.

The Activity theory for some serves as a bridge into a new role or phase that provides a new sense of purpose and meaning with avocational pursuits. However it can also leave individual's who fail to find a successful activity-role fit, derailed and at possible risk of ascribing to the stereotypically negative perspective of the aging process (McGuire et al., 1996). Horna (1994) pointed out that this theory fails to make contingencies for older adults who over the course of their lives have been relatively inactive, and are happy to continue in this sedentary lifestyle.

According to the Activity theory, aging is deemed successful if an older adult is actively engaged in various pursuits. A reduction in one's leisure repertoire would be seen as dangerous to one's opportunities to maintain role

identity and stay socially integrated (McGuire et al., 1996). However, leisure is not merely measured by the quantity of experiences, but more importantly by the quality or meaning attributed to the experience (Kleiber, 1999). It is possible to be actively engaged and yet experience a maladaptive response (Griffin, 2005).

Therefore the leisure repertoire of home centered older adults may be adaptive or maladaptive, depending upon the quality not quantity of the experiences within the home environment.

### *The Continuity Theory*

One of the most influential theories used within the leisure and aging literature is not an aging theory at all, but rather “a theory of continuous adult development” (Atchley, 1999, p.1). However its relevance to the aging process and leisure behavior have rendered it a popular theoretical backdrop in numerous explanations of the person environment relationship, as well as discussions focused on the leisure lifestyle choices and repertoire of older adults (Atchley, 1993; Golant, 1984a).

Atchley (1999) asserted that the development of self throughout the life course is based on our ability to understand and make choices that promote our interests amidst the competing possibilities or available options. This selection process assists with the development and sustenance of one’s personhood or “agency”. Our agenic self expresses and maintains our individuality and independence. Consequently agency also impacts both “development and adaptation in middle and later adulthood” (p.5).

Continuity of activities and experiences provide opportunities for agenic needs to be fulfilled. Parmelee and Lawton (1990) asserted that one of the fundamental characteristics among older adults is the need to maintain security, a key agenic need. Atchley (1993) stated that "the need for security may well be expressed in maintaining the meanings of leisure in as unchanged a way as possible" (p.37). Thus an older adult's leisure repertoire may provide a strong link not merely to previously enjoyed activities and pursuits, but may provide a sense of stability, familiarity and constancy which further supports core agenic needs within the individual.

Atchley (1993) went on to further explain his Continuity Theory in conjunction with another well known theory; the Baltes and Baltes Selective Optimization with Compensation Model. He articulated how the need to select a smaller leisure repertoire with the purpose of honing and thus optimizing ones' resources and skills among fewer activities is attributed to the need to compensate for the various changes inherent within the aging process. Therefore the limited range of opportunities or experiences available within the home environment is not necessarily a barrier to home centered older adults unless they derive little meaning from them.

Given that the aging process includes a series of adaptations of past experiences, skills and interests, successful aging within the home environment may look comparatively different than the home centered leisure pursuits of younger adults or older adults from different cohorts. Could home centered older adults find meaning and expressive outlets in the instrumental tasks they perform



on a daily basis? Kleiber (1999) suggested that instrumental type behavior like “tending to the daily round of chores [like] watering the plants and tending to pets” (p.167), provides expressive and therapeutic benefits because it fosters patterned behavior which “can be a source of continuity and stability” (p.167).

Given the fact that instrumental type tasks can be transformed into expressive experiences leads one to ask how successful home centered older adults are at negotiating this transition? Additionally, how does the home environment support or inhibit continuity of these meaningful activities especially as older adults’ abilities begin to decline?

The theories of aging propose explanations for successful aging, including natural decline and disengagement, continued active engagement with life, and/or role continuity. Each of these theories suggest a relationship between successful aging and leisure and recreation activity involvement. In order to fully understand how leisure involvement may be related to successful aging and to the life experiences of older adults living alone at home, the literature related to leisure and aging will be explored next.

#### *Leisure Conceptually Defined*

Leisure has been examined, debated and defined according to time, freedom, contemplation, subjective interests and meanings as well as non-work related activities (Neulinger, 1981). Typically leisure is defined by leisure researchers as some type of activity involvement that occurs in one’s free time, that is freely chosen, that provides rewards that are primarily internal, and that is pleasurable in anticipation, experience or recollection (Kleiber, 1999; Neulinger).

### *Leisure: Instrumental and Expressive Activity*

One of the earlier debates regarding leisure centered around its comparison to instrumental work activities. Instrumental activities were viewed as essential to not only the proliferation of the market economy but also the survival of the individual and family unit. Leisure on the other hand was considered an extra, an earned benefit, not an inherent right. Leisure was defined as the opposite of work (Neulinger, 1981). However, individuals who enjoyed their work and derived a great sense of pleasure, fulfillment and purpose experienced a blend of both expressive and instrumental benefits from this experience. Consequently, a definition of leisure that situates it as the antithesis of work does not provide consideration for this type of experience or the adaptation of an individual's abilities, interests and opportunities within the leisure realm post retirement.

Therefore leisure for middle aged adults provides not only a respite and an opportunity for exploration, and personal discovery but also balance out formal and informal work with the personal and social elements in their lives. (Freysinger, 1995). Freysinger's research identified how leisure pursuits served to provide opportunities for agenic or affiliate related needs. Therefore an individual who spent a great deal of time caregiving may choose leisure that afforded him or her opportunities and experiences that enhanced his or her autonomy and self determination. Whereas an individual who spent a great deal of time working independently may have preferred leisure that enabled him or her to spend more time with his or her children or loved ones in other centered

leisure (Freysinger). Although Freysinger's research focused on adults who are primarily negotiating meaningful leisure amidst work and family roles, the relevance of leisure to the development and or fulfillment of agency and affiliation appears to transcend age related constructs and play an important role in the lives of older adults as well (Freysinger, 1999; Herzog et al., 1998; Kleiber 1999). Thus leisure helps to weave peoples' lives together and balance out the inconsistencies and deficits that arise from daily life activities.

### *Leisure Benefits*

Leisure should not be considered a sub category, or an alternate component to a person's life, but rather an essential thread that leads to personal growth, meaning and balance. Leisure also has a role in fostering a greater sense of affiliation with family, community and society as a whole. As such, leisure should not be merely defined according to "time, a state of mind, or a certain kind of pre-defined activity" (Gunter, 1987, p.115), but rather a uniquely blended mix of all three.

It is within the leisure framework that people have a chance to reflect, engage or disengage, clarify values, or construct and adopt better ones. Leisure provides opportunities for socialization and the development of support systems, which aid in coping with traumatic or transitional life events (Carruthers & Hood, 2004; Coleman & Iso-Ahola, 1993; Kleiber, 1999). Leisure is also a vehicle through which older adults can renegotiate their capacities, roles and identities in the years following retirement (Kelly, 1983; Kleiber).

Leisure has numerous subjective benefits, including pleasure, enjoyment, relaxation, choice, self-determination, independence, creativity, skill development and mastery, as well as relationally meaningful interactions (Freysinger, 1995; Kleiber, 1999). However the degree to which individuals thrive and experience wellbeing depends on the value they place on a particular leisure experience (Jeffres & Dobos, 1993). Essentially time, motivation, perceived control and freedom are hallmarks of an authentically rewarding leisure repertoire (Coleman & Iso-Ahola, 1993; Jeffres & Dobos). Considering the benefits associated with leisure one would hope that leisure is not an experience enjoyed by only certain sectors of the population. In fact, individuals within our society that stand to gain the most from leisure involvement may also be those who have significant barriers and challenges to participation. Home centered older adults may be one such group. Therefore a closer look at leisure and older adulthood is necessary if one wishes to explore the role of leisure among home centered older adults.

### *Leisure and Aging*

Leisure and its role within the lives of older adults is a combination of subjective and objective factors and realities, many of which are steeped in leisure activities or patterns that have been cultivated and enjoyed across the lifespan (Atchley, 1993; Horna, 1994; Singleton, 2007). During older adulthood leisure is defined according to an increasing number of external and intrinsic variables (Horna). Participation in external leisure experiences reportedly decreases with age, while more passive home centered activities increase (Gordon et al., 1976). Smale and Dupuis's (1993) research assessed the link

between leisure participation and psychological wellbeing across the lifespan. They found that passive leisure produced both positive and negative effects. Their findings identified that television viewing was inversely related to psychological wellbeing. However they reported that “hobbies and crafts [which] tend to be passive activities of a largely solitary nature...[had] outcomes...closely linked to personal achievement and self-fulfillment” (p.298). Although Smale and Dupuis’s study included a cross section of ages in their sample (11-80), they highlighted the need to investigate leisure lifestyle issues among the oldest old cohort. Could passive forms of leisure such as watching the television promote positive affect and wellbeing if the show or program has been intentionally chosen?

The degree to which leisure involvement supports successful aging is likely based on the ability of older adults to adapt to changing circumstances (Lawton, 1990, 1993) and to make thoughtful choices about where to focus their attention and activity involvement capacity (Baltes & Baltes, 1990). Lawton (1993) asserted that for those older adults who are “housebound or institutionalized, leisure meaning may remain relatively constant in the face of gross reduction in the energy and scale of...[an] activity” (p.38). Thus, in spite of limitations, older adults can maintain meaningful leisure involvement that supports successful aging and well-being.

Modification and adaptation of meaningful activities and experiences is not the only major change related to leisure and older adulthood. In fact research shows that as people age they tend to conduct their leisure pursuits in or close to

the home environment (Golant, 1984b; Harvey & Singleton, 1989). Horna (1994) stated that there was “a preference for hobbies and home-based activities after the age of fifty and even more[so] after the age of sixty-five” (p.223). Harvey and Singleton (1989) identified that shifts associated with changes in family roles and work obligations are reflected in the activity and context of adults’ leisure lifestyles. They found that individuals 55 and up experience an increase in the amount of time they spend within the home environment. As a result the home becomes the primary context for both instrumental and expressive experiences. Therefore the home is an important leisure context which significantly impacts the quality of life (QOL) of older adults. Therefore the selection and choice process that older adults engage in related to leisure takes into consideration not only the skills and abilities but also the context and environment in which they intend to enjoy the activity or experience.

Hagblom-Kronlof and Sonn (2005) investigated the leisure interests and behavior of Swedish older adults who were 86 and older and categorized their findings into five leisure interest categories. The researchers conducted this study in an attempt to identify the relationship between older adults’ leisure interests and health status. Hagblom-Kronlof and Sonn concluded that although interests spanned a variety of activities “the most frequent interests reported were in the media domain, followed by individual leisure and social interests” (p.200). Therefore the leisure repertoire of respondents in this study was centralized around home based passive leisure activities such as reading, writing or listening to the radio or TV. This was followed by leisure pastimes that were

more solitary such as gardening, collecting, and crafts. The third interest category was related to socially engaged activities such as dancing, card games and singing in a choir. And lastly, those activities that were related to relaxation such as doing odd jobs around the home or tending to one's pets were viewed as areas of least interest. Given that the home is a preferred context for leisure participation among the oldest old, leisure practitioners need to be aware of how the home inhibits or facilitates these experiences especially for older adults who do not have access to regular leisure engagement outside the home environment.

The majority of home support services provide respite and assistance with the tasks associated with personal hygiene and instrumental duties of upkeep around the home, as a result it appears that society portrays leisure among home centered older adults as either non-existent or of little consequence. However, McGill (1996) suggested that the disparity between the provision of instrumental type supports for persons with disabilities and the provision of leisure opportunities sustained a state of dependence. Unfortunately home centered older adults are potentially in the same situation given that the services they are provided focus primarily on activities of daily living. McGill claimed that leisure is a survival need because it is within this domain that people engage in self-discovery, and develop roles and practices that sustain both agenic and affiliate needs (McGill). Without opportunities to express and develop identity and individuality, it is unlikely that a person will be able to sustain a high degree of QOL.

Furthermore leisure not only connects us to our past and provides a sense of relatedness, it also acts as a “buffer” (Coleman & Iso-Ahola, 1993, p.113; Kleiber, 1999) to life stress. McGill (1996) asserted that for many “leisure is often what has made life bearable” (p.7). Leisure provides opportunities for socialization as well as the growth and expansion of personal capacities (McGill), therefore a life void of leisure would inevitably lead to isolation and ultimately a state of disengagement (McGuire et al., 1996). As a result, leisure should not be considered an optional component, or an intermittent reward. Given that leisure is so pivotal in defining and shaping social roles, personal identity, and relationships, it must be maintained. As one ages the value and benefits associated with leisure do not change, however the ability for the individual to engage may.

Leisure is an “experience...based on intrinsically motivated activities, which...[essentially] provide meaning” (Neulinger, 1981, pp.208-209). However as individuals age they need to intentionally adapt, introduce or continue to find meaning and purpose in preferred and productive leisure interests (Baltes & Baltes, 1990; Whilhite et al., 2004; Atchley, 1993) in order to sustain an optimal level of functioning (Menec, 2003). Is it possible that for many home centered older adults, leisure continues to be modified and adapted to fulfill agenic and affiliate needs because it is personally meaningful? Could it also be suggested that loss or inability to adequately adapt leisure preferences leads older adults to a state of disengagement, withdrawal and maladaptation?



Leisure and its role within the lives of older adults is a combination of subjective and objective factors and realities, many of which are steeped in leisure activities or “patterns” that have been cultivated and enjoyed across the lifespan (Atchley, 1993; Horna, 1994). However, how older adults maintain continuity and adapt or modify their leisure experiences as they become increasingly home centered is not clearly addressed within the literature. Furthermore, supports within the home are only beneficial if they meet a need or remove a barrier. Before effective leisure based supports can be provided within the home environment, an exploration of the various factors that inhibit and facilitate meaningful home-based leisure based experiences must be examined.

#### *Aging and the Home Environment*

The literature surrounding the home is situated around both objective and subjective components. Portrayed objectively, literature on the home spans design, technology, and safety related features (Gumpert & Drucker, 1998; McDermott, Haslam & Gibb, 2007). Additionally, objective depictions of the home explore various types of living arrangements which serve to accommodate the housing needs of the growing older adult population (Lawton, 1980; Pinto et al., 2000).

Subjectively, literature on the home focuses on the relationship and meaning older adults attribute to the home and the objects and memories located therein (Dovey, 1985; Percival, 2002). The subjective elements of the home provide opportunities for both agenic and affiliate needs to be actualized. Agenic needs can be met through the various elements associated with place

attachment such as objects and memories that signify and promote choice, autonomy and self-determination (Rubinstein, 1987;1989), as well as meaningful expressive experiences. Affiliate needs can be addressed through experiences focused around relationships, social events and cultural expression within the home environment (Dovey; Lohmann, Arriaga & Goodfriend, 2003; Percival; Rapoport, 1985; Rioux, 2005; Rubinstein, 1987, 1989, 1990).

#### *The Home: Place Attachment*

The home is the place where individuals are able to display items that provide a sense of their heritage, past experiences, accomplishments and meaningful relationships (Rubinstein & Parmalee, 1992). The home is also a place where people can entertain and enjoy socializing, interacting and sharing their time, resources and energy with family and friends. As one ages the roles, relationships and identities related to family, work and leisure change (Kelly, 1983). Thus the relationship between older adults, their home and the objects and experiences therein can serve as a familiar, secure context (Parmelee & Lawton, 1990) from which to embrace the functional, social and personal changes associated with the aging process. A sense of purpose, choice and control can be enjoyed as the home environment facilitates opportunities for "mastery, competence, interaction, privacy and stimulation" (McGuire, et al., 1996, p.207).

Place attachment is a phenomenon whereby an individual's relationship with the environment is developed through "interactions with the setting" (Kyle, et al., 2005, p.155), which are further strengthened by the emotions, competence

and memories associated with these experiences (Low & Altman, 1992 as cited in Kyle, Mowen & Tarrant, 2004). Thus attachment or relationship to a place and the objects therein is valued and strengthened because it promotes functional order and autonomy, socio-cultural expression and a sense of personal identity (Dovey 1985; Rubinstein, 1989). The combination of these three functions inevitably provide opportunities for residents' agenic and affiliate needs to be actualized within the home environment through a variety of home based instrumental and expressive experiences.

#### *Functional Order and Autonomy*

Beginning at birth and continuing throughout the life course, the world and environment contain some form of order, routine or daily rhythm. The nature of the order may change throughout various phases in the life cycle, however the importance of order to one's existence and relationship with the environment remains unchanged. Regardless of an individual's age, each day is ordered through various socio-cultural activities and norms (Dovey, 1985). These daily activities become familiar "patterns" and "rituals" which shape household behaviors and norms (Dovey).

It is also through the instrumental and expressive experiences that a sense of competence, mastery and autonomy is developed in this space. Therefore, ordered experiences and activities, like "a cook in a kitchen" or "a gardener and a garden" (Dovey, 1985, p.39) are fundamental place experiences that instill a sense of worth to a space while simultaneously providing opportunities for the fulfillment of agenic needs like autonomy and self

determination. Dovey suggested that the experiences, in addition to the context, form meaningful transactions which shape our sense of attachment to a given place. Therefore, order as a patterned behavior in a given context, is a key element in place attachment because it offers opportunities for agenic needs such as independence and autonomy, both of which are critical determinants of wellbeing in older adults (Rioux, 2005).

There are numerous activities within the home that are instrumental in nature, and provide expressive opportunities as well. For example, following an old family recipe while baking, or cleaning an antique heirloom and remembering the related places or stories one has heard as a child incorporates both a functional task with an expressive experience. In fact, Percival (2002) suggested that “everyday housework seems to provide older people with a sense of control over their environment, and often highlights the centrality of the home in their lives” (p.736). In addition to more instrumental tasks like cleaning, Percival also included expressive activities like “decorating” and “gardening” on the list of experiences that foster agenic qualities like self-determination.

These routine or instrumental tasks in and of themselves are ordered, and may provide meaning and purpose on their own. However without completion of the instrumental behavior, the expressive benefits can not be experienced as intensely or in some cases not at all. If the cookies were purchased at the local bakery and a professional cleaner tended to the older adult’s home, then the removal of the instrumental task would eliminate the associated expressive outcomes.

Therefore order and experience can facilitate expressive opportunities. However a decrease in competencies may reduce older adults' abilities to continue to order their world around daily routines and activities. For older adults who live alone, these home based routines may have provided control, autonomy and a host of other agenic rewards at one time. Moreover the loss of instrumental behaviors may actually serve to inhibit ones' ability to engage and preserve meaningful expressive experiences.

Autonomy and choice are core ingredients that support older adults' quest to "try [and] master the environment rather than reacting to it passively" (Rapoport, 1985, p.278). When older adults experience a functional or environmental challenge, many times it is their sense of autonomy or self determination that prompts them to take responsibility and make decisions that facilitate positive adaptation or modification of the situation. Rapoport stated that "as life-styles change, new choices may need to be made, want to be made or [be] resisted" (p.278). Therefore the quality of life older adults enjoy within the home is most likely linked to their desire to maintain control over the environment. Adaptations sustain a healthy balance between older adults and environmental demands, whereas maladaptation creates disparity between older adults and their residences (Lawton & Nahemow, 1973).

Krause and Shaw (2000) conducted a study in which they looked at the impact perceived control had on older adults' longevity. They noted that the relationship between control and longevity is essentially grounded in the purposeful use of resources to sustain intrinsically beneficial roles. Across the

lifespan, human identity is shaped and constructed around various roles (Kraus & Shaw). According to the Activity and Continuity theories on aging, the reduction in vocation and leisure based pursuits in older adulthood can serve to minimize the number of available role opportunities (McGuire et al., 1996). This can significantly impact the psychosocial wellbeing and overall health of an individual given that roles are not only associated with an older adult's identity, but also provide a sense of autonomy and control which are related to various behaviors, activities and experiences (Krause & Shaw).

Krause and Shaw (2000) asserted that truly beneficial roles that promote control and longevity need to provide the older adult with a sense of independence which optimally provides the ability to "maintain a sense of control over a few key life domains" (p.618). Since role related behavior and choices are significantly impacted by the environment or context in which they are situated, Krause and Shaw specify that the climate of the environment can serve to inhibit or facilitate role salience. Therefore a clear understanding of how the home assists or hinders the autonomy and expressive experiences of home centered older adults is fundamental to the development and provision of home based supports that promote wellbeing. Given that the home is ordered not only by various daily instrumental and expressive tasks but by the ethnic and socio-cultural heritage of its occupants, a further understanding of place attachment as it relates to socio-cultural expression and relationships must be explored.

### *Socio-Cultural Expression*

The various behaviors engaged in by home centered older adults are significantly influenced by the society in which they live, as well as the customs and culture practices they ascribe to (Dovey, 1985). Rubinstein (1989) identified how the relationship between an individual and their home included both the cultural organization of objects within the home as well as the cultural interpretation or understanding of the function and use of those objects within that space. Rubinstein explained that “the way a home is organized shows infinite variation but, as cultural actors, we are most always able to discern the organization” (p.S47). Consequently this process of ordering the home environment includes a collective understanding of relevant sociocultural norms and practices as well as the personalized expression and interpretation of these norms (Rubinstein).

The home is a context where various “patterns and rituals of environmental experience and behavior are largely socio-cultural phenomena” (Dovey, 1985, p.38). The manner in which the home is decorated and utilized not only impacts the types of behavior and experiences engaged in but also reflects the cultural background of the residents (Dovey). Rubinstein (1989) designed a model to describe in three distinct stages, the person environment relationship. Rubinstein’s stages are classified as “social-centered, person-centered and body centered” (p.S47). Each stage provided various explanations on the nature of the relationship between older adults and their home environment. The “Social-Centered Process” explained that an individual’s

interpretation of their culture was reflected in the “ordering of the home environment” (p.S47). However the socio-cultural influence in older adults’ dwellings was not necessarily a reflection of present day norms, but possibly a compilation or blend of various societal customs that had been accumulated across their life. Thus the layout and design of the home (Dovey) as well as the “room function, furniture placement, and the use of decoration” (Rubinstein, p.S47) are ways in which socio-cultural expression can be embedded with in an individual’s sense of attachment to his or her home.

Socio-cultural expression can also reveal the diversity and unique interests or experiences of an individual. These expressions are not only visible cultural behaviors like eating on the floor versus at a dining room table (Dovey, 1985), but also tangible through the display of various inanimate objects. Older adults who have moved, traveled extensively, or immigrated will undoubtedly display or exhibit a variety of culturally meaningful objects within their home environment. Therefore socio-cultural expression not only orders the use and placement of objects and behavior within the home, it can also serve as identity markers whereby interesting experiences and special events from the past are remembered and reflect the independence, autonomy and expressive pursuits enjoyed in the past.

Socio-cultural expression within the home is important for home centered older adults because diminished resources or functional challenges may prohibit travel or engagement in community based events. Ultimately this could lead to a sense of disengagement from society as well as from the cultural norms that



provide one with a sense of purpose, continuity and rootedness. By purposely ordering the routine within the home to reflect personally meaningful cultural norms, older adults are able to maintain a degree of “connectedness to people and their past” (Dovey, 1985, p.43), while simultaneously preserving a present reality in which they are comfortable, competent and secure. This enables them to maintain some aspect of their individuality and continuity amidst the changing world around them.

### *Social Networks*

As noted earlier, the relationship between individuals and their homes are strengthened by the degree of autonomy and order they enjoy in addition to the experiences engaged therein. However, Rioux’s (2005) study pointed out that experiences or activities themselves did not yield the greatest sense of wellbeing in the home, rather it was home based activities that included others that promoted the greatest sense of fulfillment. Rioux provided an example of how older women who entertained friends for a visit enjoyed the autonomous benefits of having invited friends over and then facilitating or controlling the event while simultaneously enjoying being engaged in a meaningful activity. This type of other-oriented behavior provided both agenic and affiliate rewards for the hostess. This is because the woman hosting the event enjoyed using her competencies and abilities to organize an activity in which she had the pleasure and opportunity to engage in as well. Rioux also reported that respondents preferred performing instrumental or expressive type tasks like cooking or watching TV when guests or a spouse were present.

Research related to older adults' social network include the support and social interaction older adults receive from community members such as neighbors or fellow members or participants at various community based clubs and activities (Coleman & Iso-Ahola, 1993; Kahana, Lovegreen, Kahana, & Kahana, 2003; Perkins-Taylor, 2001). As a result, older adults' attachment to "place" may be viewed within a much broader social community context. For older African Americans living in a small community in the midwest, their place identity was associated with "cultural memory" (Perkins-Taylor, p.17). Essentially the lives they had lived in this community coupled with the various local and world events they had experienced collectively, had created a deep sense of place attachment between fellow residents and the town in which they lived. Perkins-Taylor defined "cultural memories" as the "historical connectedness...of memories of place that function to promote and maintain a positive sense of self and well-being in later life" (p.17).

For older adults who have lived within a specific community or house for most of their lives, the strength of their relationship with their home may be significantly impacted by the sense of attachment they have for the community in which their home is located. Thus place attachment in the home may be strengthened through the social and cultural continuity that exists in the community in which the older adult resides.

The ability for older adults to maintain their independence within the home can facilitate increased opportunities for social engagement, which further supports older adults' needs for agency and affiliation. This occurs because

home centered older adults are essentially in control of their home environment and as a result are free to invite and entertain whomever they choose.

Subconsciously this may serve to strengthen the bond they have with their home because it is within the home setting that these meaningful social experiences and exchanges take place. However Rioux (2005) suggested that the higher degree of autonomy an older women enjoyed within the home, may actually cause her to “attach less importance to [the] physical environment” (p.241). This would occur because she is more apt to focus on the meaningful experiences, in this case social interaction, and not the context or environment in which it occurs (Rioux).

This explanation appears to be further supported by Dovey (1985) who suggested that the person environment relationship within the home is difficult to assess because many individuals are so familiar with the various routines and cycles they engage in, that they cannot easily disassociate themselves. As a result this creates “difficulties in achieving a depth of understanding” (p.38) about the highly subjective attachment relationship that exists between older adults, their residences and related socio-cultural experiences which occur therein.

As people age and become more home centered they begin to rely more extensively on the home environment (Rioux, 2005). Undoubtedly older adults who are most likely to become home centered may not be as autonomous as their younger or more active counterparts. As a result they may not have the opportunity to frequent activities and events outside of the home setting. However, this diminished sense of engagement in activities outside the home

does not necessarily mean that older adults' needs for autonomy and socialization are inhibited.

Research has shown that a reduction in an individual's living environment can actually increase the degree of control residents are afforded within their daily activities and experiences. This occurs through the distillation of resources to a common area, which increases accessibility and autonomy within the home environment (Lawton, 1990; Percival, 2002; Rubinstein, 1989). Furthermore, meaning and a sense of purpose can be achieved through various mediums within the home, such as photos, artifacts or other inanimate objects (Percival).

Rubinstein (1987) stated that various objects within the home can serve to preserve a sense of relational connectedness to people that have been a part of an older adult's life, in the past or present. In this case an older adult's affiliate needs may not be completely diminished by a home centered lifestyle.

Rubinstein pointed out that objects are revered for their ability to act as a historical place marker. Family heirlooms which were in the care of older adults were not being merely stored but provided the possessor with a relationship to his or her past heritage and also a sense of purpose in the present as he or she viewed themselves in a "generative caregiving" (p.230) role.

Additionally these transgenerational (Rubinstein, 1987) items "elicited feelings of care and the sense that one was needed" (p.234). Thus the objects were not merely inanimate. The intrinsic meaning conveyed by these objects provided owners with a sense of responsibility, contentment and relatedness with their past heritage and memories. Ultimately these objects fostered feelings of

attachment, while preserving meaning, identity and role orientation throughout the older adults' life. One could assume that the value provided by these objects, and thus the physical home environment, facilitated authentically rewarding expressive experiences. These elements of the home environment require little upkeep or modification to be enjoyed, yet they ensure that a sense of meaning and purpose is preserved amidst the deterioration of an individual's functional, and social capabilities. Thus the inanimate objects of the home may potentially counteract the "boredom, monotony, and apathy" (Golant, 1984b, p.238) that can occur with extended periods of time at home. Therefore the degree of attachment an older adult has with their home may not necessarily depend solely on their level of autonomy, although this is a relevant and important consideration, but also on the way the home and objects therein reflect and portray the residents' identity.

Given the concern that social and emotional isolation may be a by product of living alone (Chappell & Badger, 1989; NACA, 2006) it is important to consider how the expressive elements within the home environment may serve to alleviate and reorient older adults psychosocially (Rubinstein, 1987). Rubinstein contended that objects "express human relationships and characteristics", through "shared meaning [within] a shared socio-cultural code" (p.236). Objects also serve to "express relationships between individuals (or groups)" (p.236) and lastly they fulfill an intrapersonal need or role, and bring delight and prompt reminiscence, reflection and meaning.

Therefore the home environment should not be perceived solely as a barrier to expressive leisure experiences, but rather a facilitator and possible contributor to not only instrumental tasks of daily living, but also expressive experiences associated with an individual's identity and purpose. The home environment is a familiar domain that provides a sense of continuity with an individual's past and also a sense of identity and purpose in the present (Dovey, 1985; Gustafson, 2001; Lawton, 1993; Rubinstein & Parmelee, 1992). Moreover the home also provides an opportunity for personally meaningful objects to be displayed, and enjoyed as they connect the past experiences, identities, roles and relationships with the present (Lawton, Percival, 2002; Rubinstein, 1987).

### *Personal Identity*

Older adults' personal identity is comprised of past experiences, skills, knowledge, abilities and socio-cultural norms which collectively orient individuals in time and space and enable them to make sense of their present and future reality (Dovey, 1985). Given that the degree of attachment older adults have to their home is fluid and subject to change (Gustafson, 2001), any examination of this phenomenon will need to look at the various stages or ways older adults experience place attachment and identity in the home environment.

Rubinstein's (1989) "Person-Centered" stage of the person environment relationship process outlined four components that describe different levels of engagement between an older adult and their home. The components range from an objective view of the home and its objects to a more amalgamated portrayal of the home as a mirror image of the individual. The first component

Accounting refers to older adults' ability to consciously know what objects exist within the home. According to Rubinstein, there is little personal value or identity associated with this stage even though many of the objects older adults possess may be perceived as meaningful. The Accounting component represents a more objective stance towards the items in the home, whereby older adults have a detached sense of "awareness" of their home's contents.

Personalization is the second component and is depicted by older adults who display a sense of ownership over the possessions in their home. Some degree of intrinsic value and worth are associated with these possessions given the fact that they are considered "distinctive elements or properties of ones' life" (Rubinstein, 1989, p.S47). Items that are kept for very subtle reasons, like a flea market purchase, or a unique decoration, are examples of objects that would fall under this category (Rubinstein). Many times older adults' homes contain many of these seemingly meaningless objects. However the true essence of what they mean may lie in the fact that they were chosen, purchased, made, or merely "kept" for aesthetic pleasure. Usually these "figurines, bric-a-brac, and animal sculptures" (Rubinstein, p.S49) are the items that fill the crevices of shelves and walls in older adults' homes, many of which remain undisturbed for years. Conversely, it is the absence of these objects that can make a room or space look uninviting and sterile. Often the private rooms of institutions portray a stark and sterile appearance. When space is void of home like paraphernalia, residents may appear detached from the environment because elements that reveal their individuality and identity are not present.

Rubinstein (1989) referred to the third component, Extension, as objects within the home that represent key past as well as socio-cultural experiences. Essentially these objects are value laden and serve as identity markers that depict significant aspects or achievements in older adults' lives. An earlier study by Rubinstein (1987) revealed that objects signify a host of diverse non-verbal responses, activities and reminders related to a number of situations and life events. These objects also provided a variety of relational, expressive and historical cues which referenced events like the giving and receiving of gifts, as well as personal accomplishments. Although older adults' homes may contain numerous objects, which appear to denote significant life events, the various meanings communicated or represented by these objects cannot be known unless the older adult discloses the history or meaning. What may seem a safe and easily understood aspect of older adults' identity or past may also hold a host of conflicting and painful experiences and memories, which remain unresolved in the present. Continuity may empower or evoke pain, either of which may be lived out in older adults' present reality. The objects and memories that foster continuity are integral in determining the quality of the person-environment relationship as well as older adults' sense of wellbeing.

The final component, Embodiment, is a direct fusion of an older adult's identity with a given environment. In this stage, an individual views the space as the true essence of who they are. Rubinstein (1989) explained that this component may serve as an adaptive mechanism and or preservation tool for individuals who are unable to function as optimally as they previously could. For



older adults who are categorized according to this fourth stage, the home or objects therein maintain an integrated role and “function as part prosthetic self” (Rubinstein, p.S50).

The home is a place where items which promote a sense of meaning and relationship with the past (Dovey, 1985; Rubinstein, 1987) are displayed (Rubinstein & Parmalee, 1992). For home centered older adults, a weak sense of attachment may indicate that the home is not barrier free and thus inhibits meaningful activities and experiences. Rubinstein (1989) explained that few older adults exhibit a relationship where their home embodies their identity completely. He suggested that in such cases, this level of hyper-attachment may indicate vulnerability. It would appear that maladaptive responses to the person environment relationship may appear harmless, however if they are attributed to deficiencies in various functional domains (social, emotional, physical, mental, spiritual) they could inhibit older adults’ ability to achieve a holistic state of wellbeing.

These four types of attachment identity issues may be successfully addressed if adequate home based services are available to assess and provide expressive outlets. Such services would need to further explore the ways in which older adults express their personhood and also how agenic and affiliate needs are met within the home setting. Lewicka (2005) posited that “emotional attachment to place may...be a result of the absence of life alternatives, as opposed to some form of conscious choice” (p.382). Therefore a definitive understanding of older adults’ needs cannot negate the importance of meaningful

experiences and activities which balance the past with the present. These experiences and contexts enable older adults to continue expressing and developing their sense of identity within their home environment.

### *Summation*

Relationships and the degree of closeness or attachment people enjoy with others impacts their past and present identity and experiences. As the number of relationships in older adulthood decrease, the objects and home environment begin to immortalize or preserve past experiences and relationships (Rubinstein, 1987, 1990). One would hypothesize that as older adults become increasingly more home centered, their relationship with the objects and experiences within the home may become strengthened, positively or negatively. In this case, the relationship between older adults and their homes may assume a more constant, defining role in their lives because it embodies not only their past but is the context in which their present is ordered (Dovey, 1985; Rubinstein, 1989, 1990).

Essentially relationships are active entities. Therefore the degree of closeness or attachment between older adults and their homes is predicated not only on the past, but also on the present experiences that keep the past alive (Rubinstein, 1990). The Selective Optimization with Compensation Model (Baltes & Baltes, 1990) suggested that older adults do not actively disengage, but rather purposely engage in a selective repertoire of experiences that are intrinsically meaningful and rewarding (Wilhite et al., 2004). If the home inhibits meaningful experiences, as was the case for older women who due to space restrictions

were unable to fulfill their agenic and affiliate needs through the role of hostess to their children (Percival, 2002), then the home environment may act to deter identity continuity and overall wellbeing. Conversely, if individuals are able to compensate for functional limitations by taking control over their environment and creating a "control center" (Lawton, 1990; Percival; Rubinstein, 1989), where the environment is reconfigured so that all meaningful daily activities are within arms reach, then the relationship with the home may become empowering.

If home centered older adults rely on their interaction or level of attachment with the home environment to sustain and fulfill their agenic and affiliate needs, then the degree to which they are able to successfully negotiate this exchange will be reflected in the level of engagement and meaning they attribute to the expressive and instrumental activities that occur within the home. Essentially a strong positive relationship between older adults and their homes will be reflected in their ability to creatively adapt their resources and interests to sustain both agenic and affiliate needs through various home based activities and experiences.

The identity attributed to the objects and home environment are foundational elements in understanding the larger picture of older adults' instrumental, expressive, relational and personal lifecourse. Additionally the home is the daily context in which increasingly amounts of time are spent. The research has identified that various objects within the home may serve to preserve and connect older adults instrumentally, expressively and relationally with their heritage and or earlier stages with in the lifespan (Rubinstein, 1987;

Lohmann et al., 2003). In light of this, do these objects and the past experiences they represent continue to fulfill aspects of these older adults' agenic and affiliate needs? Is it the presence of these symbolic reminders that enable adaptation and continuity to flourish amidst functional and environmental changes? Or do these objects serve to remind older adults of what was and what cannot be and thus inhibit their ability to imagine a present existence that is still meaningful and engaged?

To further understand the relationship between older adults and their environment one must consider two prominent models; the Ecological Model (Lawton & Nahemow, 1973) and the Selective Optimization with Compensation Model (Baltes & Baltes, 1990). Together they provide a theoretical framework upon which an exploration into the leisure behavior of home centered older adults will be conducted.

#### *Ecological Model*

The interplay between the individual and their environment provides a platform of choice, where older adults negotiate a relationship with their environment based on subjective wellbeing, the environmental or social expectations and context they find themselves in (Kahana, Lovegreen, Kahana, & Kahana, 2003). Lawton and Nahemow's Ecological Model successfully compiled components from earlier theorists and developed what is viewed as a seminal framework upon which to explore the relationship between older adults, their environment and the related adaptations, behaviors and affect that result (Lawton & Nahemow, 1973).

Lawton and Nahemow's Ecological Model is rooted within the "ecology of aging" concept that views older adults' behaviors and attitudes as an expression of how well they have negotiated a balance between their personal competencies and the environment (Moore, 2005). Individuals' competencies as well as environments are subject to change. Therefore the extent of decline in older adults' physical, functional or psychosocial condition will elicit an increase in the demands or press of the environment (Lawton & Nahemow, 1973). As a result, "it is the ability of people to regulate their given situation-either by seizing the resources granted to them by the environment or by drawing on their own personal competencies-that is the critical mechanism" (Moore, p.339).

The baseline equilibrium of the Ecological Model is demarcated by the Adaptation Level which is described as "points where environmental press is average for whatever level of competence the person in question has" (Lawton, 1980, p.12). In this state, individuals do not take notice of their environment. It is not until they have experienced an increase or decrease in environmental press that positive or negative affect and adaptive or maladaptive behavior follows (Lawton, 1980; Lawton & Nahemow, 1973). The relationship between press and competence is situated on a continuum, where press is weak to strong, and competency is low or high (Lawton, 1980; Shipp & Branch, 1999). Therefore any given combination of press and competency will have a direct impact on the affect and adaptive behavior of older adults.

For example, an older adult who lives in a two-story home and has his or her bedroom upstairs may not perceive any environmental constraints or

challenges until after he or she has had a knee replacement. At this point, the stairs take on a high degree of press as the individual's competencies are reduced. Consequently, a reduction in the environmental press can be attained by relocating the individual's bedroom to the main floor until his or her physical competency increases. Thus the ongoing relationship between environmental press, personal competency and related adaptation occurs in a variety of situations and scenarios. Minimal fluctuations in press or competence yield positive affect and adaptive behavior, however more extreme deviations may catapult an older adult into the arena of maladaptive behavior and negative affect (Lawton, 1980; Moore, 2005; Shipp & Branch, 1999, Voelkl et al., 2003).

According to Moore (2005), various spaces and rooms have established place rules. Essentially these rules could be one means of understanding the potential press that an environment may contain. This suggestion conflicts with Lawton and Nahemow's (1973) definition of press. They contended that press is a neutral phenomena and "that [the press's] positive or negative quality is defined by the interacting individual, rather than residing intrinsically in the environment" (p.659). However various customary and socially derived place rules are enforced and practiced because they uphold certain types of behaviors, activities and experiences in a given location. By understanding what the place rules are in any given environment, including the home, leisure practitioners may be better able to provide "remedial interventions" (Moore, p.345) or supports which would reduce the barriers and promote opportunities for the individual to function optimally within that space.

### *Environmental Docility Hypothesis*

The Environmental Docility Hypothesis and the Proactivity Hypothesis are two further developments that stem from the original Ecological Model (Voelkl et al., 2003). The former concept speaks to the reality that the more compromised individuals are, the more dominant and significant an impact the environment has on their behavior and affect.

Lawton and Simon (1968 as cited in Lawton & Nahemow, 1973) identified the docility hypothesis as the outcome most likely to be encountered by older adults who have experienced a significant decline in their functional capacity. The docility hypothesis asserts that a reduction or decline in older adults' capacities will force them to assume a subordinate role in relation to environmental demands. One such example would be a frail older adult who lives in a nursing home. Given his or her physiological and psychosocial condition, the routine, and physical as well as social milieu of the environment most likely dictates to a large extent his or her choices, schedule, behaviors, experiences and affect (Singleton, 1990; Voelkl et al., 2003). Therefore the docility hypothesis appears to align itself with the disengagement theory of aging, where physical decline is associated with a related deterioration of control over the environment (Lawton & Nahemow).

### *Proactivity Hypothesis*

Lawton and Nahemow's Ecological Model (1973) identified the proactivity hypothesis as the opposite perspective of the docility hypothesis. This component of the model suggests that the well elderly or less compromised older

adults are more apt to recognize and utilize the resources available within their environments to promote engagement and favorable experiences. When this occurs there is an increased likelihood that individuals will draw upon the elements within their environment to further sustain and positively adapt their behavior (Voelkl et al., 2003). As a result the well elderly or less compromised older adults are able to maintain a state of well being and sustain a positive relationship between themselves and their environment (Lawton, 1990). However, not all older adults' relationship with their environment can be readily defined or understood exclusively by either hypothesis.

The Ecological Model purposefully "view[s] competence as an entity of definable reality independent of the way the person perceives himself" (Lawton, 1980, p.14). Consequently Kahana has criticized and explored the vital role that perception and personal preference play within the person environment relationship (Kahana et al., 2003). Kahana's research has focused primarily on the relationship between older adults' and the institutional environment (Lawton, 1990). However her approach to the person environment relationship suggests that a suitable fit between both entities can only be achieved when "congruence between personal preferences or needs and environmental press fosters environmental satisfaction and psychological well-being" (Kahana et al., p.435). Essentially a true depiction of the person environment fit requires knowledge about the individual, in this case, the older adult, and his or her interests, goals and personally meaningful experiences (Kahana et al.; Moore, 2005).



Although the proactivity hypothesis definitely captures the experience of more competent or healthier older adults, it may also be reflected in the decisions and behaviors of more compromised individuals as well (Lawton, 1990). Lawton revealed that there are individuals who, amidst significant decline in their functional levels, do not relinquish their autonomy and control, but rather capitalize on their limitations by reconfiguring their environment so that all of their most meaningful experiences, and necessities are easily accessible. This has been labeled as "a self-created control center" (Lawton, p.640) which reduces the space of the environment and thus the associated stress so that autonomy and control of the space and the activities engaged in are able to be maintained.

Interestingly enough, Baltes, Neumann and Zank (1994) reported that frail older adults within an institutional setting were able to learn to become dependent because that was the state of adaptation, congruence or equilibrium where their agenic and affiliate needs would be met. This behavior is identified as the "Dependency-Support Script" and "signifies that dependent behavior, out of all behavior of the elderly, is the most likely to result in social contact and attention" (p.179). Therefore older adults who reside within an institutional setting may opt to become more dependent than necessary with the intention that they will receive an increase amount of staff interaction. The Dependency-Support Script reveals that dependency on staff can be purposeful and intentional, as it is often the only means residents have to exert control over their environment. Although this is by no means an ideal situation, the researchers are using this knowledge to restore more "independence-supportive [programs while]

decreasing the dependence-supportive programs” (p.179). This example illustrates how the focus of adapting to one’s environment is valued by individuals at various levels of competency and in a variety of environmental contexts.

Thus the person environment relationship is captured through the competencies, preferences in conjunction with the environmental demands, resources and opportunities that exist. It is a combination of both subjective and objective components that truly provide the essence of this relationship (Kahana et al., 2003). Therefore choice, control and agenic type needs are at the root of understanding how older adults adjust, modify, and adapt their competency level or fail to successfully adapt and heal within a given space (Devlin & Arneill, 2003; Kahana et al.). Interestingly, agenic considerations like role, identity, choice and autonomy, are also paramount within leisure experiences. Therefore attention needs to be given to how home centered older adults select activities and experiences that fulfill both agenic and affiliate needs. To further understand the scope of older adults’ purposeful involvement in the negotiation of their resources, skills, interest and choices, this study will draw upon the Selective Optimization with Compensation Model to distill this process.

#### *Selective Optimization with Compensation Model*

Older adults, not unlike individuals at other stages in the life course, are required to reconcile their abilities, interests, and goals with the demands and resources provided in any given context or environment (Baltes & Baltes, 1990). The Selective Optimization with Compensation Model proposes that older adults actively assess their abilities, current interests, and capacities in order to

determine which activities they will engage in or disengage from (Baltes & Baltes, 1990; Wilhite et al., 2004). The selection process is predicated on subjective considerations, which include not only the interests and goals of the individual, but also the desire to maximize personal assets, which operate in conjunction with the resources available in the environment (Wilhite et al.). The optimization phase is denoted by the balancing of an individual's skills, interests and goals with environmental demands and resources. This is done with the intent of attaining a state of equilibrium, whereby the individual's agenic needs are sustained through meaningful engagement. The third phase of this model, compensation refers to the adaptation or modification process that must occur in order for selection and optimization to be fluid and continuous (Wilhite et al.).

The Selective Optimization with Compensation Model expands upon the Ecological Model by detailing how the relationship between older adults and their environment is negotiated. Essentially this relationship is subjectively based on how older adults incorporate their abilities, skills, interests and goals with the resources and opportunities available in the environment. The degree of success achieved is reflected in the behavior and affect of the older adult (Lawton, 1973). The Ecological Model provides the basic components that are present in this transaction, however it is the Selective Optimization with Compensation Model that provides the detailed account of how the choice process is subjectively negotiated amidst numerous objective realities like competencies and environmental demands. Essentially this model further extends Kahana's work by

situating the agenic or personally subjective perceptions, goals and desires of older adults as an integral part of the person environment phenomenon.

The essence of the Baltes and Baltes (1990) Selective Optimization with Compensation Model is agency (Chapman, 2004). Agency refers to the various subjective, intrinsically meaningful choices that enable individuals to maintain a sense of control, autonomy and self-determination. Ultimately, control and meaningful experiences are themes that appear to resonate with this model and correspond with themes associated with authentically rewarding leisure experiences (Chapman; Devlin & Arneill, 2003; Freysinger, 1995; Wilhite et al., 2004).

Agency in relation to older adulthood refers to “individuals [who are] capable of and should manage their changing personal resources amid later-life events” (Chapman, 2004, p.13). The term capable appears to be somewhat paradoxical when used to refer to a phase in the lifecycle that is depicted biomedically as a time of functional decline. However, the Ecological Model, and the Selective Optimization with Compensation Model together illustrate how older adults, regardless of their functional abilities, are motivated to maintain a degree of independence, autonomy and meaningful engagement.

Often, older adults' sense of control or self-determination is expressed in the activities and experiences they purposely engage in. Home centered older adults undoubtedly organize their activities according to the same processes as their more active counterparts. However little is known about how successful home centered older adults are in negotiating this process and more specifically

how the home facilitates or inhibits their ability to select and engage in meaningful expressive pursuits.

### *Conclusion*

The literature reveals that people as they age generally begin to assume a more home centered focus (Harvey & Singleton, 1989) and consequently centralize their activities and interactions in or around the home environment (Horna, 1994). However recent trends among older adults note that an increasing number of the oldest old, individuals 85 and up, are electing to live alone within the community (NACA, 2006). Moreover, many of these individuals are women, widowed or single, who increasingly rely on home based support services to assist with many of the functional and instrumental tasks of daily life (NACA). Nevertheless, with or without assistance from outside organizations, home centered older adults reportedly spend increasing amounts of time by themselves (NACA). This leaves older adults at a heightened risk for "social isolation" (NACA, p.43), which impacts psychosocial health and wellbeing.

Theories of aging point to the reality that aging for some can be perceived as a catalyst for disengagement from society, relationships and enjoyable pastimes, whereas for others, older adulthood can be viewed as an opportunity to adapt an individual's environment and competencies to meet core agenic and affiliate needs. Notably, leisure, whether passive or active, solitary or relational, is a key ingredient in the promotion of engagement and wellbeing during late life.

Leisure is one context and role that takes on a greater degree of importance post retirement (Kleiber, 1999; McGuire et al., 1996). As traditional

work related roles subside, socialization and role redefinition often occur within the leisure realm (Gordon et al., 1976). Therefore for older adults who are focused on maintaining a sense of autonomy and independence in their lives, the continuity and activity theories (Fry, 1992; McGuire et al.) suggested that leisure is one conduit through which this is most effectively achieved. Over the course of adulthood, both agenic and affiliate needs are sustained through instrumental work type roles as well as leisure based expressive experiences and activities (Freysinger; Gordon et al.). Throughout the transition from adulthood to older adulthood, leisure appears to provide support and opportunities for redefinition of an individual's roles and identity within society (Kleiber; McGuire et al.). However as individuals progress through the three stages of older adulthood, young-old, old-old, and oldest old, do leisure experiences continue to be modified to fulfill those agenic and affiliate needs? Are expressive leisure experiences still selected, optimized and modified to successfully fit within the range of competencies and resources that exist between the older adult and their environment?

There appears to be a limited amount of research that explores the relationship between the home environment and the leisure behavior of home centered older adults. As a result the intent of this study is to better understand this phenomenon from the perspective of individuals who are situated within this segment of society. Through the exploration of older adults' leisure-environment fit within the home, this study seeks to raise awareness and increase the understanding among leisure professionals who work within the community, as

well as among community organizations that provide direct in-home support of the leisure lifestyle of home centered older adults. An account of the barriers and facilitators that exist within the home, in conjunction with a description of the various adaptations that older adults embrace will serve to inform practitioners about the relationship that exists between older adults and their home. This information will be used to guide policy design as well as the implementation of programs that address the leisure needs of home centered older adults.

## Chapter Three: Methodology

### *Research Approach: Phenomenological*

The purpose of this study was to explore the intersection between the leisure lifestyle and home environment of older adults who reside alone within the community. Given that each home is a personal rendering of an individual's personality, past experiences and present adaptations, this study essentially focused on the subjective experiences of the participants as they negotiated their daily activities within the context of their home environment. The individuality and uniqueness of each participant inevitably provided data that was a blend of both positive and negative experiences grounded in their own personal reality of this intersection between activity and place. Therefore the study was epistemologically situated within a constructionist framework which adheres to the philosophical belief that "there is no objective truth waiting for us to discover...[rather] truth, or meaning, comes into existence in and out of our engagement with the realities of our world" (Crotty, 1998, p.9).

The constructionistic epistemological perspective served as the foundation upon which the phenomenological approach was situated within this study. Phenomenologically, this study focused on three main areas: the lived experience, the essence of the lived experience and the intentionality of consciousness (Creswell, 1998; Van Manen, 1984). Essentially this study was an exploration of the lived experience of home centered older adults' leisure lifestyle within the context of their home environment. This research was the "study of



the[ir] lifeworld-the world as [they] immediately experience it rather than as we conceptualize, categorize or theorize about it” (Van Manen, p.37).

Given that the purpose of this research was to identify how older adults who live alone used their physical environment to further enact and or adapt their leisure lifestyle, it was important to not only chronicle their experience but to relate it in such a way that “the nature and significance of this experience [can be viewed] in a hitherto unseen way” (Van Manen, 1984, p.43). Therefore the essence or unfolding of what it means to engage in the physical home environment, both structurally and aesthetically, through a host of daily activities is not just a functional depiction of the time place relationship, but rather a deeper understanding of the motives, outcomes, and intersection that results from this phenomenon (Van Manen).

Lastly, the home environment is a compilation of structural, aesthetic and archival objects many of which hold sentimental meaning and foster a deeper sense of place attachment (Percival, 2002). A true phenomenological exploration into the relationship between activities and space/place must include the conscious, intentional meanings attributed to the space and the objects that occupy it. The “intentionality of consciousness [occurs when] experiences contain both the outward appearance and inward consciousness based on memory, image and meaning” (Creswell, 1998, p.52). Thus intentionality is a critical piece to the comprehensive understanding of the activity space/place relationship among home centered older adults.

The phenomenological approach provided a suitable theoretical template upon which to conduct this study because phenomenology is concerned with the study of a particular issue or happening within the context it occurs (Cohen, 1987). In this case, the context was the intersection between the physical home environment and the older adults' leisure experiences. The fact that this research took place within the home setting ensured that "the world of [their] everyday lived experience" (Cohen, p.31) was the focal point. Given that participants were being "studied in their natural context" (Cohen, p.31), the home environment, this study had a high degree of authenticity.

#### *Reflexivity: Researcher's Role*

The researcher is a conduit through which the data is gathered, interpreted, categorized, analyzed and described therefore it is essential that the researcher clearly articulate participants' personal views, experiences and perspectives concerning the subject under study. Reflexivity is a term that denotes a fluid process whereby the researcher seeks to honestly portray the intersection that exists between their own voice and the voices of the participants involved in the study (Patton, p.65). This is accomplished when a researcher "own[s]...[their] own perspective...by taking seriously the responsibility to communicate authentically the perspective of those...encountere[d] during...inquiry" (Patton, 2002, p.65). Qualitative research is unique in that both the researcher and participant truly share the data gathering process. Given that the researcher is an invaluable part of the data gathering process and no individual researcher can truly ever remove their personal beliefs or socio-cultural

assumptions, it is vital that they become aware of them. The credibility of the research will be impacted by the degree to which the researcher practices reflexivity (Patton).

My interest in conducting this study stemmed from an awareness of the growing number of older adults 85 and older who are living at home alone within the community (NACA, 2006). In response to the increased needs of older adults who reside within the community, a number of private and public home support agencies like Community Support Services of Niagara (CSSN) have developed programs to assist with the various social and functional aspects of independent living.

I became acquainted with CSSN through a personal interest in volunteering one on one with community based older adults. After completing the volunteer orientation and learning about the volunteer shortage and ongoing needs of home centered older adults the researcher began to consider how a study would benefit the clients, CSSN as well as the field of therapeutic recreation. It became apparent from the literature (NACA, 2006) that there was an increase in the number of older adults who were living alone in the community. As a result there was also a number of home based support services being made available within both the public and private sector ( NACA). CSSN was one such public service provider seeking to meet the social needs of this population.

CSSN currently has a wait list of community based seniors who are eager to have someone call and visit with them weekly in their own home. The literature

on aging contains information outlining the role of relationships within older adulthood (Harvey & Singleton, 1989; Lang & Baltes, 1997; NACA; Pinguart & Sorensen, 2000; Shu-Chuan, 2004; Statistics Canada, 2006; Steverink & Lindenberg, 2006). However there appears to be little if any data discussing what these home centered seniors are doing during the often lengthy time spent alone. There is a noted increase in the number of services being provided in the home to assist with the physical and social needs of these residents (NACA). As a result I believed that it was important for leisure practitioners and organizations facilitating volunteer based services in the home to gain a better understanding of the home based leisure functioning of these home centered older adults.

The theories on aging specify that one of the most important aspects of aging is adaptation. Adaptation can be positive or negative or a blend of the two. Without an initial investigation into the types of leisure adaptations residents are within the home, therapeutic recreation (TR) professionals will fail to understand the leisure challenges and needs of this population and best approaches to practice within the home.

I believed that an important intersection exists between the home as a place and space and the free time activities that occur therein. Given that more and more older adults are spending solitary time within their home, it is important to ask what self-directed activities are being engaged in, and what traditionally instrumental or task orientated activities have taken on new meaning as a result of spending extensive time within the home environment.

## *Methods*

### *Participants*

Qualitative research is focused on a detailed in-depth description and understanding of a concept, phenomenon or experience that occurs within society (Patton, 2002). Given the subjective nature of this type of research, the perceptions and experiences of participants were the foundation upon which the entire study was grounded. Therefore individuals selected to participate within qualitative research were familiar with the issues or phenomenon under study.

As a result this study was based on a purposeful sample because it provided "select information-rich cases" (Patton, 2002, p.243). Furthermore, the number of participants chosen within a purposeful sample are determined by the study purpose and resources (Patton). Therefore this study which was centered around, home centered older adults who were 85 and over, required a purposeful sample and also an organization or means through which to access this population as they reside within the local community. The target number of participants was four given the extensive data collection process.

### *Field Access*

Community Support Services of Niagara (CSSN) is a not for profit local conduit of private and volunteer based support services for older adults who reside in the communities that comprise the Niagara region. The services they offer differ depending on the community. However, as an organization, they provide volunteer visiting, contact information for home help (repairs/upkeep) as well as delivery of meals on wheels. Upon referral or request, CSSN staff will

conduct an initial intake assessment with clients in their home. This assessment is the vehicle upon which additional support services are offered, including requests for volunteer visitation.

All four participants lived within the Niagara Region and were affiliated via a volunteer wait list with CSSN. All of the participants in this study had been initially screened by the organization's staff for volunteer placement. CSSN staff provided the researcher demographic and biographical information and assisted in the selection of the participant base.

After pre-screening and comprising a list of eight possible candidates, a CSSN staff member contacted each candidate via phone. During the conversation, the staff member asked if the individual would be interested in participating in a study that was affiliated with their organization. When the client expressed interest the staff member arranged a time for both them and the researcher to meet with the client in their own home to further discuss specifics about the study.

The CSSN staff member accompanied the researcher on the first visit with the client. During the first visit, the staff member introduced the researcher to the client and discussed key aspects about the study. The CSSN staff member then left and the researcher explained in detail the purpose and scope of the study and informed the client that participation was voluntary. Clients were given an opportunity to ask questions and were also free to voluntarily consent or decline to participate. Once the client had agreed and signed the consent form, the first interview commenced. The client was informed that the first and last interviews

would be taped as part of the data gathering process and that notes would be taken for the Facilitated Time Diary phone conversations.

### *Selection Criteria*

This study consisted of four participants who ranged in age from 86-88 and lived independently, receiving support from both family and home based support services. All participants were able to ambulate independently. There was only one participant who used a cane to assist with ambulation around her home environment. All participants were in moderate mental and cognitive health, as evidenced by their ability to recall events in both their short term and long term memory. Participants were also oriented to person, place and time. This ensured that the information collected during the data gathering process was a true description of their lived experience. Given that the data gathering process required a series of daily phone conversations, participants also had to be able to communicate independently on the phone. Although several of them had minor hearing related issues, all participants were able to use the phone independently.

Participants for this study were selected through a purposive criterion sample (Creswell, 1998). Individuals selected to participate in this study were 85 and over. This purposive sample consisted of four older adults. The researcher attempted to get two male and two female participants. However in the end, the two potential male candidates selected by CSSN did not work out. One of the male candidates took himself off the volunteer wait list and the other male client was not able to meet the physical criteria to participate.

Given that this study explored the leisure lifestyle of home centered older adults, it was the researcher's intent to recruit four participants who spent the majority of their waking time within the home. However during the data gathering process it became apparent that two of the participants engaged in more community based activities or experiences than the other two participants. This ended up bringing a more diverse participant sample to the study and provided insight into the way the home is negotiated by seniors who have limited or unlimited access to activities outside the home environment. Each client was involved in this study for eight to nine consecutive days. The duration of time they participated varied depending on their availability.

#### *Data Collection Process*

Data collected within a qualitative study can be collected through four mediums; observations, interviews, documents and audio-visual materials (Creswell, 1998). The types of methods used in any given study depend primarily on the research approach being taken to investigate or explore the subject matter (Creswell). Since this research study was a phenomenological examination of the lived experience of home centered older adults' leisure functioning, the data was collected through; 1) a series of interviews, 2) facilitated time diary records 3) a sketch of the home environment.

The data collection process took place over a nine day period. Semi-structured interviews were conducted with each client on the first and final day of the data gathering process. The four clients participating in this study were



divided into two groups. The first two participants were interviewed during the first nine days and the other two participants during the second nine days.

The following section has been arranged according to the chronological order in which the data collection process occurred; interview #1 and the sketch of the home, the facilitated time diaries and interview #2.

### *Interview #1*

The interview is a method that works well within a phenomenological study because it provides the researcher with detailed accounts of the lived experience directly from the participants (Creswell, 1998). Interviews are also an ideal way to compile a rich assortment of in-depth (Creswell) data. There are three types of interview formats; structured, semi-structured and unstructured (Esterberg, 2002). Each of these has merit, however for the purpose of this study a semi-structured interview format was chosen.

The semi-structured interview aligns itself almost seamlessly with the phenomenological framework used for this study as “the goal [of a semi-structured interview] is to explore a topic more openly and to allow interviewees to express their opinions and ideas in their own words” (Esterberg, 2002, p.87). Thus two semi-structured interviews consisted of eight different open-ended questions. These were used to invite participants to discuss the positive and negative changes and challenges associated with living alone and negotiating activities within the home environment.

Interview #1 (Appendix A) is focused on the physical environment of the home from both a spatial layout and place attachment perspective. The eight

questions contained within this semi-structured interview were designed with the sole purpose of introducing the researcher to the lived space of the participant, as well as understanding which places in the home hold special meaning to the participant. Finally this interview was structured to identify any enjoyable leisure type experiences the participant may engage in within the home environment. At the end of the interview the participant was asked to give a tour of the home to the researcher.

The first interview took place upon the initial visit after the participant agreed to participate and had filled out the consent form. During this 1-2 hour interview the participant provided the researcher with a tour of their home environment and any adjacent property that they frequently used. All the interviews were tape recorded so that additional points of reference to objects or structural elements in the environment could be noted on the diagram and later connected with other forthcoming information on their activities within that space.

#### *Physical Environment Sketch*

A sketch of the physical home environment was completed during the first interview session with the participant. This sketch included both structural and other archival or specific aesthetic elements that the participant had identified as meaningful or significant to them. The structural aspect of the sketch included the layout of the home. This provided a visual depiction along with the written description of each participant's home. The sketch was a visual map of the home environment, identifying place identity markers that were meaningful to the participant as well as the locations or rooms used throughout the week.

The sketch provided a visual representation of the link between participants' home environments and the meaning they attached to specific locations or objects. Additionally, the sketch identified the spaces participants frequented the most and the activities they engaged within those spaces.

### *Facilitated Time Diaries*

Time diaries are a useful way of tracking the what, where, why and who aspects of time usage. A time diary or time budget serves to identify three main elements "the total amount of time allocated to specified activities,...the frequency with which activities and types of activities are engaged in [and the] patterns or clusters of typical activities" (Michelson & Reed, 1975, p.181).

Many times, time diaries are used to identify how well someone is utilizing their time, especially within a paid work environment. Other times they can be used to better understand the varied tasks and obligations an individual has to deal with during the course of a day, thus providing a better understanding of the full scope of duties and tasks associated with a given position or individual. However within the purview of this study, the time diary was used to identify the activity patterns, and location(s) within the home where activities took place as well as the meaning participants attributed to those activities.

The participants in this study were more or less home centered and consequently spent a great deal of time alone within the home. However the time diary captured not only what they did on a daily basis but also whom they interacted with via the telephone or in person. The time diary was administered over seven consecutive days. This was done to ensure that weekdays as well as

weekends were included. Sometimes patterns of behavior change noticeably depending on the day of the week.

The facilitated time diary was conducted on days two through eight of the nine day data gathering process with each participant (Appendix B). Given the physiological nature of individuals in the oldest old cohort, a traditional beeper activated, or written journal of activities, behaviors and events would not have been logistically possible for any of the participants. Therefore the researcher adjusted the time diary process to more effectively work with participants' competencies while maintaining integrity and accuracy of the information. The researcher facilitated the time diary by contacting each participant by telephone between one to three times each day. Calls were made between 11am-12noon, 4-5pm and 7-8pm for seven consecutive days. During the initial visit, the researcher explained the facilitated time diary process and gave each participant a calendar. After participants stated the best time for them to receive daily calls, the researcher then added these times to the calendar so that participants were reminded of the dates and times of this part of the data gathering process.

The researcher purposely selected these times for the 15-20 minute phone call because participants needed to recall the activities, behaviors, locations and other relevant specifics for the time frame preceding the phone call. The multiple daily phone calls were an essential element in determining what and where activities are being engaged in throughout the course of the day.

Eight interview questions were designed to serve as a guide for each of the facilitated time diary calls. The questions provided the researcher with

information on the location the individual had spent the preceding hours including: the activities she had been engaged in, whether she felt the activity was meaningful or not, and whether this was a usual activity to engage in at this time and in this location within the home. The final question asked if the participant perceived that the location of the activity had an impact on her experience. Given that part of qualitative research requires the researcher to form as authentic a relationship with the participant as possible, it became apparent at the beginning of this process that several of these questions inhibited this process. The researcher feared that difficulty understanding and answering certain questions during the daily calls would cause the participant to feel incompetent, frustrated and more apt to withdraw rather than describe in detail the events and emotions related to various daily experiences. As a result the researcher rephrased several of the questions and omitted others to promote a flow in the dialogue between both parties. The researcher noted which questions had not been asked or discussed in great depth during the conversation so that they could be addressed during the next call. At times several of the participants had difficulty hearing lengthy questions. This reaffirmed the researcher's need to adapt and ensure that the themes in the questions were reconfigured and asked in the best format possible.

### *Interview #2*

The final interview, which took place on day eight or nine took between 1-2 hours to conduct. The interview was a time for the researcher to specifically ask the participant about their relationship between the activities they reported

doing throughout the week and the physical home environment. Information related to how the physical environment inhibited or facilitated both positive and negative experiences was also discussed.

Interview #2 (Appendix C) included seven questions, which focused on the activities participants had enjoyed during the seven-day data gathering process. The information obtained through this interview was intentionally linked with the data received during the daily facilitated time diary conversations. This interview also sought to address the issues related to activity continuity over the past two decades, as well as how the home acted to inhibit and or promote expressive leisure experiences. The purpose of both interviews was to ascertain detailed information on the participant's home environment, both spatially and in terms of attachment. The interviews were also used to explore the leisure experiences and activities enjoyed within the home.

The purpose for conducting multiple interviews with each participant was three fold: first, it served to enhance credibility through the development of trust and rapport between the researcher and participant, secondly, it ensured that the expressed feelings, and experiences of participants were consistent throughout the discourse between interviewer and interviewee, and thirdly, it provided a more in-depth, comprehensive perspective on participants' experiences. This is because participants were allotted time between each interview or conversation to reflect on the previous questions or discussion and build upon earlier comments and offer additional insight. By intentionally conducting two interviews separated by seven days of facilitated time diary entries, the researcher

increased the likelihood that the respondents would be more thoughtful and reflective regarding the phenomenon being studied.

### *Data Analysis*

The data analysis process is the way in which the data gathered in the field goes through a distillation process. This “involves reducing the volume of raw information, sifting trivia from significance, identifying significant patterns, and constructing a framework for communicating the essence of what the data reveal” (Patton, 2002, p.432). Within a phenomenological approach, this ‘reshaping’ process is detailed into five primary steps each of which moves the data along towards the discovery of themes and patterns within the data (Van Manen, 1984). The first step involves the research being reflexive and providing a “personal description of [the] lived experience” (Van Manen, p.51) being studied. Van Manen discussed the importance of this first step by identifying how it provided the researcher with a sense of awareness of their perspective, while simultaneously paying tribute to the intersubjectivity element. Intersubjectivity is essentially a component that views any phenomenon under study “as a possible human experience” (p.52).

The second component of phenomenological data analysis dealt with beginning the coding process by pulling out “nonrepetitive, nonoverlapping statements” (Creswell, 1998, p.147) from the data. The third component flowed out of the second and took the phrases and terms that were selected and placed them into categories called “meaning units” (Creswell, p.150). Each unit was defined so that the coding process continued in an organized format. During the

fourth stage the researcher engaged in a more reflexive overview of the categories and the meanings already given, as well as additional ones that arise from the reflexive process (Creswell). The fifth and final stage of phenomenological data analysis involved a distillation process, whereby all of the aforementioned phases created a funneling effect with the final product being “an overall description of the meaning and the essence of the experience” (Creswell, p.150). The phenomenological approach seeks to capture not only the lived experience, but the more general element known as the human experience (Van Manen, 1984). This was accomplished through the reflexivity of the researcher during the analysis process (Van Manen).

After the transcription of each interview, a detailed three step thematic analysis was conducted using both open and focused coding (Esterberg, 2002). The following description provides a more in-depth overview of how the analysis process was completed throughout the study.

- 1) Interviews were transcribed along with the notes from the facilitated time diary conversations. The facilitated time diary entries for each participant were typed out according to the time period the participant was discussing. Following the data gathering process, all of the participant interview tapes were listened to multiple times. This familiarized me with the interviews and was a valuable part of the analysis process. I logged daily entries into a reflexive journal throughout the data gathering process. These daily entries were also vital in identifying unanswered questions that had occurred in an interview or phone conversation. The diary was



also used as a debriefing tool, enabling me to discuss themes that were beginning to emerge from the data.

2) After compiling all of the themes that appeared from listening to the interviews (open coding), I began to re-read the transcripts and code key quotes, phrases, and sections of the text that supported various themes for each participant (focused coding). This process began after the data gathering process had ended. Thematic analysis and the related coding of phrases and text was done individually at first for each participant then compiled into one set of comprehensive thematic categories for all participants. The coding process was done on a hard copy of the transcript.

3) After these thematic categories had been compiled, they were reviewed and further distilled into a series of six broader categories known as the QOL considerations.

### *Trustworthiness and Authenticity*

Qualitative research has unique criteria for ensuring that a study, regardless of its subject matter, methodology or paradigmatic approach, can be appraised as a scholarly piece of work rather than a mere subjective concoction by the researcher. Guba (1981) identified how qualitative research is associated with a naturalistic approach to knowledge discovery, while quantitative research is aligned with a rationalistic approach. Although these two approaches assess very different aspects of a phenomenon or concept (Patton, 2002), they both seek to address the issue of trustworthiness in their own unique way (Guba &

Lincoln, in press, as cited in Guba, 1981). From a rationalistic approach the terms “internal validity, external validity, reliability and objectivity” address respectively the core concepts of truth value, applicability, consistency and neutrality (Guba, pp.79-80). However these same concepts within the naturalistic paradigm are restructured as “credibility, transferability, dependability and confirmability” (Guba, p.80).

Given that this study is qualitative in nature, any discussion of the studies’ trustworthiness will need to speak to each of these four main areas. Therefore the following description reveals how each of these elements was achieved and maintained within the context of this study.

### *Credibility*

Credibility is the assurance that the combined perspectives of both the researcher and participants accurately depict the constructed realities of both parties (Guba, 1981). Within the framework of this study, credibility was assured through data triangulation, peer debriefing, progressive subjectivity and member checks.

- 1) *Data Triangulation*. “The use of a variety of data sources in a study” (Patton, 2002, p.247) promotes a high degree of trustworthiness and credibility. This study drew upon three sources of data collection; interviews, time diaries and a visual sketch of the physical environment to fulfill this criterion.
- 2) *Member Checks*. Approximately 2-4 weeks following the nine day data gathering process, the researcher met one last time with each participant.

During this final meeting, which ranged in length from 45 to 90 minutes, the researcher reviewed the results from the preliminary analysis findings. Participants were asked if they felt that the conceptual model that had emerged through the analysis process depicted their lived experience. The researcher also asked several of the participants to identify which phase in the cycle they felt they were in at present.

3) *Progressive Subjectivity/Reflexivity*. From the beginning of the research process, I kept a separate journal outlining concerns, feelings and decisions regarding questions or areas of clarification. This journal was not coded or officially included as a part of the data being analyzed, however it did serve as an important outlet, resource and guide to determine why certain questions were asked, and why various decisions were made during the data gathering process. This documentation served as a reminder to me about which items needed to be readdressed or clarified during the final interview, and or next conversation. I also used the journal to log how well the entire data gathering process was going. For example comments on what questions were working, and which ones had to be revamped or omitted was outlined therein.

4) *Peer Debriefing*. I kept in contact with my faculty supervisor overseeing this study. Questions related to process, decisions and participant responses were discussed via email. I also met to discuss the analysis process with my faculty supervisor through the final phases of this study.

### *Transferability*

Transferability is the qualitative counterpart of generalizability (Guba, 1981). Guba explained that since qualitative inquiry is predicated on a subject, context driven phenomenon it is obvious that results cannot be extended beyond the specific context and characteristics involved in that study. Therefore the only way to delve deeper and situate the study within a distinct context is to ensure that you have an extensive amount of “thick descriptive data” (p.86), which can be used “to make judgments about fittingness with other contexts possible” (p.86).

1) *Rapport/Thick Description*. Through a series of conversational encounters, two of which were face to face interviews, a rapport was quickly established with each participant. This process mimicked the most natural form of disclosure, that of an interested and assertive volunteer. The depth of honest insight necessary to truly capture this phenomenon was an essential component in this study. As a result, it significantly impacted the transferability of the entire analysis because it ensured that the data was extensive and detailed (Guba, 1981). The numerous phone conversations in conjunction with the in-depth interviews provided a comprehensive overview of the daily activities, motivations, meanings and environmental transactions which was an essential part of identifying the intersection between participants' leisure activity within the home environment.

### *Dependability*

Dependability is associated with the stability of data over time (Guba, 1981). One of the key aspects of ensuring dependability is through an audit trail (Guba). The adage “if you don’t write it down it never happened” rings true within this dimension of trustworthiness. Therefore any decisions, concerns or other issues that directly impact the overall research process need to be chronicled in a systematic format. For the sake of this study, my reflexive journal served as the “document” that contained a “running account of the process” (p.87).

### *Confirmability*

Confirmability is akin to maintaining an awareness of the role of the researcher within the research process as well as detailing what allocations will be made to ensure that reflexivity is acknowledged throughout the study (Guba, 1981). Both Triangulation and Reflexivity promote and ensure confirmability (Guba) and as discussed in detail earlier, both were used by the researcher within this study.

### *Ethical Considerations*

This study received ethical clearance through the Brock University Research Ethics Board (REB) as well as permission to conduct the study through Community Support Services of Niagara (CSSN) (Appendix D). The following list of ethical considerations applied to this study.

1) *Informed voluntary consent.* During the first visit, the participant received an in-depth explanation of the scope and length of the intended research process and a letter outlining all related details (Appendix E).

After this the individual was given an opportunity to voluntarily consent or decline the offer to participate. When consent was given, participants were asked to sign a written consent form (Appendix F). Participants were asked to sign three identical copies so that they could retain a copy for their records, an additional copy could be placed on their client file at CSSN and another copy could be retained for the researcher's records. In addition to the verbal explanation of the study, the consent form was also described in detail. The purpose and scope of the research, the participants' role and also the participants' right to voluntarily withdraw at any stage in 9 day interview process were clearly explained to each participant.

2) *Health status.* Given the nature of this population, the researcher reserved the right, as stated on the consent form, to report any decline in physical or psychosocial wellbeing outside of the normal functioning of the participant to CSSN. This would be done so that the participant could receive the necessary medical supports. This was the only exception to the confidentiality clause and was clearly explained to each participant.

3) *Confidentiality.* Given that the participants are clients of CSSN, the researcher ensured that confidentiality was maintained at all times through the immediate assignment of pseudonyms to each participant. All tapes, transcripts and stored data had the pseudonym of the participant as the only identity marker. The connection between the pseudonym and a participant's private contact information (ie. address, full name and contact

information) was only known by the primary researcher. CSSN staff members were aware of which clients were participating in the study because they conducted the initial phone call to invite clients to participate in this study (Appendix G). However no individual data from any aspect of the interview, time diary or sketch was given to CSSN. Only aggregate data that had been arrived at through the analysis process was provided. This information and all other data gathered during the research process was stored in the apartment of the primary researcher as this was where the data analysis took place. The researcher was the sole occupant of the apartment, which was locked at all times. Data will be destroyed upon completion of the written thesis document.

4) *Benefits to the organization.* CSSN, not unlike any community based service provider, is seeking to better understand their clientele. Many times the information they have is from an initial assessment conducted during a single visit. The results from this study will provide them with a better understanding as to how home centered older adults are spending their time, in conjunction with the impact the home environment has on their daily activities and experiences. This information may be used to assist in the training of volunteers, as well as impact some of the programs and services provided to their clients.

5) *Psychological stress and related benefits to participants.* The older adults who participated in this study were waiting to be placed with a volunteer visitor. The extensive interaction that occurred over the 9 day

data gathering process with each client could have potentially heightened their desire for a volunteer and consequently left them feeling more lonely following the intense data gathering phase. In an effort to minimize any negative repercussions, extra effort was made by the staff at CSSN to ensure that all participants were involved in the Talk-A-Bit program while they continued to wait for a Volunteer Visitor.

The researcher felt that, for the participants, the opportunity to give back and share their experience of living in the community and navigating their daily activities within the confines of their own home may serve as a positive release. Many times older adults, due to their isolated state, do not have a listening ear, and thus their complaints, concerns and criticisms are directed internally or at family and friends who have little authority to evoke changes within the service delivery system. However the information received through the course of this study is being filtered directly back to the organization that serves not only these clients but a large number of other seniors, many of whom are in similar situations.

### *Delimitations*

Given the logistics, selection criteria for participants and the overall scope of this study, there were three main delimitations noted below.

1) This study was focused on older adults 85 and over. As a result the researcher wanted to have an equal representation of both older male as well as older female participants. However the two potential male candidates were not able to participate. As a result this study looked at the



lived experience of four female widows over 85, all of whom lived alone in the community.

2) This study also focused on older adults who were single through widowhood. Therefore the experience of currently married older adults in this age cohort were not included.

3) This study was also cohort specific therefore the results may not apply to other regions or other age groups.

### *Limitations*

This study contains several limitations that are inherent due to the resources and time constraints applied within the framework of a Master's thesis. The following list outlines the key limitations associated with this study.

1) Participants' medical history and current medical assessments and or diagnosis were not evaluated or included as part of this study.

Therefore the reported experiences and perceptions could potentially be altered by a medical condition and or pharmacological intervention. However, the researcher upheld the belief that if older adults were able to reside alone at home with support services, then their experience and insight for the purpose of this study was informative and valuable. The primary purpose of this study was to ascertain the intersection between the daily activities and behaviors of the resident in relation to the objective elements of the home environment.

### *Methods Conclusion*

The information retrieved through this study is intended for two distinct audiences; organizations and professionals that provide volunteers and or in home support services to home centered older adults that reside within the community, and leisure professionals. Many leisure professionals serve either the more active and well elderly who participate in community based leisure opportunities, or the more frail elderly who often reside within institutional settings. This research sought to explore how home centered older adults negotiate their leisure and what form of meaning they attribute to these activities. For example, an instrumental activity like making a meal may appear regimented and chore like, however upon analysis it is quite possible that this activity may take on new meaning. In addition to its functional role of being associated with nourishment, meal preparation may also provide expressive benefits like choice, creativity, autonomy and resourcefulness for the individual as well.

However, without questioning and exploring the lived experience of these home centered older adults, we remain ignorant of the scope and meaning of daily activities that exist within the context of the home environment. Essentially "old people who have activity patterns centered around their proximate environment are...predicated to adapt more successfully to any problems they confront in these places" (Golant, 1984b, p.266). Therefore with a propensity to adapt key elements of their lives to the environments in which they spend a great

deal of their time, one has to wonder how older adults compensate and adapt their leisure interests and needs within the context of the home environment.

#### Chapter 4: Participants' Subjective Quality of Life Considerations

This study consisted of four female participants ranging in age from 86 to 88. Each of these women were widowed and expressed a personal desire to maintain their independence and continue to live alone. Although this choice presented both benefits and challenges it was apparent that their home environment was an essential component to their wellbeing. Participants identified how their daily routine as well as leisure choices and interests were nurtured and facilitated within their home environment. Margaret preferred residing alone in a supportive environment because it enabled her to maintain a routine that suited her abilities and interests. Eva's independence provided her with the freedom to choose what she wanted to do as well as where and when she would accomplish these tasks. Similarly, Lillie noted that her home was like a sanctuary for her. When she didn't feel like socializing she would retreat to her apartment and enjoy a variety of self-directed pursuits. Betsy also expressed that her home gave her the freedom to access, initiate and engage in preferred pastimes, something that she noted had been limited during her respite stay in a nursing home.

All four women were invited to participate in this study as they met specific criteria. They were 85 or older, lived alone in the local community, had the capacity to voluntarily consent as well as engage in the various data gathering activities. They were also clients of Community Support Services of Niagara (CSSN) and were waiting to be matched up with a volunteer visitor.

Two of the women in this study spent the majority of their time within the home environment. As a result they rarely engaged in activities or excursions in the community. Conversely, the two other participants participated in numerous home centered as well as community based activities during the week. Nevertheless the home continued to be an important context within each of their lives. Ultimately the home represented and preserved each participant's independence and freedom of choice through a variety of leisure and instrumental activities.

The enhanced freedom and independence these woman experienced, was enhanced by the opportunities the home afforded them. The home was the place where meaningful objects and photos were displayed, as well as a context that required assistance from family, neighbors and home support personnel. Evidence to support this conclusion emerged from value laden statements made by participants regarding the benefits and desires they had to remain living alone within their own home. Betsy reflected *"That is what I like about living here, I can please myself...I don't have to please anybody I just have to please myself..."*

It was within the home context that each participant experienced a greater sense of familiarity and freedom within which to choose, experience and navigate instrumental activities and expressive leisure activities. It was through the negotiation of daily activities within the home environment, that the participant's agenic and affiliate needs were successfully or maladaptively met. Thus participants' perception and daily experiences within the home impacted their sense of independence, choice and quality of life (QOL).

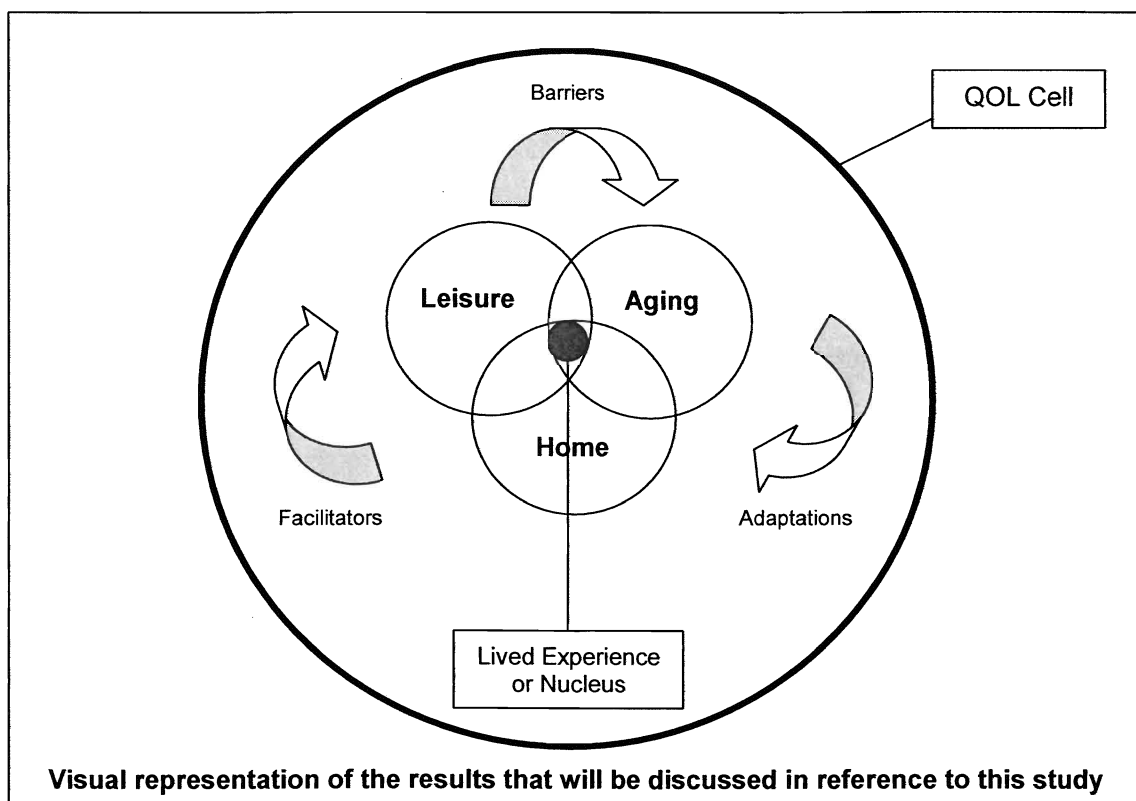
The terms adaptive and maladaptive will be used throughout the remainder of this thesis. However it is important to understand that these terms although potentially value laden do not reflect the researcher's perspective on participants' choices or behaviors. The term adaptive refers to participants' ability to choose intrinsically meaningful experiences that promote and sustain their quality of life in both the short and long term. As a result adaptive experiences enable participants to move toward a higher degree of quality of life as participation or engagement promotes and encourages agenic and affiliate fulfillment.

The term maladaptive refers to experiences and activities that participants engage in that fail to promote agenic and affiliate fulfillment. These maladaptive experiences may have been chosen due to limited resources, extrinsic motivations, a lack of outside support as well as limited competencies.

As a result maladaptive experiences may provide short term benefits yet fail to fulfill participants' long term agenic and affiliate needs. Consequently, the lack of agenic and affiliate fulfillment negatively impacts participants' ability to sustain or move towards a higher degree of quality of life.

To better understand the lived experience of these participants the results will be represented according to the QOL Cell illustrated below. This study was focused on understanding the challenges and benefits of choosing to live alone within the community. Therefore the lived experience was impacted by various considerations, all of which culminated and intersected at the "nucleus" which represented the lived experience and also the focus of this study.

Figure 4.1 Quality of Life (QOL) Cell



Essentially the nucleus (Figure 4.1) represents the home centered lifestyle of each participant. The QOL experienced by participants was based on how well participants were able to sustain both agenic and affiliate needs. These needs were sustained through the successful negotiation of barriers, facilitators (support systems) and adaptations, which occurred within participants' home environment, daily activities and relationships. This diagram is not a conceptual depiction of the results, but rather a structural illustration that outlines the scope of this study and the results that will be discussed in relation to participants' QOL.

This study was designed around three research questions. In order to answer these questions the results will be organized in the following four chapters. Chapter four will address the first question, which is focused on exploring the activities and behaviors that comprised the leisure lifestyle of these

participants. An in-depth character sketch of each participant, Lillie, Betsy, Eva and Margaret, will provide an overview of each participant's life history, important relationships, current capacities and interests. This section will also discuss participants' past and present leisure lifestyles and the way in which they have developed and adapted over the years. Chapter four will conclude with a description of the relationship between QOL and the leisure lifestyle of older adults and explore how the daily experiences of these participants facilitated agency and affiliation and thus impacted the participants' overall QOL.

Chapter five will address the second research question, which examines the role of the home environment in relation to participants' daily lifestyles. This will explore how the home inhibits or promotes agency, affiliation and QOL. A description of participants' homes will be provided as well as a diagram outlining the layout of their home environment.

Chapter six will address the third question which considers the process that participants have undergone to adapt positively or negatively to their environment, behavior or daily activities to stay meaningfully engaged within the home context. Chapter six will also introduce the QOL Cycle, a conceptual framework that represents the process participants negotiated on a daily basis to sustain agency and affiliation. This Cycle explains how the lifestyle and home context are fundamental components that determine the level of optimal functioning that these participants experience on a daily basis.

Chapter six further highlights the critical role of adaptation in the preservation of QOL. The relationship of this conceptual model to the



Disengagement, Activity and Continuity theories on aging as well as the Ecological and Selective Optimization with Compensation Models will also be explored. Chapter six will conclude with a discussion of the relevance of the findings for research in leisure and aging, policy and funding as well as service delivery alternatives for home centered older adults.

Chapter seven is the final chapter. It is an epilogue providing additional insight into the lives of participants following the data gathering process.

#### Lillie – First Participant

Lillie was an 88-year-old widow who took an energetic, resourceful and independent approach to life. Lillie lived in a newly constructed two-bedroom apartment in a senior living community. The community was centrally located in a mid-sized Canadian city. Lillie did not drive anymore however she did enjoy engaging in various community events. As a result she frequently received drives from local friends or used the bus to navigate her way around the city. In addition to being centrally located, Lillie's building provided many services such as a games room and weekly leisure programs, a hair salon, and a café which provided localized opportunities for socialization and engagement.

Lillie was born and raised in Eastern Europe and studied to be a nurse prior to WWII. During the war she was employed as a factory nurse in Austria. While on duty she met a Canadian patient who after a short stay returned to Canada. He had taken quite a fancy to Lillie and invited her to relocate to Canada following the war. Having been disenfranchised with the war effort and

having suffered devastating personal losses, Lillie decided to accept his offer and shortly after immigrating to Canada they married.

Lillie and her husband settled down in a large Canadian city and spent the rest of their lives together living in a two-bedroom bungalow in a large metropolitan city. Lillie never had any children, however she invested a great deal of time sewing and knitting doll clothes for her friend's children and grandchildren. Lillie eventually reentered the work force as a nurse and spent 21 years working as a pediatric nurse at a prominent children's hospital in the city where she lived. However her career was interrupted by her husband's illness. For 15 years Lillie was the primary caregiver for her husband who battled Alzheimer's. She continued to work but later had to stop to tend to his care full time.

After his passing, Lillie continued to live in their home; she remained there for an additional 25 years and never remarried. Three years ago, Lillie decided to downsize and relocate to a small southern Canadian city as the challenges of upkeep and maintenance began to take their toll. It took her one year to pack up her belongings and make arrangements to move.

Lillie's leisure lifestyle has remained constant throughout her adult life. Prior to entering nursing school she studied cooking for one year, and then sewing the following year. These two skills have served her functionally and also therapeutically. During her recent move leisure became an important escape from the arduous task of sifting, sorting and packing up years of a lifetime of shared memories and experiences. The task of packing and moving was

extremely difficult primarily because she had to do it alone. In an effort to reduce the stress and strain of packing she began to knit and sew two wardrobes of doll clothes for a friend's granddaughter.

Over the years Lillie had made doll clothes for her friends' children and grandchildren, however during her move this opportunity provided her with a creative outlet. She chose the material, patterns and was rewarded with a series of photos of the dolls modeling her beautifully crafted outfits.

In addition to sewing, Lillie also compiled a large album of all the special photographs depicting the relationships and locations that held personal significance and meaning in her life. She said that there were numerous photos that she had to burn, however she was very proud of this project because it served as an archive of her most cherished relationships, experiences and places.

Lillie also took an eager interest in watching decorating shows and then rearranging or adding new pieces of furniture to her home. Her home was a place where her talent for decorating and sewing were visible. Her culinary skills were also actively engaged on a daily basis. Lillie preferred to eat all of her meals at home and often prepared an authentic German dish to accompany her weekly meals. In addition to preparing her own food, Lillie ensured that she watched what she ate and exercised regularly in an attempt to maintain her health.

During quieter moments of the day or evening Lillie would correspond with her friends and family in Europe through letter writing or phone calls. She

also enjoyed reading books in both German and English and persevered even when the text was a challenge to read.

During her marriage Lillie and her husband enjoyed entertaining guests in their home as well as at their cottage. Their cottage was a favorite lake front getaway in a rural community just an hour north of their urban neighborhood. They used to vacation there during the weekends and summertime. Lillie and her husband also spent time traveling to Europe to visit with family and friends over the years.

Lillie was the only remaining member of her immediate family, which consisted of three brothers and one sister, all of whom resided in Eastern Europe. Lillie continued to maintain contact with some of her extended family and childhood friends in Europe via letters, phone calls and intermittent visits. However she had one niece who lived in Canada. This niece was involved in her life and stayed in touch and invited her to various holidays at her home.

Presently Lillie is a self-proclaimed "*very happy*" individual. She has adjusted to her surroundings and persevered through various health related conditions that severely tested her strength and fortitude. Although Lillie claimed her life was "*boring*" she did have a knack for keeping herself busy with a variety of self-directed or socially centered leisure experiences.

Lillie explained that it took approximately one full year to acclimate to her new apartment and to feel at home. However, she now finds herself enjoying her new home even more than the home that she occupied for over 45 years. As a very active older adult Lillie has organized her day around her activities and

social engagements. She also shared that she has many acquaintances however no real close intimate friendships. Lillie enjoyed spending time alone in her apartment, however she also sought to balance her home centered leisure with activities in the building or community.

During the week there were various programs offered in the building like card games and movies. Sometimes Lillie would attend these events or have neighbors in for a visit. Lillie was also very conscious about her health and watched what she ate only consuming one large meal a day and two lighter meals. She began each morning with an exercise regiment that she had started as a student in nursing school. She would spend the first 15 minutes after waking on an exercise routine. She had been forced to reduce the amount of time she spent on her exercises in the morning due to changes in her health, however she explained that she did not feel as good if she skipped her morning exercise routine. Lillie enjoyed being independent and did her best to lead a balanced lifestyle. Swimming was one of the activities she participated in twice a week. She would go with a friend and claimed that she entered the water feeling "80" but came out feeling "18"!

#### *Betsy-Second Participant*

Betsy was an 86-year-old woman who had recently been widowed. She continued to reside in the two-story, three bedroom home she and her late husband purchased upon arrival in Canada 27 years ago. Betsy's home was conveniently located in a quiet residential area on the outskirts of a mid-sized Canadian city. She was very fond of the location. Betsy enjoyed living in close

proximity to many of the local amenities as well as being situated in and around park like surroundings.

Betsy was born and raised in England. She was also married and raised her two children there as well. It wasn't until both of her children moved to Canada that she and her late husband decided that they too would immigrate to remain near their family. When they arrived in Canada they chose to settle in the same city, and ironically, on the same street as their children. Betsy's children have since relocated elsewhere in the city, however both continue to be actively involved in her daily life.

While living in England Betsy had chosen to stay home and raise her children until her oldest child was 14. After which she returned to work at a factory in the local area. She particularly enjoyed the comradery and relationships that developed between the various workers within the factory setting. She had intended to work there until she was "90 years old". However her plans were altered when both of her children moved to Canada. Wanting to maintain a close relationship, she decided to quit her job and along with her retired husband relocate to Canada. Upon arrival in Canada, Betsy's late husband opened up a pool hall.

Betsy's time was spent tending to the upkeep of the home, however she enjoyed going down with him to the pool hall each morning and cleaning the bathrooms and the hall. She explained that this was her daily contribution to the business. Her husband was also an avid golfer and played daily. During his time away golfing Betsy would visit with a neighbor and complete various household

tasks. Around midday he would return and they would often enjoy going for a walk together in the neighborhood.

However over the past 20 years Betsy reported that her eyesight had begun to fail due to macular degeneration. Presently it has progressed to the point where she can only see things around the periphery of her line of vision. She is not able to see any faces and with the aid of her binoculars she can make out the colors or various aspects of the birds in her backyard, however she is noticing that they are becoming increasingly blurry. Unfortunately the majority of Betsy's leisure was self-directed and relied on her ability to read or see. As her eyesight has become weaker her favorite "8 hobbies" which were crocheting, reading, jigsaw puzzles, crossword puzzles, TV, gardening, walking, and sewing have ceased in her life. Couple this loss with the recent passing of her husband and Betsy is presently dealing with an increased sense of loss and grief. In addition to her loss of vision, Betsy also has pain in her leg, this has reduced the amount of walking she can do. Her leg trouble also flares up at times and it can require that she lie down and rest during the day.

Due to her physical limitations Betsy's lifestyle has had to become increasingly home centered. Her children continue to live close by and have regular contact with her via the phone. Betsy explained that her son calls three times a day, and her daughter will call sporadically throughout the week. Her son often stops by and visits daily if not every other day and her daughter makes a point of visiting throughout the week as well.

Betsy's leisure lifestyle consisted of bird watching and enjoying nature from the swing on her back porch as well as watching an entire line up of evening programs on her television. Although her field of vision was severely limited she was able to make out images on the television as long as she sat two feet away from the screen. Part of her daily ritual involved her son bringing her the daily paper. The TV guide for evening programming was included and with the aid of her SmartView, Betsy would review all the programs being offered and then with a piece of paper and large marker would make out her evening viewing itinerary. She would write out the program name and the channel in the order that she would watch them that evening. She did not prefer to watch programs during the day. However she faithfully tuned in to hear Dr. Phil in the afternoon and periodically would watch Oprah depending on the topic of the show.

Betsy claimed that she was often "*bored*" and spent an inordinate amount of time waiting for phone calls from her children and nursing physical ailments. Together these issues appeared to inhibit her quality of life and ultimately her leisure lifestyle. Betsy did have a home support worker that came once every two weeks. This individual assisted her with laundry and housekeeping tasks. Betsy looked forward to these bi-monthly visits as she enjoyed chatting and visiting with this worker as well.

Betsy explained that she was very appreciative of all her children do to accommodate her. She also said that her son was very proud that she was still able to independently live in her own home. However she did miss getting out for regular walks and would love to have more opportunities to engage socially and



recreationally outside her home. Betsy did have a close relationship with both neighbors that live on either side of her. She had frequent contact and visits from them during the week and appreciated their time and interaction. Betsy felt safe in her home, and in the local neighborhood and as a result would like to be more engaged, however she cited her health problems as the primary obstacle in achieving this goal. Although Betsy claimed that she was not progressing through the bereavement process, it appeared that she was making some headway. Near the end of the data gathering process Betsy was considering adding a pet to her life, a bird that would remain indoors. This would provide her with additional purpose and ensure that she had interaction with nature all year round. Betsy also mentioned that it was now time for her to begin taking charge and organize her sewing room, which over time had become cluttered and disheveled.

Amidst her health challenges, Betsy was very determined to continue to live on her own. Prior to her participation in this study she had spent a respite stay in a local nursing home. Originally she was going to stay for an extended period of time while her family were out of town. However she explained that one day was all she was able to handle. Betsy's freedom and independence were very important to her and as long as she was able to care for herself and negotiate day to day life, she planned to remain living alone within her own home.

#### *Eva-Third Participant*

Eva was an 87-year-old widow who lived in a compact one-bedroom apartment in a six-unit building. Her apartment was conveniently located near the

downtown core of a medium sized Canadian city. Eva had spent the past 12 years at her current residence and enjoyed living in close proximity to all amenities. She did not rely on any in-home support services and tended to all her cleaning, laundry and personal activities of daily living independently. Eva owned her own car and continued to drive locally. An important part of her daily routine included spending time both within her home as well as outside in the local community.

Eva was familiar with the city and the region as she had grown up, married and raised a family in a neighboring community. Eva was raised on a nearby farm and fondly recalled the amount of work and enjoyment that she experienced during her childhood. At a very young age she realized that boredom was not something one vocalized as her parents would welcome the opportunity to find a chore or task that needed attention.

Eva spoke fondly of her life and believed that she was ultimately *“designed to be a wife and mother”*. During her first marriage Eva had two children. When her husband died she continued to live in their home for another five years after which she felt that she could downsize as memories associated with him and their home had dissipated. After moving into an apartment in a quiet area of town she became involved in another relationship and eventually moved in with the gentlemen. Unfortunately her gentlemen friend ended up developing Alzheimer’s and passed away. She then relocated again to an apartment by herself after which she met up with another long time friend and ended up remarrying and moving to live with him in his home on the outskirts of the city.

Although she carried the last name of her second husband, the photos and memories that were kept alive in her home appeared to focus primarily on her first husband their two children, and the related grandchildren and great-grandchildren.

In conversation she readily admitted that she thoroughly enjoyed being a mother, wife and homemaker. She also explained that the other men in her life following the death of her first spouse were not strangers. She had grown up with or knew these man from her involvement within the local community. Eva stated that she never tired of these roles and always found something to keep her busy and as a result never became tired or bored with the various home centered duties and tasks associated with this lifestyle.

As a young mother, Eva was very industrious. She taught herself how to knit and remembered knitting and sewing clothes for her daughter as well as herself over the years. This activity was one of her regular pastimes and was used as a means to continue to provide items for children, primarily children in need.

Eva continued to enjoy knitting. Over the last number of years Eva had been a "Guardian Angel" and knit numerous caps for preemie babies. Today she spends her time knitting larger winter hats for young children involved in the region's Family Support Services programs. Eva explained that she would purchase the wool, choosing various colors and textures that would be comfortable and warm for the children to wear. She stated that this labor of love

was a practical way that she could actively volunteer and contribute to the needs of those within her community.

Eva had two children and many grandchildren and great grandchildren. She was a soft-spoken woman who had a real love for people and life. Due to the fact that Eva drove and had her own car, she was able to spend her time engaging in activities within the local community as well as within her home.

As a mother raising her two young children, Eva spent a good deal of time in the kitchen preparing meals and baked goods. She enjoyed these instrumental activities however now that she lives on her own, she does not prefer to engage in this task anymore because she cooks only for herself. She claimed that one of the challenges of living alone was being able to cook balanced healthy meals with fresh quality produce. She commented that often times the grocery items would go bad before they could be used up. To avoid this dilemma and ensure that she ate from a well balanced menu, Eva would eat her lunch and often times her dinner at various restaurants in the community. As a result, Eva's day was divided between home centered activities like cleaning, knitting, watching TV and running errands and eating at various restaurants that were in close proximity to her apartment.

Eva did not feel overly safe walking in the neighborhood where she resided, however she still drove and engaged in daily excursions to the mall, local eateries and various other errands within the city limits. Due to the central location of her apartment, Eva was able to access numerous amenities without using the fast multi-lane highways, something she intentionally avoided.

In addition to knitting, Eva read the daily paper, and enjoyed completing the daily crossword puzzles as well. Another important part of Eva's lifestyle was staying healthy and maintaining her mobility. When she first moved into her current residence she used to walk with a neighbor quite frequently. However when the neighbor moved away, Eva didn't feel as safe continuing on these walks solo. In an attempt to continue to safely stay fit, she creatively adapted regular opportunities into her daily routine. Eva explained that while running errands at the local mall she would purposely park her car a fair distance from the entrance and use this as an opportunity to get a little exercise. She also exercised each morning after taking her pills by walking around her apartment and continuing to do all of her own cleaning, laundry and other related chores on her own. Eva sought to take care of not only her apartment but also herself. She would turn the TV on periodically throughout the day, looking for programs that featured nature, sports or in the evening good wholesome programming. She stated that she really had to search in order to locate shows that she enjoyed. Eva also continued to maintain her weekly practice of attending church by tuning in to a morning non-denominational service on the television. She enjoyed the messages and should she miss something or want to hear part of the message again, the service she watched was aired two additional times during the day for her convenience.

Eva did stay in close contact with her children and extended family. She had a stepsister who called her regularly. Her son also visited her weekly on Thursdays. These Thursday visits included a weekly lunch out together. Her

daughter lived over an hour away and many of her grandchildren were spread out across North America. She kept in touch via the phone as often as possible. As much as she would like to have more regular contact and have her family live closer, she respected the fact that they all had their own lives and she did not intend to be a burden on any of them.

Eva expressed several times that one of the greatest challenges was the limited number of close friends she had left. At present, her daily excursions into the community were solo ventures. However at one time they included spending a day shopping and lunching with a friend and socializing. Eva did have acquaintances and regular contact with family however much of her day was spent engaging in independent self directed pursuits.

Prior to the commencement of this study, Eva had recently returned from a two week stay in the hospital. This experience had not been pleasant. She felt that her ability to maintain autonomy over her life had been severely limited. As a result of this experience, she appeared to be increasingly dedicated to maintaining her health and independence with the sole intent of living alone within the community indefinitely.

#### *Margaret-Fourth Participant*

Margaret was an 87-year-old widow who lived in a one level townhouse on the outskirts of a medium sized Canadian city. Margaret had lived in her current residence for a little over a year. Although she was close to many local amenities, she recently relocated to this home because her daughter owned the townhouse across the street and she wanted to live in close proximity to her.

Margaret grew up, married and raised her family amidst the densely populated environment of one of Canada's largest cities. However, after the passing of her late husband, the increased upkeep of the home and grounds became cumbersome. In an effort to reduce the cleaning and upkeep, Margaret decided to relocate to an apartment in a small urban area an hour south of the city.

The pace of life in this smaller city was much quieter. Since her initial move from the family home, Margaret has lived in two other apartment type units before relocating within the past year to her current residence. Margaret's three children resided within driving distance of her original home. However after relocating, her daughter and family decided to follow and relocate to the same region as well. Currently her daughter is the key support figure in Margaret's life and makes multiple weekly visits to check in on her, assist where necessary and ensure that she is eating regular balanced meals.

Margaret was recently diagnosed with a degenerative neurological disease. Although she continued to live alone in her own home she anticipated experiencing increased debilitation, and decided to lead a more home centered lifestyle. Currently all of her needs are met within the confines of her home environment. As a result activities that she used to engage in outside the home have been adapted to take place in her home.

Margaret explained that every two weeks the hairdresser would come to her home for her regular hair appointment. She has also made arrangements for home support services to stop by three times a week. Home support would assist

with some of the instrumental tasks of cleaning, laundry and bed making. Even though home support services were provided weekly, Margaret continued to take an eager interest in keeping her house tidy, as this was something that she went to great lengths to maintain in her previous homes. As a result Margaret readily tidied up after herself each day and would run a light vacuum cleaner over the floor and rugs, and wash her kitchen floor when she felt it needed it. She stated that she did not always enjoy the process of cleaning, but the end results were always worth the energy and effort she expended.

Margaret enjoyed spending her days participating in a variety of self-directed activities. She received two daily papers. The morning paper was delivered from the city where she raised her family and lived most of her life and the afternoon paper was local. Margaret enjoyed staying abreast of what was going on locally because this was where she had made her home now. In addition to reading the paper, Margaret usually completed the daily crosswords in both papers over the course of the day.

Margaret also spent a good deal of her time reading or watching TV in a quaint, "cozy room" off her living room. This was the one spot in the house where she said she truly felt at home. This room was conveniently appointed with a phone, a window to view visitors approaching her front door as well as a comfortable sofa, pictures and meaningful momentos she had been given or collected over the years. When her daughter or friend came to visit, this was where they would sit, have tea and chat.



When the weather was pleasant, Margaret would also spend time sitting outside on the bench on her front stoop. She enjoyed the outdoors but did not go for walks on her own. Once in a while she would accompany her daughter on errands out in the community. Margaret explained that this satisfied her need to get out, otherwise she was content to remain close to home on a daily basis.

Over the years Margaret had been an avid collector and club member. She had various figurines, china and glass collections on display throughout her home. Some of them were gifts or items used to entertain guests when her late husband was alive. Margaret also mentioned that she was a member of a religious club prior to getting married and continued attending mass regularly over the years. She had also been a long time member of a mail order book club. She continued to receive books via mail, the only change being that she did not receive as many because she was not able to read as much as she once used to.

Margaret also practiced her faith on a daily basis. When she was able to drive she used to attend morning mass every weekday as well as on Sundays. However, because she was not able to drive or travel independently around the community she had to adapt this aspect of her daily routine. As a result she now spent time each morning in prayer and followed through a mass in a prayer book. If she remembered, she would watch mass Sunday mornings on TV as well.

Another important part of Margaret's week was her social visits from her daughter as well as from a dear friend who lived in a neighboring community. Her friend visited faithfully every Thursday. These visits were special for Margaret

and provided another social outlet within the safety and security of her home environment.

Margaret enjoyed living alone and also liked spending time alone during the day. She enjoyed having the freedom to organize and live her life in the manner that best suited her each day. Margaret continued to get dressed by herself and took pride in her appearance and the overall care of her home. She enjoyed the neighborhood in which she lived and mentioned how kind and considerate her neighbor was. Her home had a personal touch with many collections, photos and knick-knacks that held personal significance on display.

#### QOL Considerations: Negotiating Agenic & Affiliate Needs

This section will identify how the participants in this study negotiated their QOL through various activities, relationships and contexts. Within this study QOL referred to the subjective assessment participants made regarding their ability to successfully negotiate agency and affiliation within the home and thus maintain a sense of freedom, choice and independence. The daily events and experiences of these participants either helped or hindered their fulfillment of agenic and affiliate needs. Agenic needs are met through experiences and contexts that promote autonomy, choice, role and identity formation and individuality (Freysinger, 1999, whereas affiliate needs are met through experiences and contexts that provide social outlets (Freysinger), as well as engagement within the community.

For these participants QOL was defined as the ability to maintain their independence, choice and freedom within the home environment. Therefore

barriers that impeded their ability to function independently or make autonomous decisions inhibited full engagement in meaningful pursuits and thus reduced their chances of experiencing a high degree of QOL. As a result QOL was the lens through which the data and findings were organized and analyzed. However before discussing the QOL considerations that impacted these participants, a thorough understanding of the subjective nature of the QOL concept is needed. Therefore the remainder of this chapter will first discuss QOL in relationship to the participants in this study. The concluding section of this chapter will identify the QOL considerations that these participants dealt with in an attempt to fulfill their agenic and affiliate needs.

### *Quality of Life*

QOL from a subjective perspective incorporates “three interrelated components: life satisfaction, pleasant affect and unpleasant affect” (Diener & Suh, 1997, p.200). Diener and Suh further disclosed that subjective wellbeing (SWB) depicted “how people internally react to and experience the events and situations in their lives” (p.201). As a result, the three components identified above address an individual’s perceived wellbeing towards life includes both a cognitive (perceptual) and emotional (affective) appraisal of life which provides individuals with the ability to form both positive and negative assessments of their lived experiences.

Diener and Suh (1997) stated that subjective wellbeing was not merely “frivolous hedonism” (p.204), but rather a measure of how successful people felt they were in the active pursuit of their goals and dreams which were often rooted

within personal value systems. Raphael (1996) explored the numerous measures through which quality of life could be assessed. He discussed the “values-based versus values-free approach” (pp.155-156) and revealed that traditionally, quality of life and aging have adopted a value laden perspective. This is because the constructs used to assess QOL among older adults include a “multi-dimensional evaluation, by both intrapersonal and social-normative criteria, of the person-environment system of an individual in time past, current, and anticipated” (Lawton, 1991 as cited in Raphael, 1996, p.157).

Raphael suggested that a value-free approach could provide an in depth understanding of the QOL of older adults by focusing on objective elements such as environment, and psychosocial constructs. However, it was apparent from the data collected within this study, that QOL for participants was predominantly determined from a subjective perspective. Consequently objective elements impacted participants’ experiences however they were not the primary factors used to evaluate individual QOL. For example, Betsy’s objective reality would appear to provide a high degree of QOL. She had a two story home, bi-monthly home support assistance, a very attentive son. Betsy also had friendly supportive neighbors and lived in a safe and convenient part of the city. Although Betsy was grateful for these positive factors, she did not view her present situation as one that provided a high degree of wellbeing. This study was focused on exploring both the subjective and objective factors that impact the leisure lifestyle of home centered older adults. However because this study was phenomenological,

participants' subjective attitudes and perceptions was the primary QOL determinant.

The participants in this study valued the independence, freedom and choice that enabled them to remain living alone within the community. For them this was the pinnacle of success, the essence of what QOL meant for them personally. Essentially participants needed to maintain their independence to remain in the home and the home as a context supported experiences that promoted their independence through the fulfillment of agenic and affiliate needs. Thus the QOL concept was inherently understood and as a result the participants intentionally ordered their decisions, behaviors and daily activities to preserve or secure their wellbeing and thus their QOL.

Leisure based activities provided a context within which identity, role redefinition and purpose as well as social integration could be experienced (Kleiber, 1999; McGuire et al., 1996; Singleton, 2007). These characteristics fostered wellbeing and reaffirmed the benefits and desire to stay engaged and maintain autonomy within the home. Barriers that impeded self directed or socially orientated pastimes created an imbalance whereby meaning, fulfillment and wellbeing become identified as a past experience and the present became void of enjoyable opportunities and experiences.

QOL was defined by the participants in this study as the maintenance of personal and environmental independence, freedom and choice. As a result expressive and instrumental activities as well as social supports were the vehicles through which QOL was actualized. Independence as described by

these participants was not a destination but rather a process, which involved the ongoing negotiation of factors, referred to in this study as QOL considerations.

### *Participant QOL Considerations*

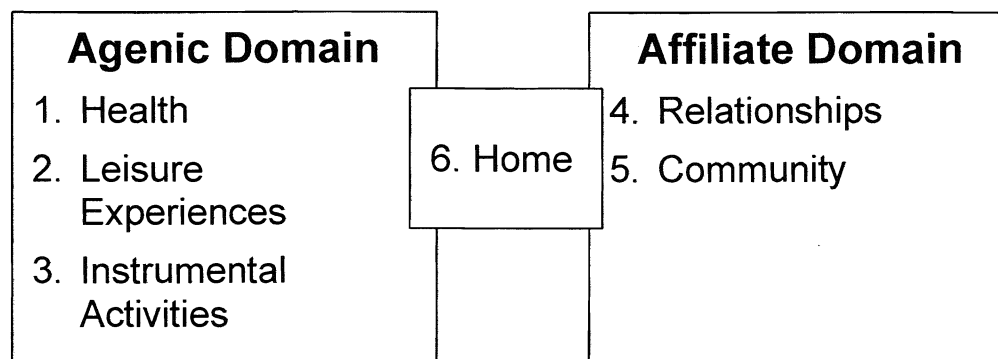
Through the analysis process it became evident that collectively there were six QOL considerations that had to be negotiated for optimal functioning to result. Within these domains each participant encountered various barriers which required additional resources and adaptations to overcome. Thus QOL was not attainable unless these six QOL considerations were successfully negotiated. Successful negotiation was defined by participants' subjective appraisal of the barriers, facilitators and adaptations that hindered or promoted meaningful engagement in their daily lives. It became apparent that there was no "right" way to address any of these considerations, rather successful negotiation was based on the knowledge, capacities, resources and social support systems available to each participant.

Each of the six themes were divided into one of two categories, agenic or affiliate. The home environment was the only theme in which both agenic and affiliate needs could be either hindered or helped. Therefore the agenic domain referred to themes centered on the intrinsic decisions, abilities, identity and autonomy of the participant. Themes that were classified as agenic included health, leisure and instrumental tasks.

The affiliate domain referred to themes that were centered on the community and participants' social networks. Essentially themes that provided opportunities for relational needs to be addressed were classified as affiliate.

Each of the QOL considerations that existed within a participant's life supported either agenic or affiliate needs. The degree of engagement, freedom and independence of each participant was determined by the way barriers, facilitators and adaptations were addressed within each consideration.

*Figure 4:2* Themes organized under each domain.



Every participant experienced barriers, facilitators and adaptations in both domains. As a result the amalgamation of these two domains and their associated barriers, facilitators and adaptations within the home environment collectively reflected participants' lived experience. The following discussion will describe each of the six themes in greater detail and provide participant examples outlining how each QOL consideration was negotiated in their daily lives.

### *1. Health*

Health was identified as a key theme in the lives of all four participants. The key areas discussed by participants included physical and emotional wellbeing and medical related experiences.

All four participants were actively coping with various chronic ailments and/or had recently dealt with acute health issues which required hospitalization. Severe physical disabilities or conditions served as a barrier to optimal functioning in participants' daily leisure and instrumental functioning.

Betsy had been dealing with macular degeneration for many years and consequently it had progressively diminished her vision. As a result she was only able to see objects in the periphery of her field of vision. Her limited visual capacity significantly reduced her leisure lifestyle.

Betsy used to participate and enjoy eight self-directed hobbies, however she claimed that engagement in any of them at present, even crocheting was a significant challenge. *"Now I never go out from here, and it's very boring because as I said I have about eight hobbies and that's the only one I can do, and it's a bit wavy"* (referring to crocheting). Without knowledge and support Betsy, was not been able to adapt her leisure lifestyle in response to her physical challenges. Unfortunately her inability to continue to engage in meaningful pursuits left her with little hope that QOL can be achieved and maintained in her current condition, *"I don't think I'm living. I'm just existing, because as I say if I had my sight and me ears I would go out, I would go shopping, I would go walking around to the lake, like we used to do..."*

The reduction of an individual's physical abilities can require a transition from a more independent lifestyle to a more dependent one. The threat of this occurring was cataclysmic for Lillie and Eva. Both of them sought to be intentional about their physical health, monitoring what they ate, ensuring they



exercised daily and staying engaged in preferred leisure and instrumental routines.

Emotional stability, physical health in conjunction with loneliness, unresolved grief and loss as well as feelings of boredom can negatively impact a participant's ability to function optimally in their surroundings. Betsy experienced a heightened degree of negative affect. This was due to the recent loss of her husband as well as her physical limitations, which reduced her ability to continue to engage in a variety of hobbies that she had previously enjoyed. Recounting a conversation with her neighbor over her sadness, Betsy stated,

*it's hard, and my next door neighbor I said I feel like crying my eyes out. And he said, well do it Betsy cry as much as you want to. He said, let it come out I said, you know this is funny Mike that's what I used to say to everybody, over time it will help you heal better...*

Conversely positive emotional affect was also noted. Various participants such as Lillie, Margaret and Eva had adapted and worked through various life challenges and as a result enjoyed emotional stability and health. Lillie described herself as profoundly "happy". She had acclimated to her current surroundings and her physical health had stabilized, providing her with numerous opportunities to engage in self-directed and community based activities. The ability for an individual to overcome challenges and see the present situation as positive was another important component that shaped the participant's perspective and approach to wellbeing.

As a part of their individual routine to remain healthy each participant took prescriptions daily. For a couple of them their personal experience with sickness and the medical health system had instilled in them a desire to be proactive in issues regarding their health. In an effort to minimize their dependency or need for additional medicine, many treatment precautions were taken.

Eva diligently followed her former Doctor's advice and completed all of her own housekeeping, laundry and hygiene. Eva explained her regiment as follows.

*...When I take the fosamax pill in the morning, why you are not supposed to go back to bed for an hour and to drink lots of water with it. So that's when I walk even if its here (referring to her apartment) and exercise, stretching and everything...*

Lillie was equally as health conscious. She purposely prepared her meals at home to avoid further health complications.

*...I'm on the border for diabetic and...so I have to watch, I don't want to have a lot of tablets everyday. I take seven now. I don't want to have another one so I really restrict and I don't eat so much sweets, and I don't like the white bread....*

Lillie also made reference to her last acute respiratory illness this past winter. She detailed how she had persevered to get well because she needed to eat in order to ingest her medicine.

*I always say now eat, eat to get your tablets and then you'll be good...I had to have my medication. I have to eat something so that I can take the*

*medication, ...but ahhh...there is nobody here and I have to pull myself and push myself....and I did it!*

Each participant narrated in her own words how health was a key criteria in maintaining her freedom to live independently. Therefore a variety of instrumental and leisure based activities, such as meal preparation, daily physical exercise and medication management were viewed as fundamental to the preservation of participants' health. Health was directly associated with their ability to continue living independently and enjoy their current lifestyle. Thus health was a key QOL consideration as it provided an increased opportunity for independence and autonomy.

## *2. Leisure Experiences*

Leisure played an important role in the lives of all four participants as it was a part of their regular daily regime. Participant's leisure included both solitary self-directed activities as well as socially oriented experiences. Given that each of these participants resided alone in their own home, solitary self-directed pursuits were the most common. The following discussion on participant leisure experiences has been sub-divided into three sections; solitary self-directed and social activities, passive versus active leisure and generativity and continuity.

*a) Solitary Self-Directed and Social Activities.* Solitary pursuits included activities that were passive or sedentary in nature, such as watching television or listening to the radio. However there were also self-directed solitary pastimes that required extensive physical or mental exertion such as completing the daily

crossword puzzles, baking and swimming. The majority of participants' leisure lifestyle was enjoyed in or around their home environment.

Although each participant had one or two favorite pursuits, each exhibited a great deal of freedom in her leisure by determining the frequency and duration of engagement on any given day. One of the challenges that Betsy experienced in adjusting to institutionalized care was directly related to the accessibility of her favorite activity.

*Chris [Betsy's son] was with me and we were in the restaurant part and there was a door there, and Chris said, do you want to sit down outside. And I said yep, because I'm used to going out there. And he had to do a number and hit this big round thing, and I thought I won't be able to do that. I won't be able to go out in the fresh air. That is what I like about living here. I can please myself. I can go out in me garden, I don't do much gardening now, but its being free you know. I don't have to please anybody I just have to please myself....*

The ability for participants to occupy their time in preferred leisure choices was fundamental to their purpose, identity and sense of wellbeing. Self directed leisure was vital to managing excessive intervals of time alone in the home environment. Undoubtedly participants who did not have a well developed or adapted set of self directed pursuits were at a greater risk for negative effect and disengagement.

When asked to reflect on her previous week Betsy stated that *"it was a very boring week, as usual..."* Her frustration and struggle to overcome boredom

and preserve meaning in her life was directly linked with her inability to maintain various self-directed pursuits. Betsy disapproved of the fact that she could not complete a blanket without numerous errors. This unfinished project seemed to symbolize how fragmented and incomplete her daily life was without something meaningful to occupy her time.

*...you see how its...like see that corner, and that one on that side you see.*

*I like, I'm miss a stitch, loose a stitch, or add one but I started out with all them stitches you see. And I've lost them, and I haven't touched it for a long time because as I told you I like to do things perfect...*

For these participants socially oriented activities or opportunities usually involved having visitors in for tea or a game of cards as well as chatting with neighbors in the backyard, by phone or going out into the community with a family member. Overall, opportunities for socially derived leisure appeared to be minimal. Participants did not express a desire for more leisure based social experiences, but rather for more intimate social relationships with other seniors. It was apparent that participants preferred a balance of social and solitary experiences and preferred one on one social visits over larger community group events. However limited access to large community special events may also explain this seemingly desirable pattern as well.

Margaret reflected on the social activities in her life and appeared to be content with her weekly visits and outings.

*I have some friends that come up from Dover to see me sometimes. And I get, once in a while I go out I'll go to the mall with my daughter or*

*something and get out for a few minutes and see something different. But otherwise, ... I don't care that much anymore, it's not that important.*

*b) Passive versus Active Leisure.* Passive and active are terms frequently used to classify activities. As a result some activities are sedentary and require little to no physical effort in comparison to those that require an excessive output of energy. However within this study these concepts overlapped considerably. For the sake of this study active leisure was defined as a focused, intentional pastime or activity, whereas passive referred to engagement where the activity was an end in itself. Within this study, active leisure pursuits served to accomplish something meaningful in a participant's life. It added enjoyment, and may have required expertise or provided an opportunity for the acquisition of new leisure experiences and skill development.

Although not all passive activities are associated with negative affect, Smale and Dupuis (1993) reported that television viewing has been shown to foster negative psychological wellbeing among viewers. They claimed that television viewing is "associated [with] negative feelings...such...as boredom and loneliness...characteristics which frequently lead to the activity" (p.297).

However Smale and Dupuis's findings were not supported by participants' television viewing experiences. In fact, television viewing among participants in this study was purposeful and was often an adaptation that promoted activity continuity. Eva reported intentionally viewing various sporting programs such as women's golf. She used to be an avid recreational golfer and did not play anymore. However her love for the sport and her desire to continue to see

women pursue this activity motivated her to watch the Golf Channel and various golf tournaments.

Participants were also very selective in the shows they chose to watch. Several of them set aside specific time for television viewing. Participants also reported that the TV was a medium through which they continued to learn. Betsy explained that her fascination with a popular crime show taught her how to better protect herself as a single older woman living alone in the community. She explained that after watching one show she understood why it was safer to leave her telephone number listed under her and her late husband rather than switch it over to just her name.

Television programs were also a medium through which Lillie kept up to date with various home décor trends. Lillie reported that she watched decorating shows and explained that from the time she had been a child she had enjoyed decorating and playing house. Throughout her life she had actively decorated and rearranged her home. More recently her passion for decorating had led her to apply some of the techniques she had learned via the various television programs into her home. Lillie claimed that she had been inspired to solve her storage and counter space dilemma by watching decorating shows. *"Yeah I saw it in the television and I think why can't I do that."* Now her kitchen has a beautiful island that was designed according to her functional needs for that space.

As a result what could be classified as passive solitary leisure was actually used to enhance the functional use of her kitchen space. This is an example of how an expressive leisure based activity can be used to resolve a functional

need. However participants in this study also experienced the reverse situation where instrumental activities provided meaning, enjoyment and expressive benefits. Shortly after returning from the hospital Eva reported that the activity she had enjoyed the most that day was doing her laundry. She explained that this had been the first time she had been able to do this task in over three weeks. Apparently it provided her with a sense of continuity and autonomy to return to this instrumental task.

c) *Generativity and Continuity*. The need to give back, to form or leave a legacy through various means is an important determinant in why certain leisure experiences are continued and maintain their importance in an older adult's life (Valliant, 2002). A diminished sense of purpose or need for a skill, service or good acted as a barrier to continuity for various leisure activities. As a result some participants mentioned they had purposely stopped sewing or baking because they had no one to share it with.

Margaret explained, *"I don't have that many hobbies anymore. What's the use of crocheting and knitting...what...who wants it? Nobody wants it..."* Unfortunately Margaret had stopped a long standing leisure pastime because the purpose and meaning associated with it had dissipated. However Eva had chosen to continue with her knitting because she had located a new purpose and need for her time and effort. Eva knitted numerous toques for preemies and currently knits winter hats, which she referred to as *"helmets"* for children associated with Family Support Services in her region.



*I think I must have made over three hundred of them...so I enjoyed doing that ...did that for how many years. I think I was still doing that before I moved here, but then I thought got a have something else to knit. So I remembered doing these little helmets a few years ago, so I thought that's what I'm gonna do again...*

Thus generativity can arise out of a desire to associate new purpose and meaning with a treasured life long activity. Essentially participants were most likely to give back when they believed their skills and expertise were valued and needed. Solitary self-directed leisure pursuits may be affiliated with a generative altruistic motive and provide opportunities for older adults to stay connected with needs in their local community. Eva stated, *"That's what I do...ya somebody said who supplies the wool. That's my contribution. I can't go and do volunteer work this is my contribution..."*

### *3. Instrumental Activities*

Each of the participants purposely incorporated and sought to maintain a high degree of instrumental activity in their daily lives. These instrumental tasks were associated with personal hygiene, meal preparation, laundry and general upkeep of their home. Essentially these tasks were an important part of their daily routine and accounted for approximately half of the duties and activities they engaged in on any given day.

Although health and physical conditions minimized the intensity and duration expended on activities like vacuuming or changing the bed linen, all participants intentionally continued to participate and contribute as frequently as

possible. Participants relied upon family and or support services to assist with instrumental activities that were excessively challenging. Margaret explained that a support staff *"...comes and does the bed and changes the linen. I hate that job because of the big mattresses"*.

However often times the job done by the support worker was not the same as Margaret would have done herself. As a result Margaret reported that *"the one girl, the other ones a little different, but this one I have to go in afterwards and think well I'll have to make this bed to suit myself I can't get in it I can't get out of it...."* Therefore having additional home support did not always relieve a participant of the full burden associated with the task. However regular home support did facilitate an atmosphere of interdependency whereby assistance was provided in conjunction with a resident's abilities thus enabling participants to continue to live alone and maintain their home and daily routine according to their preferred lifestyle.

Participants also chose to engage in various instrumental activities because they provided expressive benefits. Therefore an inability to continue with certain types of instrumental tasks would significantly impact the participant's QOL because the loss of the instrumental skill or task would be a barrier to expressive fulfillment. As Margaret's health began to decline her ability to maintain her kitchen floor in pristine condition became a challenge. She was strongly encouraged by a family member to use a mop rather than continue to get down on her hands to clean the floor. However she explained that she was not always pleased with the adaptive outcome.

*Once in a while I look at the kitchen floor and I realize it's gotta be washed. I always had the idea I had to get down on my knees and wash it. I didn't trust the sponge mops you know, so my granddaughter got me a mop when she was here. She said you are not going to get down on your knees. She says....Gram do you know how old you are? And I said don't tell me I know how old I am...Oh ya, I used to get down and I didn't mind it at all. To be truthful sometimes I am [pleased with the job the mop does] and sometimes I'm not. Every now and again I go at it. I get down and do it. I don't tell anybody I get down and do it but I get down and do it...I know what I want to see.*

The integration of instrumental into expressive experiences was also evident in participants' attitudes towards daily tasks and chores such as cleaning and preparing nourishing meals. For Eva an outing into the community was coupled with the selection of a balanced nutritious meal. Nourishment and getting out of the house and dining at favorite restaurants throughout the week satisfied her need for food and fun. Eva stated that her most meaningful daily experience was "going out for...meals." She claimed that the decision on which restaurant to go to was determined

*pretty much by my system [it] tells me [what] I feel like eating...it's just to keep a well balanced diet where I can go and get like a salad and something or somedays it will be just soup and a salad.*

However Lillie chose to prepare her own meals at home. This enabled her to make healthy selections and celebrate her culture. Throughout the week Lillie sought out various German recipes and included them in her weekly menu.

*...when I see something I don't have for a long time I have to do that. And when I don't know nothing then I have a book and its called "What's Cooking for you today...what have I to cook today" ya...today...And there is all the months and the days...for the whole year...ya so I a plan today's, Tuesday...*

Thus instrumental and expressive activities can work synergistically where the need to eat or to maintain the home provided a creative purposeful outlet. Therefore within the lives of these participants completion or engagement in an instrumental task reaffirmed a participants' role and identity as well as their skill and capacity. As long as an older adult continued to perform a task, facilitated support was not necessary although adaptation may still result. However when a decline in capacity occurred then adjustments were necessary.

The home was a preferable space for many reasons, one of which was the way it created a need for participants to either choose to fill by themselves or with assistance from home support services. This option for interdependence promoted a balance between the environmental challenges or "press" (Lawton & Nahemow, 1973) and the changing conditions of the participant. Essentially the loss of instrumental activities would serve to reduce participants' ability to navigate their day. Consequently it would have also reduced their expressive outlets and impeded their desire to remain meaningful engaged.

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#### 4. Relationships

Each participant identified the value and importance that meaningful relationships played in their lives. Considering the fact that participants were widowed and lived alone, one of the greatest challenges they encountered involved the formation of close, intimate relationships with other seniors. Betsy, who was still actively grieving the passing of her husband and regretted not having spent more quality time with him prior to his death.

*...John slept on his own and I slept on my own. And it was, I just thought of it the other day and I could kick myself because he wouldn't let me put the lights on to read. So I went into the other bedroom. And about six or eight months before he died, he said to me why don't you come back and sleep. And I said not likely, because he used to be a footballer and his whole life I used to get smacked [by] him with his elbows and stuff and kicked like a kicking ball. I'm fed up with this I will go to sleep on my own. I realize now I wish I had gone back because...when I woke up I used to go creep in his bed and we used to have hugs and kisses. And that is what I missed the most because he always used to keep hugging and kissing me.*

Eva explained that many of her and her husband's former friends and family had passed. Those who were still alive were often not able to visit. Eva stated,

*...so many of my friends and family my age are gone. And especially my friends, because we used to have a day a week when we would go out*

*and shop or dinner or wherever. I think that that's actually what I miss most...thinking of so many of my friends being gone.*

Eva also explained that opportunities to meet new seniors within the community were limited. She had tried unsuccessfully to integrate into a group of community card players however she did not feel welcome so she never returned. Consequently her waitresses at the various restaurants she frequented became an extended social network. After her two-week stay in the hospital she discovered that she had been missed. In fact some of the waitresses were worried and didn't know how to contact her or find out how she was doing. The fact that she mattered to others who were not close friends or family was comforting to her, she described these women as more like extended family than waitresses.

Margaret mentioned that she did not like to eat her meals alone at her kitchen table. She preferred to eat them in front of the television or with a newspaper in front of her. Eva's regular dining experiences out in the community provided her with a means to avoid excessive feelings of loneliness during mealtime as well.

One would think that the easiest way to avoid loneliness would be to cultivate meaningful relationships with those in the participants' immediate neighborhood. Although Betsy complained of boredom and loneliness she had fostered close relationships with both of her neighbors. She emphasized how important they were to her happiness by stating that should someone offer her a beautiful estate in a very posh neighborhood she would refuse to move on

account of having to say goodbye to both sets of neighbors. In addition to her relationship with her two children, whom she described as caring but over protective, her neighbors were the most important social outlets in her life. She felt safe and content living alone because they looked out for her wellbeing. Thus her friendship with these people provided her with additional support and confidence enabling her to progress through the bereavement period.

However not all participants had outstanding relationships with their neighbors. Eva had a neighbor whom she had gotten to know. They played cards periodically during the week and chatted on the phone as well. However Eva explained that *"if I didn't keep her at arms length, she would take over my life"*.

Lillie also reported a similar experience. After relocating to her current residence, she discovered that she knew her next door neighbor. They had both attended the same church. Lillie explained,

*...she is a nice girl and everything, but she was every five minutes on the door but ...but you have to tell her...I mean I can be friendly and think different. And I told her listen I like you , I like your company but please tell me when you are coming and don't come everyday. I have a private life too. And we are still talking...*

Social interaction or socially oriented activities were an important part of participants' lives, however it was apparent that Eva and Lillie preferred to negotiate it on their terms not someone else's. This intentional need to protect their *"privacy"* was a sign of independence. Participants wanted to continue to organize their activities as well as their time and the relationships they invested



in. They did not want to be dependent on anyone, nor did they want anyone to become dependent on them. As a result balance and interdependency were preserved and thus social boundaries were established and periodically enforced. Participants who were not able to do so were not as likely to function optimally.

The Lang and Baltes (1997) study revealed that generally, the more positive social interaction an older adult has the higher their subjective wellbeing will be, given that relationships are associated with pleasurable experiences and not mere assistance with functional activities of daily living. However Lang and Baltes also found that "having few social contacts was related to greater feelings of autonomy, particularly in very old age". Old age was used to describe the older adult cohort between the ages of 85 and 104. Lang and Baltes identified that "very old people (85+) seem to benefit more from a few meaningful contacts" (p.743).

This provides an explanation of why Margaret, a more home centered participant appeared to experience a higher degree of affiliate fulfillment than Lillie and Eva. Although Lillie and Eva had access to more socially oriented activities than Margaret, such as card games or dinner on the town, they both admitted that they did not have any intimate relationships or ones that provided fulfillment.

It appears that isolation and loneliness among home centered older adults may not be necessarily determined by the access an older adult has to group activities, but rather the opportunities they have to foster meaningful,

intimate friendships. Chappell and Badger (1989) found that “having little contact with others or living alone...[was] not necessarily related to lower levels of well-being, provided one ha[d] companions and confidants” (p.S175).

Betsy described her son as “*overprotective*”. He sought to promote her best interests however she felt stifled by the rules and restrictions he placed on her daily lifestyle. Betsy’s closest support system were her children, however it appeared that they impeded her ability to adapt and engage in more intrinsically rewarding activities. Instead of discussing her concerns with her son, Betsy felt an intense need to prove to him that she could still manage independently. However the fact that she constantly felt assessed and controlled did little to promote her QOL. In order to maintain this relationship in its current state Betsy had to forfeit a degree of control (agency) in order to retain some degree of meaningful connection with her children (affiliation). Unfortunately this trade off served to deplete, rather than fulfill her agenic and affiliate needs. As a result it left her in a state of dependence rather than interdependence.

Lillie and Eva were not interested in having their daily routine or schedule dominated by an outside institution, family member or overly zealous neighbor. They chose to err on the side of caution and dealt with potential bouts of loneliness rather than risk forfeiting their freedom and independence relationally.

##### 5. *Community*

The community or neighborhood had a significant impact on participants’ perceived QOL. Within the community context, QOL was assessed in relation to safety, geographical distance to local amenities as well as transportation options.

Several of the participants had relocated from a more urban metropolitan locale. As a result their current residence had been chosen intentionally because of the benefits and accessibility it provided.

Given that each of these women resided alone, safety was an important issue. During the data gathering process, Eva was awakened on two different occasions by brawling neighbors that lived in the apartment unit above her. She not only lost sleep but felt that her personal safety was jeopardized. Uncertain of how management would deal with this situation, she feared having to find alternate housing. Her six unit apartment did not have a superintendent therefore complaints were channeled through a property manager to the owner. She stated that she "*could cry*" because she felt the new owner appeared to only be interested in getting the monthly rent. Therefore she was concerned that this behavior would not be addressed and thus continue.

The location of a participant's home also held important meaning. Betsy who spent an extensive amount of her time on her patio feeding and watching the birds, enjoyed her home and the area in which it was located. Prior to the onset of her health issues she used to walk around the streets in her neighborhood and admitted that if her health would improve she would welcome the opportunity to continue this activity again. When asked what was the best thing about living in this home she replied "*...the two neighbors, and as I say its like city out front and country out back*". The convenience of having urban amenities in close proximity to her home was just as important to her as having

access to a natural outdoor environment. Betsy's home provided her with both.

Eva also appreciated how close her residence was to local amenities.

*It's central to everything I need. There's Avondale, there's Shoppers. And my Doctor was just around the corner, but he's moved uptown now ...And I'm not that far. With still being able to drive I can still go to the mall without going onto the main highways, or I can go out to Dover to get my hair done. It's just so central.*

Lillie's sense of community was a bit different than the other participants.

She lived in an apartment building that housed only seniors. As a result she enjoyed living independently within an immediate community of conveniences and activities, with the added benefit of being able to access events outside in the larger urban community. Lillie explained the positive change that had taken place now that she had relocated.

*...I was by myself and I was scared to go out by myself. I never go out in [the city]...I don't have so many people anymore left you know...[now] I don't have to go out, because everything is here. I have lots of entertainment here....I don't feel so lonely like I did [before].*

Safety was a barrier to leisure and social engagement. Eva stated that when she first moved into her apartment, she used to walk regularly with another tenant. However since the tenant moved away, she has not felt safe walking on her own.

*...you can't just blame it on a neighborhood either, because these things just seem to happen where they're least expected really. And I don't feel*

*that's fair to put my family in that position, me taking out going out...when I go out by car I know where I'm going...*

Transportation was an also an important consideration. Eva was the only participant who still had her license and drove. Given that she owned her own car she enjoyed a higher degree of flexibility related to community engagement than the other participants. However she surmised that the day she had to relinquish her license she would be forced to consolidate her community outings. She explained that the bus was not a form of transportation that was convenient and she would most likely have to pay for a taxi because it provided door to door service.

Lillie had to give up her license prior to moving into her current residence. She explained that this was one of the most difficult decisions she has ever had to make. As a result her convenience as well as freedom and ability to come and go were severely diminished. Lillie mentioned that she felt the full impact of this loss when she relocated from the large urban city into the smaller metropolitan community. Public transportation was not as popular in the area where she had relocated, as a result bus frequency and availability was not as reliable. Lillie explained,

*"...here the transportation is terrible...Every half an hour a bus. And you know, here the people...everybody has a car so they don't take the bus. And there it jumps, and before you know its gone and you have they say 10 minutes before the hour and twenty minutes after the hour. And you go there and maybe it is twelve minutes its already gone..."*

Betsy began to consider what transportation arrangements she could make to travel across town to have tea with a friend. She wanted to begin getting out on her own, but still had a great deal of apprehension about calling a taxi and coordinating the entire visit by herself. During one visit she recalled the name of the driver and cab company her late husband used to use when the car was in the repair shop. At present she was trying to work up the courage to independently arrange the transportation and enjoy a social visit outside of her home environment.

#### *6. Home*

For each participant the home ultimately represented independence and freedom. This was because within the home environment participants were solely responsible for making the decisions and dictating their daily routine. Participants were able to order their personal domain and felt needed as certain tasks required their attention such as sorting the mail, paying bills, cleaning up and so forth. As a result the various rooms or areas of the home became arranged to accommodate various routines or daily activities. These activities were the arena in which agentic fulfillment was most likely to be achieved. This is because agency was focused more on self-awareness and choice. Participants engaged in various leisure or instrumental pursuits primarily because they were intrinsically motivated. The sense of accomplishment and successful application of a skill or ability to a task provided a renewed sense of autonomy, which was akin to the concept of agency.

Eva enjoyed knitting and watching television with a nice view, and possibly a breeze blowing through an open window. In order to maximize these experiences within her residence she chose to spend the majority of her time in her living room. Even though the space in her apartment was limited, her rationale for spending time in her living room was linked with the tasks that she associated with that space. Since these tasks were meaningful she viewed the majority of the time spent in this space as positive and purposeful.

Lillie had several places within her home that she preferred to spend her time in. Similar to Eva, her reason for being on her balcony, or in her kitchen or sitting in her living room were all connected directly with an instrumental or leisure task or activity. Likewise Betsy spent portions of her time in various rooms in her home. During the morning when she was figuring out her program-viewing itinerary she would be upstairs in her hobby room. Late afternoon and throughout the evening she would sit in the chair closest to the television in her living room. For Betsy the remainder of her day was usually spent on her balcony or in her kitchen tending to various tasks. Therefore the home provided space and opportunity for instrumental and expressive engagement, and various aspects of the home became meaningful, preferred and familiar because participants enjoyed the context in which a given activity occurred. One can only imagine the challenges associated with relocation, especially for home centered older adults. These individuals spent a large portion of their time alone in the home and as a result become accustomed to the locations that best facilitated their pastimes. Thus the home provided numerous opportunities for a resident to feel a sense of

purpose, engage in a meaningful or functional task which further promoted choice, independence and individuality. Thus the home was a context for a variety of leisure and instrumental activities which supported the agenic needs of these participants.

Even at the most basic level, houses require upkeep. Therefore tidying up throughout the day, before and after mealtimes, was one small task that had been incorporated into participants' daily routines. Margaret explained that incremental cleaning throughout the day was the best way to maintain a clean home.

*If you keep with it, its easier to do it doesn't get so dirty. If you let it get too dirty you get so fed up with it you just want to scream so I just as soon try and keep it clean in the beginning.*

The home environment also contained a variety of objects, many of which were identity markers. They linked the resident with important relationships, experiences and life events that had happened earlier in life. Margaret had several items in her home that held special memories.

*Well there are several things that remind me of special relationships. Somebody gave us that coffee table when we got married...it's got on the bottom of it...a "V" for victory sign somebody chalked it, it was made in Lewisville.*

This item marked not only her anniversary but also a historically significant period in world history. Eva had a favorite wall hanging that reminded her of growing up on the farm. She had preserved it in mint condition and one



would not be able to tell that it was the centerfold from a newspaper that was over sixty years old. Eva has had it on display in every home she has lived in.

*I love this picture...that comes from a long time ago...We used to get this weekend paper,...and this was the centerfold. And I saved that picture because...that to me was so home like. It was...countryish it was just what would you call it very grounding...*

This picture connected Eva with her home of origin and brought a sense of her past into her present environment. Eva not only remembered when she got this picture, she also remembered how her friend wanted it too and she refused to give it away.

Lillie had a similar experience. On display above the mantel in her home was a beautiful oil painting of a swiss mountain scene. When she originally saw this painting she was drawn to it, however the price was more than she was willing to pay. After a series of ironic events she ended up inquiring about the painting a second time and ended up purchasing it. This treasured item reminded her of her native roots in Eastern Europe and was also symbolic of her tenacity to persevere despite all odds.

*It was a store, an old store, and it was in the window. And each time when I passed that I saw the picture and I think oh I love that picture, I like to get that, and I went in and I asked him. One thousand five hundred dollars. I told him I'm sorry I don't have the money and I went. Then the next time I see that he has a sale, I went in and I told him do you like, do you have it on sale. Oh no its mine now and he doesn't want to sell it so I went. He*

*closed the store and it was a real estate [office] there and he was sitting behind the writing desk and they had the picture behind him, and you can see it when you pass. And I went in and I told him you are in real estate now? I told him you have that picture here still. He said do you want it? And I say I'm still interested but do you like to sell it? He say ya, what would you like to give me?...I don't know what I have to give him you tell me the price and he say five hundred dollars. Ahhh I have to ask my husband. So I went home and I was saying five hundred dollars, but I want that and I gave him five hundred dollars and it was mine. A couple weeks after it [the real estate office] was closed.*

The most meaningful items were not merely familiar, they also had a story, most often a history. As a result these momentos acted as a bridge connecting their current owner with an experience, heritage or time period in the past. Eva stated that she was shocked when her Great Aunt willed her an antique hutch and several other china and silver pieces. Originally the hutch had belonged to her Father's parents, however she had remembered seeing these treasured family heirlooms on visits to her Aunt's house. Eva was honored and cherished the fact that her Aunt thought enough of her to bequest them to her. As a result these items were proudly displayed just off the kitchen in a central area of her apartment.

The home was also a place for re-engagement and renewal. Lillie had relocated from her home of 55 years. In the process she had given away many of her household items including various pieces of furniture and china as well. She

had anticipated that these items would not be needed in her new home. Lillie decided that the home was going to reflect her talent for decorating and her lifestyle as a single widowed women. Her former home had been purchased and lived in by her and her late husband. Therefore her new residence was symbolic of the freedom she had to make numerous decisions that impacted the décor, the ambiance and structural layout of her apartment. She justified her expenditure on home furnishings by stating,

*I have no children...to leave the money [to]. I was working so hard my whole life, I was always saving, saving and...I go to the store I buy for my husband a chair, a shirt or a pant and for me I never buy something. So now I am only by myself. I think now you have the chance...give it up...*

Lillie continued to display artifacts and memories that represented her life from childhood through to older adulthood. The various identity markers that she introduced into her living space served to remind her of how successfully she had negotiated one of her greatest life change events. She summarized her feelings by stating, *"I can't tell you it's so it's quiet it is...my home. I really feel comfortable here, not that I feel like I hated it or anything, so its really very very relaxing."*

### *Conclusion*

QOL is a multi-faceted phenomenon. Within the lives of these older adults, the quest for freedom and independence required participants to address numerous barriers and challenges as well as implement adaptations. This chapter sought to identify and discuss what these home centered older adults valued and invested their time and energy in. These QOL considerations were

the building blocks or materials that participants used to make meaning and maintain purpose, identity and independence in their daily lives. The next chapter will provide an in depth analysis on the impact of the home environment on the lifestyle, routine and daily activities of these participants. This discussion will address home-related QOL considerations in relation to both agenic and affiliate domains as well.

The sixth chapter will explore the process of “how” these QOL considerations were negotiated in conjunction with real life crises and events. The conceptual model will provide a framework within which one can understand more clearly how these considerations can facilitate and enhance or detract from an older adult’s QOL.

## Chapter 5: The Home and Objective Quality of Life Considerations

The home was the central context within this study. Participants valued their home because it embodied a variety of objects that referenced special memories, experiences and relationships. The location of the home was also important as it enabled participants to build a strong support system with neighbors and family that lived nearby. Additionally the home was valued because it provided respite, relaxation and an uninhibited opportunity to be fully present in an environment that entitled participants to a certain degree of independence and freedom.

The home was the context where participants' QOL was negotiated. This is because it was the primary context within which they experienced life. Harvey and Singleton's (1989) research investigated not only the time and type of activities engaged in across the lifespan, but also the context where time was spent. They reported that older adults "aged 70 plus average[d] about 1230" minutes of their day, approximately 20 hours, alone within the home (p.280). Harvey and Singleton explained that on average older adults spend five more hours a day alone than those ages 15-44. This positions the home as the central context concept within the QOL considerations of older adults. Harvey and Singleton also stated that "behavior settings can be viewed as containers for activities possessing a range of characteristics. However, they are not passive containers" (p.270). This is congruent with the leisure lifestyle experiences of participants within this study. Participants engaged in a variety of activities within their home environments and derived a variety of benefits from participation.

The home environment was an objective determinant of QOL. Participants subjectively appraised their home environment, however there were various objective considerations related to the home that they had to negotiate as well. Hence a comprehensive analysis of participants' QOL must include an in depth look at not just the activities and behaviors participants engaged in, but the environment in which daily life occurred. The previous chapter addressed the lifestyle in relation to QOL, this chapter will discuss the home environment in relation to QOL.

Participants' homes served to support or inhibit agenic and affiliate fulfillment. The home encapsulated objects that held personal significance and provided a space where various functional and expressive experiences could occur for the most part independent of outside interference.

Within this study the home was the fulcrum upon which a home centered participant's QOL experiences and considerations rested. Challenges or barriers within the home significantly impacted the daily routine and level of engagement enjoyed by participants. Conversely structural or functional modifications or adaptations to participants' homes increased their opportunity for optimal wellbeing.

This study was focused on not only discovering what home centered activities older adults engaged in but also how the environment in which they spent an increased amount of their time impacted their choices, behaviors and QOL. In order to understand the important role that the home environment has played in each participant's life, this chapter will begin with a description of each

participant's home and the important features and objects therein. Next, the literature on the relationship between the home and aging will be discussed in reference to participants' personal and collective experiences. Further exploration into how the home promoted and inhibited optimal functioning for these participants will then be identified.

### *Participant Home Descriptions*

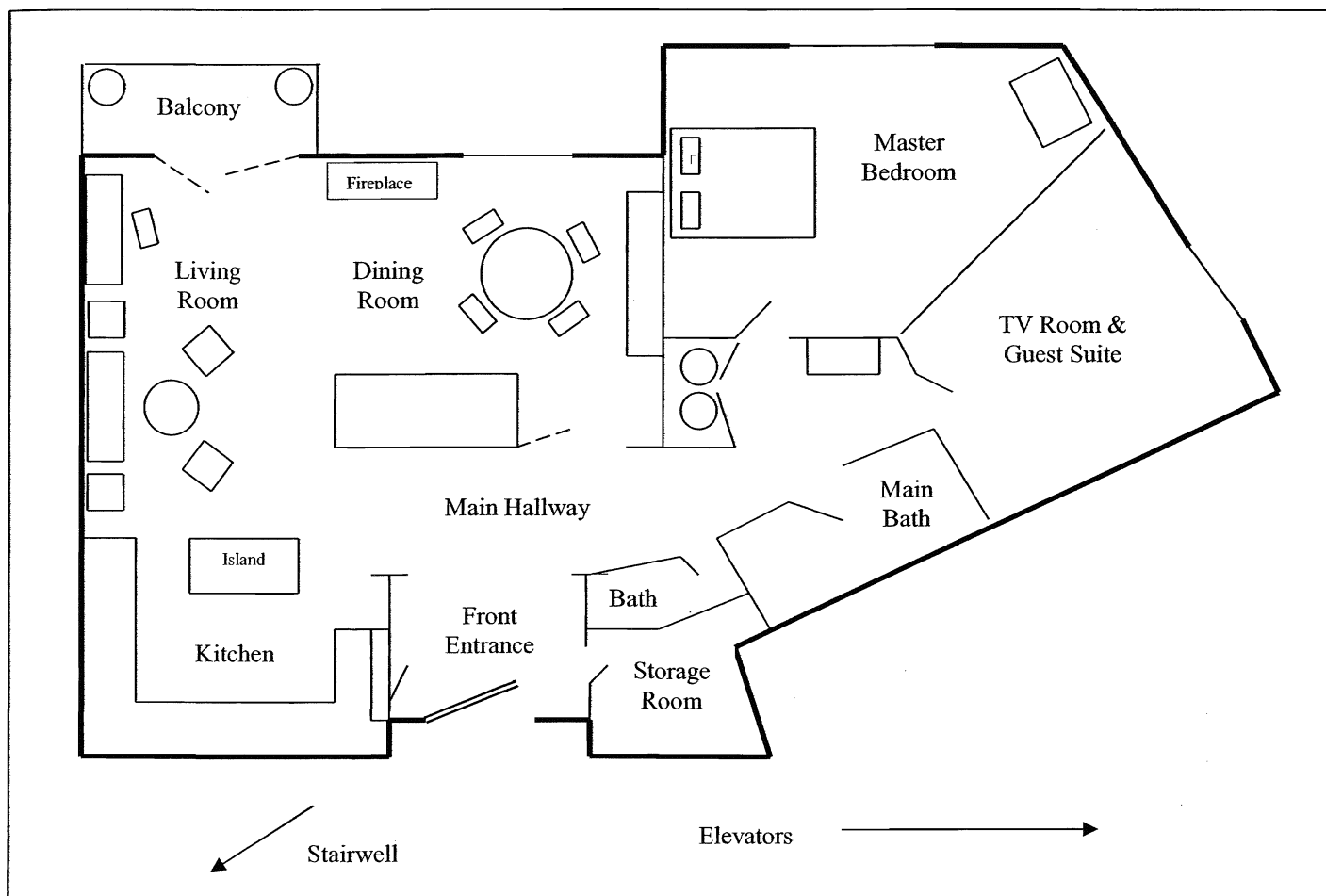
The home was the only domain where these participants had the option or right to make structural or functional changes or adjustments to benefit their lifestyle. Therefore the home was the only space where they could comprehensively negotiate their well being and QOL. However the degree to which wellbeing was achieved depended on accessibility to supports, resources and personal capacity. The following descriptions outline the space in which each participant lived.

#### *Lillie's Home Environment*

Lillie lived in a four story independent senior living community. The facility was only three years old and consisted of an apartment style condominium layout. The bottom floor of the building had several amenities including a salon, small café and shelves of books that were available to be borrowed. The facility also had various common rooms used for playing games such as cards or pool or watching movies on the large screen. Additional weekly programs were provided for residents and did not need to be signed up for prior to participation. The grounds around the building were professionally manicured and a cement

walkway surrounded the facility. This pathway was used regularly by residents for exercise.

Figure 5.1 Physical Environment Sketch of Lillie's Home



Lillie had a two-bedroom apartment that was situated on the second floor. Originally her apartment was designed to contain three bedrooms, however she felt that the third bedroom was unnecessary and the wall separating the bedroom from the rest of her home enclosed her living room considerably. Lillie had the builders take out that wall. As a result the "third bedroom" became a lavishly



furnished dining room complete with a new Italian four piece dining set that she had purchased upon relocation.

Lillie's home was exceptionally clean and bright. She had arranged numerous decorations and furniture traditionally in each room. Her apartment consisted of a large entrance hallway with a coat closet to the left and a large walk in storage room to the right. It was evident that Lillie took great pride in her home, with each wall hanging and decoration purposely chosen and positioned. On the left next to the door was a wooden plate that had seven coat of arms displayed around the perimeter. Each crest represented a family that lived in the small German town where her mother was born. Lillie had interspersed other culturally specific objects around her home too, however her living space still maintained a very traditional North American ambience.

Adjacent to the closet on the left was a large full-length mirror, which Lillie explained she had purposely placed there to expand the look of the entranceway. Directly across from the mirror was a chair and table with a lamp. She purchased the chair and table upon relocation. She felt that there was something missing in her front hallway and was pleased to find a bargain that was stylish and suited the space. At the end of the entrance hallway, Lillie had arranged a decorative table with a mirror above it. Everything was meticulously maintained, it was obvious that this home had been intentionally decorated.

To the right of the entrance area another hallway widened, providing ample space for movement in and out of the various rooms as well as access to the enclosed washer and dryer unit. This section of the apartment contained two

baths and two bedrooms. Initially the apartment consisted of a half bath and one full bath. However Lillie wanted to have two full baths so that guests who spent the night would be able to have access to their own shower as well.

The master bedroom had oversized windows, which let in lots of fresh air and sunlight. Lillie had a large queen-size bed with a couple of bedside tables situated as the central focus of the room. Architecturally the room was an odd shape. The room was wide at one end and then gradually narrowed. Thus the farthest wall in this room was much smaller than the wall where Lillie had positioned her bed. However Lillie was very pleased to discover that her large bureau was able to fit against the end wall. Lillie also has a slipper chair situated at the end of her bed and on it a pillow that her late sister had made by hand. Several pictures of her late husband and her were arranged on the wall including their wedding photo and another one of their 25<sup>th</sup> anniversary. On the way out of her bedroom there was a small-framed needlepoint picture. Lillie explained that this was the first needlepoint that she had completed at 32 years of age.

In the hallway to the right of the master bedroom were two doors which opened unto a closet where the washer and dryer were stored. To the left of the master bedroom was an antique dresser with a mirror. Lillie proudly described how she acquired this dresser when she had purchased her cottage. The previous cottage owner had left it there and she had decided to refinish it. As a result she has treasured it ever since. Ironically a painting of her former cottage was positioned across the hall from the antique bureau.

Adjacent to the master bedroom was the apartment's second bedroom. This had been converted into a TV room. Lillie had furnished this room with a pull out sofa that she could relax on while watching TV, or while listening to her favorite classical radio station. Lillie also kept her sewing machine in this room as well as a bookshelf, which contained numerous English and German titles. When visitors stayed over, this room was transformed into a guest suite. This room also had a large window, which brought in lots of bright light into the small space. The pictures, wall hangings and books contained reminders of where Lillie was born, her culture and heritage as well as various experiences in her past such as one framed sketch. She had been given this sketch by her nursing school upon graduation.

Lillie's home had laminent hardwood floors throughout. When she moved into this apartment she had purchased rugs for each of the rooms. Each rug matched the décor and furniture in each room. Along the hallway which headed back toward the entranceway there was a door to the right that opened into the dining room. Originally this would have been the doorway for the third bedroom. The hallway continued into the kitchen and living room area which was designed as an open concept. The kitchen was to the left and the living room to the right with an opening onto the dining room and another opening onto the balcony.

Large slightly tinted glass doors blocked the harsh rays of the sun but afforded a beautiful view of the foliage that fenced in the side of the building. Lillie loved nature and enjoyed having access to the outside via her balcony. She had placed two large planters on either side of a small four-seat table, she also had a

lounging chair out there as well. Lillie enjoyed eating, visiting or reading on her deck when the wind and weather permitted. The balcony was enclosed with a glass railing which enabled her to easily look below at the walkway that winds around the building.

Lillie spent a good portion of her time in various rooms in her home. However her kitchen was of special importance because she had it modified to suit her lifestyle. Given the lack of counter and storage space, Lillie had an island designed and installed. She also had a beautiful mantle and gas fireplace installed on the wall between her sliding glass doors and the dining room window. She used the fireplace year round because it had a feature that purified the air as well as heated her home. Above her fireplace was a beautiful oil painting of a Swiss mountain scene that held special meaning because it reminded her of her homeland.

Lillie's living room was arranged traditionally with a sofa, two armchairs, two end tables and a round coffee table, the latter being situated in the center of the seating arrangement. Lamps and side tables were positioned on either end of the sofa. Adjacent to the sofa was a beautiful mahogany desk, which she purchased when she moved in. This was where she periodically read or would write letters to her family and friends abroad.

Lillie had a variety of art, photographs, and various objects displayed on the walls and furniture in her home. She readily used the space in her home and did not spend a concentrated amount of time in any one location. She would

often read in her living room, at her desk or on her balcony. She chose when and where she would engage in a given pastime.

Lillie appreciated her home and after three years felt that she had made it feel like home. Lillie admitted that her apartment felt larger than her original two level home because everything was convenient and accessible and the space was readily used. However, one of the inconveniences she noted was the distance that she had to walk to access the elevators. She admitted that it presented challenges but stated that she had *"to walk but it's good for me..."* Lillie could also take the stairs to enter or exit the building. They were conveniently located across the hallway from her apartment.

Regardless of the challenges involved in relocating and adjusting to a new residence it was obvious that Lillie had adapted extremely well. When asked what was the best thing about her home, Lillie responded, *"The best thing...I don't know....I think the whole home is the best thing..."*

#### *Betsy's Home Environment*

Betsy lived in a three bedroom, two story semi detached home on a quiet cul-de-sac in a residential area of the city. The home she lived in was a traditional North American style semi that was older, but well maintained both aesthetically and structurally. The outside of the home contained a well-manicured lawn with a large tree as the focal point. A flowerbed was situated under the large bow window, to the left of the front door.

A paved driveway containing the car her late husband used to drive ran along the left side of the home. At the end of the driveway was a high wooden

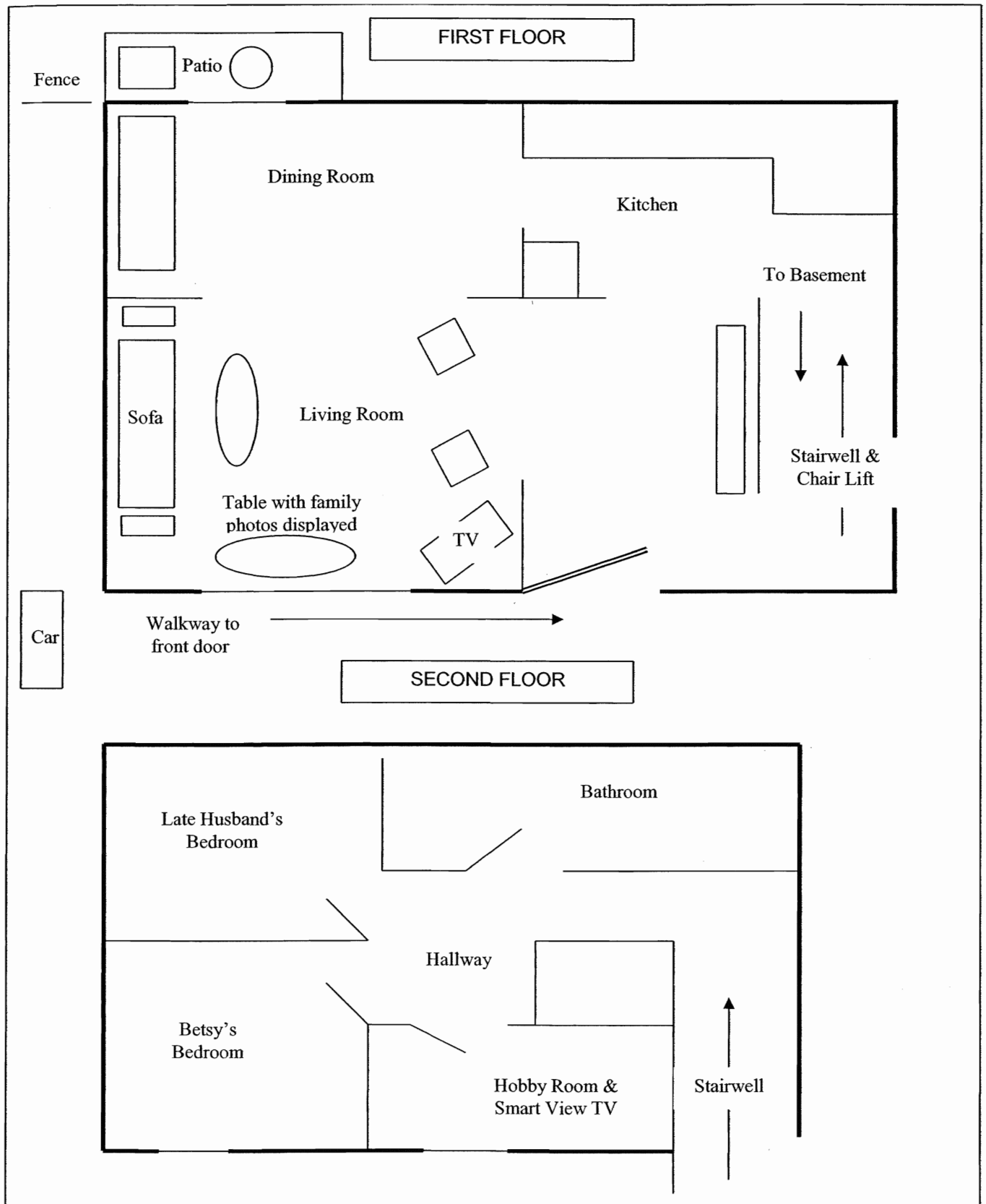
fence that encased the backyard adding a high degree of privacy from neighbors on both sides. This rather tall fence seemed to inhibit interaction and socialization with the neighbors on either side. However Betsy had established a healthy rapport and friendship with both of them. Therefore one must assume that the fence was not intended to keep the neighbors adjacent to her property out but rather to provide privacy.

A concrete walk led up from the driveway to the front door. Given that this was a two-story home, the living room was situated on the main level. As a result a large bow window looked out over the front yard and the street beyond. Betsy explained that the position of her window and the home in relation to the street enabled her to feel safe. She explained that the large bow window made it easy for her to see the lights of the cars going by at night, should any of them stop in front of her house she could immediately take notice and respond accordingly.

Betsy did spend time in various rooms and areas of her home throughout the day. However during the evening hours her living room was the place where she sat for hours on end watching back to back television programs. Thus having the TV as well as a view of the road conveniently located on the main level provided her with additional security.

The front doorway of the home opened up onto the main living room. This was the area where Betsy had arranged a four-seater sofa along the wall with two end tables and lamps on either end. A coffee table had been placed in front of the sofa and another one had been placed underneath the bow window. The second table was used to hold a well-organized number of framed photos of

Figure 5.2 Physical Environment Sketch of Betsy's Home



Betsy's extended family, many of whom are grandchildren and great-grandchildren. Across from the sofa were two armchairs. To the left of the chairs was her television. Betsy sat in the chair closest to the TV. This was the only place where she was close enough to optimally view her TV programs.

The entire first level as well as the second level, was carpeted. The kitchen and bathrooms contained linoleum flooring. The living room was the largest room on the main level. The walls were sparsely decorated with a couple of older framed store purchased prints centered above the sofa. The dining room did not contain a table. Instead it had a European style sideboard that served as a shelf and storage area on the left wall. Betsy's phone was also located in the dining room near the sideboard.

Betsy's home was functional. She did not appear to have a distinct style or preference when it came to home décor or ambience. She did point out a wall hanging that had been given to her by her sister when she moved into her home 27 years ago. The framed item was a hand made hook rug that her sister had sent to her from England. This wall hanging held special sentimental value and also reminded Betsy of her British heritage and roots.

The dining room had two sliding glass doors that opened onto a wooden patio or porch, which further extended into her fenced backyard. She recently purchased a fully covered cloth swing, which sat to the left of the patio doors. Various planters lined the far perimeter of her patio and a plastic outdoor table was situated in the center of it. There was a wooden shed in her backyard, which housed one of the bird feeders that she faithfully filled on a regular basis.



From the dining room there was a doorway that opened into a medium sized kitchen. Betsy had a window over her sink counter area and a fairly new, rather large fridge as well. In the corner of her kitchen she also had a table and a couple of chairs. The kitchen doorway led back into the large living room area or on the left there was a door, which led down a steep set of stairs to the finished basement.

Betsy's children preferred that she did not go downstairs, as there was the increased risk she could fall. The basement level was small and sparsely furnished. There was a bar positioned as the focal point of the room. To the left of the bar there was the laundry room and to the right of the bar was a wall shelved area for the storage of dry goods. Beside this was a doorway that led to a half bath. There was also a sofa that appeared to be used as a day bed downstairs as well.

The upstairs level of the home was accessed through another steep set of stairs that were positioned to the right of the main entrance. This was where the chair lift had been installed the entire length of the stairwell. Betsy did opt to use either the stairs or the lift depending on how her legs felt. The lift was originally installed by the Veterans Affairs Department because her husband had been a Veteran and needed this device to easily navigate the second floor of their home.

After ascending the stairs there was a full bath to the right, following by a room which Betsy introduced as her late husband's. This bedroom was a fair size and contained a window, closet, a double bed as well as one dresser and a bureau with a mirror. There was also a nightstand adjacent to the bed as well.

The furniture in this room was plain but functional. There were various items related to her husband's passion for golf that were displayed on both dressers. Betsy also had a collection of Wedgwood china trinkets that her son had purchased for her when he was younger.

Further down the hallway on the right was Betsy's room. It was located at the front of the house and had a window that overlooked the front yard and the street below. Her room was also simply but functionally furnished. She had a dresser with a special funny card from Mother's Day that she cherished. She also had a double bed, a night side table, and a rocking chair. Her rocking chair was full of various stuffed and homemade animals. Most of them were given to her from family members in England. In fact, two of the dolls had been knitted by her niece. As a result she cherished them considerably. Additionally her favorite animal, the Koala was also among the pets that occupy this chair.

Upon exiting this room a display of photos and framed items are visible on the hall wall across from the bedroom doorway. For years Betsy had always had a large black and white photograph of her father hung outside her bedroom door. Additionally there were several other items framed beside this photo. She stated that her late husband used to ask, "*where's my photo*". Since his passing she has been in the process of enlarging a smaller black and white photo of her husband as a young man. She plans to frame and place his picture next to her father's. After leaving her room and turning to the right the second floor hallway ended at the doorway of the third bedroom.

This room had been converted over the years to a sewing or hobby area. Currently the room was very disheveled. There was a medium sized window that provided a fair amount of light, however the room felt even smaller with the various shelves that spanned the full length of the left wall and the smaller shelving unit that had been suspended on the right wall. The middle of the room was a conglomerate of various hobbies such as a sewing machine, some resources from the CNIB as well as her SmartView television. Betsy had cleared enough space to use this on a daily basis. Currently she was in the process of giving away her books, a few of which still lined some of the shelves on the far right wall. This room appeared chaotic and reflected how minimized Betsy's leisure repertoire had become since the progressive loss of her vision had worsened.

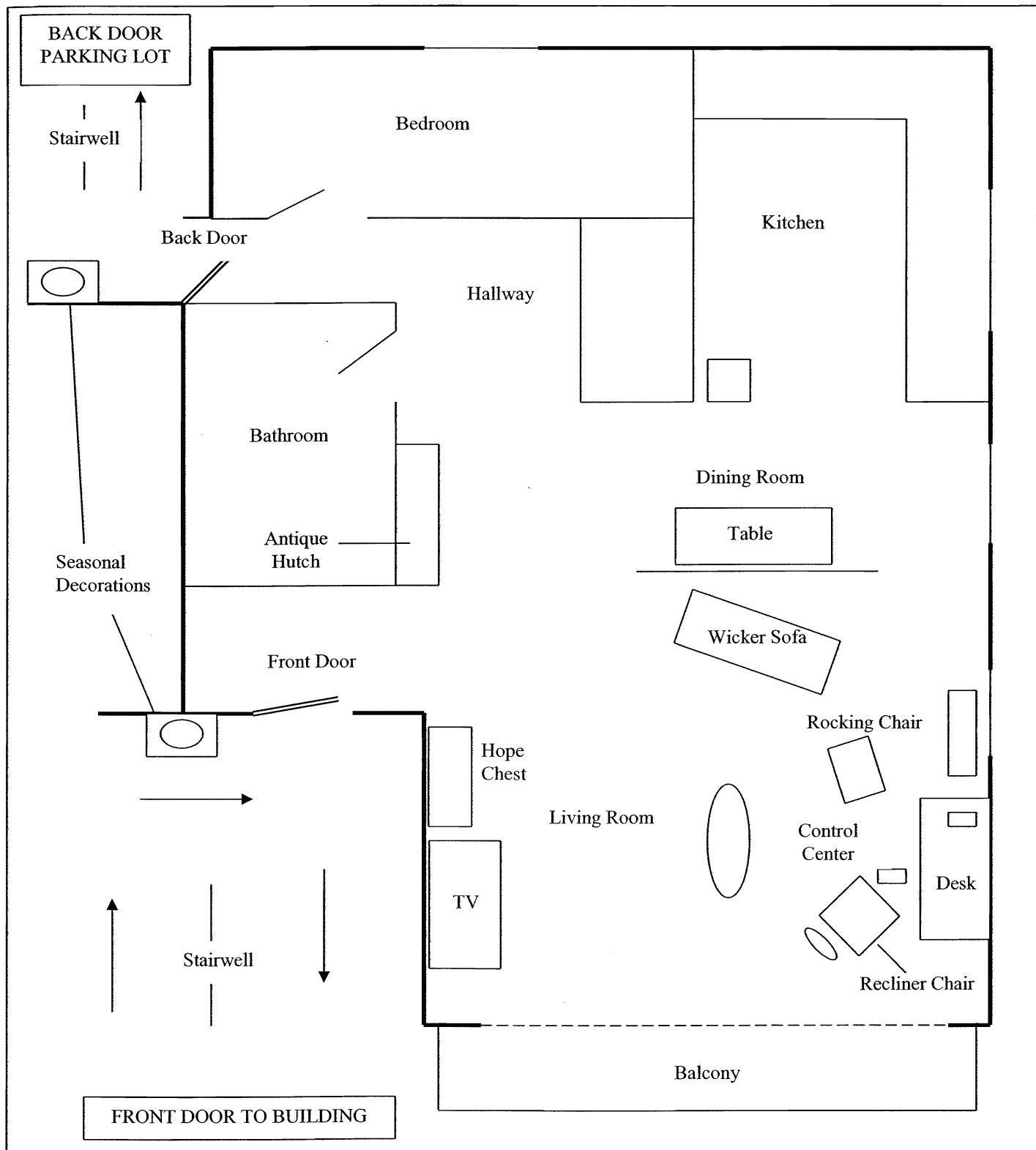
Overall Betsy enjoyed living in her own home. She felt that she was still capable of maintaining an independent lifestyle in this environment. After a recent short term stay in a local nursing home Betsy had become aware of the sacrifices required in institutional settings. As a result Betsy was determined to continue to make do and optimize her abilities and home based lifestyle as long as possible.

#### *Eva's Home Environment*

Eva lived in an older six-unit building that was situated on a street that contained other two story buildings as well as a number of older single detached homes. Eva's building was centrally located off a main road in a neighborhood that appeared to be aesthetically tired. Eva lived in one of two first floor

apartments. Her unit had both a front and back door, which enabled her to park her car in the parking lot at the back of the building.

Figure 5.3 Physical Environment Sketch of Eva's Home



In order to come and go from the building Eva had to navigate one set of stairs at the front or back of the building. However she had to travel down two flights of steps in order to do her laundry on the ground floor. Overall Eva was very pleased with her apartment, she had done her best to maintain it in pristine condition over the past 12 years. In an attempt to add a warm seasonal touch to the rather stark stairwell and landings, Eva personally made up seasonally themed silk floral arrangements to display on the first floor landing. She did this for both the front and back stairwell landings.

Eva's one bedroom apartment was compact. The front door opened to an alcove, which had access to a closet. Immediately to the right the entrance opened further into the living room which had one window on the far wall and a bank of sliding doors and windows that exited onto a cement balcony. Eva spent the majority of her time at home in her living room. She had numerous ornaments and knick-knacks neatly displayed on her television shelving unit, as well as on a central coffee table and a smaller hope chest. The ornaments were not arranged in any particular theme or order. However Eva was able to discuss the relevance and importance of each piece.

Interspersed among these various artifacts were photos of her children and grandchildren. The photos of her son and his daughter were the largest and most visible in her living room. In fact she also had a huge framed photograph of her son's sailboat sitting on her hope chest beside the TV shelving unit. Eva enjoyed weekly visits with her son and it was obvious that his active involvement in her life had undoubtedly strengthened their relationship.

In addition to having her television situated in a shelving unit against the wall closest to the doorway, Eva also had a large wooden desk positioned directly across from the TV unit. Above this desk hung one of her most treasured pictures, the framed newsprint centerfold of a barnyard scene. This picture reminded her of the farm she grew up on.

Her telephone also sat on the far left-hand side of the desk. When it rang she would sit in the rocking chair that was in front of the phone to have her conversation in comfort. However the majority of her pastimes were enjoyed within the recliner chair that sat on an angle in front of the desk and a few feet from the television. Eva explained that this was where she knitted. Her knitting supplies were kept next to the right hand side of her chair, while the newspaper and crosswords were kept on the left-hand side.

When Eva wanted to read she would select one of the Reader's Digest hard covered volumes that she kept on a bookshelf to the left of her desk. Her living room also included a wicker love seat. She purchased this item when she moved into the apartment. Behind her large recliner chair was her balcony. During the warm weather she would open her screen door to let in the fresh air. She preferred to sit inside and enjoy the sunlight and fresh air rather than sit outside on her patio chairs. However she did faithfully tend to her custom-made flower planter which hung over the railing. Her children had a wrought-iron frame made especially to fit over her railing. She enjoyed planting a variety of plants and would usually try one new variety each year.

Eva had regrettably given away some of her furniture over the years. As a result she needed to purchase a chair or sofa for her apartment. With limited space and the stipulation that the sofa had to be light enough to move for cleaning purposes Eva decided that a wicker sofa was her best alternative. Eva stated that she had always liked the look of wicker furniture and was pleased with the piece that she was able to add to her living room. In addition to a very decorative animal print cushion, the brown wicker sofa had an old lambs wool shawl neatly draped over the back. Eva explained that this was a special heirloom, which had been worn by her relative back in the day when women wore large hoop skirts and used shawls to cover up and stay warm. Sitting atop of this shawl were two little stuffed animals. Eva proudly discussed how both had been given to her by her grandchildren.

The living room was separated from the dining room and kitchen area by a half wall, which had a series of see through wooden shelves that reached to the ceiling. Without the wall the living room would naturally continue on into the kitchen area. The wall acted as a barrier and made space for the dining table. Eva explained that she had been looking for a table to fit that space when her sister who collected antiques mentioned that she had this table available. Eva was very pleased with this piece of furniture as it fit perfectly in the dining room area just off her kitchen.

In the corner of her dining room Eva had a curio cabinet with some special china pieces on display. She also had a collage of various birds that she had

saved from an old calendar. She had creatively arranged them in a wooden calendar frame and hung them on the dining room wall.

Eva's kitchen opened off the dining room and had a bright large window which, was situated over the sink. She felt that the window was the best feature in her kitchen as it let in lots of natural light and fresh air. She also had a small water cooler that sat on a table between the kitchen and dining room. Just off the kitchen and dining room area in the hallway was a beautiful antique hutch with an inlaid mirror. This heirloom had been handed down to Eva. She had numerous photos and additional treasured items displayed thereon. This piece of furniture had been well maintained and was preserved in excellent condition.

Further down the hall to the left was a full three-piece bath. Eva explained that the only problem with her bathroom was the limited storage. She wished that her bathroom had shelving behind the mirror so that the clutter of items around her sink could be stored out of sight.

At the end of the hallway on the right was a doorway that led into her bedroom. This room had a large window, which looked out over the back parking lot. In fact she parked her car right below her bedroom window. She explained that one of the stipulations she had in choosing an apartment was the size of the master bedroom. She explained that her and her first husband had decided to redo their master bedroom in a previous home. As a result they had selected this five-piece bedroom set together a number of years ago. She refused to "*break up*" the set and was pleased that the set fit perfectly in this room.



In addition to her furniture Eva had numerous special photos, and jewelry boxes as well as momentos that she had purchased or received as gifts over the years. The items on display in her bedroom told the story of how she and her first husband met, the various hobbies they enjoyed together such as square dancing and entertaining guests. Eva also had several gifts on display that her husband had given to her. One of the more memorable ones was a large jewelry box that contained a mirror on the inside. Her late husband had purchased it for her when she was in the hospital giving birth to their first child. She explained that he had given her this gift so that she could see her face close up and do her makeup, because at that time new mothers spent 10 days in the hospital after the baby was born. After exiting her bedroom there was a door to the right. This door led out to the back stairwell, which exited in the back parking lot.

Eva's home was clean and well maintained. Although it was small she had managed to keep all of the important objects and furniture that held special meaning to her. The only concern that she had in relation to her home related to the rowdy neighbors who lived in the unit above her, as well as safety issues associated with walking alone in the neighborhood. Eva did have a gentlemen neighbor in the building that she respected and had established a friendly rapport with. Similarly she also knew a younger women who lived across the street that had befriended her as well. Eva wanted to continue to maintain her ability to live in her apartment for as long as possible.

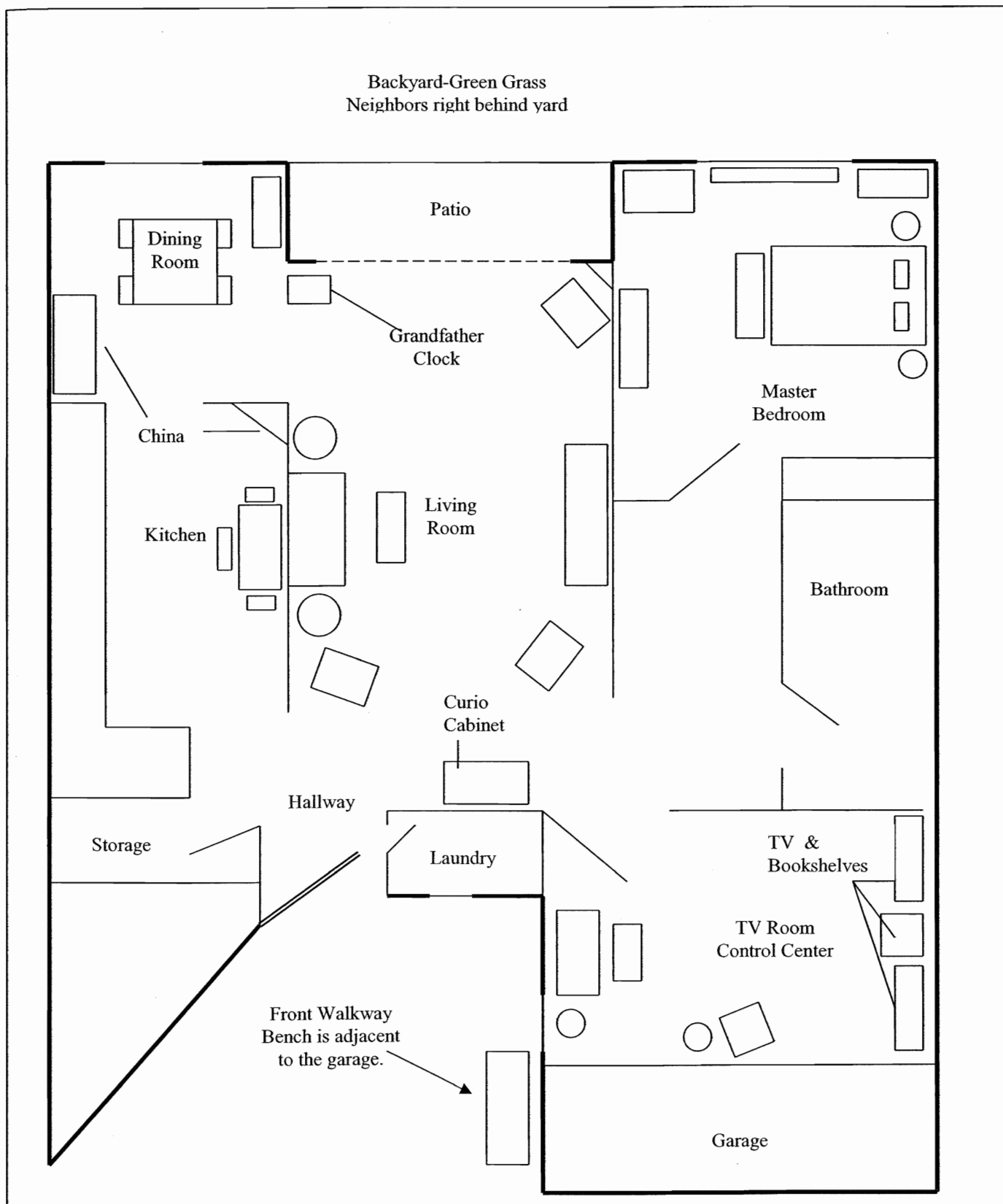
### *Margaret's Home Environment*

Margaret lived on the main level of an end unit in a town house community. This community was located within a larger residential area and could be accessed off a main thoroughfare as well as off a neighboring residential street. This town house community had a number of units, which were occupied by a variety of people. The townhouses were managed by a corporation. Therefore all of the lawn related upkeep was managed for the residents. There were also certain bylaws that residents were required to comply with. Margaret stated that one of the rules was that residents could not have birdfeeders in their front or back yards because it encouraged birds and created additional mess. Unfortunately if this law had not existed Margaret explained that she would have enjoyed having the birds visiting a feeder on her grassy lawn out back.

Margaret resided in a two bedroom one level unit with an enclosed garage. The walkway up to her door provided ample room for a bench and two planters. Currently she had a bench and was hoping her son-in-law would put out her planters on either side before summer's end. Margaret enjoyed spending brief periods of time sitting on the bench out front. The walkway up to her front door was all cement therefore it was easy to navigate and fairly even for walking on.

The front door of Margaret's home opened into a small hallway. She had painted this hallway a light sky blue and had placed a small narrow table with a lamp and decorations up against the wall. She had a large sketch of her great

Figure 5.4 Physical Environment Sketch of Margaret's Home



granddaughter above this table. At the end of the table there was a door which opened into a small laundry room, which had a window that brought in natural light. There was also a large closet on the other side of the entranceway.

The hallway opened up into a large living room on the right, or into the kitchen on the left. Before entering the kitchen there was a large storage room on the left-hand side as well. The kitchen was a good size. It contained a number of cupboards and substantial counter space. Margaret had numerous knick-knacks on the walls as well as on the counter and even a collection of cranberry glassware on display atop the cupboards. A corner wood cabinet provided more storage and display space. Margaret had arranged a beautiful Royal Albert China set of "Apple Blossom Time" dishes on the shelves and a couple of Paddington Bear Cookie Jars on top of the cabinet. A medium four-seat table was abutted against the only empty wall in the room. Three chairs were arranged around it. The kitchen had a busy but cheerful ambience. Her fridge had a number of photos and magnets. Margaret explained that the fridge memorabilia was from her granddaughter who had recently visited with her children.

The kitchen was a walk through and opened into a small but traditionally furnished dining room. A low hung chandelier marked the center of this small space. A nicely kept rectangular wooden table was centered underneath the light and chairs were positioned around the two sides. Two additional chairs were stored in the corners of the room. A large china cabinet sat against the left wall. A full compliment of Wedgwood china was displayed through the ornate glass windows. Across the other side of the room was a smaller buffet. Margaret

explained that her china was used often in the past as her and her late husband enjoyed entertaining both family and friends. She also mentioned that all of the furniture in her home had been brought down from her original residence.

Margaret's granddaughter was in the process of moving. As a result there were neatly stacked plastic units containing her personal items situated in the dining room. Margaret was eager to have her dining room restored to order and was hopeful that the additional storage units would be moved as soon as possible.

The dining room had a large window that looked out on the back yard. Thus this room enjoyed lots of natural lighting. The walls were painted a light buttery yellow. This color was carried throughout the living room, which extended into the dining room.

The living room was the largest room in this home. In addition to sliding glass doors, which exited out onto a concrete slab and grassy backyard, there was also a large fireplace and mantel. The living room had several African violets situated on a wooden table in front of sliding glass doors. Margaret also had a matching sofa and three wing back chairs that beautifully complimented the colors and décor of this upscale room. She had two end tables and two coordinating lamps that matched her furniture very nicely. A very special coffee table sat in front of the sofa. This was the table that she had been given when she got married. Part of its significance was related to the fact that it served as a historical reminder of the war effort and the victory that followed. Underneath the table there was a "V" which had been marked for victory.

A large grandfather clock sat on the narrow wall between the dining room and the sliding glass doors. This clock was given to her as a gift by her late husband. She had to have it restored after a great grandchild broke it. As a result she was not only very fond of this special piece, but also very protective of it as well. This clock chimed every quarter hour and in the middle of the night should she wake, she claimed that it helped orient her to the time.

The top of Margaret's mantle was adorned with a variety of objects, photos and knick-knacks. One of the pillows on the far wing back chair was a tribute to her last dog. Her daughter-in-law had his picture printed on the pillow as a gift. Margaret cherished this item and although it is out of character for the room it was definitely a conversation piece for all who entered.

Above this wing back chair there was a small corner curio cabinet hung on the wall. Margaret explained that it contained a collection of special figures that were made by the same company in Germany that produce the Hummel figures. Her husband began giving her a piece of this collection for special occasions. Margaret also had an extensive Hummel figurine collection. She displayed it in a full multi-level glass curio cabinet against the far wall of her hallway. It was apparent that Margaret took great pride in her collections. The numerous figurines were meticulously displayed on each of the glass shelves.

Margaret's living and dining room were carpeted. However when she moved into this home she had a good portion of the hallway as well as her TV room redone in a laminent hardwood floor. This made it easier for her to keep it

clean as she enjoyed eating most of her meals in her TV room where she felt less alone.

The TV room was off the living room. Originally this would have been a second bedroom, however Margaret chose to turn it into a TV room. Margaret explained that she and her late husband had always felt that a TV didn't belong in a living room because when guests came to visit they came to socialize not watch TV. As a result it was important to Margaret to have a separate room set aside for comfort, TV viewing and other related activities. This room was her favorite and one in which she spent the majority of her time. The room contained a love seat with a coffee table in front. This space was where she would read, do her daily crossword, or watch TV. On the side table to the right of the sofa she had a lamp and her telephone. Behind this table was a small window which looked out on the area outside her front door. Should the doorbell ring, Margaret was able to look out and see who was there and decide if it was safe to answer the door.

This room also contained another seat and table as well as a bank of bookshelves that were arranged on either side of the TV. The walls and door of this room contained various Asian themed decorations. She explained that when she had lived in her original home she had become friends with a local Korean storeowner. As a result she had been given these items as gifts and she proudly displayed them throughout this room as well as on her front door. A large portrait of one of her granddaughter's weddings was positioned over her sofa. She had a lot of respect for this granddaughter and had always been quite close to her as

well. It is interesting to note that the large portrait near the front door was the child of this granddaughter and another large ornate decoration above the china cabinet in Margaret's dining room was also connected with this granddaughter. The number of related items appeared to signify how important Margaret's relationship with this particular granddaughter was.

When Margaret had various family or friends over to visit she would usually enjoy a spot of tea and visit in the TV room. She explained that this room had a more intimate homey ambience, which she said was, at times similar to the strong feelings she possessed for her former residence.

Down the hallway further on the right hand side was a full bath. Margaret chose to paint this hallway, the bath as well as her master bedroom a pastel lavender color. This was not only her favorite color but she stated that it was a "restful" color and undoubtedly appropriate for the promotion of a good night's sleep.

The master bedroom was extremely large. At the far end was an oversized window, which let in a great deal of natural light. Below the window was a seat which housed a number of stuffed animals. She stated that most of them were her children or grandchildren's and she had somehow collected them over the years. To the left of the window was a tall fold up desk that appeared to be more Victorian in its style. To the right of the window was a somewhat tall dresser with several special figures one of which had been given to her at the advent of her marriage from a religious group that she had been a member of. Margaret's bed was situated in the center of the room with a hope chest



positioned at the foot of the bed. Her husband had given her the hope chest when they got married. Presently she used it for storage. On the far wall opposite the window was a closet.

Margaret's home was very tastefully decorated and immaculate. It was obvious that she took great pride in her home and had purposely displayed a variety of objects that represented meaningful relationships as well as collections that she has invested in over the years. Although she has dropped some of her leisure hobbies it was interesting to note how her collections served to not only fill space in her home but provide an ongoing sense of identity, continuity and purpose.

Each participant's home promoted a sense of continuity by providing opportunities to display personal objects that prompted reminiscence of meaningful events, relationships or cultural experiences. Additionally the home also facilitated opportunities for autonomy and continued engagement in a variety of modified or adapted instrumental, expressive and social experiences. However, many of these residents also experienced barriers to optimal functioning and QOL within the home environment. The following discussion will address some of the ways the home environment inhibited QOL and as a result how participant's adapted to optimize their resources and abilities.

### *Discussion*

Given that this study sought to understand the lived experience of home centered older adults, chapter four addressed the home as a QOL consideration in reference to participants' subjective perception. Thus participants' perception

of their home was discussed in relation to the feelings, activities and lifestyle considerations experienced by participants in light of agenic and affiliate fulfillment.

However this chapter will examine the participant home relationship from an objective perspective whereby functional, structural and geographical aspects of the home will be discussed in light of agenic and affiliate fulfillment. Therefore the impact of the home environment on the lives of participants will be further addressed according to the five QOL considerations related to the home environment.

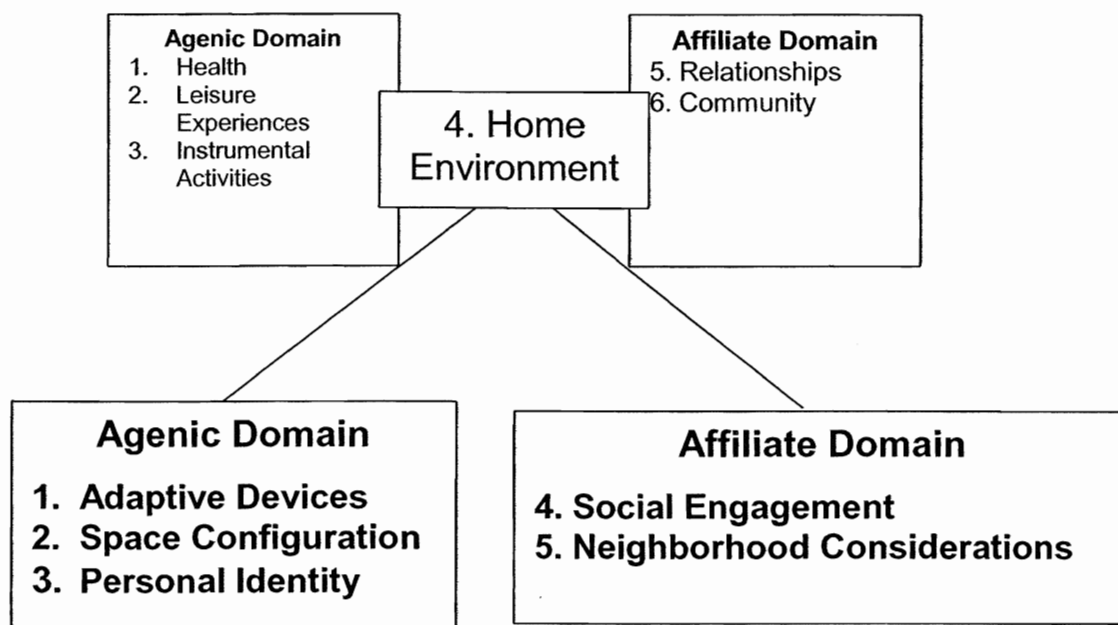
### *The Home*

The home was the environment in which daily life was experienced. The Ecological Model suggested that as a residents' health, ability level or resource base changed drastically their environment may become oppressive. This would occur because there would be an imbalance between a resident's capacities and the capacity needed to function harmoniously or optimally within the home environment. Therefore an adaptive solution would require modification within the environment or additional supports for the resident so that a healthy balance could be restored to the person-environment relationship (Lawton & Nahemow, 1973).

The Selective Optimization with Compensation Model (Wilhite et al., 2004) stated that the adaptive process was driven by intrinsic motivation. Essentially the older adult assessed the imbalance between their resources, capacities and the environmental context, and intentionally initiated changes to reduce the

deficiencies and optimize the situation. Collectively these models provided an explanation of how both small and large challenges were negotiated to promote agency and QOL.

*Figure 5.5* Home Environment QOL Considerations



In their former residences one of the greatest threats to participants' QOL was related to their physical ability to fulfill instrumental and expressive tasks associated with maintenance and upkeep of their home. Activities that had once been a natural part of the daily or seasonal routine had become burdensome. With limited resources to further adapt and several failed attempts to overcome various barriers, several participants realized that their overall QOL and ability to maintain their independence was being jeopardized. As a result they chose to minimize the environmental press that the home placed on them by moving to a place that they could manage with their current health and resources. They were intrinsically motivated to maintain their independence, however the former home

environment was only increasing their frustrations and illuminating their limitations. As a result relocation was a means of effectively negotiating change.

Margaret, Lillie and Eva opted to relocate so that their home environment would better match their skills, resources and abilities at this stage in their life. Although these women gave away various items, they purposely held onto meaningful heirlooms and treasured memorabilia.

The home can facilitate independence and promote a renewed sense of QOL. However if the size of the home as well as the responsibility of managing numerous indoor and outdoor tasks associated with upkeep and maintenance exceed the resources and abilities of the resident, optimal functioning within the home can be severely diminished and even inhibited.

Lillie had lived alone in her former residence 25 years following the death of her late husband. She explained that at her former residence she had enjoyed gardening and maintaining the property. However as the task of tending to these activities became more demanding she struggled to find it as meaningful and fulfilling as it had once been. Lillie explained that since she had moved she had been liberated from the need to manage all of those aspects of home care. *"...I don't have to worry about my house, I have to... put the shingle on... there was always something to do. I'm relaxing now, I don't have to have anymore worries..."*

Today she has relocated to an apartment that only allows residents to have two planters on their balcony. Although Lillie still loves flowers and plants, she has readily adapted and tends only a handful of indoor and outdoor plants.

She explained, "...I had a garden, a very big garden, and I love flowers. And I love to do garden stuff and I was always busy always and here I don't have that...I really like that now. I mean at the beginning I missed it, but now I think oh that is nice I don't have to worry about the flowers to spray..."

Relocation can be a challenging and disruptive process. However Lillie successfully negotiated the highs and lows of this event and now enjoys the benefits of a lifestyle that facilitates a higher degree of QOL. Her new home does this by providing opportunities for her to actively engage her strengths and capacities in relation to various instrumental and leisure pastimes while minimizing the tasks that overextended her abilities and resources.

In some circumstances such as Lillie's the home was the largest barrier to QOL. This moving to a less demanding residence can be a significant adaptation that facilitates positive growth and continuity in both the agenic and affiliate spheres. Essentially the more opportunities participants' had to engage in a barrier free environment the better their chances were of participating in meaningful activities, building social networks and strengthening their sense of independence and identity.

#### *Agency and the Home Environment*

Agency refers to the freedom and independence a participant needed to maintain in order to sustain individuality, identity and sense of wellbeing. The older adults in this study maintained their freedom of choice, independence and identity through participation in various home based leisure and instrumental pastimes. They believed that the home environment was the primary domain in

which independence could be achieved. Several participants were able to introduce modifications or adaptive measures to their environment to reduce the “press” or barriers that existed.

1. *Adaptive Devices.* Betsy’s late husband had difficulty navigating the steps to the second level of their home. After he passed away, she did not have the chair lift removed. However now with her leg bothering her, she will periodically use it as safe way to go upstairs. Initially she found it difficult to use the lift because it reminded her of the night her husband had to be taken away by ambulance. The emergency response team had to bring him down the lift because the stretcher wouldn’t fit.

However this addition to her home has enabled her to continue to use the rooms on her second floor even though she has difficulty with her leg at times. Without this device Betsy’s lifestyle would be more centralized on the main level. Should her leg continue to bother her, she would most likely be forced to move because the main floor does not have a bathroom or bedroom. This lift was an example of a functional adaptation which enabled Betsy to not only remain in her own home but utilize both levels of her home as she desired.

2. *Space Configuration and Use.* Another way to ensure that the environment was situated to facilitate optimal functioning involved arranging a room conveniently so that several activities could be easily accessed from one central location. Lawton referred to this configuration as a “control center” (Lawton, 1990), whereas Rubinstein (1989) termed this same concept “Environmental Centralization” (p. S51). Often individuals with limited abilities or

various health conditions opt to maximize the use of a space by ensuring that all conveniences are within arm's reach. Lawton (1990) suggested that more compromised residents are most likely to configure a space for multi-use purposes however this was not directly supported by the findings of this study.

Eva and Lillie were the two participants who incorporated a variety of home and community based experiences into their weekly routine whereas Margaret and Betsy had fewer opportunities to integrate community-based outings into their weekly lifestyle. Based on Lawton's explanation of the "control center" concept one would expect Margaret and Betsy, the more physically compromised and home centered participants, to have adapted their living space to maximize accessibility and minimize over exertion. However out of the four participants only Eva and Margaret had intentionally arranged their home centered activities conveniently around one central space with in their home.

Lawton's (1990) explanation of the control center stemmed from his research on "highly impaired recipients of in-home services" (p.639). He stated that the "...self-created control center enabled these individuals to make maximum use of...severely restricted space for information, stimulus variety, and social integration" (p.640). Although the two participants in this study that conformed part of their home into a control center were not significantly compromised, part of Lawton's rationale may still offer insight into their experience. This is because both Margaret and Eva enjoy the benefits of their control centers and may have intentionally configured their space not because of

health reasons but possibly because of logistics related to space, continuity, preference and convenience.

Margaret stated that she and her husband had always agreed that the TV should never be situated in the living room because guests did not come to watch TV but rather visit. In an effort to preserve continuity with her past living arrangements and adhere to personal preferences she had to set aside another space or room to accommodate the TV. This space may have been the area in her former home where she relaxed and engaged in several other pastimes such as reading, doing crossword and so forth. Now that she has fewer friends in to entertain could it be that she has naturally gravitated towards the less formal space that provided ambience as well as opportunities for engagement in multiple activities?

Eva's apartment was relatively small. The configuration of Eva's furniture and activities in one central location may have been based on a functional need to fit her lifestyle into a limited space. This explanation would situate her desire to have access and control to various pastimes as secondary.

Eva may also have found that having a TV in her main living area was a matter of convenience and a similar set up she had preferred in a former residence. As a result she may have intentionally chose not to relocate into an apartment that had extra space because she was familiar and comfortable with a living room that served multiple functions.

Eva drove and went out daily to purchase the newspaper, shop and dine at local eateries. However when she was home she preferred to relax in her large



recliner which was strategically positioned in front of the TV. The recliner was positioned on a slight angle so that she was positioned close to her phone and only a few steps away the sliding glass doors which she frequently opened to allow a breeze through her living room. The large glass doors not only let in the sunlight, they also provided her with a view of what was happening on the street below. If someone was to approach her building and ring her buzzer she would be able to possibly see him or her through the glass doors or by stepping out onto her balcony.

A significant amount of Eva's time at home was spent knitting, reading the paper and doing the crossword and watching TV. As a result she had conveniently positioned her knitting bag to the right of her recliner and placed her newspapers and crossword inserts on the left-hand side. Her chair was situated next to a large desk so she could easily use the extra space to lay additional items should she need the extra table space. The framed picture of the farm which she found "*grounding*" was displayed above the desk. As a result this area of her home not only provided opportunities for self-directed pursuits but also a connection with her past. While sitting in her chair Eva had a view of numerous ornaments and photos that lined her TV cabinet as well as the surrounding walls. Thus Eva's control center positioned her to not only independently access valued leisure pursuits but also reflect on the special memories and family members she cared about, both past and present.

Margaret had converted her second bedroom into a TV room. She considered this space her favorite because it exuded a "*quiet and peaceful*"

ambience. Margaret had her sofa positioned across the room from the TV. Her TV room also had a small window that looked out on the front entrance to her home. Additionally she had books available to read on the shelves near the TV. Margaret explained that she would sit and complete the cross word and read her two daily papers as well as visit with her friend and daughter in this space. This was also the room where she would often eat her meals, opting for the companionship of her newspaper or the news over a solitary meal at the kitchen table. Everything in this room was accessible and conveniently situated.

The value and importance of the control center for these two participants may have been difficult to maintain within an institutional setting. Often the TV and activity space within a facility is situated in a large common area where various residents, family and staff are free to congregate. Although resident rooms are usually equipped with a TV, few rooms are large enough to be subdivided into sleeping and living quarters.

Both of these women had arranged their meaningful activities in a space other than their bedrooms. However the ability to do this within a long term care or institutional setting is logistically challenging because the rooms are relatively compact and many residents also have to contend with at least one roommate. Private space that is purposefully arranged, accessible and frequently used can be a significant factor in the promotion of QOL primarily because these types of spaces are often modified to promote barrier free engagement.

Margaret and Eva's "control centers" (Lawton, 1990) not only supported agenic aspects of their wellbeing such as choice and autonomy, but were also

associated with affiliation as close family and friends visited in this space too. Thus “control centers” can promote both agenic and affiliate fulfillment. As a result leisure practitioners need to be aware of the functional as well as psychosocial benefits accrued from these types of spatial arrangements.

*3. Personal Identity and the Home.* Identity and independence were further supported within the home through daily routine and order. Routine referred to the completion of regular tasks and activities on a regular basis, which provided structure throughout the day and enabled the participants to assume various roles and find purpose in the completion of necessary tasks. For example Lillie did not go out for her meals. Therefore in addition to her instrumental tasks of rising, doing her exercises and getting ready for the day she also segmented her day based on what she would prepare for her meals. Essentially routine fostered a sense of order.

Dovey (1985) identified how the sociocultural background of the resident would dictate the way the home was arranged and the types of events that occurred in various spaces within the home. Dovey explained that “as patterns of experience and behavior stabilize over time, so do the spatial arrangements and environmental props that support and evoke these experiences” (p.38). Therefore, order in relation to the person and their environment referred not only to an established daily routine of activities but also the manner in which the rooms in the home were furnished as well as utilized.

Participants deliberately tidied up after each meal. As a result their kitchen maintained a state of order. Similarly, Margaret had a specific way that

she liked her bed made. When this order or preference was disrupted, she would redo the bed herself to ensure that things in her home were maintained to her level of ability and expectation. Margaret still possessed both the knowledge and ability to adjust and make changes so that her home reflected her preferences. As a result her home continued to provide her with opportunities to experience autonomy and self-determination because the home was still managed and ultimately owned and occupied by Margaret herself. Therefore living alone can afford an individual the freedom to be in control and take responsibility for the way his or her space is ordered, maintained and utilized. Ownership and pride in one's home and the manner in which it is managed are integral in the promotion of independence and QOL.

Following the death of her late husband Betsy went through a prolonged bereavement period. However during this study it was evident that she had become stabilized in a rigid routine which included a small number of instrumental and expressive experiences that provided her with a sense of meaning and fulfillment. However a month later at a follow up meeting it was apparent that Betsy was actively moving out of the stabilization phase because she expressed an interest in taking a more dynamic approach to the care and order of her home environment. She explained how she wanted to clean up her hobby room.

*...I've not even bothered and I was just thinking yesterday, it's about time I did do. And ahhh my little room upstairs where I've got my Smart View its all cluttered up and like nobody has to touch anything because I know*

*where everything is and I've just started to clean the desk a bit...I think its about time that I...that I got off me backside and did something.*

Institutionalized care often fails to provide residents with the same flexibility and autonomy that living alone in one's own home does (Hutchison & McGill, 1992; Singleton, 1990; Voelkl, 1986). This is because "when elderly persons enter long-term care facilities, their lives become regimented around the routine of the institution" (Singleton, p.96). Consequently, "an individual loses control of alternatives because of physical limitations or enforced institutional regulations" (p.96). As a result several of the participants were strongly opposed to the idea of forfeiting their home centered lifestyle in exchange for a more managed congregate living environment.

The preservation of participants' individuality within the home was maintained through the choices of décor, furniture, layout, design as well as the types of photographs and memorabilia that were on display. Rubinstein's (1989) "Person-Centered" stage of the person environment relationship outlined four different levels of identity attachment or engagement that existed between older adults and their home. He claimed that older adults' relationship with their home could be described objectively through conscious awareness of objects within the home; a concept termed "Accounting". Rubinstein explained that "Personalization" was the second level of attachment, where the resident had a more subjective connection with the various items in their home. The third level "Extension", continued to build upon this sense of ownership. Within this level the objects within the home served as identity markers referencing past experiences,

relationships and events. The final and most intense type of relationship older adults could have with their home was known as "Embodiment". Rubinstein suggested that as some older adults become increasingly compromised their home may become a static reminder of who they are. He stated that although this is rare, it is a way in which older adults' identity may be preserved amidst physical or psychosocial deterioration.

The participants in this study associated their identity with their home environment. Margaret, Eva and Lillie's relationship with their home was strengthened by both the objects, décor and aesthetics as well as the actual activities or experiences they enjoyed in a given space, whereas Betsy's home did not reflect attachment from an aesthetic perspective. Moreover Betsy's relationship with her home was associated with the various tasks or pastimes that she engaged in routinely throughout the day. It appeared that participants who enjoyed decorating had very specific ideas on what they want their home environment to look and feel like, were apt to have their home visually represent their lifestyle past and present. Lillie, Betsy and Margaret had intentionally chosen to adjust their home environment to suit their personal tastes. As a result they chose paint colors, had new flooring installed, and purchased and arranged new furniture to express their personal preference and style. According to Rubinstein's descriptions they would fit under the extension category because the objects in their homes were intentionally chosen and depicted various life events and relationships. Essentially the stories behind the items narrated key relationships and experiences these women had experienced over the years.

Although Betsy identified one or two meaningful items in her home, the aesthetics appeared relatively untouched and dated. This could be a result of her limited visual capacity, her lack of interest in decorating or her focus on the experience or activity rather than the space or environment in which it occurred. Betsy reported that she was always committed to maintaining her home. While her husband would go off to work or play golf she would stay behind and tend to various duties. According to Rubinstein's classification system Betsy would be aware of the objects in her home but not strongly attached to the home environment. As a result Betsy would most likely be an example of the Personalization stage in Rubinstein's model.

All participants appreciated their home, however the various levels of attachment to their home may be linked to aesthetics, experiences or both. Therefore a resident who viewed their home through the "accountancy" lens may appear to take little interest or ownership over the objects that comprised the home environment. Rubinstein's (1989) model also suggested that a deep attachment to the home may be linked with socio-cultural and experiential activities that evoke sensory responses. As a result the home can provide a significant number of opportunities for identity formation and continuity of activities (Rubinstein). The quality and quantity of these experiences is likely to depend on the relationship between the older adult and their home environment (Lawton & Nahemow, 1973).

One could also suggest that accounting, personalization and extension may be phases that home centered older adults transition through as they

negotiate crisis and life change events. Essentially the meaning attributed to the home and the objects therein may be a source of comfort and provide identity continuity during times of personal crisis, decline or loss.

During her relocation Lillie was able to categorically outline what possessions she had and also the meaning she ascribed to them. However the emotional and physical “press” of the situation was such that there was little chance she would have considered her new residence or her former one at that time as a reflection of her personality or as an extension of her personhood.

Currently she is resituated and acclimated to her present home. She is extremely “*happy*” and as a result her home at present may be a truer representation of who she is than the home she occupied as a widow for 25 years. This may be attributed to the active role she had in the design, decoration and functional use of her new space. She had intentionally modified this new place to compliment her lifestyle.

#### *Affiliation and the Home Environment*

Affiliation referred to participants’ need for relationships and community. The participants in this study had support networks that were comprised of family, friends, neighbors and home support workers. Often it was the interaction of these people in the daily lives of participants that facilitated interdependence and thus enabled these older adults to maintain a high degree of agency within the home environment. However there were barriers that inhibited social integration within the home and the local community, the majority of which were geographical in nature.



4. *Social Engagement and the Home Environment.* Several of the participants stated that they used to enjoy having family and friends in and entertaining. Two of these participants, Margaret and Lillie still had a full dining room furnished in their homes. Margaret's health did not permit her to continue to host friends and family for dinner however she did enjoy spending Sunday afternoon dining with her daughter and family and having visitors in for tea and conversation. Margaret stated that she did enjoy having one on one visits from a local friend who would regularly stop by in "*...the early afternoon and stay... for most of Thursday afternoon...*" She proudly reported that her gentlemen caller was "91 years old" and still drove his own car!

Lillie also enjoyed having friends in, however when she moved she gave away all of her china because she assumed those days were past. Lillie admitted that she actually had to go out and purchase some new items because she still did have various neighbors or friends in for tea. Eva also mentioned that her first husband was quite a cook and together they enjoyed having guests into their home. Although Eva use to love to cook and bake she stated that she and her family would spend special occasions dining at local restaurants. Logistically Eva's place was rather small and the idea of entertaining more than one or two guests for tea or a meal would not be suitable. However Eva did mention that she did enjoy having her sister or the neighbor stop by for a glass of wine or a card game. The desire to have people in continued to be something that each participant welcomed. However the excessive preparation required, to make a meal or put on a formal spread exceeded their energy and resources. Therefore

opportunities to socialize with family and friends in the home were usually adapted and were often one on one visits over a spot of tea or a glass of wine.

*5. Neighborhood Considerations.* The location of a participant's home within the community had a significant impact on the availability as well as accessibility of services, resources and opportunities. Additionally geographical location also determined the quality of relationships and the perceptions participants had regarding personal safety.

Eva's home was situated in an older more rundown part of town. She had felt comfortable walking around the nearby streets with a trusted friend. However now that she did not have a walking companion, she had taken her exercise and walking to a safer area, the mall. In an effort to preserve her health and stay mobile, Eva incorporated walking into her trips to the mall. She explained that she would park quite a fair distance from the mall entrance, and the walk in and out provided her with sufficient exercise. Eva did not prefer to walk for any length of time inside the mall because the hard floor surface bothered her joints. Without a neighbor to walk with, Eva did not wish to jeopardize her safety. As a result she opted to adapt and walk in a more populated safer environment. However, should Eva have to give up her license, her ability to continue with this adaptive solution would be difficult.

Neighborhoods were also safe places where participants chose to remain because they felt a sense of community and connection. Betsy had lived in her home for 27 years. Although she received a significant amount of support from her children, it was her close intimate rapport with her two neighbors on either

side that affirmed her desire to continue to live in her place. Most of Betsy's friends and kin lived in England. As a result she maintained contact through letters and phone calls. Therefore the relationships that she had fostered with her neighbors bridged this gap between her children and her friends abroad.

Although her children served a vital relational resource for Betsy this relationship alone did not appear to be able to fill all of her affiliate needs. There is also the reverse case scenario where excessive reliance on an adult child creates undesirable results because the parent's expectations for care exceed the child's energy and resources. This was the relational dynamics present within Margaret's situation. Thus an older adult's social sphere ideally needs to include a variety of relationships which collectively ensure a full compliment of support and fulfillment.

Transportation was another factor that was identified in connection with the geographical location of the home and the social opportunities available to home centered residents. Although Eva had regular access to a car, the rest of the participants had to use the bus, taxi or rely on family and friends to drive them places. Lillie found the bus a challenge to use and often hitched rides to her bi-weekly swim class with a friend. During the colder months Lillie found getting around the community exceptionally challenging.

The weather was also a factor for Eva. When the weather turned cold and the days became shorter she adjusted her outings to ensure that she was out during the daytime and daylight when the roads were clear. Thus seasonal

fluctuations in climate, daylight and weather patterns were another factor that inhibited accessibility to community-based events and activities.

Margaret spent extended periods of time alone in her home with regular support from workers, her daughter and male companion. Given that she had numerous staff and outside involvement in her week, she didn't seem to mind her home centered lifestyle. However Betsy also spent extended periods of time alone. Although she had frequent daily contact with her son via the phone or through visits, she still wanted to have more opportunity to interact with nature and other people outside of her home environment.

The home was both a respite that promoted independence and freedom as well as a barrier that inhibited agenic and affiliate fulfillment. Participants' desire to optimally balance agency and affiliation within the home created simultaneous challenges. Ultimately these could only be resolved through outside support and interventions. It appeared that participants found it easier to adapt to barriers within the structural space of the home. This may be explained based on the fact that the home was where support services and family looked for opportunities to assist or modify environmental press. However challenges related to geographical location such as safety, transportation and engagement in the larger community appeared to receive little outside support. As a result these barriers were possibly the most difficult to overcome.

### *Conclusion*

Both the agenic and affiliate elements of these home centered older adults were expressed, negotiated and actualized within the home context or the

community in which the home was located. Consequently the home was an important place because of the extensive amount of time participants spent there, as well as the social and self-directed experiences engaged therein, both of which promoted or inhibited participants' QOL.

Participants felt that with the necessary supports, the home was the place where they had the greatest chance of achieving optimal functioning or QOL. This belief may have been based on the fact that the home required an occupant to take ownership, to make decisions regarding décor, ambience, and upkeep. The negotiation of how and when these tasks would be completed was a form of engagement that provided a sense of role clarification which strengthened each participant's identity and autonomy. Additionally the home was the context in which routine, activities and social networks occurred. As a result the home had a large role in determining how successful people aged because the home was associated with the fulfillment of both agenic and affiliate needs.

As society experiences an increase in the number of older adults who reside alone within the community, the home as a context for care and wellbeing will continue to become a more central alternative to institutionalization. Currently the challenge for home centered older adults is related to functional versus comprehensive supports and services. If the home is going to continue to be the preferred residence for Canada's oldest old, the policy and programming initiatives will need to reflect this change. One important consideration is the provision of support services and resources that address the expressive leisure experiences and activities of this population. Essentially it is through leisure

pastimes that opportunities for fulfillment of both agenic and affiliate needs are provided, however assistance with instrumental tasks fails to provide a comprehensive support for the actualization of agency and affiliation within the home environment.

## Chapter 6: The Quality of Life Cycle

Quality of Life is a term that at best broadly represents a variety of different concepts and ideals. However for the older adults who participated in this study, quality of life (QOL) was defined in terms of freedom of choice and independence. The concepts of independence, freedom and choice were discussed in relation to living arrangements and daily routines. Each participant's daily routine and decisions involved QOL considerations, which were outlined in the previous chapters. It was the negotiation of these themes or aspects of daily life that determined where the participant was situated in the QOL Cycle and what additional resources and supports were needed for her to continue to move forward towards optimal wellbeing.

Each participant's daily routine included specific instrumental tasks as well as expressive or leisure based activities. Daily instrumental tasks were centered on the home environment and included tasks associated with personal hygiene, housekeeping and nourishment. Similarly, expressive activities were primarily self-directed solitary pursuits that would be enjoyed within the home environment as well. Various expressive experiences engaged in by participants included knitting, bird watching, and reading as well as socially derived experiences such as playing cards, having visitors in for tea, chatting on the phone, or engaging in activities within the community like eating out at a restaurant.

Quality of life was promoted and enhanced when participants made successful adaptations independently or through facilitated support so that both instrumental and expressive tasks could be introduced or continued. Evidence of

this was apparent in the choices that each participant made. Participants' QOL was promoted through intentional involvement in the design, use and decoration of the home. Purposeful engagement in leisure pursuits offset the negative effects of trauma or life change events while sustaining role, identity and leisure continuity. Additional resources such as home support services facilitated QOL by ensuring that challenging functional activities were completed. Participants also promoted their wellbeing through the maintenance or desire to sustain a healthy self-directed leisure lifestyle, one that included socially oriented experiences with family, friends and outside supports.

The fact that participants continued to reside alone in their own home was viewed as a key factor in the maintenance of QOL. Several of the participants discussed how their need to maintain personal control over their environments and routines impacted their decision to remain home centered.

Margaret stated that what she enjoyed most about her home was the opportunity to live by herself. *"I'd just as soon be by myself than adjust to someone else's routine."* She later stated that her home promoted her quality of life because *"it's here, it's mine, and I like to take care of it the best way I can. And I still don't have anybody standing over me telling me how to do it."*

Eva also expressed that independence and freedom were essential to her personal QOL. She stated that the best thing about living in her home was her *...independence...yep...independence definitely...Because I've seen families...in fact I had a cousin, and he was I don't know the name of the nursing home he had to go into, but it just broke my heart that they had*



*him in a room with a man who had Alzheimer's, which I don't blame the man. The people who are running it because my cousin he couldn't get any sleep because this guy would be up all hours and you would never know what he was going ....And I thought how cruel for my cousin that he had to bear with this when at his age...he couldn't even have a decent rest. So a...I...I know it's my independence, freedom...freedom...ya... definitely...*

The home, in comparison to an institutional setting is a context where independence, freedom and choice are least inhibited. Baltes and Wahl (1992) outlined how the traditional approach to institutionalization facilitated dependent responses from residents, whereas community based care providers were more apt to support both dependent and independent responses from older adults. As a result the services offered within institutions have been credited with fostering a state of dependence (Baltes & Baltes, 1990; Baltes & Wahl). Consequently this inhibits individuality, autonomy and choice for older adults residing in these environments (Liukkonen, 1995; Schulz & Brenner 1977 as cited in Feingberg, Denig & Miller, 1981; Singleton, 1990), and establishes a climate of learned helplessness and instrumental passivity (Voelkl, 1986).

Instrumental passivity is aligned with Baltes and Wahl's dependency support script concept. These concepts refer to the dependent role that residents within institutional settings are apt to assume in an effort to adjust and acclimate.

Although the home is reportedly an environment that tends to promote and encourage an interdependent rather than dependent role there are noted barriers and challenges that older adults encounter within this environment as well.

The home did present a variety of barriers for participants. Many of these challenges were related to reduced social interaction as well as environmental and activity based constraints such as Margaret's difficulty making her bed, or Betsy's challenges in navigating the stairs. Participants also encountered difficulty maintaining meaningful pastimes. Often the degree of difficulty was associated with the supports and resources available as well as the competency level of the participant. However as long as adaptations or facilitated supports were introduced, participants' freedom and independence within the home were maintained. It appeared that a lack of support forced participants to accept barriers as insurmountable obstacles to QOL acquisition.

Considering the fact that Betsy was not able to get out into the community and enjoy interacting with people and nature she felt forced to view life as a series of predictable unfulfilling routine tasks and diversions. Conversely Eva was able to get out into the community however she found it difficult socially to meet and foster close friendships with others her age. She regularly grieved this loss but was unable to find a means through which to effectively address it. Lillie also expressed difficulty in forming close attachments with other seniors.

Margaret used to enjoy sewing and knitting however she had not been able to find a purpose for continuing to engage in these pastimes. As a result she chose to disengage from these activities altogether. Margaret's response

supports the fact that participants' QOL is never static, but rather a moving target. Given that participants' health, social networks and resources are subject to change, negotiating purpose, meaning and fulfillment in both instrumental and leisure pursuits is an ongoing process.

Lawton and Nahemow's Ecological Model (1973) underscored this phenomenon. As older adults experience changes in their abilities, the balance that once existed between their skills and the demands of functioning independently in the home becomes inconsistent. As a result adaptation is the process whereby equilibrium is restored. For adaptation to successfully occur it must provide an alternative solution or modification to the environment that either increases the abilities of the resident, or reduces the environmental challenges (Lawton & Nahemow, 1973). However how do older adults navigate this process? How does an individual who has just lost their husband or just packed up the home they have lived in for the past 55 years adapt?

The Selective Optimization with Compensation Model (SOC) (Baltes & Baltes, 1990; Wilhite et al., 2004) situated the adaptive process as a series of personal choices that were intentionally enacted in an effort to maximize the strengths and capacities of older adults and their situation while minimizing personal or environment weaknesses or deficits. Based on the SOC Model, one would assume that important decisions are based on intrinsically meaningful activities, events, relationships, locations and environments. During a significant crisis, this model appears to position the older adult as the ultimate authority who is essentially capable of assuming full control over her life. Although the person

centered nature of this model is critical to the promotion of autonomy and wellbeing, it appears somewhat idealistic in regards to the experiences of older adults.

Without access to the necessary resources and supports to make effective decisions, purposeful adaptive choices (or processes) are unlikely to unfold. However this model operates within the fluid interplay of three phases; selection, optimization and compensation (Baltes & Baltes, 1990; Wilhite et al., 2004). Therefore without effective adaptation (compensation) it appears that the other two phases would be inhibited in the life of older adults. An older adult may intentionally reduce their leisure repertoire in an attempt to focus on meaningful experiences (selection) and choose to do so in an environment that is non-threatening (compensation), (Wilhite et al.), but without the ability to effectively adapt (compensation) the older adult's QOL may still be impeded.

The Selective Optimization with Compensation Model identifies the need for resources however it does not provide an explanation or understanding of how barriers related to resource deficiency are negotiated. Considering the fact that home centered older adults' lives consist of negotiating resource related barriers linked to finances, relationships, health care, home upkeep, and meaningful leisure pursuits, how can they ultimately follow this three step process and be assured fulfillment or meaning if resource accessibility is denied or non-existent? At present there is no universal or formal resource related to leisure lifestyle and wellbeing being provided within the home. Leading one to wonder if the SOC model best outlines the desired approach or process for all

older adults, or rather a process that is more apt to be achieved by the well elderly, or those who have the necessary supports and resources already in place.

Aspects of the Ecological and Selective Optimization with Compensation model were supported by the lived experiences of all four participants. However these models failed to provide a conceptual framework that identified how crisis and life change events as well as the various stages that followed were negotiated. Essentially the two models framed the lived experience of each participant but did not comprehensively explain the negotiation process that had to occur for participants to enjoy a high degree of QOL and meaning.

The participants in this study had encountered one or more crises or life change events related to their physical, emotional or relational wellbeing. As a result, participants experienced a state of disequilibrium or imbalance in their daily routine. Consequently these life change events challenged their independence and overall quality of life.

In an effort to move forward following these significant events, participants had to employ various adaptive or facilitated interventions into their daily routines. Although the Ecological and Selective Optimization with Compensation Models provided an understanding of the larger issues involved in this process they failed to adequately portray the step by step process that participants in this study experienced. As a result, the QOL Cycle is a conceptual framework that seeks to bridge the gap between the theoretical perspective outlined in these models and participants' lived experience.

### *The Quality of Life (QOL) Cycle: Conceptually Defined*

The following discussion will focus on the QOL Cycle. This Cycle is a conceptual framework that was developed by Nicole Bergman, the principal researcher, in an effort to further explain the lived experience of participants in relation to the barriers, adaptations and supports they negotiated in their quest for independence, choice and QOL. Prior to commencement of the data gathering process, the Ecological and Selective Optimization with Compensation Models were the frameworks upon which this study was designed. However after completing the fieldwork and beginning the analysis process it became apparent that the aforementioned models did not comprehensively explain participants' lived experience. Hence the QOL Cycle was developed as a conceptual framework through which the models and lived experience of the participants could be integrated and understood. As a result the QOL Cycle serves as a bridge between the theoretical framework and participants' experiences. The various stages that were developed to explain the lived experience are further supported by research from the field of aging, leisure, and positive psychology.

This conceptualization of participants' lived experience has been segmented into a five phase Quality of Life (QOL) Cycle. Each phase explores the process participants encountered as they negotiated life following a crisis or life change event. Consequently each phase required participants to address barriers, adapt or mobilize resources through facilitators such as outside home support agencies. The nature of each crisis was different and the journey of moving through each phase was equally as unique. However all behavior

initiated or chosen by the participant was accomplished with one primary macro goal, the retention of personal independence and freedom. The QOL Cycle addresses both the micro and macro goals of participants. The macro QOL perspective refers to participants' desire to continue to live independently within the community. Whereas the micro QOL perspective refers to the daily barriers, adaptations and facilitators that participants negotiated within their daily routines.

Participants' daily routines consisted of instrumental, leisure and social experiences. These experiences served to either affirm or challenge participants' personal competencies, strengths and abilities. As a result successful negotiation of the micro or daily issues promoted or inhibited participants' ability to continue to sustain their macro goal of living alone. Thus the micro and macro quality of life goals are closely related and cannot be viewed as mutually exclusive concepts.

This Cycle focuses on the way in which participants modified their post-crisis situations to achieve or move towards a preferred level of independence and freedom. This subjective state of independence and freedom was not achieved without the influx of various supports, adaptations and facilitators. Thus independence from a conceptual perspective is better defined as optimal interdependence. This is the term used within the framework of the QOL Cycle because it represents the interconnectedness and integration of the participant with the various supports and resources they rely upon to remain home centered. Interdependence also highlights the fact that participants received assistance and support without the threat of becoming subordinates of a system, protocol or

routine that denied them their individuality, independent lifestyle and free time leisure choices.

The QOL Cycle is broad and provides room for individual differences in crisis and life change events as well as the strategies chosen to cope post crisis. One of the participants viewed this cycle as a depiction of a life change event she had experienced as a young mother. It is possible that the QOL Cycle may not just describe the lives of these four participants but offer suggestions on how people in various life course stages negotiate crisis and challenges and continue to either persevere or become further disengaged in response to the circumstances.

The diagram below outlines the five phases and identifies how participants move back and forth through the various phases. Depending on the circumstances a participant may move relatively quickly through several phases and later remain in a certain phase for an extended period of time. The fact that this Cycle is non-linear is represented by the two-sided arrow, which bisects the model. The two arrows on either side of the diagram explain how movement in either direction of the cycle impacted the size of participants' leisure lifestyle as well as their ability to function interdependently. Participants' ability to successfully negotiate life post crisis was determined by their ability to overcome barriers and mobilize resources.

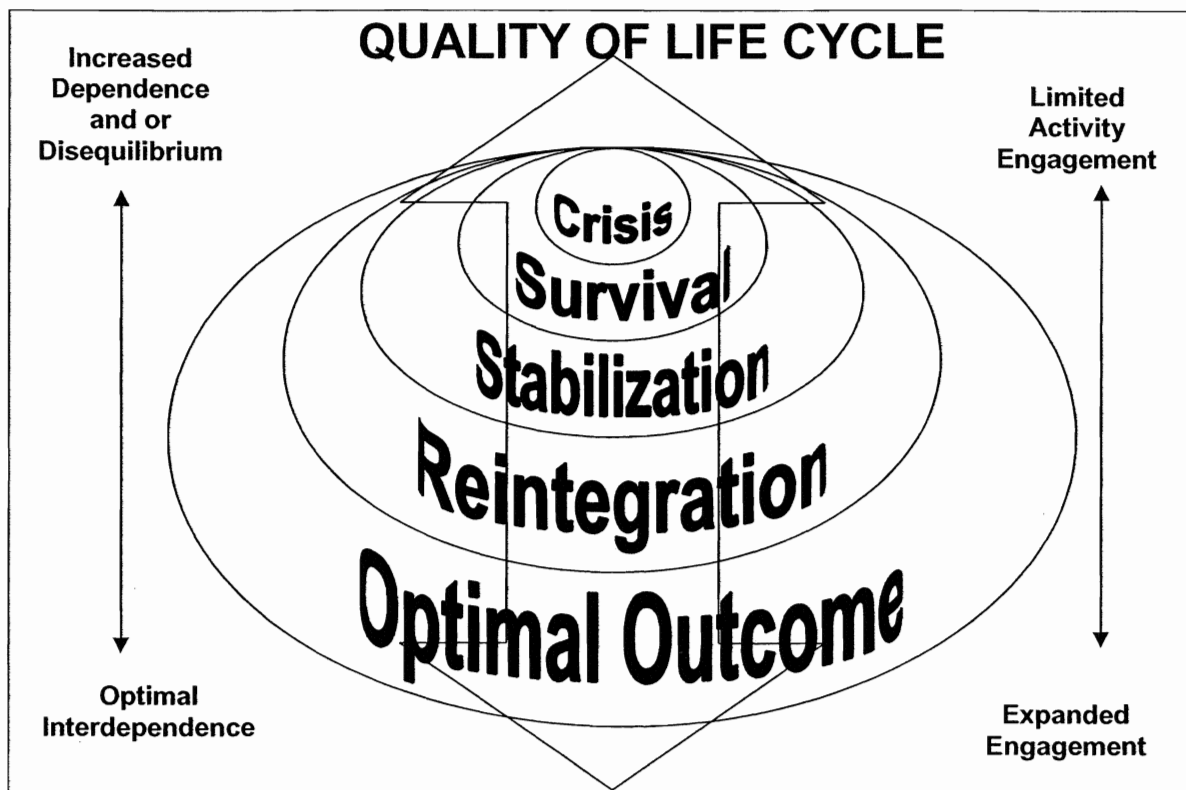
Following is a description of each phase of the QOL Cycle. Participant examples are cited to explain how their lived experience paralleled and supported the various phases of the cycle.



### 1. Crisis or Life Change Event

At any given time there can be multiple challenges or crises present in an older adult's life. However during this study it appeared that crisis related to health, death, relocation/moving and or institutional stays were the most common

Figure 6.1 Diagram of the five phase Quality of Life Cycle



threats to participants' QOL. A crisis or life change event was derived from either an intrinsic or extrinsic factor. Intrinsically a life change event stemmed from the physical or emotional domain such as a medical diagnosis. Extrinsically derived crises occurred outside the person in the social or physical environment, such as the death of a spouse or the diminishment of an older adult's social sphere.

Regardless of the nature of the crisis, the event appeared to generate a disruption in the agenic and affiliate domains of the participant's life.

Lillie's crisis was relocation. After spending 55 years in the home she had shared with her late husband, she decided to move. The transition took approximately two years. Although this event was a significant shift in her physical and social environment, it impacted her emotionally as well.

This transition required her to spend excessive amounts of time sorting through years of memories, many of which included photos of her family and late husband. Room did not permit her to take all of her possessions so part of the moving process required her to give away many of her belongings. Although she kept furniture and items that held personal meaning, the act of purging and uprooting naturally produced a variety of mixed emotions and related challenges.

Eva's crisis was health related and required a two-week stay in the hospital. Her experience severely impacted her daily routine and as a result infringed on her freedom and independence.

The crisis or life change event could last for years or for a short period of time. For an event to be considered a crisis or life change event it needed to disrupt the regular routine of a participant's life to an extent where adaptation or modification was necessary to return to a state of equilibrium. During this initial phase of the cycle leisure and instrumental activities were drastically impacted and in most situations forfeited all together. The devastation and impact of the crisis not only disrupted Eva's regular routine, it also forced her to focus her resources and energy on the issue at hand, complying with Doctor's orders and following hospital protocol.

## 2. *Survival*

This stage can last for several weeks to years depending on the nature of the crisis. During this phase of the cycle, participants began to introduce a few familiar leisure and instrumental activities back into their routine. Usually the leisure engaged in at this stage was well developed, self-directed and familiar to the participant. Leisure continuity (Atchley, 1993; Freysinger, 1999) was extremely important as participants looked for a foundation upon which to establish order and routine. Kleiber, Hutchinson and Williams (2002) reported that leisure can be used in different ways as a coping strategy post crisis. They stated that leisure can be used to divert an individual's attention from a negative situation, provide a sense of hope and optimism towards the future as well as fostering connection with meaningful relationships and activities. Collectively these opportunities for healing post crisis provide individuals with the resources to experience "personal transformation" (p. 229). Moreover, this shift in an individual's attitude and approach towards life can be positive and serve to strengthen their capacities, values and quality of life (Kleiber et al.).

Essentially, participants sought to use their current freedom and independence, regardless of how limited it was, to maintain or invest in more autonomy generating experiences. Margaret was diagnosed with a chronic degenerative disease. In response, she immediately reconfigured her life so that survival at present was possible. Instead of continuing with a lifestyle that included activities in the outside community, she chose to centralize everything

within her home. For her the home was viewed as an accessible, familiar and safe environment.

*...When I first came here, I didn't have them at all in the other place, but when I came here ummm...then I got diagnosed with this confounded Parkinson's. And when he diagnosed that I thought well, I may as well adjust my life to suit that and I did and these girls (home service workers) come, one of them comes on Mondays and one comes on Wednesday. She came this morning and then one of them comes on a Friday, so that's not too bad.*

This stage could be a time of short-term loss and retrieval of an older adult's activities and routine, or a more intentional process of adjustment to a permanent change as was the case in Margaret's situation. During this stage Margaret continued to draw upon her own freedom and ability to make choices with the goal of promoting autonomy and independence in her life.

As participants progressed through this stage, they were rewarded with an increased sense of self-determination, freedom and independence. Lillie's acute respiratory infection last winter became so severe that she had to go to the hospital.

*I never think that I get that bad. You have to see me I was some people say you belong in the old age home...Yah...there's nobody here when you live by yourself, you have to do it or you die.... So I did it.*

She persevered through the survival mode by fulfilling three primary tasks: eating, taking her medicine and reading.

Lillie's move was also another example of a personal life change event that she successfully negotiated. During the survival stage, which lasted upwards of two years, Lillie coped by resorting to two leisure pastimes, sewing and organizing a lifetime of photographic memories.

This combination of limited yet purposeful engagement illustrated how both instrumental and leisure activities, although limited, are vital to coping, healing and retaining some degree of control post crisis. As Lillie became stronger she began to reclaim more of her freedom and independence. However her progression towards the stabilization phase could have been inhibited if she had not been able to independently overcome the emotional and physical barriers that had occurred.

### *3. Stabilization*

This stage was reached when a participant's daily life began to assume a pattern or routine that encompassed a variety of activities in both the instrumental and leisure spheres. By this phase the majority of a participant's leisure lifestyle was still familiar and carried over from meaningful past interests and pursuits. The routine at this stage was characterized by a sense of awareness and detachment from the crisis or life change event. There was still a heightened degree of reference to the crisis, however the awareness that healing was a possibility and may be occurring was introduced, and considered by the participant.

Participants at this stage were also becoming increasingly aware of their personal capacities, resources and skills. In fact they may become more

introspective and identify how this life event has effected them personally. As a result participants could negotiate who they were and what they had experienced prior to the crisis in an attempt to incorporate this into their present circumstances.

This is congruent with the concept of narrative reconstruction and research related to posttraumatic growth (Tedeschi & Calhoun, 1995). These concepts refer to the positive affect and outcome certain individuals experience following a tragic life change event because they have accepted the event and found a way to incorporate it into their life story (Kleiber et al., 2002). Although all crises differ, with some being reversible such as a broken leg, and others being irreversible, such as the death of a loved one, healing post crisis appears to be a facilitated process largely dependent on relational support and psychosocial wellbeing (Tedeschi & Calhoun). Tedeschi and Calhoun explained that

the relationship between the crisis events, personality characteristics, and successful coping with personal growth is complex. But growth seems more likely for people who are resilient, optimistic, and hardy, and who face life crises that represent irreversible changes, because a new level of adaptation must be achieved. (p.55)

Given that leisure and therapeutic recreation services seek to promote opportunities for autonomy and wellbeing (Carruthers & Hood, 2004) it is evident that leisure practitioners can have a significant impact on the lives of older adults post crisis. This can be accomplished through initiatives that are preventionary in nature and seek to build individuals' capacity and wellbeing prior to a negative

life event or through interventions that address issues related to adaptation and control post crisis (Carruthers & Hood; Tedeschi & Calhoun). Failure to provide these services to home centered older adults may increase their risk for disengagement and psychosocial decline post crisis.

The critical focus during this phase was establishing a state of equilibrium which enabled a participant to move forward and begin to engage in experiences that optimized their skills, resources and capacities. This was the stage that the Ecological Model (Lawton & Nahemow, 1973) was most closely aligned with. This is because the stabilization phase was a return to a baseline or balance between the individual and the environment they resided in. However to arrive at this stage, numerous issues had to be resolved, adapted and accepted. Furthermore a return to optimal freedom and independence was not fully realized at this stage. Therefore, to theoretically accept the idea that adaptation and the restoration of equilibrium was the ultimate goal, positioned QOL as the absence of disease, distress or crisis. However mere existence was not synonymous with meaning and purpose in participants' lives. As a result QOL was not simply defined as the state of equilibrium between participants and their environment, but rather the degree of purpose, autonomy and meaningful engagement that occurred once stabilization had been achieved.

During the first interview, it was apparent that Betsy was situated in the stabilization phase of the QOL Cycle. She had lost her "*soul mate*" a year and a half earlier and was still actively grieving. In addition to losing her husband, her physical health had progressively deteriorated too, leaving her with limited self-

directed hobbies and pastimes with which to effectively cope and move forward. While in this stage, Betsy appeared to be functioning at or near her full potential within the home environment. Various supports and adaptations from family, neighbors and community agencies enabled her to manage both crises and enter this stabilization phase.

Although things appeared balanced and stable, Betsy was not fulfilled. She struggled to find enjoyment and meaning in a limited number of instrumental and expressive experiences. Betsy referred to her weekly routine as “*boring*”, and her lifestyle as one in which she merely “*existed*”.

During this phase Betsy was able to objectively understand her life post-crisis. She understood how her recent losses had negatively impacted her life, especially from a leisure and relational perspective. Her children were her support system and her son was over zealous in his efforts to shield her from any further challenges. Unfortunately his inability to let her risk and experience an increased sense of freedom and independence was a barrier to her QOL. Pinquart and Sorensen (2000) revealed that family relationships are significant factors in the subjective wellbeing of older adults. They found that “high frequency of contact to adult children and other family members may be associated with high quality as well as low quality” (p.197). Pinquart and Sorensen explained that often times family members are involved in the caregiving role whereas relationships with friends is often associated with “emotionally positive exchanges, enjoyment and sharing good times” (p.197).



This provides an explanation for the intimate but strained relationship Betsy experienced with her children.

Betsy's inability to progress and take increased responsibility for her life reduced her independence and freedom. As a result she felt stuck, unable to find meaning and purpose in her daily life. Betsy had maximized her own personal resources and abilities and had adapted to her current surroundings as best she could. However she still remained unfulfilled with limited opportunity to overcome her physical, emotional and relational barriers to engagement. When asked what sort of activities provided her with an increased sense of enjoyment, Betsy explained,

*Nothing really.... I've since I lost my better half, I don't think I'm living I'm just existing. Because as I say, if I had my sight and me ears I would go out. I would go shopping. I would go walking around to the lake, like we used to do but the kids don't want me to go out on me own. I understand them, but I'm like a slave to the telephone because like I don't know why they're gonna phone. I know Renee said if I didn't answer the phone she would think there was something wrong and come running around, and Chris would do the same. So I'm more or less a slave to the telephone...So it's a very boring life...like I've been so independent and I hate asking them to do anything.*

During this phase, activities were still primarily self-directed and solitary in nature, however social interaction was something that became increasingly more desirable. The inability for a participant to move out of this phase could result in

an increasing state of despair and disengagement as the monotony and lack of freedom could intentionally lead to a sense of learned helplessness and learned hopelessness. For participants in this phase of the QOL Cycle, a relapse or additional crisis could severely retard their ability to make further progress and achieve optimal functioning.

#### *4. Reintegration*

At this stage, the participants began to actively adapt and introduce or increase their instrumental and leisure pursuits. During this phase in the QOL Cycle, participants became increasingly more secure in the post-crisis state and were interested in making a new life for themselves. This is congruent with the concept of personal transformation that was mentioned earlier (Kleiber, et al., 2002). Personal transformation involves

understanding that “all is not lost” [and] requires considering what one no longer can be and what aspects of oneself continue to exist in spite of the event. Nevertheless, the work on posttraumatic growth suggests a kind of reconstruction of self that can occur as a consequence of having one’s life disrupted in a significant way. Constructing a future that is both enjoyable and meaningful becomes a mission in some cases. (p.229)

From a psychosocial perspective, participants were intentionally looking for opportunities to become more socially integrated and more engaged in meaningful experiences. Continuity of leisure and instrumental tasks were still an essential part of their identity and sense of purpose, however their desire to realistically assess their abilities and find purpose in their lives at this stage was

intentional. Participants were very aware of the impact of the crisis or life change event, however they had actively grieved or coped and now wanted to channel their energies and resources in the pursuit of a better life.

Lillie's move was incredibly taxing both physically and emotionally. However evidence of positive adaptation was incremental. In the survival phase Lillie relied on sewing and a photo project to maintain continuity and cope with the multitude of challenges she faced. In the stability phase Lillie began to add features to her new residence that resembled her former home. She had enjoyed the fireplace in her original home and decided to purchase a propane wall unit to be installed in her new apartment. Sitting in front of the fireplace was a favorite pastime that she had wanted to continue in her present location. These various design decisions enabled her to transform her new living space to reflect this new stage in her life.

During the reintegration phase Lillie continued to become increasingly focused on adding new additions to her environment and lifestyle. She proudly displayed a new dining room table, multiple pieces of furniture that she had selected based on her personal style and taste.

Lillie had expanded her leisure repertoire to include socially oriented experiences, such as weekly card games and a former favorite sport, swimming. Her lifestyle also included a variety of home centered and community based activities, all of which were purposefully chosen and maintained. Regardless of the health crisis and relocation events Lillie did not remain at a state of equilibrium. She intentionally exceeded this baseline existence and became

personally invested in living life as optimally as her capacities and resources permitted.

In this fourth stage participants were able to articulate more clearly the impact of the crisis on their life. They were also able to voice their desire to move forward with their lives. During the final interview, Betsy stated the following:

*Yes...it was a very boring week as usual and I think Renee came once, Chris calls everyday and I didn't do anything out of the ordinary. And since I lost my better half I haven't worked you know. I have the cleaning lady once a fortnight. I don't dust, I don't do anything. I've not even bothered, and I was just thinking yesterday it's about time I did go. And ahh my little room upstairs where I've got my SmartView, it's all cluttered up and like nobody has to touch anything because I know where everything is and I've just started to clean the desk a bit. I think it's about time that I...that I got off me backside and did something.*

This response revealed that Betsy was finished “existing” and wanted to take the initiative and become more fully engaged in instrumental experiences. During a later conversation, she stated that she was also interested in getting a bird to keep her company in her home. The colder weather would inhibit her ability to sit on the patio for extended periods of time, however modification of her beloved pastime would enable her to stay engaged and find continued meaning and purpose within her home environment.

Participants at this stage appeared willing to think creatively and devise solutions that would enable them to reconnect and further extend their

independence and engagement. This phase was also denoted by a sense of hopefulness, whereby participants wanted to plan and consider new leisure experiences or reintroduce former pursuits. At this stage, participants were actively engaged in lifestyles that included a variety of instrumental and expressive experiences. For these participants, the foreseeable future held promise and opportunity.

##### *5. Optimal Outcome*

The final phase in the QOL Cycle is a result oriented, subjectively defined stage. Following a crisis or life change event, the end result over an extended period of time will yield a predominantly positive or negative effect on the participant. If the participant had been able to adapt and facilitate various opportunities and remain engaged in preferred instrumental and expressive experiences, then progression to this fifth stage would be possible and most likely positive.

Movement from the point of crisis through to the final stage meant that the participant had moved from a state of disequilibrium or dependence to one of holistic interdependence. However it is important to note that not all life change events or crises promote dependence. Lillie's health challenges, as well as her move were crises that she navigated on her own because she didn't have any close family or friends to depend on. Therefore she had to take the initiative and seek to overcome the barriers that existed and adapt as effectively as possible.

Consequently Lillie boasted that the trial of moving had its rewards. When asked what she enjoyed most about her new residence Lillie replied,

*That is all that is everything to me. I love it, I am really happy. I am settled here and each day when I wake up funny I look and I think its so strange actually its really...ahhhh...It took me a long [time] to get used to it, ummm you know you have to get organized and it took so long.*

Optimal outcome was a subjective appraisal of participants' QOL. As participants moved through each phase in the QOL Cycle there was an increased sense of freedom and independence that resulted.

Lillie moved through all of the stages and as a result derived a great sense of enjoyment from her new home. In fact, Lillie reported that early on she tried to make her new residence resemble her former one. However she was unsuccessful. Although her attempt at adapting her current place to resemble her former failed, she happily contested that *"the whole home is the best thing"*. Although her new apartment was very different from her original home, it still contained various features that promoted environmental and leisure based continuity. For example, Lillie continued to enjoy reading in front of her new fireplace. She had enjoyed this activity in her previous home and was able to preserve this experience by ensuring that her new home had a fireplace.

Additionally, Lillie was now at a place where she had the resources and confidence to fulfill other interests or desires and thus continues to perpetuate a high degree of QOL. When asked about interests that she had not yet pursued she stated that *"right now...I can do everything"*, but upon further consideration she explained that she would *"...like to be like..[her]...sister painting..."*.

Asked if she would every try her hand at painting she initially excused her lack of talent in light of her sister's proficiency, but later remarked *"Maybe I ya...I had it sometimes in my mind when I have nothing else to look forwards and I think why you didn't try it...."*

Thus the fifth phase of the QOL is not an end in itself but rather a manner of living. Essentially a belief that life is to be lived intentionally and purposefully. This is the ultimate state of existence.

The Selective Optimization with Compensation Model asserted that older adults would be fulfilled when they selected and retained those activities that were intrinsically meaningful. However as the QOL Cycle revealed maximum personal adaptation, as was the case with Betsy, can leave one in a state of despair. This occurred when Betsy's interests and leisure preferences could not be enjoyed or experienced because of physical and social barriers that inhibited engagement. As a result without home based leisure support services, home centered older adults who encounter barriers to meaningful engagement are more likely to withdraw and disengage because they are unable to find meaning, purpose and opportunities for autonomy in their daily lives.

The QOL of home centered older adults cannot be achieved in the absence of a healthy leisure lifestyle. Considering that many seniors negotiate numerous physical, emotional and relational crises, how are leisure professionals positioned to promote QOL through various preventions and intervention based strategies? Current home support services need to include leisure professionals

as members of their team if QOL is going to be achieved among home centered older adults.

A regenerative sense of QOL can be captured and maintained when older adults are in supportive situations and relationships that foster optimal interdependence. From a health care and leisure practitioner's perspective this model extends beyond the current medical model which aims to promote stabilization. Being stabilized is an important goal however without opportunities to move beyond this phase, experiences aimed at promoting purpose, meaning and QOL will be minimal at best. The idea that stabilization does not equal QOL is congruent with the field of positive psychology.

Seligman (2003) stated that positive psychology was not focused on the absence of pathology, or problems but rather an exercise in capacity building which seeks to reduce the emphasis placed on weaknesses, functional deficits or personal deficiencies by the biomedical model and focus instead on an individual's strengths and assets (Carruthers & Hood, 2004). As a result the end goal of positive psychology is never to arrive at or maintain a neutral role characterized as stabilization, but rather to identify the emotions, supports and capacities that exist and spend a lifetime developing and fostering growth and authentic QOL experiences.

Within this study, Lillie and Eva were able to spontaneously adapt and overcome post crisis obstacles. However Betsy and Margaret had to make very conscious decisions which included adding a variety of home centered supports or incorporating extended family and neighbor supports into their weekly routine



in order to maintain their QOL within the home and community. Although not all participants encountered barriers that exceeded their ability to adapt, changes related to health, finances, capacities and social networks are inevitable. This leads one to consider what leisure based resources and supports are available for older adults who do experience barriers or difficulty adapting their leisure lifestyle to experience a degree of purpose, meaning and fulfillment?

### *Theories on Aging*

The theories on aging provide an overview of how older adults respond or adapt to the aging process. Each theory focused on the idea that aging in and of itself was the life change event or catalyst that would be either positively or negatively negotiated (Fry, 1992; McGuire et al., 1996). Thus leading one to assume that quality of life is not based solely on the level of independence or choice that is preserved, but rather, on how one's role, identity and engagement are maintained through various leisure and social experiences. Therefore independence and freedom of choice are essential components to overall engagement, however they are not identified within these theories as the primary reason for choosing to stay active. Participants in this study wanted to stay actively engaged in an attempt to further promote their role and identity, which simultaneously provided them with a sense of purpose, autonomy and meaning.

The Disengagement Theory (Fry, 1992) suggested that a reduction in an older adult's capacities coupled with the removal from mainstream societal activities and roles was an inevitable factor in the aging process. Although disengagement and isolation is a reality for many older adults, the participants in

this study looked for opportunities to stay connected socially even though their health, skills and close intimate relationships were decreasing.

Within the QOL Cycle disengagement can be experienced in any of the five phases where a barrier fails to be addressed and overcome. In this situation disengagement is not a choice, but rather the result of limited choices and opportunities to effectively adapt an individual's environment, routine and interests.

According to Lawton and Nahemow's Ecological Model (1973), disengagement could be experienced at the point of "press", where the environmental or personal challenges being experienced create an imbalance in an older adult's daily routine. Essentially effective adaptation reduces the press and realigns or restores individuals and their environment to a state of equilibrium. However it is not just at the point of press that an individual may opt to disengage.

The QOL Cycle outlined how equilibrium in a participant's life cannot be universally equated with optimal functioning. As a result a participant who had stabilized post crisis was able to function independently but experienced a lack of fulfillment in their daily routine which left them "stuck" in this phase. As a result continued engagement was minimized as opportunities to participate in new experiences, or adapt prior interests was not accessible. This leads one to question whether disengagement is an intentional choice or merely a reduction in participation due to limited choice and opportunities (Fry, 1992).

According to the Activity Theory (Fry, 1992; McGuire et al., 1996), ongoing engagement is beneficial because it is within this context that an older adult's roles are redefined and preserved during the post-retirement phase of life. The Continuity Theory (Atchley, 1999, 1993) also highlighted the importance of engagement. However instead of promoting engagement as a means to an end, the continuity theory suggested that engagement that was continuous across the lifespan, was more personally fulfilling and more readily adapted and maintained by older adults.

Activity involvement was important in the daily routines of each participant. However it was those activities that had been initiated early on in the lifespan that provided the greatest sense of fulfillment. During each phase of the QOL Cycle, the quantity of leisure and instrumental engagement increased. During the Crisis and Survival stages those leisure experiences that were continuous, familiar and self-directed were intentionally sought.

Barriers to engagement could also be associated with a loss of capacity as was Betsy's situation, or it could be the loss of purpose associated with participation, as in Margaret's case. Margaret enjoyed baking and knitting, however now she does not have anyone to share these items with. As a result she felt that it was pointless to continue to maintain these pastimes. However Eva had been able to adapt her knitting pastime. Instead of stopping it because she did not have a lot of people in her life to knit for, she chose to redefine her purpose and now knits for children in the community. Her ability to spontaneously

adapt enabled her to maintain an activity that had its origins in her past. This activity continues to bring her a great deal of fulfillment and purpose at present.

### *Adaptation and Aging*

Each of the aging theories, as well as the Ecological Model (Lawton & Nahemow, 1973), Selective Optimization Model and QOL Cycle (Baltes & Baltes, 1990; Wilhite et al., 2004) highlight the critical role that adaptive or maladaptive responses have within the aging process. Maladaptation may lead older adults to become disenfranchised with their current existence and consequently disengage socially, emotionally and physically from the routines and activities they once enjoyed. An inability to overcome barriers related to an increase in environmental press or functional challenges can serve as a catalyst for disengagement as well.

As a result, older adults may find it difficult to find meaning and purpose in their daily life and experience further deterioration and disengagement. The Ecological Model (Lawton & Nahemow, 1973) established adaptation as the point of equilibrium between an individual's competencies and the environmental press. Fluctuations in press, above or below the line of adaptive equilibrium yielded positive results for the individual. However excessive shifts in either direction disrupted the person environment relationship, resulting in maladaptation (Lawton & Nahemow).

Adaptation appears to be viewed as a positive, corrective response whereby the barriers, challenges or imbalances in the person environment relationship are successfully addressed. Each participant in this study sought to

adapt post crisis to restore a state of balance and harmony in their lifestyles. As a result adaptation appeared to take on many forms.

Adaptation was spontaneous and successful for Lillie, who over time adjusted to her new living arrangements. Adaptation was fixed and unfulfilled for Betsy, who had optimized her abilities within her home, but required assistance to overcome barriers to further engagement. Margaret's ability to maintain her leisure pastimes and quality of life post diagnosis required facilitation from outside supports. Her ability to maintain her lifestyle within the context of the home and continue to engage in various expressive and instrumental tasks was made possible through regular home support services.

Adaptation is an essential component in sustaining quality of life and wellbeing in older adulthood. Each of the aging theories and models as well as the participants' experiences revealed how levels of engagement were directly impacted by the adaptive capacity of the individual. However as home centered adults age in place their ability to independently adapt will most likely diminish. Provided that opportunities for home based support continue to focus on instrumental activities, disengagement related to leisure and expressive activities may become more common among the oldest old. This may increase the chance that home centered older adults may experience environmental or competence related barriers to leisure engagement. According to the Ecological Model this disparity would be "maladaptive", and negatively impact individuals' leisure lifestyle and quality of life.

Similarly the intrinsically motivated, choice driven process outlined by the Selective Optimization with Compensation Model would also be threatened if effective adaptation (compensation) was inhibited. This is because the Selective Optimization with Compensation Model is an interactive feedback cycle (Wilhite et al., 2004). If one aspect of the model is impeded it will serve as a barrier and disable the other two facets of the model. Therefore it is imperative based on the lived experiences of these participants as well as the principles outlined in these models, that leisure based professionals become involved in the leisure lifestyle of home centered older adults. Leisure professionals can serve to encourage spontaneous adaptation, introduce facilitated adaptive interventions and resources, while simultaneously reducing the negative outcomes of fixed and unfulfilled adaptive efforts. The end result will yield a higher degree of QOL and psychosocial wellbeing for home centered older adults.

### *Conclusion*

This study involved four participants, all of whom were widowed females over the age of 85. These participants represented a very specific cohort within the aging population. However as stated earlier, this segment of Canada's population are choosing to stay within their homes longer and consequently spending a larger portion of their time alone as well. The purpose of this study was to explore in depth the lifestyle as well as the impact the home environment has on the QOL for older adults. The intent of this study was to begin an academic journey whereby the leisure and expressive considerations of this population would be identified through a phenomenological exploration of their

daily lives and the home environment in which they spend extended periods of time.

Extensive work has been done in the areas of aging and leisure as well as aging and the home environment, however there appeared to be a lack of research focusing on the intersection of these three phenomena. It is the researcher's belief that the essence of QOL among home centered older adults can only be understood at the point where these three phenomena intersect. As a result this study sought to understand and further explain this intersection.

#### *Summary of Findings*

This study found that participants did spend the majority of their time in and around the home environment (Golant, 1984b; Horna, 1994). Although a couple of the participants had active lives outside the home, the various community activities they engaged in were relatively close to their home environment. The daily routine of participants included a variety of instrumental and leisure activities. At times instrumental tasks were engaged in because they provided expressive benefits to the resident. Participants also viewed their home as the context within which they were most likely to experience wellbeing and independence. Independence for these older adults was defined as interdependence. Participants' ability to live alone within the community was made possible through family and home support services. Collectively these supports enabled participants to continue to use their skills while receiving assistance with functional tasks, such as vacuuming or meal preparation, that exceeded their personal capacities and resources.

This was in direct contrast to the lived experience of institutionalized older adults (Singleton, 1990; Voelkl, 1986). Several of the participants commented on this difference and were determined to maintain their home centered lifestyle for as long as they could.

#### *Institutionalization and the Home Environment*

This study did not examine institutionalization as a context for the leisure lifestyle considerations of older adults, however several participants did negatively portray managed care facilities in an effort to support their desire to remain home centered. As a result the researcher felt it was important to share participants' concerns and identify how the long term care industry is seeking to address these types of concerns. The most notable changes are occurring in the architectural design and service provision sector of this industry.

Four participants in this study were firm in their resolve to continue to live alone within the community, two of the participants strongly opposed the idea of relocating to an institutional or managed senior community. Both participants' personal experience with institutionalization reaffirmed their view that this type of living environment and approach to care was not person centered or choice driven. They stated that opportunities for agenic fulfillment had not been accessible in their stay and experiences within these facilities. For them the home was the place where functional care could be provided without the need to forfeit participation in meaningful instrumental and leisure experiences.

However there is a revolution underway within the long-term care (LTC) industry. The concerns voiced by participants in this study are not uncommon;



they have been identified by others as issues that need to be addressed if health care environments are going to truly promote a holistic approach to wellbeing. Essentially the creation of an environment that provides comprehensive health care services as well as daily opportunities for agenic and affiliate fulfillment is unfolding. One of the most innovative approaches to institutionalization is the Green House initiative (Rabig, Thomas, Kane, Cutler & McAlilly, 2006). This approach to long term care is innovative because it moves away from clinical aesthetics and embraces a home centered model of care. This shift is reflected in the decentralization of services from a one-level multi-winged building to several smaller self contained homes which are situated residentially "on a single campus or scattered throughout a neighborhood" (p.533).

Ultimately "the Green House concept seeks to reverse the loss of control that elders experience by emphasizing competence and participation in daily activities in the household" (Rabig et al., 2006, p.534). Although this model of care has been developed for older adults who require full time assistance this approach to care does highlight the critical role that the home environment plays in the overall wellbeing of older adults. Additionally it addresses not only the importance of the home as a healing environment but also as a space where meaningful experiences and activities take place, both of which critically impact the QOL of residents.

If the home is being considered an innovative environmental prototype for successful aging, then careful consideration needs to be given to the lifestyle as well as the support services being offered to home centered older adults within

the local community. The Green House model is looking to the home for ideas that will improve resident's QOL. If government and community-based organizations exercised the same investigative approach they would realize that leisure lifestyle is just as critical to home centered older adults' QOL as functional assistance with various activities of daily living. The findings of this study suggest that home centered older adults would benefit from a more comprehensive home based service system, one which acknowledges the value of both instrumental and expressive activities and provides the necessary leisure supports within the home environment.

### *The Senior Living Community*

There are various levels of institutionalization. The home is a non-institutional entity whereas independent or senior living communities represent a bridge between the home and more traditional institutional settings such as assisted living, long term care and extended care units. There was only one participant in this study who lived within a senior living community. All of the other participants resided either in an apartment, condominium or semi-detached home.

Lillie's home environment appeared to provide a balanced approach to independent living. Her apartment was located within a senior living community. As a result she not only had numerous potential neighbors with whom she could form friendships but she also had various opportunities to engage in community life. However unlike many traditional institutions, Lillie had full autonomy over how she decorated and maintained her home. She was also responsible for all of

her own shopping, bills, finances and meals. Had she retained her license she would have been able to secure a parking spot in the lot below. Lillie stated that interfacing with other seniors provided her with a social network, however at present she had not established any relationships that she would classify as close friendships.

Several of the barriers Eva experienced would not be tolerated in the environment in which Lillie lives. Eva's apartment building did not have a superintendent on site and as a result she felt threatened by the neighbors who played their music loud and had arguments late into the night. Eva was aware of alternative living arrangements such as Lillie's building, however she felt that in her current residence, her family viewed her as fully alone and independent. As a result, this was a catalyst for them to invest time and touch base with her more frequently than they may do if she were to live in a managed senior living community.

The Independent Senior Living Community that Lillie lived in provided opportunities for both agenic and affiliate fulfillment. This was because it facilitated an interdependent lifestyle within an age appropriate social context. However the cost to live in this type of community often exceeds the financial resources of many older adults. It seems unfair that a living environment that promotes safety, social integration as well as choice and autonomy is accessible to only a limited number of older adults with financial means.

*Leisure Pursuits: Agenic and Affiliate Considerations*

The most common activities that participants in this study engaged in were solitary, self-directed pursuits. These results were similar to Haggblom-Kronlof and Sonn's (2005) findings. Their study examined the leisure pastimes of community dwelling Swedish seniors in relation to their "functional abilities, self-rated health and sociodemographic characteristics" (p.196). They discovered that "the majority of very old persons (86 years and older) prefer[red] non-social interests such as the media, individual leisure and relaxing occupations" (p.200). Their results identified that the third most common pastime among older Swedes was community based social events such as "dancing" or "singing in the choir" (p.199).

Although the four female participants enjoyed social interaction within the home environment, community based social integration as described in Haggblom-Kronlof and Sonn's study was not a part of their leisure lifestyle. A possible explanation may be related to the fact that Haggblom-Kronlof and Sonn's study looked at a large sample of older adults who lived "at home" in the community, but not necessarily alone. Whereas the four participants in the current study lived alone and thus the logistics of accessing community based social activities was limited.

Eva stated that her inability to make friends at a community bridge game would have been different had she attended with another person. It is quite possible that living alone or not having a lot of friends within one's social sphere could significantly diminish the opportunities for social integration within larger

community events such as progressive card games, church events and other culturally specific groups.

Although affiliation is a key component to QOL, Haggblom-Kronlof and Sonn (2005) suggested that QOL may be more closely aligned with autonomy and “control over one’s daily activities” (p.201). They speculated that “for some persons, having control might be easier when there is no need to take others or new environments into consideration” (p.201). It is obvious that the four participants in this study defined QOL from a more agenic rather than affiliate perspective. Margaret rarely went out of her home however she did have complete autonomy over the services and activities that occurred therein. Having her granddaughter stay with her introduced a new social dynamic to her home environment. From her conversations, it was apparent that she loved her family but disliked the disruption the visit caused to her routine and independence. Thus her experience supported Haggblom-Kronlof and Sonn’s conclusion that independence and autonomy are essential to older adult’s optimal functioning and QOL.

Although participants appeared to give higher priority to agenic needs over affiliate needs several of the participants expressed how the loss of close intimate friendships was a barrier that had not been met through their relationships with family, neighbors or support personnel. Betsy, Lillie and Eva were actively negotiating the social challenges that occurred when former friends passed away or were unable to visit as frequently as before. Margaret, one of the more home centered participants, had an intimate male friendship that she

cherished. His regular visits and kindness were the highlight of her week. As a result it appeared that fulfillment of participants' affiliate needs was not associated with the size of their social network, nor their ability to access social events in the community. Rather affiliation appeared to be optimized when participants' social network consisted of supportive people such as family and service personnel as well as regular interaction with a close intimate friend.

Therefore community organizations involved in promoting social programming for seniors may want to consider hosting a number of smaller venues so that attendees have an opportunity to meet other seniors and possibly form close attachments that can be maintained outside the group environment via phone calls and periodic visits.

#### *Adaptation and Quality of Life*

The findings from this study identified the fact that adaptation is not synonymous with QOL. The Ecological and Selective Optimization with Compensation Models seemed to suggest that adaptation was inherently positive because it reduced barriers. Although adaptation can restore a state of equilibrium by establishing a balance between the person and their environment, this study revealed how failure to move beyond this adaptive state can serve to reduce growth and attainment of optimal wellbeing.

The QOL Cycle revealed how adaptation must be continuous at all phases of the cycle. Stabilization was identified as one phase within the QOL Cycle. However the current approach to home based support services seems to suggest that stabilization is an end in itself. Assistance with instrumental tasks

enabled an older adult to maintain functional existence within the home. Yet this approach to home based services fails to consider how residents are negotiating meaning, purpose and identity within their daily routine.

Unfortunately for one participant in this study, being “stuck” in the stabilization phase of the QOL Cycle left her feeling that life was stagnant and hopeless. Home based leisure supports need to identify ways to prevent this state of psychosocial decline.

The QOL Cycle is a conceptual model that seeks to identify the ongoing process that participants in this study negotiated on a regular basis. This model is a cycle, not a continuum because life events and challenges occur amidst other crisis and life events. All participants were living life somewhere in the Cycle, however it was the quest to fulfill the agenic need for independence that motivated or frustrated their perspective towards daily life. QOL was being negotiated through each of the purposeful and mundane tasks of daily life. However the degree of QOL experienced by participants was directly associated with their ability to move beyond the stabilization phase and engage more freely in an expanded repertoire of instrumental, expressive and social activities.

#### *Future Research Implications*

This study focused on a small sample of four females over the age of 85. As a result numerous questions and ideas for future research have emerged out of this study. The following discussion will identify implications for future research that would undoubtedly expand the knowledge base and scope of service

delivery for leisure practitioners working with older adults who reside within the community.

From a gender perspective it would be interesting to explore the relationship between older male adults and their home environment as well as older couples who live together in the community. It would be interesting to explore how these couples collectively and individually negotiate meaningful activities and overall QOL within the home context. This study could also include couples, where one is the caregiver of the other spouse. An understanding of how leisure is expressed and QOL maintained individually as well as collectively would provide additional insight.

The participants in this study were all women over the age of 85. Each of these women had been socialized and lived within a Western European or North American culture their entire lives. As a result the perspective that this study portrays is centered on an individualistic worldview (Dieser, 2002). The fact that the global quality of life goal for these participants was to remain living alone within the home attests to this perspective. However, it is important to note that there are various cultures, belief systems and older adults who do not ascribe to individualism or individuality as a quality of life factor (Dieser). Therefore future research needs to include both males and females who share a more collectivistic (Dieser) or diverse cultural perspective. This will provide greater awareness of an older adult's culture in relation to their quality of life goals, especially for those who live alone and require leisure and instrumental supports outside of their cultural or ethnic community.



This study was conducted during the summer months. The region where the study was completed is exceptionally warm during this time of year. However the extreme temperatures and weather variations that occur year round are potential barriers impeding accessibility to activities outside the home environment. A CSSN staff member suggested that this study should be replicated with the same participants during the winter season so that a comparison between their seasonal leisure lifestyles in relation to the home environment could be explored.

Another research consideration related to this study addresses the psychosocial wellbeing of home centered older adults in relation to their leisure repertoire. Given that depression is classified as one of the most common mental illnesses among the elderly (Canadian Coalition for Seniors Mental Health, 2006) (CCSMH) it would be interesting to explore the leisure lifestyles of older adults who are dealing with a loss of purpose and meaning in their lives. Ultimately these individuals would be at a heightened risk for disengagement, withdrawal and psychosocial decline. This would lead one to question whether insurmountable barriers to leisure engagement are one of the primary causes of despair and hopelessness among this segment of the older adult population?

Vocational versus avocational considerations were not addressed within the framework of this study either. Two of the participants had worked outside the home environment, while the other two had spent the majority of their years working within the home providing for their families. It would be interesting to investigate the impact that a prior career has on the leisure lifestyle of home

centered older adults both male and female. Is it difficult for these retired seniors to adjust and find meaningful experiences within the home context given that the majority of their time and activities were experienced outside the home?

The phenomenon of the leisure lifestyle of home centered older adults is a relatively unexplored area from both a research and practitioner perspective. Over the past decade there have been a handful of studies within the field of Therapeutic Recreation that documented home based interventions for older adults (Bollin, Voelkl & Lapidos, 1998; Chow, 2002; Dunn & Wilhite, 1997; Nour, Desrosiers, Gauthier & Carbonneau, 2002). These studies and one on one programs were focused on leisure education and participation. All four studies reported positive client outcomes in the domains the interventions were targeting. Considering that choice, freedom and independence were key determinants in participants' QOL it is interesting to note that therapeutic recreation strives to sustain and or introduce these important agenic qualities through a person centered goal driven process. Chow (2002) conducted a case study on an elderly woman in her 90's. Following the eight-week in-home intervention Chow reported that participation in this one-on-one home based program "gave Mrs. P the chance to feel in control again by experiencing success in activities and relationships" (p.210).

However now that an increase in the number of older adults electing to live alone in the community is occurring additional research and more comprehensive supports, education and resources need to be developed in an

effort to extend the scope of therapeutic recreation service to home centered older adults.

In an effort to improve the QOL of older adults who live in the community the Ontario provincial government is interested in expanding the scope of home centered support services. At the time that this study was conducted the services being marketed and offered through government and not-for-profit associations addressed only the physical, social or instrumental tasks of daily life for home centered older adults. As a result the list of professionals that community based seniors could pay to have within the home was extensive but not comprehensive enough, including nursing, allied health professionals such as physiotherapy, occupational therapy and speech therapy, nutrition, social work and personal support (Community Care Access Centre Niagara, 2007). However recreation therapy or leisure related supports were not identified as an alternative fee based resource or service by the local government organization responsible for being the conduit through which community based as well as institutional services for seniors are channeled.

Recently the provincial government set aside a significant sum of funding to be used for the purposes of "matching the needs of the local senior population with the appropriate support services." (Ministry of Health and Long Term Care, 2007) Once again the programs and services identified, as potential recipients of additional funding were instrumental, functional and socially oriented home based initiatives. The one exception being adult day programs. Unfortunately leisure professionals have remained an integral part of the institutional treatment

and rehab team, and not made significant strides within the community and home contexts.

### *Implications for Therapeutic Recreation Practice*

Given that this study focused on understanding the leisure lifestyle of home centered women over 85 it is important to specifically identify how the findings inform therapeutic recreation practice. Currently the majority of therapeutic recreation specialists (TRS's) who work in geriatrics do so within an institutional framework, such as long term, acute and rehabilitative care (Riley & Connolly, 2007). This study provides several relevant findings related to patients' environment, relationships and activities. These findings may serve to further enhance the efficacy of TR service delivery among institutionalized older adults.

This study revealed how important the home as a context is to residents' overall quality of life. One of the primary considerations was the objects, furniture and artifacts that served as identity markers within the various rooms. Often within a long term care facility residents are required to share a room with an unknown patient. As a result they frequently have only a few if any personal objects or identity markers situated around their bed or personal space.

If the room or space is truly an expression or extension of the individual, as some of the supporting research suggests, than a room with few personal effects may further disengage the resident from actively healing and taking a person interest in transitioning into this new environment. Therefore it is suggested that part of the TRS's assessment and assistance with resident integration should include the room or space in which they are staying. It is this

space that a resident is most likely to spend the largest portion of their time in. Therefore it should resemble and reflect their personhood and individuality.

This study also identified the frustration and challenges participants experienced in relation to their diminishing social network. These findings suggest that there is a need for opportunities to meet and form intimate relationships with other older adults. This is usually not done within a large group program. Therefore it is suggested that one on one or small group programs be developed with the sole purpose of bringing residents together who have similar leisure interests, or have common histories (i.e. worked in the same factory, grew up in the same country etc). Regular opportunities for residents to connect and relate on a friendship level will significantly increase their social network and meet their affiliate needs.

Ideally, these friendships should be documented and communicated to the other professionals working on the unit. This will ensure that additional attempts to bring these residents together during the evening and weekend can be naturally facilitated by staff other than those in the Therapeutic Recreation Department.

The third consideration is related to the types of leisure programs being offered to residents. It was apparent within this study that the daily routine of participants was equally divided between both functional or instrumental tasks and self directed and socially oriented activities. As a result the daily routine offered within the managed care facility may benefit by seeking to mimic the routine that residents enjoyed and actively engaged in prior to relocation. For the

participants in this study these experiences and routines were associated with role and identity redefinition and continuity. This reality was supported by alternate research as well. Therefore the implementation of programs that validate these roles may serve to aid in the transition and quality of life experienced by these residents.

If TRS's are going to make an impact on the lives of home centered older adults there will need to be a significant amount of leisure education and awareness carried out among older adults, their families, caregivers as well as those professionals and agencies that facilitate home support services. This study revealed that often barriers to engagement can be avoided or effectively addressed if the value of leisure in relation to an older adult's quality of life is understood.

This study relied extensively on the use of the phone to contact participants and follow up on a daily basis with their leisure behavior and experiences. Due to the logistics of visiting home centered clients multiple times a week, the phone may be a good resource to use to encourage and follow up with clients who are able to access and utilize this resource. Currently CSSN has a volunteer program called "Talk A Bit" which matches volunteer callers up with various clients.

Another important consideration for TRS's interested in consulting within the community is understanding the types of TR programs and services that are needed within the home. In general it became apparent through this study that home based TR programs need to be preventative in nature, intervention based

or socially oriented. The preventative programs would be ones that focused on building up an older adult's leisure repertoire prior to a crisis or life change event. Intervention programs would assist clients post crisis in dealing with barriers and effective adaptation strategies. Socially oriented programs would seek to connect home centered older adults through similar leisure pastimes and interests. In this capacity the TRS may serve as a volunteer liaison whereby several clients are brought together to knit, bake or participate in a common leisure experience with the intent of donating their items to a local community charity.

The by-product or benefit of this experience is not just generative, but also social. These individuals would be sharing an experience and building a legacy while simultaneously developing mutual friendships. As the number of home centered older adults increases and the funding being allocated for home supports also rises one hopes that it will be only a matter of time before therapeutic recreation services are viewed as an integral part of home support.

This was an important study to conduct because it provided an understanding of how home centered older adults negotiate QOL through various instrumental and leisure based activities. Furthermore this study identified how barriers that impede engagement in meaningful experiences can cause an older adult to disengage. However leisure support services within the home can address these challenges and issues through preventionary and intervention based initiatives.

This study illuminated how important leisure and meaningful experiences are in the lives of home centered older adults. It also identified how leisure

practitioners need to be included as part of the home support team if QOL is going to be facilitated and experienced by home centered older adults.

Essentially further research outlining the holistic benefits of Therapeutic Recreation service delivery within the home as well as a comprehensive Therapeutic Recreation framework for provision of home based services is warranted. This would raise awareness among medical professionals within the health care industry, as well as organizations and family members that interact with older adults. Future research is also invaluable because it informs policy and funding decisions, which are often made in reference to the benefits and outcomes of programs and services. Therapeutic recreation and leisure practice is aligned with this evaluative, outcome based approach and has much to offer older adults whether they reside in an institutional setting or have chosen to remain within the community.



## Chapter 7: Epilogue

Following the nine-day data gathering process a final meeting was scheduled with each participant. The purpose of this meeting was to review the conceptual findings that had come out of the analysis process. After meeting with each participant it became apparent that not only did the QOL cycle resonant with each of them, but additional changes in their understanding and approach to life had begun to occur also. Each participant identified or reiterated aspects of their beliefs that were fundamental to their lifestyle and QOL.

The following epilogue also provided insight into some very positive changes that occurred in one of the participants over the course of the data gathering process. The impact of participation in this study is not measurable, however it is interesting to note that some of these changes may be potentially linked to the reflexive process that can occur following a series of interviews and conversations. This section will conclude with a brief narrative outlining the impact this study has had on the researcher's perspective towards leisure and aging.

### *Lillie*

During the final visit Lillie reiterated how incredibly happy she was with her home, her surroundings and her lifestyle. To further accentuate how well she had adjusted she compared her attitude and approach to living with a friend of hers who is miserable, depressed and "stuck" in a crisis that occurred 25 years ago. Lillie also mentioned her concern about her own personal health, especially as she anticipated the summer ending. Her fear of contacting another respiratory

illness causes her to reduce her community-based leisure. She voluntarily becomes more home centered in an attempt to minimize her chance of infection.

Aside from her concerns about her health, Lillie also opened up and discussed financial concerns that have been associated with what she feels is a lack of consideration, and respect in customer service and more specifically customer service related to older adults. Her frustrations were linked with trust issues in the banking and financial industry. There had been recent turn over in various positions at the bank that Lillie dealt with. As a result she did not have a key point person that she could dialogue with regarding her income tax, investments and other related matters. Lillie gave two recent examples of how the bank had treated her and she felt these were motivated by ageism where her ability to remember and understand conversations and directives was being questioned because of her age.

Again the sense that ageism is at play within the community is being voiced by both Eva and Lillie. Within the context of this study both of these women are the least home centered and therefore actively engaged in their own banking, and bill paying. Unfortunately both refer to ageism in the community and how this inhibited their ability to embrace freedom and maintain their independence.

#### *Betsy*

During the final visit Betsy described how her son's overprotective nature really bothered her. She explained how he readily assumed she was incapable of doing anything by herself. When he would come over to visit which was usually

daily, he would tell her to sit down so that he could get them some tea. Betsy stated that it bothered her because she felt he did not think she was capable of being hostess during his visit. Not wanting to hurt his feelings she would let him have his way, but she wanted to maintain her independence and felt she had the ability to do just that. Thus the ageist belief appeared to not reside exclusively within the community, but also among well meaning family members who believed there were set limitations on what home centered older adults, namely their parent could do.

However in addition to Betsy's son's inability to realize how capable she was, Betsy appeared to be turning a corner in her grieving process. During an interview Betsy described her life as one of merely "*existing*". She had been dealing with not only the loss of her husband a year and a half earlier, but also the continued loss of her hobbies, as her eye sight and health steadily worsened over the years making it impossible at present for her to crochet "*perfectly*".

A self-proclaimed perfectionist, Betsy had decided that her final hobby, crocheting would be laid to rest beside all the other self-directed pursuits that had been discarded due to her physical decline. Without vision Betsy claimed she was not able to enjoy crocheting because she did not have the skill to complete each stitch as even and tight as she had done before. She readily revealed how the half-finished afghan she had been working on was proof of her diminished capacity.

Whether participation in this study had a therapeutic impact on Betsy's approach to healing and moving out of the "stabilization" phase one will never

know. However, it is interesting to note that during the final interview, at the end of the nine-day data gathering process, Betsy mentioned she felt it was time to begin to take control and get her sewing room organized and cleaned up. She inferred that she had grieved long enough in a state of limited engagement and felt it was time to begin to take some initiative and begin the instrumental task of cleaning, purging and reorganizing her hobby room.

Ironically this room contained all of her leisure pursuits, such as books which she was giving away to her housekeeper, a sewing machine she couldn't use anymore, her Smart View screen which she used daily to create her evening television viewing schedule as well as numerous other odds and ends.

Two weeks later during a phone call it became apparent that Betsy was definitely moving out of the stabilization stage. In addition to her comments at the last interview, she was now discussing the idea of getting a bird, which would live inside and keep her company all year round. Betsy had owned a bird years earlier while living in England and had enjoyed the experience immensely. Given that continuity in leisure has been a key component in the transition of each participant through the QOL Cycle phase, the desire to adopt a bird was evidence that Betsy was indeed opening up and voluntarily interested in becoming more engaged in life.

Thus from the beginning of the study there had been a marked change. Betsy was obviously healing and moving through the QOL cycle. She had been "stuck" in the stabilization phase. Her daily routine and regular interactions with her children, neighbors as well as her limited sedentary leisure pursuits and her

grief over the loss of her husband left her with limited interest or capacity to see opportunities to adapt and engage meaningful and more fully in her daily home centered life. However her ability to begin to see areas in which she could take control and exert her energies and engage showed that a shift was taking place. By the final visit, three weeks after the data gathering process Betsy mentioned that she was going to begin to crochet again because it was a way to pass the time. She also stated that she was seriously considering offering to teach the young girl with a disability that lived next door how to crochet as well.

Upon explanation of the QOL Cycle, Betsy immediately suggested that she was presently in the fifth stage. She justified her choice by stating that she could talk about her late husband without breaking down and "*blubbing*". She explained various ways she was actively grieving and seemed to have a much more vibrant attitude and demeanor. She stated that her neighbor had recently told her she was looking much better. Aware of the process she had been going through and her potential, Betsy appeared to be not only willing but actively invested in trying to find home centered leisure experiences that would enable her to adopt a more fulfilling life since the passing of her husband. Although she would like her son to acknowledge her capabilities by not "*doing*" everything for her, she expressed how she would like to have a more intimate relationship with her daughter. Family dynamics were definitely not something that diminished with age in relation to the participants involved in this study. Eva and Betsy both wanted to have regular consistent interaction with their children, however they also wanted their relationships with them to be healthy and balanced. For these

women interdependency was preferred. The more detached independent lifestyle possibly eroded the importance of their motherhood role, as was Eva's case with her daughter. However within a lifestyle of dependency the role of parent would be transferred to the adult children and result in a situation of subordination and compliance which would inevitably diminish the older adult's sense of freedom and independence. This situation was congruent with Betsy's experience.

### *Eva*

During the final conversation with Eva she mentioned how having her car was critical to her QOL. The freedom that she enjoyed in her daily life was largely attributed to her vehicle. She explained that adapting to a city bus would not be easy and if things should change forcing her to give up her car than she would consolidate her activities out of the home and use a taxi for convenience and accessibility.

Eva explained that she attended an annual driving session to maintain her license. She stated that it was best for her to avoid the fast highway because she felt her age would be reason enough for the police to take away her license should she be involved in an incident, even if she wasn't directly at fault.

Ageism seemed to be a threat to full engagement. Eva did not have an interest in using the fast highway, however it appeared that this might stem not only from the fear of an accident, but the alternate fear that her license may be taken should there be any altercation. The loss of her license would severely alter her freedom, independence and QOL.

Eva also discussed how relocation into a senior living community or nursing home did not interest her because accessibility to her car would not be as convenient because she would have to go down an elevator and into a parking garage to access it. She also felt that her limited social network was better than living in a community with lots of other seniors. Eva stated that she wanted to enjoy her own activities and did not want to engage in the facilities programs. Eva also feared that like the man who lived on her father's floor years ago, her children would visit less and minimize their contact with her assuming that because she now lived in community with so many seniors that she would naturally have extensive social opportunities. Eva valued her weekly visits with her son and wished that she could have a more intimate relationship with her daughter as well. Her greatest challenge at present is the diminishing number of close friends and the limited social contact that she has on a regular basis.

Eva's previous attempts to meet other seniors through a community based card game had been unsuccessful. She had attended and discovered that the fellow players were not friendly and immediately after the progressive card game ended they all dispersed. She was later told that many of the women who attend are afraid to befriend a single woman because they fear she may be out to nab their husbands! Eva laughed at the thought and explained that in order to meet others in that context she would need to be accompanied by another friend. Since Eva did not have anyone to accompany her to this event she was not able to successfully integrate and increase her social sphere. Eva desired to have a

more socially integrated lifestyle. It appeared that her weekly routine would have benefited from a more socially interdependent lifestyle.

Essentially Eva needed to build more social connections within her community however at present she viewed her options as an ultimatum, either relinquish her independence and move into a senior living facility, or accept and continue with things as they are. The ultimate solution would be to have the necessary supports to stay where she is and develop new social contacts and increase her sense of group and socially oriented leisure.

### *Margaret*

During the final visit it was evident that Margaret had continued to remain constant throughout this study. Her ability to maintain order and routine gave her a sense of security, purpose and fulfillment. She enjoyed her time alone and had numerous opportunities to engage socially with the various home support personnel and family that visited, as well as her friend that stopped by every Thursday. Margaret's home was the focal point of her life, as a space it housed both her private and social experiences and activities.

The critical adaptation that Margaret had made in her life was centralizing all of her instrumental and leisure based experiences within this safe, accessible context. This sense of preparedness enabled her to more effectively deal with an onslaught of health related complications that were inevitable as time passed. Margaret may have appeared to act rather hastily, reconfiguring her lifestyle so drastically. However these changes ensured that her wishes and independence would be maintained and preserved as best as possible and undoubtedly serve



to extend the amount of time she would be able to live alone within her own home.

When introduced to the QOL cycle Margaret immediately reflected back on her role as a young mother of two during WWII. She explained that she was responsible for raising two young infants single handedly while dealing with the stark reality that not only was her husband at war but he may never return.

Margaret stated that this was a very challenging time for her personally and that part of her ability to cope was made possible by engaging in reading and learning how to sew. As a result she ended up going to the library regularly and read almost every book on the shelf. The library was the one place where her children would sleep and she was able to enjoy some quiet time to read and escape for a few moments to herself. Sewing was another past time which also served to generate a creative outlet, and enabled her to clothe her children. She said that over the years she surprised herself with the various projects she made. In fact one of the items she wished she had been able to bring to her current residence was the sewing machine that her husband had purchased for her after the war. It held many fond memories and was a source of productivity and enjoyment over the years.

During the discussion Margaret made the comment that how she coped with her current diagnosis and situation would not have been the same had it occurred 10 years earlier. She stated that who she is now was a direct reflection of various circumstances she had encountered earlier in her life, all of which prepared her for her present circumstances. One can only wonder if her

experience as a young wartime mother of two who sought to be engaged in meaningful pursuits was part of the continuity puzzle that taught her that somehow it is possible to persevere and adapt and make the best out of life's toughest situations.

### *Summary*

Each participant was currently on a wait list to receive a volunteer visitor with Community Support Services of Niagara (CSSN). Although each of the participants identified various challenges or crises they had encountered as home centered older adults they still preferred to retain their current living arrangements as long as possible. Disruptions to their lifestyle were inevitable however all participants seemed to agree that the loss of independence and personal freedom and choice would be detrimental to their wellbeing and quality of life. Given that each participant associated loss of their independence with residency in an institutional type facility, it only made sense that these participants would purposely choose services and make the necessary adaptations to remain home centered and preserve their freedom and independence as long as possible.

Longer stays within the home will require continued use of home support services. At present these services only serve the functional and instrumental tasks of daily living such as laundry, house keeping, and assistance with personal hygiene and nutrition. Considering that the daily routine of each participant included a compliment of both instrumental and leisure based

activities it is certain that the facilitation of quality of life within the home cannot be achieved by services focused on instrumental tasks alone.

Quality of life was established and maintained amidst a routine that included both functional and expressive activities. Post retirement leisure was an integral factor in the preservation and redefinition of participants' roles, identities and purposes. The participants in this study engaged in a variety of self directed pursuits. They also tried to stay integrated socially with neighbors, friends and family. However it was evident that barriers to full engagement or optimal wellbeing persisted. Eva and Lillie expressed that close friendships and intimacy were unfulfilled needs in their lives. Margaret upon diagnosis actively adapted her entire lifestyle, however aside from relying on her current support system she did not have the resources to adapt her leisure repertoire further as her disease continued to progress. Additionally Betsy was stuck in a daily routine one that she had become accustomed too and yet one that she claimed was not personally fulfilling. Betsy had actively adapted to the best of her ability at that time, but it appeared her involvement in this study might have sparked a desire to revisit previous interests. The services of a Therapeutic Recreation Specialist would benefit each participant because they are focused on the development of goals and related programs that facilitate preventionary and intervention based approaches to a holistic leisure lifestyle. Leisure practitioners also promote choice and independence within a theoretical and professional framework that includes the successful application of adaptation, education and awareness, as well as meaningful engagement.

### *Researcher's Reflection*

As a Certified Therapeutic Recreation Specialist (CTRS) I have spent a considerable portion of my career working with older adults in managed care settings. As a result my perspective towards aging and leisure has been viewed through a clinical lens which often focused on one aspect of the older adult population, namely the frail elderly or those who were recovering from acute medical crisis. Although my work has also involved older adults who are relatively healthy and independent it became apparent during this study that both my professional and personal perception of aging had unfortunately become aligned with the biomedical model of physical and psychosocial decline.

Originally at the onset of this study I had anticipated meeting four individuals, three of whom would most likely be miserable about aging due to the fact that they had no definable purpose, activities or meaning in their daily life. I also thought I may encounter one zealous exception to the rule. However much to my delight my presumptions were wrong. Certainly there are individuals who are aging in a disengaged unhappy state, however that is not necessarily the norm. The participants within this study were dynamic and aware of the challenges they faced. They were strong in their resolve to continue to live a life of purpose and meaning. It was interesting for me to see that they desired to live life as I do. With over a fifty-year age gap there were times during the conversations that the differences between participants and myself became small and inconsequential. I realized that aside from barriers to engagement, these women wanted to continue to make the most out of each day. Unfortunately

there are numerous people who are chronologically younger and seemingly healthier and more socially integrated who fail to grasp the value of living each day intentionally.

For me personally, one of the most profound and influential realizations that came out of this study was the positive and hopeful approach towards aging that these participants held. This was displayed through their daily engagement in instrumental and expressive activities and their desire to enjoy a larger social network of friendships. I found that each of the participants was very real and authentic about the highs and lows they encountered in their lives. However, it was their desire to stay engaged, to continue to function as independently as possible amidst outside supports that really challenged my preconceived ideas of what it meant to age in place.

The participants' intense focus on living well even with various medical conditions, family challenges and limited social relationships was a testament to their desire to preserve and promote their quality of life. Participants' ability to be intentional about their health and the instrumental as well as leisure opportunities in their lives was refreshing. It was obvious that these participants would welcome outside support to assist with their leisure lifestyle if it was available. However they would shun any offer of support if it was going to infringe on their freedom of choice, personal interests and preferred daily routine.

I truly came to respect and realize that for these woman aging was not the enemy or the problem but rather the catalyst for inevitable change in their relationships, family dynamics and capacities. I was also delighted to see how

their daily routines were not comprised solely of mindless activities such as watching endless amounts of television. In defiance of research they used the television in an intentional way to facilitate continuity in their leisure. They enjoyed the television by controlling it. It did not dictate their life as I had anticipated it would.

For me as a professional the QOL Cycle provided a wonderful depiction of hope. In my practice as a CTRS I will use this Cycle to remind myself as well as the client that where they are or what challenges or crisis they are negotiating, do not need to define them. Rather their interests, purpose and motivations need to arise from within. I believe this Cycle provides hope because it validates the various stages or phases that these women and others negotiate on a daily basis to maintain QOL in both the micro and macro spheres of their lives. On the macro level these women wanted to continue to live alone within their homes, however each instrumental, expressive and social encounter either reaffirmed or challenged their ability to live out this reality.

For me the concept of what it means to age has undergone a significant metamorphosis. Aging does not need to be situated solely in loss or physical, emotional, cognitive or relational decline. I think the woman in this study challenged this viewpoint. As a result I think that aging needs to be understood as a series of choices, strategies and experiences. Together they culminate and serve to either empower an older adult to move towards a more holistic state of wellbeing or disempower them leading to a state of perpetual crisis, withdrawal and decline.

Viewing aging in this manner has impacted my mindset and approach to leisure and recreation service delivery. My purpose now as a therapist is to understand clients' global or macro quality of life goal(s) and then seek to facilitate instrumental, leisure and social opportunities to further support clients goal attainment. My sole focus as a therapist is not to "heal" or necessarily alleviate symptoms, although if possible I aspire to do that, but rather to assist clients in capturing and utilizing their own personal resources and capacities. Clients need to draw upon those strengths, skills and abilities that have not been impacted by the crisis, condition or life change event. This is the part of them that is willing, able and waiting to grow. By focusing on these competencies some of clients other challenges may be resolved more effectively as well.

## Interview Guide

### Interview #1

#### Introductory Discussion

The purpose of this informal discussion is to accomplish the following:

- A personal tour of the home by the resident/participant.
- To understand which rooms and objects hold meaning.
- To obtain an overview of the activities, behaviors and experiences enjoyed within the home environment on a daily basis, as well as those not enjoyed.
- Ascertain the barriers and facilitators to meaningful experiences and activities within the home environment.
- Discover what adaptations have made spatially or otherwise to accommodate leisure behavior.
- General overview of how their home is viewed and its impact on leisure experiences and functioning therein.

1. How long have you lived in this home?
  - If you have moved what was the reason for your move?
  - How has moving changed your daily life?
  - How is this living situation different from your previous one?
2. What do you enjoy about your home and living here?
  - Particular rooms
  - Personal effects
  - Physical parameters of home that support independence
  - Space outside the home; property and community.
3. What are your favorite things to do in your home?
  - Expressive leisure type activities and experiences
  - Instrumental (ADLS)
4. In what ways does your home support engagement or participation in relaxing and enjoyable activities?
5. In what ways does your home inhibit participation in relaxing and enjoyable activities?
6. What are the major challenges for you in living in this home?
  - How have you managed those challenges?
  - Environmental adaptations



- Activity changes
7. What is the best thing about living in your own home?
    - In this home in particular
  8. Show me your home.
  9. End with a sketch of the home environment.

Appendix B

**Facilitated Time Diary**

**Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time of Call:** \_\_\_\_\_ AM (morning) \_\_\_\_\_ PM (afternoon) \_\_\_\_\_ PM (evening)

**Telephone Script:** Hello Ms \_\_\_\_\_, this is Nicole Bergman who is conducting the research study that you have agreed to participate in. I am calling you to ask a few questions about your (morning/afternoon/evening) activities.

**Questions:**

1. Since (you woke up, lunchtime, suppertime) which rooms or areas of your home have you spent time in?
2. While in the \_\_\_\_\_ room(s) what were you engaged in doing?
3. Was the activity/behavior that you engaged in meaningful or interesting in any way?
4. Was the activity/behavior that you engaged in uninteresting or boring in any way?
5. Do you usually engage in this activity (watch this TV show, bake etc) during this time of the day?
6. Do you usually engage in this activity in this location?
7. In what ways did being in that room (location) impact your activity/behavior experience?
8. Evening Call Only: Who have you talked with or spent time with today?

**Facilitated Time Diary Response Sheet**

Participant: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Call: \_\_\_\_\_ AM \_\_\_\_\_ PM  
 \_\_\_\_\_ PM

	Room Used	Activity/Behavior	Meaningful or uninteresting	Frequency - Participation	Frequency- Participation in this location	Impact of Room on Experience

**ADDITIONAL COMMENTS, QUOTES, FURTHER QUESTIONS:**

## Interview Guide

### Interview #2

#### Introductory Discussion

The purpose of this informal discussion is to accomplish the following:

- How do leisure experiences work in tandem with the home environment and essentially compliment one another.
  - What is considered to be meaningful leisure.
  - How is leisure incorporated into their daily lives and routine.
  - Discuss the results (themes, patterns and routines) that surfaced through the facilitated time diary.
1. Thinking about this past week,
    - How was it typical?
    - How was it different?
  2. What was your favorite experience at home this past week?
    - Is this a typical part of your week?
    - Why was this such a good experience for you?
  3. How do you typically structure your days?
    - Time?
    - Activity?
    - Relations?
  4. How is this similar or dissimilar to the way you structured things 10 years ago?
    - 20 years ago?
    - What changes have you made and why?
  5. What kinds of things do you do to increase your enjoyment of life and living at home?
    - How does your environment at home help with enjoyment?
    - How does it hinder or challenge enjoyment?
  6. When you think about your day to day experiences and activities within your home, are there any activities that you wish you could engage in that you presently are not able to because of the home setting?
    - What would help you reengage with these activities and experiences?

## Appendix D

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DATE: July 5, 2007

FROM: Julie Stevens, Vice - Chair  
Research Ethics Board (REB)

TO: Colleen Hood, RECL  
Nicole BERGMAN

FILE: 06-355 BERGMAN

TITLE: A phenomenological exploration of the relationship between home centred older adults' leisure and the home environment

The Brock University Research Ethics Board has reviewed the above research proposal.

**DECISION: Accepted as clarified.**

This project has received ethics clearance for the period of July 5, 2007 to August 8, 2008 subject to full REB ratification at the Research Ethics Board's next scheduled meeting. The clearance period may be extended upon request. *The study may now proceed.*

Please note that the Research Ethics Board (REB) requires that you adhere to the protocol as last reviewed and cleared by the REB. During the course of research no deviations from, or changes to, the protocol, recruitment, or consent form may be initiated without prior written clearance from the REB. The Board must provide clearance for any modifications before they can be implemented. If you wish to modify your research project, please refer to <http://www.brocku.ca/researchservices/forms> to complete the appropriate form **Revision or Modification to an Ongoing Application**.

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Principal Investigator, the safety of the participants and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-Council Policy Statement requires that ongoing research be monitored. A Final Report is required for all projects upon completion of the project. Researchers with projects lasting more than one year are required to submit a Continuing Review Report annually. The Office of Research Services will contact you when this form *Continuing Review/Final Report* is required.

Please quote your REB file number on all future correspondence.

JS/bb

Brenda Brewster, Research Ethics Assistant  
Office of Research Ethics, MC D250A  
Brock University  
Office of Research Services  
500 Glenridge Avenue  
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# Community Support Services of Niagara

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June 22, 2007

**Ms. Nicole Bergman**  
**15 Clearview Heights**  
**St. Catharines ON L2T 2Z2**

Dear Nicole

### Re. Research Study

Community Support Services of Niagara agrees to be a participant in your research study which involves direct contact with selected clients of our agency. As agreed client participation is voluntary and clients will be assured of privacy and their identity will not be disclosed. Thank you for sharing all your research study approach and the documentation to be completed with our clients.

We look forward to this partnership with yourself and the Department of Applied Health Sciences at Brock University. I wish you success in this research study for your thesis and look forward to seeing the results and the conclusions from your study. The results could certainly have a positive influence on independent community living for the elderly population.

Yours truly

Wendy Walker  
Executive Director

## LETTER OF INVITATION

July 9th, 2007

**Title of Study: A Phenomenological exploration of the relationship between home centred older adults' leisure and the home environment.**

**Principal Investigator:** Nicole Bergman, MA Candidate, Department of Applied Health Sciences-Leisure Studies, Brock University

**Faculty Supervisor:** Dr. Colleen Hood, Dept Chair & Professor, Department of Applied Health Sciences-Leisure Studies, Brock University

I, Nicole Bergman, MA Candidate from the Department of Leisure Studies, Brock University, invite you to participate in a research project entitled "A Phenomenological Exploration of the Relationship Between Home Centred Older Adults' Leisure and the Home Environment.

The purpose of this research project is to gain a better understanding of the impact the home has on the activities and opportunities of older adults who spend the majority of their week alone at home.

This study will serve to inform leisure professionals and organisations that provide home support services, about the purposeful adaptations and daily behaviours and activities that occur within the home.

The expected duration of this study is nine days. A follow up visit will be scheduled 2-4 weeks after the nine day data gathering process is completed. This research will provide you with an opportunity to share how your personal home environment has impacted the activities, behaviours and past times you engage in on a daily and weekly basis.

The research will be conducted with the assistance of Community Support Services of Niagara (CSSN), a government funded

community based organisation that provides in home support services to older adults in the Niagara Region.

You have been contacted as a potential participant because you meet the criteria necessary to participate in this study and your participation can only occur upon VOLUNTARY SIGNED CONSENT of the attached Consent Form.

**Please note that your PARTICIPATION IS VOLUNTARY. Whether you decide to participate, not participate or withdraw after the study has started, your relationship with CSSN will not be impacted. Therefore your current status on the volunteer wait list and any future involvement with the services provided through Community Support Services of Niagara, or any other related organisation will not be positively or negatively effected regardless of your decision.**

If you have any pertinent questions about your rights as a research participant, please contact the Brock University Research Ethics Officer (905 688-5550 ext 3035, [reb@brocku.ca](mailto:reb@brocku.ca))

If you have any questions, please feel free to contact me.

Thank you

**Nicole Bergman**

**Primary Investigator**

**(905) 401-1379**

**Ext. 5120**

**[nb06wi@brocku.ca](mailto:nb06wi@brocku.ca)**

**[chood@brocku.ca](mailto:chood@brocku.ca)**

**Dr. Colleen**

**Hood**

**Faculty**

**Supervisor**

**(905) 688-5550**

**This study has been reviewed and received ethics clearance through Brock University's Research Ethics Board (file # 06-355).**



## Informed Consent Form

Date: July 9<sup>th</sup>, 2007

Project Title: **A Phenomenological exploration of the relationship between home centred older adults' leisure and the home environment.**

Principal Investigator:

**Nicole Bergman-MA Candidate**

Department of **AHS-RECL**

Brock University

(905) 401-1379

nb06wi@brocku.ca

Faculty Supervisor:

**Dr. Colleen Hood-Professor**

Department of **AHS-RECL**

Brock University

(905) 688-5550 Ext. 5120

chood@brocku.ca

### **INVITATION**

You are invited to participate in a study that involves research. The purpose of this study is to explore the various types of activities and interests seniors engage in within their home setting.

### **WHAT'S INVOLVED**

As a participant, you will be asked to participate in a series of one on one interviews and telephone conversations during a nine day period. The two one on one interviews will be conducted in your home, and take approximately 1-2 hours of your time.

Each of these interviews will be tape recorded, with the information being used for the purposes of this study. The interviews will be conducted on the first and last day of the nine-day data gathering process.

After the first visit the researcher will not visit again for seven days. However the researcher will call you several times each of the seven days between 11-12noon, 4-5pm, and 8-9pm. Each conversation will last approximately 15 minutes with all responses being recorded in writing by the researcher.

After the nine-day data gathering process is concluded the researcher will make one final visit 2-4 weeks later. During this final

visit the researcher will review the information and findings that were collected during the nine-day process.

### **POTENTIAL BENEFITS AND RISKS**

Through participation you will be expanding the current knowledge base and awareness of how seniors who live alone spend their time on a daily basis. This study will provide leisure professionals and home support organisations with information that can be used to develop or alter in home programs and services for seniors.

Participation in this study will enable you to freely share your experiences whether they are positive or negative, with the understanding that your personal experience has the potential to influence home based services and programming which impacts seniors who share a similar lifestyle.

This study is an intensive nine-day process during which time the researcher will be actively involved in communicating with you through numerous in person and telephone based conversations. This may be somewhat intrusive to your daily routine. There is also the chance that you may feel a sense of increased loneliness once the nine-day process ends.

### **CONFIDENTIALITY**

The information you provide will be kept confidential. To further protect your identity and maintain privacy each participant will be assigned a different name so that your real identity is kept confidential.

The information you share will be stored safely in the residence of the researcher. This information will be destroyed after this study is fully completed and all degree requirements for the Masters thesis have been fulfilled. The conversations you have with the researcher will not be shared with CSSN.

**There is one exception to the confidentiality clause.** Should the researcher become aware of a change in your health or any related problems or conditions she will notify CSSN so that proper support can be provided. This is the only exception to the confidentiality clause.

## **VOLUNTARY PARTICIPATION**

Participation in this study is voluntary. If you wish, you may decline to answer any questions or participate in any component of the study.

**Your decision to participate, not participate or withdraw at any time in this study will in no way impact your status on the volunteer wait list and or future involvement with the services provided through Community Support Services of Niagara, or any other community organisation.**

If you desire to withdraw after you have agreed to participate in this study all information collected through the interview(s) and phone conversations will be destroyed immediately by the researcher.

## **PUBLICATION OF RESULTS**

Results of this study may be published in professional journals and presented at conferences. Feedback about this study will be available after all requirements for this program of study have been successfully met. Upon completion of this study an executive summary of this study will be mailed to you directly by Nicole Bergman, the primary researcher.

## **CONTACT INFORMATION AND ETHICS CLEARANCE**

If you have any questions about this study or require further information, please contact the Nicole Bergman the Principal Investigator or Dr. Colleen Hood the Faculty Supervisor using the contact information provided above.

This study has been reviewed and received ethics clearance through the Research Ethics Board at Brock University (File #: 06-355) If you have any comments or concerns about your rights as a research participant, please contact the Research Ethics Office at (905) 688-5550 Ext. 3035, reb@brocku.ca.

Thank you for your assistance in this project. Please keep a copy of this form for your records.

## **CONSENT FORM**

I agree to participate in this study described above. I have made this decision based on the information I have read in the Information-

Consent Letter. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix G

### Invitation to Participate Phone Script

Good Morning (Afternoon) Ms/Mr \_\_\_\_\_. This is \_\_\_\_\_ calling from Community Support Services of Niagara. I am calling on behalf of Nicole Bergman, a Brock University student who is doing a research study for her Master's degree. She would like me to invite you to voluntarily participate in her study, which is focused on what activities and experiences seniors who live alone at home engage in on a daily basis.

The study will take place over a nine day period and will consist of two visits from the researcher. During each visit she will ask you questions about your home and what you enjoy doing for activities within your home. In addition to the two visits, Nicole will call you on the phone multiple times daily, for seven days, to talk to you about what you are doing at different times of the day. This study is being done to better understand what activities and experiences seniors engage in within their home environment on a daily basis.

The research is not being conducted by CSSN, therefore there is no obligation to participate whatsoever. However CSSN is assisting Nicole by calling different clients that fit her criteria to see if they are interested in voluntarily participating in this study. Because you are our client we felt it best to contact you first and extend Nicole's invitation to participate. However we want to let you know that your participation is voluntary and in no way impacts your relationship with CSSN, or your status on our volunteer waitlist.

If you are interested in participating, I can set up an appointment time with you right now, when Nicole and I would come to your home and meet with you to further discuss this study and answer any questions you may have.

I appreciate your time and look forward to seeing you soon.

## References

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