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AGING IN PLACE IN SUBURBIA: A QUALITATIVE STUDY OF OLDER WOMEN

By

Marian Leah Gilbert Knapp

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DEDICATION

I come from a line of long-lived people. My parents Anne and Louis Gilbert, my aunt Lena Bobrow, and my uncle Edward Goldberg all lived into their 80's and 90's. My aunt Sylvia Goldberg is 90. She represents the best of what it means to "age in place" well. This dissertation is dedicated to all of these proud, independent elders with profound admiration and love.

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ABSTRACT

AGING IN PLACE IN SUBURBIA: A QUALITATIVE STUDY OF OLDER WOMEN

Marian Leah Gilbert Knapp

Antioch University New England, 2009

This research explored "aging in place" among women age 65 and older living in Newton, Massachusetts. Study goals were to understand: the "places" that comprise the environment of "aging in place"; the factors that enable "aging in place"; "aging in place" in a suburb; and to refine definitions of "aging in place." Interviews with women used open-ended questions about women's early years in Newton and the changes they experienced in personal status, and places over time. Themes emerged using modified grounded theory with inductive and deductive approaches, and which acknowledged "sensitizing concepts".

Six places comprised the "aging in place" environment: home, nature, neighborhood, Newton community, city, and the world. Each place had three dimensions: physical, social, and emotional.

Factors enabling "aging in place" involved two categories: 1) characteristics of places, which included physical suitability, safety, and service availability, and 2) characteristics of women, which included resilience, economic stability, social connections, access to supports, independence, respectful relationships with children, pride in accomplishments, meaning in one's life, and sense of belonging.

Women and their families moved to Newton to pursue upward mobility and other aspects of the American Dream. These goals were embedded in women's world-view and they were

reluctant to relinquish suburban living in spite of barriers such as stairs in the home, loss of neighborhood friendships, and lack of driving. They adapted themselves and their surroundings in order to stay.

”Aging in place” definitions suggest passivity and stasis, and imply reluctance to move resistance to change, and that the alternative is a nursing facility. My findings suggest a different view. Women age in multiple places, reside in old or new residences, live for extended periods before decline inhibits activities, receive support in different places, are socially connected, are willing to change, and find alternatives to nursing homes.

Findings can be used to encourage individuals, families, and providers to consider the complexity of "aging in place" and the total environment of elders as they plan for the future. Conversations about "aging in place" must challenge the implication that "aging in place" is negative and static, and emphasize its positive, dynamic qualities.

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The temptation is to stay inside, to subside into the kind of recluse whom neighbourhood children regard with derision and a little awe; to let the hedges and weeds grow up, to allow the doors to rust shut, to lie on my bed in some gown-shaped garment and let my hair lengthen and spread out over the pillow and my fingernails to sprout into claws, while candle wax drips onto the carpet. But long ago I made a choice between classicism and romanticism. I prefer to be upright and contained – an urn in daylight (Margaret Atwood, 2001, p. 43).

Introduction

This research endeavored to understand "aging in place" in a suburban community from the perspective of women who are going through the experience. The study is important and timely because the number of older adults in the United States is increasing. There is extensive discussion in the research and popular literatures on the impacts a growing elder population will have on the health and social service systems of federal, state, and local government. Mirroring the questions being raised by these large and small systems, older adults are wondering about their own aging process, including how to manage their health, social, economic, and housing conditions. Children of older parents are concerned about their elders' health and well-being, as well as the potential impact on themselves as caregivers. In addition, children of aging parents are beginning to enter their own elder years and will face decisions about their own aging in the near future.

An important area of interest related to the aging process is where older people will live. The substantial majority of older adults between ages 65 and 85 lives in community settings in

their own homes, and not in independent or assisted living facilities, or nursing homes. Even among people over the age of 85, most still live in the community. People who are getting older in their communities are said to be "aging in place." This term is used in the popular and academic literature as a starting point to discuss ways to help older people remain in their residence and avoid a move to institutional living. Definitions of "aging in place" commonly identify the home as the place of focus in discussions of how best to support elders. But the places with which both younger and older individuals interact are more numerous and more multifaceted than just the home environment. Identifying the multiple "places" in the term "aging in place" would help understand the complexity of what it means to "age in place".

Demographic data show that women tend to outlive men resulting in higher proportions of women among people age 65 and above. This means that women are likely to "age in place" for a longer time than men and go through this process as a single person. Understanding "aging in place" from the perspective of older women would help gain insight into the experience of the majority of the older population.

Most people age 65 and over live in suburban communities, which are filled with single-family houses and where it is often necessary to have a car to get to jobs, shopping, or social and cultural activities. The structure of suburbs, which were built for families with young children, may not meet the needs of older adults especially if they become frail and have mobility problems. Understanding the factors that enable "aging in place" in a suburb would add to the knowledge about aging in suburban communities.

With the emphasis on the home, current definitions of "aging in place" are limited and tend to restrict the scope of discussion to a few aspects of the complex life of older adults. A broader conceptualization of "aging in place" would help guide comprehensive thinking about

how to assist older people "age in place" now and in the future. These four observations about place, demographics, suburbs, and current definitions of "aging in place" are the bases for the four goals of this study.

Goals

Goal 1: "Place" in Aging in Place

Identify the various "places" in the term "aging in place" in order to understand the complexity of the "aging in place" environment.

Bayer and Harper's (2000) survey on housing preferences for adults age 45 years and older suggests that most prefer to stay at home as they age. Their responses have been used to suggest that "aging in place" means staying in one's house or apartment. Because of this focus, the literature on "aging in place" is often about how the home can be made more functional and less risky for the older adult. Interventions include providing home aides to help with various aspects of daily life, installing hand bars in bathrooms, or removing tripping hazards such as scatter rugs. The emphasis on the home environment reflects an assumption that this is where older people spend a substantial amount of time. Although this may be true for elderly who are homebound, and in physical or mental decline, the home is only one aspect of a person's life. Even when an individual cannot leave the home, he or she may still be connected to other parts of the community either through family members, friends, religious congregations, or social service agencies. Medicare's 2004 qualifications for having homebound status includes allowances for infrequent and short periods away from home to attend outside adult day care and religious services (U.S. Department of Health and Human Services, 2004). Moreover, the state of being homebound may be only one relatively short incremental period in the longer process of "aging in place".

Goal 2: Women's Experience

Understand factors that enable "aging in place" from the experience of older women.

The majority of elders are women and the proportion of women to men increases as people get older. Of individuals age 85 and above, women represent more than two-thirds of that population. Because of this demographic picture, women are more likely to be aging in place, and living alone. Being alone and older requires that women develop strategies to enable them to stay where they are. How do they deal with loss of family members, friends and neighbors? What are the factors that enable women to "age in place" and remain in their communities? There is a great deal of attention being paid to baby boomers, but in 2000 there were 34,991,753 people representing 12.4% of the U.S. population who were already over age 65 and into the "aging in place" process (U.S. Census Bureau, 2000a). These are the ones who were born prior to the end of WII in 1945. Some were born in the first decades of the 20th century, during WWI, and the depression years, and had lived through periods of prosperity and great decline. They worked to own homes and raise children in peace and quiet. These people who are already "aging in place" are the forerunners of the on-coming bulge of baby boomers. They can tell us now of their experience.

Goal 3: "Aging in place" in Suburbia

Understand "aging in place" in a suburban community.

Although there is a large body of literature (e.g. Gans, 1967; Jackson, 1985; Baxandall and Ewen, 2000; Duany, Plater-Zyberk, and Speck, 2000; Hayden, 2003) on suburban life, the experience of elders in suburbia has not been widely discussed. Some of the literature on "aging in place" focuses on urban (Myerhoff, 1978) and rural (Rowles, 1983) communities. The few

studies that address aging in suburbia offer general observations (Callahan, 1992) or deal with specific issues such as transportation and house remodeling (Hare, 1992), demographic distributions (Frey, 2001, 2003; Golant, 1990; Roberts, 2007); residential building policy and neighborhood design (Laws, 1993; Despré and Lord, 2005; Patterson, 1997); elder relocation (Kim, 2004); and community engagement and social capital (Bailey, 2007).

Suburban development in the United States has been part of the country's history as early as the 17th century, but expanded suburban growth began in the late 19th century, with large-scale development occurring at different times in the 20th century. Dramatic growth occurred after World War I in the 1920's, and post World War II in the 1950's. Suburbs, usually consisting of single-family homes, were built to meet the housing demands of a growing population predominantly comprised of families with young children. A house in the suburbs provided families with some security and stability through property ownership, which was the foundation for pursuing the dream of upward mobility, the chance to live and raise children away from the noise, dirt and congestion of city life in a place that had clean air, and which was peaceful and safe. Ultimately, children were educated and sometimes left home to find their own paths to success. As time went on, family members and friends began to move away or died leaving many older residents in a place that had been designed to meet the needs of younger people. As old neighborhood residents left, new young families moved into vacated houses, leaving elders without their familiar, long-established social relationships, often alone in their suburban houses.

The suburbs were and still are places to raise children in safe, quiet neighborhoods. Although staying in one's home is the choice of the majority of people over age 65, the structure of suburbia, with its single homes and distance from shopping and services, can present

difficulties for older people. Being alone in a house may result in a sense of isolation. Losing the ability to drive may limit the ability to shop for basic needs or see friends and family.

Although there has been some movement of older people away from colder climates to warmer areas, particularly to the southeast and southwest, the majority of elders stay where they have been for a long time (U.S. Census Bureau, 2002) and move less frequently than younger people (U.S. Census Bureau, 2004a). No matter where they reside, when asked, older people say that they wish to stay where they are, and the majority who say they want to remain in place are talking about "aging in place" in a suburb.

What is life like for women who, when they were younger, pursued the dream of suburban living, and who now may be living alone in this environment? How do these women manage in a place that may no longer be ideal for them because of the responsibility of maintaining homes, or because they may need to drive a car to get around? How have the lives for suburban woman changed from when they first moved to suburbia compared to the present, and what do they see for the future?

Goal 4: Concept of "aging in place"

Refine and redefine the concept of "aging in place.

Current definitions of "aging in place" reflect the thinking of various professions and focus on the home environment. The Journal of Housing for the Elderly created a definition that is commonly used today. "Aging is place is not having to move from one's present residence in order to secure necessary support services in response to changing need (Senior Resource, 2004. p. 1)". Even though there has been an attempt to understand the broader notion of "aging in place" (Lawton, 1980; Pynoos, 1990) the narrower focus on the home is still widely used. The common definition emphasizes 'supports' and 'needs'. In contrast, and based on findings from

this study I strove to refine the definition of "aging in place" and create a new concept that broadens accepted notions and reflects the perspective of women who are actually experiencing "aging in place".

Overview of the Study

The research was conducted in Newton, an older, "inner ring" suburb of Boston, Massachusetts a large, historic eastern city. I interviewed 20 women age 65 and over who resided in Newton and the Chestnut Hill section of Brookline. This study examined what life was like when women first moved there, what it was like for them currently, and what they anticipated for the future. It strove to understand the experience of "aging in place" in this type of suburb. It examined the changes that had occurred both in the places and in the women themselves as they got older. In addition, it looked at what the expectations of life in the suburbs were when women first moved to Newton, and how these goals had been altered over time as individuals aged, and the community had changed. The study resulted in a broader notion of the concept of "aging in place."

CHAPTER TWO: CURRENT KNOWLEDGE

DEMOGRAPHICS AND LITERATURE REVIEW

Herself and the mountain near,

Ancient friend,

Herself in her ninetieth year

When lilacs bend

Under the weight of bloom

And ninety springs

Flow through her upstairs room,

And memory sings.

(May Sarton, 1997, p.47)

Introduction

Older adults are all around us. Sometimes relationships with elders are part of the

intimate fabric of daily life through families or friendships. Other times connections are on a

formal level in health care, social service, or community systems. Some people may have little

contact with elders, only being aware of them when they see them at the mall, on public

transportation, or in the movie theater. There are times when older adults may draw our attention

because their behavior tells us something about their age such as sitting in the

elderly/handicapped seat on the bus or walking slowly with a cane through the supermarket aisle.

Sometimes the lives of elders may be hidden from public view, as they complete daily routines

in their homes either with a spouse, a family member, alone, or with outside help.

Older people move about in multiple places such as their homes, neighborhoods, and

communities and they carry with them a sense of who they are and where they belong. Their

lives are no different from those of people at any age – they are just older. Their perceptions of the physical, social, psychological aspects of their lives may have remained the same over time or may have changed as the aging process impacted their personal circumstances.

Because of the complexity of "aging in place", the literature reviewed focused on six relevant topic areas. First is the demographics of the aging population, which provides background information and explores the timeliness, and importance of studying older adults. Second is the process of aging, which gives insights into the changes that occur as people get older and which may impact decisions about where elders will live. Third is the meaning of place and includes concepts of being in place. Both of these topics represent essential components of the idea of "aging in place". Fourth is about the term "aging in place", its definitions, and how these definitions impact planning for the older population. Exploring current notions about "aging in place" will provide background comparison for refinements made as a result of this study. The fifth topic is the suburban milieu and how suburbs relate to cities. Understanding suburban development and life-style is necessary to appreciate the environment in which study subjects live. Literature on suburbia is discussed in Chapter 3. Sixth, and finally, literature on methodology is reviewed to explain the rationale for the study's format, analysis, and interpretation. This is discussed in Chapter 4.

Demographics of the Aging Population

Life Expectancy

On average, people in the United States are living longer than those in previous generations. This is because changes in life-style and technological interventions improve health and result in additional years of life (Bhalotra and Mutschler, 2001; Weil, 2005; Ornish, Scherwitz, Billins, Gould, and Merritt , 1998; Brunner, Olschewski, Geibel, Bode, and Zehender,

2004). U. S. Census data reflect the impact of these interventions and show an increase in life-span over the past 100 years. There are two important ways to view data on length of life. The first is overall life expectancy at birth. Between 1900 and 1960 dramatic increases in life expectancy were largely due to advances in preventing deadly childhood diseases such as polio and influenza. The second perspective, which is particularly relevant to the elder population, has to do with the number of years of potential life after age 65. This has also increased largely due to better life-style habits and medical advances. Based on patterns of the last 100 years and expected advances in health improvement, people are likely to live even longer in the future than they do currently. Table 1 displays the trends for males and females after age 65 for expected years of life (U.S. Department of Health and Human Services, 2002), and life expectancy at birth (U.S. Department of Health and Human Services & U.S. Department of Commerce, 2005a; EarthTrends, 2007*).

Table 1: Population Age 65+. National Trends 1900 – 2030/2035

Indicator	1900	1960	2000	2030 – 2035
Expected Years of Life After Age 65	11.86	14.39	17.9	--
Life Expectancy at Birth	47.3	69.7	77.0	81.2*

Even with health care interventions and preventative strategies, health status declines as people get older. In the years 2003-2004, data show an increase in health problems among people age 55-64 compared to people under age 55, (U.S. Department of Health and Human Services, 2005a). It is likely that the need for elder services will continue and require on-going planning, policy, and service delivery decisions, whether they are made by governmental agencies, aging individuals, or their families. Because people are living longer healthier lives the demand for services may be needed increasingly later in life.

Proportion over Age 65

As people live longer, the demographic character of the United States is changing. The number and percent of older people will continue to grow into the middle of the 21st century. Improved health status is one factor in increased longevity but there is a more significant reason why the numbers are growing. This is the baby boom bubble in the 19 years between 1946 and 1964 (U.S. Census Bureau, 2000a). Although baby-boomers are not a focus of this study it is worthwhile to understand the experience of "aging in place" now and how the experience of current elders may inform planning for future needs, and services.

At the end of the Second World War, soldiers came home from military service, got married, proceeded to build their lives in a peaceful time, and produced, with their wives, an unprecedented number of children. The first wave of baby boomers turned 60 in 2006 and will reach age 65 in 2011. Their numbers will continue to increase into the mid-21st century. In 2000, there were 77,702,865 baby boomers ranging in age from 36 to 54 years, comprising 27.5% of the U.S. population (Metlife: Mature Market Institute, 2003). By 2030 the number of people 65 years and older will be approximately 72 million making this group almost 20 percent of the population (U.S. Census Bureau, 2004b). Individuals who were born at the end of the baby-boom years in 1964 will reach age 85 by the mid-21st century, 100 years after WWII ended. Not only is the aging population of interest now, it represents a health, social, and economic issue for at least another 40 years. Table 2 shows past and projected percentages of the population 65 years and over compared to the U.S. population as a whole (U.S. Census Bureau, 2003; U.S. Census Bureau, 2004a).

Table 2: Percent of Population 65 Years and Older

Indicator	1900	1960	2000	2030
Percent of Population 65 Years and Older	4.1	9.2	12.4	20

The U.S. government is working to find ways to control health care costs for older Americans. Historically, the largest proportion of health care dollars goes towards treatment of people age 65 and older with 40% spent in the last 30 days before death (Lubitz and Riley, 1993). In addition, Federal Social Security is an important contributor to monthly living expenses for older adults. Although there has been some concern that Social Security will not be able to meet its obligations in the future, the agency now assures people that they will be able to make regular payouts, adjusted for inflation through 2041.

Women

The majority of older adults are women. In 2000, a 65-year old man could expect to live 16.4 more years, whereas a 65-year old woman could expect an additional 19.4 years (U.S. Department of Health and Human Services, 2005b). In 2000, the U.S. census bureau reported that among individuals over age 65, there were 40.7 males per 100 females (U.S. Census Bureau, 2000b). The greater number of women means that it is likely that women will be unmarried in their older years (AARP, 2002). Table 3 shows marital status for women at different ages.

Table 3: Percent of Women Who Are Married: 2000

Age	50-61	62-74	75+
Percent Married	66.73	56.87	30.33

Living situations vary among men and women, and the expected trend is that more women than men will live alone. Table 4 shows living arrangements for men and women.

Table 4: Living Arrangements of Males and Females 65+: 2002

	Living with Spouse	Living Alone	Other*
Males	72%	18%	10%
Females	40%	41%	19%

 * Nursing homes or senior housing (U.S. Department of Health and Human Services, 2003).

Residence Location

In 2002, 77.4% of persons age 65 and over lived in metropolitan areas that included the metropolitan core and suburban areas. (U. S. Department of Health and Human Services, 2003). Table 5 displays this distribution.

Table 5: Residence Location: Percent of Population Age 65 and Over

Metropolitan Core	Metropolitan Suburb	Nonmetropolitan
27.4 %	50 %	22.6 %

In 2001, 21.8 million urban, suburban and rural households were headed by someone 65 years and older. Of these individuals, 80% owned their homes and 20% rented (U. S. Department of Health and Human Services, 2003). Although some older adults move, most stay where they have lived for a long time. There is some movement of older people to warmer climates. Between 1992 and 2002, the population of people 65 and over increased by at least 20% in Arizona, Colorado, Hawaii, Nevada, New Mexico, South Carolina, and Utah. However, in spite of some movement to sun-belt communities, in the five years between 1995 to 2000 only 22.8% of people age 65 and over moved compared to people 65 years and under who moved at a rate of 47.7%. If older people do move, they are less likely to move away from their current county of residence compared to other age groups (U.S. Department of Health and Human Services, 2003).

The increasing availability of independent and assisted living facilities and the positive

effect on health status from improved health care are reflected in long-term care facility data.

Nursing home residency increases with age with 1.1% of those age 65-74, 4.7% of those 75-84,

and 18.1% of people 85 years and older in institutions, but there is a documented trend in census

data showing a decrease between 1990 and 2000. The most dramatic decline in nursing home

residency was among people 85 years and older, from 24.5 percent in 1990 to 18.2 percent in

2000, a 34.6 percent decrease (U.S. Department of Commerce, 2000), suggesting that more

people are staying in their homes in the community.

Most older people wish to remain in their homes. Bayer and Harper's AARP (2000)

survey of older adults who lived in the community and not in assisted or independent living

facilities showed that 92% of people ages 65-74 and 95% of people over age 75 agreed with the

statement: "What I'd really like to do is stay in my current residence for as long as possible (P.

24)." This was true regardless of how much time respondents had lived in their current homes.

Literature Review

I used a three-tiered approach as a framework to review the remaining literature for this

study. The inspiration for this came from three investigators who studied place and space to

understand the dimensions and meaning of place. LeFebvre (1974) proposed a three-part model

to define a theoretical framework that consolidated disparate viewpoints about space. "[T]he

fields we are concerned with are, first, the *physical* – nature, the Cosmos; secondly, the *mental*,

including logical and formal abstractions; and thirdly, the *social* (p. 11)". Agnew (1987)

conceived of place as having three dimensions: a physical *location*; a *locale* in which social

exchanges occur; and a *sense of place*, which includes the attachment people feel towards a

place. Borrowing from Agnew, Cresswell (2004) categorized the literature on place into three

categories: *descriptive*, which defines the unique physical or social characteristics of a place; *social constructionist*, which seeks to understand how places are formed by human intervention; and *phenomenological*, which examines the experience people have in a particular place, including being 'in-place'. Lefbvre's model was concerned with the geopolitical nature of place, Agnew's model reflected human involvement in a place, while Creswell's model reflected theoretical approaches. Although these thinkers had different foci they acknowledge that place or the research, or literature about place can be understood by examining its concrete and physical aspects, by understanding the ways in which people are involved in a place, and by studying the emotional and psychological nature of the experience in place. Borrowing from these theorists' perspectives on place, I examined these three aspects in the literature on aging, place, aging-in-place, and suburban life.

Aging and Stereotypes

The processes by which the body ages can be studied and described using sophisticated scientific and technical methods, but humans exist in a social and cultural world. Cole (1997) suggested that, "Aging and the old are certainly real, but they do not exist in some natural realm, independently of the ideals, images and social practices that conceptualize and represent them. Growing old cannot be understood apart from its subjective experience, mediated by social condition and cultural significance (p. xxii)."

How we view populations in general, and aging and the elderly, specifically, can be shaped by stereotypes, which we, in the United States, learn early in our lives. One such conventional notion is that people fall into separate groups such as infancy, childhood, youth, maturity and old age, each with its set of characteristics. Although societal norms about categories change over time, no matter what their circumstance, older people are often thought of

as being in a group separate from the rest of the population. These groupings have been either created by governmental agencies such as the U.S. Census Bureau or by social tradition. American ideas on the course of human life and aging are derived from Western European religious and cultural history. Cole (1997) described how Western thought has historically separated human life into different stages, from Aristotle's growth, stasis, and decline; the Greek stages of childhood, youth, maturity, and old age; or Ptolemy's seven stages each connected to a planet. In medieval times, life stages were depicted in images, often of a rising and falling staircase with a man, woman, or couple moving up to a position of primacy, and declining to decrepitude and death. These images allowed a person to locate his place on the expected course of human life.

Puritan and Calvinist concepts of aging were brought to the New World from Western Europe in the beginning of the seventeenth century. Calvinist thinkers defined "spiritual ages" in which a man progressed towards greater moral understanding and ultimate conversion to Christian faith as he strove for oneness with God at death. The Victorian era emphasized the value of individual autonomy, with man having the power to control his actions and destiny. Failure to control one's life led to decadence, weakness, decay, and ugliness— the commonly accepted characteristics of old age (Cole, 1997).

The tendency to group people into life stages using religious and spiritual frameworks changed as empiricism gained momentum in the mid-nineteenth century. As the number of people in the United States increased, the population gradually became concentrated in urban or municipal areas providing educational, medical, and social planners the opportunity to observe and draw conclusions about groups and their characteristics. These observations led to the creation of age-cohorts. Educational expectations assigned children into categories and age-

appropriate curricula were developed in response. Medical practitioners and social observers noticed how childhood diseases and growth patterns clustered around certain ages. Recommendations for routines such as eating, personal hygiene, and sleep schedules were formulated. Similarly for people in the later stages of life, evidence of decline, such as physical illness, dementia, and loss of control were documented, and deemed to be inevitable, pushing older people into a separate cohort. There is a benefit to studying age cohorts for the purposes of improving the quality of life for people in particular age ranges. However, grouping people into categories mean that individual differences become blurred contributing to and reinforcing stereotypes (Chudacoff, 1989). Age divisions, which are socially and culturally constructed, can lead to false divisions because the range of human experience and capability differs greatly. Age is not a series of static components but a continuum without natural cut-offs or boundaries (Gullette, 2004). Negative images of the feebleness of aging and the frailty of old age persist but research has shown that there is a great deal of diversity among people over the age of 65 with varying degrees of health status, economic security, and social stability (Thornton, 2002; Schaie and Willis,1996; Gullette, 2004; Hummert, Gartska, and Shaner, 1997; Friedan, 1993).

Policies are often made based on age categories and their concomitant stereotypes, resulting in strategies that do not address true needs. For example, policy discussions regarding the anticipated demands baby-boomers will place on resources are based on stereotypical notions of this group as being universally self-centered and demanding, when in fact this group is quite varied in its life and world views (Freedman, 1999). The notion of inevitable decrepitude is being challenged by research and medical technology designed to extend the life span, and by explorations of the creative potential for growth during older age (Weil, 2005; Chopra, 1993). Future changes in life-span expectations may alter current stereotypical notions of aging.

Age cohorts exist but the boundaries have shifted over time, and new categories have been created depending on changing political, economic, and cultural influences. The age at which people are entitled to Social Security benefits is gradually shifting up, and the new age category "old-old" to designate people over age 85, are examples. Byham (2007) promotes the idea that a person who is currently age 70 functions similarly to the 50-year-old of the past. Because people are living longer, norms and expectations are likely to change as more people reach 85, 100, or even older.

With all the knowledge of aging and its inevitability, images of being forever young are promoted widely. The cosmetics and housing industries support the idea of eternal youth. Plastic surgery is one of the fastest growing medical specialties in the United States with advertisements that guarantee to eliminate the outward signs of aging. Creators of lotions and creams guarantee a younger look. Marketers of retirement communities sell images of perpetually young older people, without acknowledging the inevitability of decline in old age. Many retirement communities are built without the capacity to accommodate individuals with deteriorating health status, often requiring them to move when they become frail, are no longer able to participate in community activities, and the community is not equipped to offer support. McHugh (2003) noted that, "The retirement industry in Arizona and other Sunbelt locales offers a most alluring mask, the ageless self located in idyllic settings outside time and change (p. 169)." Popular images of endless youth are symptomatic of the denial of getting old. Research continues to find ways to promote health allowing people to live longer, but there is some questioning of the appropriateness and value in the ongoing effort to increase the life-span.

Scientists – and entrepreneurs – are increasingly thinking seriously about the possibility of abolishing or at least postponing aging. Philosophers and social scientists are

beginning to consider the consequences of interfering with the aging process. But as the twenty-first century begins, it is far from clear that the prevention of aging will be feasible, and even less clear that it would be a good idea if it were possible (Gillick, 2006, pp. 195-196).

The debates about the opposing stereotypes of perpetual youth versus stereotypes of old age will continue and there are some advantages, and disadvantages to each. Ideas of extended youth encourage healthy life-styles but discourage thinking about the future inevitability, and needs of old age. Stereotypes of old age acknowledge the inexorable and real process of aging but, can encourage passivity, discouraging attempts to improve physical and mental health.

Aging Process

Literature on the process of aging is present in many different disciplines. For this review I included research from medicine, gerontology, psychology, sociology, and anthropology.

As a person gets older and over time, the human body experiences changes in the central nervous, cardiovascular, digestive, and musculoskeletal systems, among others (O'Malley and Blakeney, 1994; Satin, 1994; Nuland, 1993; Margulis and Sagan, 2000). Changes in these systems can result in general or specific loss of function such as problems with balance, poor muscle tone, or fragile bones, all of which, either separately or in combination, cause some decline in health status. These declines may impact the ways in which older people interact with their environments. Declining muscle strength may inhibit people from walking in their neighborhoods for fear of breaking a hip from a fall. A broken hip may prevent people from climbing stairs in their two-story homes, confining them to limited number of rooms.

The aging process is inevitable but research shows that prevention strategies such as improved diet, physical and mental exercise, rest, social and intellectual engagement, smoking

cessation, immunizations, and acceptance of aging can improve health status leading to longer

life (Bhalotra and Mutschler, 2001; Weil, 2005). Even with scientific advances there remains

some predictability and inevitability about physical aging and ultimate death. The human body

may succumb to progressive disease, such as cancer, or by the decline of aging cells, the organs

composed of these cells, and the processes linking organs into systems. The rate and timing of

decline is unpredictable, but the ultimate outcome of death is unavoidable. Some people may die

suddenly without experiencing significant long-term deterioration, and others may continue to

live with increasing disability (Cassel, 2001). Although physical condition may be moderated to

some extent by a healthful life style and medical interventions, the body will gradually age.

Increased longevity does not eliminate the decline of the human body, but only pushes the

decline into older and older age. There is no way to avoid this process as it is hard-wired into our

physiological make-up.

Social relationships are fluid during a life-time and continue to change as a person gets

older. One important reason for a change in social life is the demise of a spouse and other family

members. The death of a partner can result in the survivor being alone, as evidenced in the

elderly demographics. Other family members and close friends can move away or die, again

diminishing the social network (Shaw, Krause, Liang, and Bennet, 2007; Lang and Carstensen,

1994). For those with children, connections may be maintained as long as the children continue

to live close-by, and relationships are stable (Adams and Blieszner, 1995).

Another change in later life is retirement from a job where people had regular

interactions. It is possible to maintain individual relationships with former colleagues but the

daily socialization in the work-place may be over, resulting in diminished personal engagement.

However, retirement can be a positive experience as people look forward to relaxation and

exploring new activities, and making new friends. In addition, in some instances retirement and cessation of regular work-related social interactions can be a relief if there was tension or stress at the work-place (Weiss, 2005). After retirement, socialization shifts from work to home and greater interaction with a spouse, where, overall, there is a tendency to continue long-established activities for spouses individually and as a couple (Fitzpatrick, Vinick, and Bushfield, 2005).

In spite of changes in the lives of elders, research shows that older people are creative in maintaining and developing social relationships through new activities and community engagement (Weiss, 2005; Bailey, 2007; Cornwell, Laumann, and Schumm, 2008). Older adults are able to organize social connections to satisfy needs (Shaw, et al, 2007; Lang & Carstensen, 1994). Myerhoff (1978) examined social relationships among Jewish elders in a decaying urban environment. She found that having a common religious and ethnic background helped individuals maintain social connections even though there was great diversity in personalities and world-views.

In addition to physical changes in the human body, older people may experience some decline in mental health. Feeling lonely is one of the primary conditions experienced by the elderly. In addition, depression is one of the most common clinical diagnoses for individuals over the age of 65 (Satin, 1994). However, epidemiological studies suggest that depression is no more prevalent among older people than those who are younger (Feinson, 1991). Decline in health and diminished mobility may cause changes in how and the extent to which older persons relate to the physical and social worlds, both inside and outside their homes (Després and Lord, 2005). The loss of the ability to drive can isolate people in their homes, requiring them to rely on others to go shopping, to doctors' appointments, or for socialization (Cvitkovich and Wister,

2001). The loss of driving may be particularly relevant for people who live in rural or suburban areas at a distance from business or medical areas.

Resiliency, autonomy, attitude, and managing transitions during aging from one stage to another vary among individuals, and across generations (Pipher, 1999; Adams, 1997; Myerhoff, 1978; Montepare and Lachman, 1989; Levy et al, 2002). Several studies have described that aging is dynamic and include changes in the person and their environments (Lawton, 1980; Pynoos 1990). With all of the changes and adjustments that occur among elders, recent research has shown that contrary to common belief, older people have the ability to put their lives into a broad context, accept and adapt to change, with the result that they are more content and happier than younger people (Yang, 2008).

Although aging may be studied in its separate dimensions, it is not possible to understand the reality of aging without considering the interactions among the three elements. Each dimension interacts with the others, creating a fluid and ever-changing process. The physical aging process may influence self-perception about what it means to be old. Healthy individuals may continue to be actively involved in meaningful activities, while illness or chronic disease may impose limitations on the life-style of others. Vinick and Ekerdt (1988) studied the impact of serious illness during the retirement ears. They developed the concept of "spoiled retirement" (p. 6) when anticipated routine activities were negatively impacted because of declining health status in a spouse. Positive self-perceptions and attitudes can influence the physical aging process, impacting how long someone lives. Established governmental or societal categories may influence behavior, but behavior may challenge accepted standards. An older individual's desire to work for pay, for example, may by-pass the established retirement age, changing both the retirement age for that person, and the stereotype of what is expected to happen at age 65.

Aspects of Place

To gain an understanding about the concepts of "place", "in place", and "aging in place", literatures from philosophy, geography, architecture, urban planning, and communications were reviewed.

Place

There are many dictionary definitions of meaning of the word place. There is a physical location that includes "a physical locality"; a social dimension that involves "a proper, appropriate, or natural position or spot", and "senses relating to position or situation with reference to its occupation or occupant (Oxford English Dictionary, n.d.). This study uses the notion that place is a physical location, which has dimensions and characteristics, within this place social interactions occur and to which individuals have psychological and emotional connections.

The terms place and space are used interchangeably in popular parlance but scholars have tried to distinguish between the two. Historian and sociologist Lefebvre (1991) contemplated the meaning of space sometimes using the terms space and place interchangeably. The geographer Tuan (1990) considered place, he made a distinction between place and space, stating that each had its own meaning from the perspective of someone who utilizes it. Space is open and undefined, and represented freedom. Place, on the other hand, symbolized security. Place was created when space goes through human modifications and people have experience within that place.

An object or place achieves concrete reality when our experience of it is total, that is, through all the senses as well as with the active and reflective mind. Long residence

enables us to know a place intimately, yet its image may lack sharpness unless we can also see it from the outside and reflect upon our experience (Tuan, p. 18).

A phenomenological approach, which is the study of the lived experience, has been used to understand the meaning of place. Seamon (1985) identified place as a creation of the human mind. Places, they say, "…are constructed in our memories and affections through repeated encounters and complex associations (p. 26)". Relph (1976) and Bachelard (1994) believed that the physical aspects of place in combination with the spiritual and intimate aspects of place defined an individual's interpretation of and relationship to place.

My perspective is that space implies a physical location that defines an area without reference to physical objects or human activities within that space. Space becomes place when the minds or hands of one or more persons establish physical, social, or emotional boundaries around it thereby defining its limitations and purpose. Place, in my view, cannot be empty because once a person or group enters a space it is changed just by someone's presence in it. The significance of a place is determined by the people who define its use. Once the use and boundaries of a place are identified, physical changes may be made that further define its purpose. However, a place may assume special meaning without the addition of objects, or even other people. Being present in nature, experiencing it but leaving no trace when you leave, is an example. People use places in accordance with their needs and interests, ultimately ascribing and reinforcing a special meaning.

Place and Older Adults

Studies of community dwelling elders from a predominantly *physical* perspective are often about how people utilize and move about in their homes, neighborhoods and communities. Studies on the home environment describe its suitability for older adults and include

environmental assessments and hazards such as hanging wires, loose rugs and lack of bathroom supports (Gill, Williams, Robison, and Tinetti, 1999; Gill, Robison, Williams, and Tinetti, 1999). Suitability of the home from an ecological perspective is referred to as person-environment (P-E) fit (Lawton, 1985). Research on mobility in the neighborhood and community is often related to transportation, independence, and the extent to which elders are able to obtain the necessities of daily life (Wachs, 1988; Carp, 1980; Smith, 1991; Cvitkovich and Wister, 2001).

Social connections are frequently created in relation to a physical location. Older people find ways to maintain social connections within their communities through geographically-based systems in rural areas (Rowles, 1983; Rosel, 2002; Cantrill, 1996; Jorgensen and Stedman, 2001). The same is true for elders in urban settings, even when living conditions in a decaying neighborhood are dangerous and familiar cultures, and customs have disappeared. In Myerhoff's (1978) work, social relationships were maintained through the local Jewish Community Center.

The psychological and emotional aspects of place have been studied widely. This literature includes the concepts of sense of place, meaning and attachment, and feelings of belonging. Attachment to place develops as an iterative process in which interrelationships between place and significant events occurred over an extended period of time, often a lifetime (Rubinstein and Parmelee, 1992; Howell, 1983). Memory and meaning, and attachment are intertwined as recollection of places reinforces meaning (Pastalan and Polakow, 1986; Pastalan, 1990; Taylor, 2001; Cutchin, 2001). Even when older people move into a new place, they strive to create a sense of attachment through new social connections and can benefit from knowing that needs will be met, and that there are opportunities for new relationships (Hersch, Spencer, and Kapoor, 2003). Changes for elders can be positive as long as they are voluntary and not imposed (Kahana and Kahana, 1983; Lawton, 1983). People move through new places as they

get continue to get older, and are capable of entering into a new mental place, which can involve developing another self-concept formed by the integration of life experience and an acceptance of future challenges, including approaching death (Friedan, 1993; Pipher, 1992).

In Place and Out of Place

The concept of being "in-place" is relevant because the term "aging-in-place" implies that as people get older remaining "in place" provides a sense of security and belonging. Cresswell (1996) examined being "in place" from a social and political perspective. Using Grand Central Station as an example, he suggested that when someone is "in-place" the behaviors she exhibited are defined by the place itself and the values or ideologies ascribed to it. Together, the place and its accepted values delineate what is normal practice, but defiance of traditional values can change the meaning of the place. The transient purpose of Grand Central Station changed when homeless people began to sleep there changing its use from transiency to permanency.

Social connections can lead to a feeling of "insideness" even though people live at a physical distant from each other. Rowles (1978, 1983), in his studies of older people living in rural Appalachia, found that feelings of "insideness" and "outsideness" were ways elders perceived their place in the world. Being "inside" meant having familiarity with a place, an inner knowledge built through years of experience that created a level of comfort and assurance of being able to obtain needed supports quickly and efficiently. "Insideness" related to two dimensions: the physical space surrounding older people, such as where things were located in the home, or where the most convenient grocery market was; and the social place, which included formal systems, such as a church or doctor's office, and informal systems, such as family, and friends. Over time as friends, family, and neighbors moved away, and as people began to experience health problems limiting their mobility, the physical and social systems

decreased leaving older people with fewer options. With fewer contacts, a sense of "outsideness" occurred and elders gradually lost the familiar core that defined and sustained their lives.

"Aging in Place"

Literature on "aging in place" has demonstrated the complex and dynamic nature of the process. Some studies have shown that independence, personal competence, changing personal needs, changing environments, social policy, and the relationships among these elements influence a person's ability to "age in place" (Lawton, 1982; Pynoos, 1990; Rowles and Ravdel, 2002; Cutchin, 2003). Chicoine (2003) studied women with diverse backgrounds to understand the psychological structure of "aging in place". She found similarities among participants revealing an essential structure of "aging in place", which is "intricate, flexible, ever changing, and includes extended family and community (p. 123)."

Rowles and Watkins (2003) hypothesized how a new space could become a comfortable place by recreating aspects of an old place. They used, as an example, a woman who had moved into a continuing care retirement community. They proposed that the act of recreating an environment by using familiar objects helped create a "renewed sense of being in place (p. 89)." Oswald and Wahl (2005) explored the relationship elders had with the home and its context in different age groups. They found that the relationship and meaning of home is likely to change with different housing styles and shifting mobility patterns (p. 39). Fogel (1992) noted that the psychological aspects of remaining at home and the relationship to the physical environment are influenced by "gender, socioeconomic status, health status, and marital status (p. 20)". Sherman and Dacher noted that 'aging in place" is about "preference and self-determination (2005, p. 75)." Wahl (2003) further modified the notion of "aging in place" by acknowledging that the

home in which people age is a combination of elements including attachment to a place, statement of independence, and a source of memories.

People get older in rural, urban, and suburban places. Suburbia has been designed specifically for young families with children. Callahan (1992) expressed concern that the suburban environment could lead to isolation among older people. His observation suggests that elders may become "out-of-place" in their neighborhoods and communities if they are no longer representative of the population for which suburbs were built. In many suburban communities, having a car and driving is the norm. Older persons who no longer drive may be "out-of-place" if they can no longer participate in activities that require getting to them by driving a car. Even in suburban areas with good transportation options, older individuals may be "out of place" if buses or trains are not easily accessible.

Retirement communities built for active older adults also have to decide how or even if, to provide additional services for people who, when they first moved in were "in-place" as active and able residents. Now as they get older the place may not be able to accommodate frail elders, making them "out-of-place." Some managers of independent and assisted living facilities for independent or partially independent older adults are finding they must adjust their services to provide more conveniences for people in wheelchairs, promote a greater acceptance of people with declining abilities, and develop flexible policies related to paid caregivers.

Summary

The literature on concepts of place that relate specifically to aging presents a complex picture. First, place has a physical dimension that can be seen and touched. It is spatial and material with measurable dimensions. Second, place contains a social dimension involving relationships with people, and the ways in which individuals remain connected to others in

various places. Finally, it is an emotional and psychological reaction to a place, which has to do with a sense of belonging and attachment. The commonly used phrase, "I'm in a good place", can be related to the specific physical characteristics of a person's surroundings, the personal relationships occurring in a place, but also the psychological world, where life issues been resolved and challenges have been met. All aspects of place are interrelated. The physical places of home, neighborhood, or community are intimately connected to the social relationships with family, friends and colleagues that happen within a particular place. Social connections can also be sustained independent of physical place through telephone contact, or even the Internet. Psychological place is comprised of how an individual locates herself in past and current settings, as well as how she conceptualizes her future. Her identity is integrated with her physical locations and social relationships that occur within these settings. The three aspects of place cannot stand alone but are different layers comprising an overall concept of place.

Although there are some variations among the definitions for "aging in place" and the literature suggests a more complex picture, there is still an underlying assumption that the term means that older adults don't move away from their current location. Primarily, concepts of "aging in place" are about staying in one's home, modifying it, and obtaining services to accommodate needs. There is a static quality to the common definitions of aging in place, which suggests that if a person moves, then she will no longer be "aging in place". This, of course, does not reflect reality. Older people do move to other places to be closer to family or friends (Silverstone and Horowitz, 1992). Sometimes older people will join a retirement community to take advantages of housing and activities designed specifically for an older population. The current definition of "aging in place" is too narrow to accommodate the variety of places in which people are aging.

CHAPTER THREE: CITY AND SUBURB

Cities give not the human senses room enough. We go out daily and nightly to feed the

eyes on the horizon, and require so much scope, just as we need water for our bath (Ralph

Waldo Emerson, 1961, p. 295).

And sometime I'm goin' to build a little home for two

For three or four or more

In Loveland…for me and my gal (Edgar Leslie and E. Ray Goetz, 1917).

History

Suburb as defined by the Oxford English Dictionary (n.d.) is "the country lying

immediately outside a town or city; more particularly those residential parts belonging to a town

or city that lie immediately outside and adjacent to its walls or boundaries." The idea of the

suburb is not new. In Babylon, archaeologists and historians found physical and textual evidence

of places of respite outside city walls away from the clamor of the urban setting (Lissner, 1957).

Suburbia is thought of as a new phenomenon but "…the suburbs as a residential place, as the site

of scattered dwellings and businesses outside city walls, is as old as civilization and an important

part of the ancient, medieval, and early modern urban traditions (Jackson, 1985, p. 13)." One of

the earliest English language uses of the term "suburb" comes from Geoffrey Chaucer's in the

14th century, although his description of a suburb differs from what we now commonly consider

to be suburban characteristics.

Where do you dwell, if you may tell it me? "Within the suburbs of a town," said he,

"Lurking in corners and in alleys blind, Wherein these thieves and robbers, every kind,

Have all their privy fearful residence… (Geoffrey Chaucer, 1942, p. 217)."

In North America, suburban areas were evident early in the history of colonization even before the American Revolution. New York, Philadelphia, and Boston all had suburbs by the early to mid-18th century. In 18th and 19th century America, cities were the centers of sophisticated political, economic, and social life. Yet, those who could afford it acquired property in the country, away from the hustle of city life, even though suburbs were considered to be inferior to cities because of their lack of sophistication (Jackson, 1985). With the growth of cities, suburbs continued to expand to accommodate the housing needs of people who had the economic resources to own property. By the mid 19th century, improved modes of transportation such as ferries, horse-drawn streetcars, steam driven buses, trains, and trolleys allowed more people to move away from the core city to a more rural setting. By the turn of the 20th century and with economic growth, suburban life had become associated with middle-class culture (Jackson, 1985).

Movement to the suburbs in the United States through the late 19th century was driven by a set of widely accepted values. In the new expanding American society, property and home ownership represented personal stability, community stature, and upward mobility. A home away from the city provided a private and safe environment for the nuclear family, and reflected a redirection of emphasis away from the community to the individual. Jackson (1985) noted that prior to the 18th century an individual's identity was determined more by community influences than by the family. In an earlier era, children left families at young ages to seek apprenticeships or employment. Small businesses were enclaves of related and non-related individuals who derived economic support through these small communities. But in the 18th century the importance of the core family, the "zone of private life began to expand, and the family came to be a personal bastion against society, a place of refuge, free from outside control (Jackson, 1985,

p. 47)." As economic stability increased with husbands working away from the home women were able to stay at home and maintain a secure and constant home-life. During the 1950s, the number of women in the work force decreased as the quantity of military-related jobs decreased and men returned home from the armed forces to replace women workers. Still approximately one-third of women with young families worked outside the home (Zelomek, 1959).

Industrialized cities in the 18th and 19th centuries were often polluted with smoke from residential and manufacturing chimneys. Sewage and waste disposal systems were inadequate so that refuse accumulated in streets and walkways. Poor living environments in the city prompted a public discussion about the need for people to spend time in a clean place where they could breathe fresh air, and interact with the natural world while still remaining connected to the city. These ideals reflected social attitudes and philosophical concepts proffered by thinkers such as Frederick Law Olmsted (1971), Ralph Waldo Emerson (1860), and Catherine Beecher and Harriet Beecher Stowe (1971).

Starting in approximately 1820, individual building began in border areas on the immediate periphery of cities. By the mid-19th century, developers were building architecturally designed small enclaves with houses of similar proportions (Hayden, 2003). As cities expanded outward, some areas that were originally designed as suburban communities became part of the city center. For example, in 1850 in the Boston area, Roxbury, West Roxbury, and Dorchester were enclaves of private homes outside the two-mile pedestrian radius of the city. All of these areas are now incorporated as part of the city (Warner, 1978, p. 23). In the late 19th century, streetcars began to serve other outlying communities. The advent of the common use of the automobile in the early 20th century meant that people could reach work and shopping destinations other than walking or public transportation.

By the beginning of the 20th century, individual families could purchase mail-order houses, and developers could create sub-divisions with prefabricated houses from Sears or other manufacturers opening up the potential for homeownership to the middle class. Immediately prior to, during, and after the Second World War, large-scale suburban communities were developed in response to the need for GI housing. The Levittowns in New York, New Jersey, and Pennsylvania were built using a pre-determined, clearly defined street plan, and filled with small houses of limited styles. By the 1960's "edge nodes", which were concentrations of businesses and residences connected to transportation hubs, developed outside of core cities. Rural fringes, also called exurbs, provided housing for families who no longer commuted to the core city, but who were employed in the edge nodes. By the late 20th century, rural fringe development offered the opportunity for more land and larger homes (Hayden, 2003, p. 181).

Over time, the goal of a life in the suburbs was not only attainable by the rich but it became an ideal for the middle class. "The idea of suburbia was central to visionaries, planners and socially conscious architects who began to imagine a new America. In their vision suburbia meant a place where ordinary people, not just the elite, would have access to affordable, attractive modern housing in communities with parks, gardens, recreation, stores and cooperative town meeting places (Baxandall & Ewen, 2000, p. xxi)." Suburban growth continues as new suburbs are built further away from cities.

There are many different types of suburbs including older "inner-ring" suburbs within easy commute to the city, and inside major transportation rings. These inner suburbs were developed over a long period of time, reflect different economic growth periods, and exhibit a variety of building styles. Older suburbs have had different histories. Some were well and remained desirable places to live. However, these can be too expensive for young families to

purchase homes. Others close-in suburbs are in decline, and no longer desirable. Still others lie outside of major highway rings with houses sitting on large plots of land, distant from abutting neighbors, and where there are few sidewalks. They are several miles from the nearest public transportation, or commercial areas. These suburban developments are in response to the demand for more land and greater privacy.

New communities are being built for seniors who wish to continue active life styles and 75% of these areas are being built in suburbs close to metropolitan areas. Gated communities, often in suburban settings, are designed to appeal to retirees, who wish for a private and secure environment. These communities restrict access by people from the outside by constructing physical barriers, maintaining security guards, requiring pass-keys to enter the grounds, and by setting criteria for who is eligible to purchase property. Gated communities offer different types of services depending on the characteristics of residents (Low, 2003). One type of gated community is a "leisure world", which is a growing choice for retirees because of on-site golf courses and other amenities. Marketing strategies promote a sense of security, and social cohesion, which are seen as important values among older people (Cannuscio, Block, and Kawachi, 2003, p. 397). However, studies have shown that gated communities experience the same problems that occur in other types of communities such as poor management and crime. Gated communities may offer opportunities to socialize within the confines of the walls but tend to inhibit interaction with the world outside the gates (Blakely and Snyder, 1997).

Intentional communities are usually developed around a common goal and market to prospective buyers who ascribe to the community's philosophy. Intentional communities can be developed in urban, suburban, or rural areas depending on the availability of space. Co-housing, a form of intentional community, can be viewed as an alternative for seniors who wish to live in

a neighborhood where they are known to other residents (Durrett, 2005). With the growing awareness of global warming and the need for conserving energy inner-ring suburbs, some of which are in states of decline, are targets for revitalization and re-use to reduce new home construction on the distant outskirts of cities (Steffens, 2006).

Although there are different types of American suburbs, they share some common characteristics. There are often no clear boundaries between the city and the country, there is a clear preference for owning a home, and there are social and economic differences between the core city and its suburbs (Jackson, 1985, pp. 6-8). Whatever configuration a suburb has, suburban living is an essential aspect of American life. Jackson summarizes the significance of the suburb in American culture by saying it

> …has become the quintessential physical achievement of the United States; it is perhaps more representative of its culture than big cars, tall buildings, or professional football. Suburbia symbolizes the fullest, most unadulterated embodiment of contemporary culture; it is a manifestation of such fundamental characteristics of American society as conspicuous consumption, a reliance upon the private automobile, upward mobility, the separation of the family into nuclear units, the widening the division between work and leisure, and a tendency toward racial and economic exclusiveness (1985, p. 4).

The goals and ideals of living in the suburbs are part of the broader notion of the American Dream. The term American Dream was first used in 1914 by journalist Walter Lippmann (1914, p. 103) and popularized by Adams (1931) as "…the *American dream*, that dream of a land in which life should be better and richer and fuller for every man, with opportunity for each according to his ability or achievement (p. 404)." The term as used by Lippmann and Adams incorporated concepts of what Jillson (2004) describes as the American

Creed, which was a "…shimmering vision of a fruitful country open to all who come, learn, work, save, invest, and play by the rules (p. 7)." By the late 18th century, all of these dimensions plus the desire for comfort and independence were present in the ideals of American society and were part of the character of a new nation, which attracted growing numbers of immigrants, all in search of freedom and prosperity. The initial conception of the American Creed did not include home ownership. It was more a statement promoting the full developmental potential of each individual (Hornstein, 2005). Homeownership became associated with the American dream in the early 20th century through the efforts of real estate agents and governmental campaigns that promoted the idea that members of the middle-class could own a house. The goal of home ownership is still important to people of all ages and socioeconomic groups. People are "aging in place" in all of these suburbs, and increasingly, older adults are choosing close-in suburbs as a place to live (Jenkins, 2004).

Boston

All American cities have their patterns of growth, decline, and movement from the city into suburbs. However, population shifts from cities into suburban areas can be seen in large cities including New York, Chicago, Detroit, Philadelphia, St. Louis, and Boston, all of which share common trends and patterns (Jackson, 1985).

As in many urban areas there may be geographical and political demarcations between the Boston and its suburbs, but the historical, social, economic, and cultural lines are blurred. Boston's colonial history as a city began in 1630, when Governor John Winthrop and a group of settlers founded Dorchester on the peninsula that had been called Shawmut by the native Algonquin Indians. The Massachusetts Bay Colony, an English mandated trading company, had been founded in 1629 and by 1632 Boston had become the capital of this colony because of its

strategic location on the Atlantic Ocean and its deepwater port. Over the span of 63 years the colony grew ultimately incorporating a territory that included parts of what were to become the states of Maine, New Hampshire, Rhode Island, and Connecticut. In the late 18th and early 19th centuries, after the Revolutionary War, Boston expanded its manufacturing base and became an increasingly important trading center. Roads and later rail routes were established to transport goods from the port of Boston throughout an expanding America.

In Boston's early years, the area was a conglomeration of marshes, islands and small streams, with the Charles River as a main waterway. During the 17th and 18th century the Boston area land mass increased, as low-lying areas were filled in to create livable space for the growing population. Soil for land-fill came from the destruction of two of the three hills of Boston known as the Trimount. Only Beacon Hill remained. In 1850, the core city of Boston was two miles in diameter and included portions of Boston Proper, East Boston, South Boston, Cambridge, Charlestown and Roxbury. Peripheral areas of Brookline, Chelsea, Dorchester and Somerville stretched Boston a to 3-mile border. By 1900, suburbs ringed Boston in a ten-mile radius and included the communities already mentioned, plus twenty-seven other towns, including Newton (Warner, 1978).

In 1700, Boston's population was estimated to have been 7,000 and was the largest city in the English colonies in America. By 1790 its population was 18,320, in 1830 it was 61,392, and it reached 136,881 by 1850. In 1900, Boston's population was 560,892 (Wikipedia, n.d.a) . These dramatic population growths were due to large-scale in-migrations primarily of people from Western and Eastern European countries including Armenia, Greece, Ireland, Italy, Latvia, Lithuania, Poland, and Russia who were escaping poverty, famine, and religious persecution, and were lured by the hope of freedom and a better life in America. In the years between 1820 and

1920 more than two million people entered the United States through the port of Boston, which by 1879, had become the second largest immigrant port after Ellis Island (Krasner-Khait, 1999). In its first several hundred years of existence, Boston experienced dirt, noise, and foul air as did other developing cities. After 1900, Boston's population grew at a lower rate as in-migration slowed. The post WWI years between 1921 and 1930 were a time of economic growth, and a positive attitude, when art and culture flourished. Between 1931 and 1940, population growth in Boston declined, reflecting the years of the great depression between 1929 and 1939, and before United States entry into the Second World War. Boston's population stabilized in the years from 1941 and 1950, with the census showing a small population increase attributable, to some extent, to returning military personnel at the end of WWII. From 1951 to 1960, Boston's population decreased by 13%.

As in other American cities, Boston experienced the effects of the Federal Housing Act of 1934, which provided federal money for home improvement loans and mortgage guarantees. Although the intent was to support homeowners, most loans were awarded to financially stable areas, which were identified by criteria established by the Home Owners Loan Corporation (HOLC). In practice, these criteria discriminated against areas that had even a small number of non-white residents, resulting in a lack of funding to improve and maintain old buildings in inner cities. City decay was exacerbated by "red-lining" where local banks and other institutions outlined in red specific neighborhoods that were deemed to be unworthy of investment. People who owned homes in "red-lined" urban areas could not obtain loans for home improvements. Real estate brokers further encouraged mass departure using "block-busting" to instill fear and to encourage people to sell their houses quickly to avoid further decline in value. The result was extensive and rapid out-migrations from the city to suburbs where former city homeowners could

purchase property and obtain mortgages and loans. What had once been vibrant, economically stable urban communities became places for poor people who did not have the resources to buy and maintain property. In 1974, court ordered busing occurred in Boston, which brought African American children into predominantly white school districts further adding to the exodus from Boston. Still some areas of Boston remained White, especially in heavily Irish sections of Dorchester (Gamm, 1999).

Even with its difficult and long history, for more than one hundred years Boston remained an attractive destination. People came for jobs in education, health care, and technology. The city was, and still is, home to renowned institutions of higher learning that include Boston University, Northeastern University, and New England Conservatory of Music, among others. In addition, Boston is home to cultural institutions including the Museum of Fine Arts. The Boston Symphony Orchestra, and Handel and Haydn Society are venerable music institutions, respected world-wide. These institutions, as well as theaters and historic sites have made Boston a draw for jobs and culture. Because of Boston's good public transportation systems, people have been able to live in suburban areas, while being employed and participating in the city's cultural institutions.

<div align="center">Newton</div>

Newton is an older, close-in suburb of Boston. A focus on Newton helps to understand the characteristics of many suburbs, particularly those in the northeastern United States. The large proportion of people age 65 and over in these areas is not the result of later-life movement, as it is in the "sun-belt" but because individuals and families settled in these communities when they were young, and decided to stay. Newton's population of individuals age 65 and over (15%) compares to the northern suburbs of Scranton-Hazelton, Pennsylvania (18.8%); Pittsburgh,

Pennsylvania (17.9%); Buffalo, New York (16.6%); Cleveland, Ohio (15%); Hartford, Connecticut (14.5%), as examples (Frey, 2003, p. 9).

Newton is neither a new city, nor a new suburb. It has its roots in the pre-colonial era. In 1688, it was incorporated as Cambridge Village when it separated from the city of Cambridge, Massachusetts of which it had been a part since 1630. In 1691 it was named Newtown, and then Newton in 1766. In 1873, it became a city. In 1900 Newton had both urban and rural characteristics. There were many dairy farms, along with 197 miles of streets, some of which carried trolley cars. Consistent with the growth of other cities, it was the trolley car that supported Newton's development from a rural area to a suburb. At the turn of the century its population was 30,400 with 5,590 dwellings, and an average household size of 5.4 individuals (Cohen and Maguire, 2001). By 1927, the population had grown to approximately 55,000 people. However the Great Depression, which began in 1929 and lasted through most of the 1930's, led to large-scale unemployment and dramatic decrease in property values.

Compare the growth patterns between Boston and Newton. The population changes in this city and suburb mirror national trends and reflect broad economic, social, and policy factors. In the last decade of the 19th century and first two decades of the 20th century, both Newton and Boston grew. In these years, Newton's growth closely matched or exceeded population growth in Boston. During the years between 1911 and 1921 Newton's size increased by almost 42%, whereas Boston's growth rate was only 4.4%. Post-WWI years were a time of prosperity and optimism. During the Great Depression, urban, suburban, and rural people experienced the loss of jobs and savings. In spite of this historic economic set-back for much of the U.S. population, Newton's population grew slightly although at a much slower pace than in previous decades. Boston's population showed a negative growth for the first time in 50 years. After the end of

WWII, Newton's population again rose, reaching growth levels from the earlier part of the 20th century. Boston's population also increased but only reached the immediate pre-war rate. Interestingly, the decade of the 1950's included the prosperous years after WWII, as well as early shifts in Boston's population when large numbers of white people left the city as property values continued to decline. The demographic character of Boston neighborhoods changed as African Americans moved into Dorchester, Roxbury, and Mattapan.

Newton's population increase in the 1950's also reflected the construction of the Oak Hill Park neighborhood, which was built in 1948 with four hundred and eighteen homes to provide affordable for veterans through the GI Bill. The 1960's were characterized by economic expansion in spite of the unpopular war in Vietnam. The 1970's experienced a recession, the 1980's saw a recession and recovery, and the 1990's saw a period of stability. Chart I shows that Boston's population grew until 1950 and by 2000 it had declined to approximately the same level as it was in 1900. In contrast, Newton's population grew steadily until 1960, declined slightly afterwards but in 2000 it was two and one-half times what it had been in 1900 (Wikipedia, n.d.b; Wikipedia, n.d.c).

Chart I: Population Shifts 1900-2000: Boston and Newton
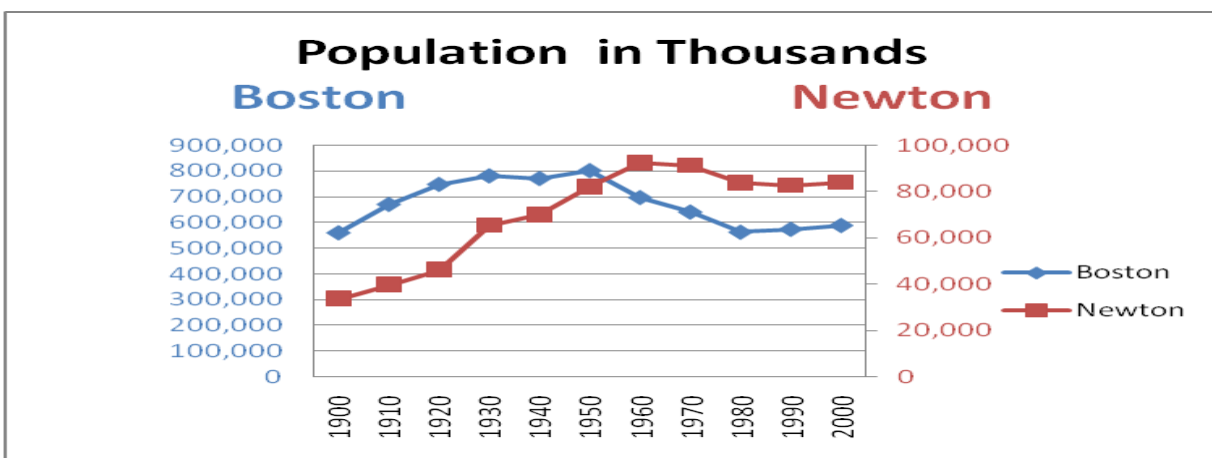
Newton occupies 18.22 square miles and lies six miles west of Boston. It is densely populated with 4,643.6 persons per square mile, compared to 809.8 persons per square mile for Massachusetts as a whole (City of Newton, 2000a). Newton abuts Boston on the east and is surrounded by other suburbs: on the southeast by Brookline, on the west by Needham, Wellesley and Weston, and on the north by Waltham and Watertown. Newton is comprised of 13 villages: Auburndale, Chestnut Hill, Newton Centre, Newton Corner, Newton Highlands, Newton Lower Falls, Newton Upper Falls, Newtonville, Nonantum, Oak Hill, Thompsonville, Waban, and West Newton. Each is considered to be a distinct neighborhood, but blended into the greater Newton community. The village of Oak Hill is the only one without a business district, but its sub-community Oak Hill Park, has a shopping area. Newton Upper Falls is the only village outside of Route 128/95, which encircles the greater Boston area, north to south. Most of the villages have a post office and a separate zip code but no legal definition and no firmly defined borders. Each village center has its own unique qualities in terms of history, architecture, services, businesses, and shopping. In the mid 20th century, Newton began to acquire property to create open space and avoid overbuilding. It created 2,988 acres of conservation, park and recreation areas representing almost 20% of Newton's footprint. These outdoor spaces offer opportunities for sports, hiking, and bird watching.

In 1990, single-family dwellings made up 71.1% of Newton's housing stock with the remainder either two-family or three-family dwellings. There is a high rate of occupancy. In 2000, 97.1% of Newton's 32,112 housing units were occupied (City of Newton, 2002). Primarily, houses date from the first half of the 20th century with only 19% of Newton's dwellings built after 1960. Assessed housing values are higher in Newton than in Massachusetts and the United States. In 2000, the median value of owner-occupied housing units in Newton

was $438,400, compared to $185,700 for Massachusetts, and $119,600 for the United States (U.S. Census Bureau, 2000c).

Newton's population is not diverse. In 2000, 88.1% of the population was white, 2.5% Hispanic, 2.0% African American, and 7.7% Asian (U.S. Census Bureau, 2000d), compared to Massachusetts where 84.5% was white, 6.8% Hispanic, 5.4% African American, and 3.8% Asian (U.S. Census Bureau, 2000e). In the past 20 years, there has been a decrease in the proportion of white people partially due to an increase in the number of Asians (City of Newton, 2002). Slightly more than 12% of Newton's population is of Italian descent (U.S. Census Bureau, 2000f).

Newton is considered an affluent community. In 2000, Newton's per capita income was $45,708, with a median household income of $86,052. Massachusetts had a per capita income of $25,952 and a median household income of $50,502 compared to the United States with a per capita income of $21,587, and a median household income of $41,994. In 1999, 4.3% of Newton individuals were below national poverty levels compared to 6.7% for Massachusetts, and 9.2% for the United States (U.S. Census Bureau, 2000g). Newton residents tend to have a higher level of education than in Massachusetts and the United States. In 2006, 94.5% of Newton residents age 25 and over were high school graduates or higher and 68.0% had at least a bachelor's degree. In Massachusetts 84.8% were high school graduates or higher and 33.2% had a bachelor's degree or higher. In the United States the rates were 80.4% and 24.4% respectively (U.S. Census Bureau, 2006a; U.S. Census Bureau, 2006b; U.S. Census Bureau, 2006c).

In 2000, more than 65% of Newton residents worked in management and professional positions. Twenty-one percent worked in sales and office jobs, and 7.8% worked in service occupations. (U.S. Census Bureau, 2000g). This compares with 41% for management and

professional employees in Massachusetts and 33.7% for the United States (U.S. Census Bureau, 2000h; Occupation by Sex – Percent Distribution: 2000i).

Newton has a low crime rate. In 2003, 2004, and 2005 it was named among the safest cities in the United States, according to Federal Bureau of Investigation crime data (Morgan Quinto Awards, 2004, 2005, and 2006). Politically, Newton citizens tend to be involved in the political process. In 2000, 89.8% of Newton residents were registered voters. Of those, 44.8% were registered as Democrats, 12.1% as Republicans, and 43.1% as other/or un-enrolled (Metropolitan Area Planning Council, 2002). In the presidential election, of 2004, 83% of Newton voters went to the polls (Cohen, 2004). Newton residents have been more mobile than those in other parts of the state or in the U.S. In 2000, 49.7% of Newton residents had been born in Massachusetts compared to 66.1% for Massachusetts and 60% for the United States (ePodunk, n.d.a). The migration into Newton may reflect its desirability as a place to live. The Newton schools have enjoyed a fine reputation. The system has 15 elementary schools, four middle schools and two senior high schools. In 2000, of the students who graduated from the Newton school system, 88% went on to higher education. (City of Newton, 2002).

Information on religious preferences in Newton is limited but approximately one-third of Newton's population is Jewish (ShalomBoston.com, n.d.). This compares to 9.3% for Middlesex County; 5.5% for Massachusetts; and 1.9% for the United States (Association of Religion Data Archives, n.d.). There are 40 Christian churches in Newton: Episcopal (8); Catholic (5); Baptist (5); United Church of Christ (5): Methodist (3); Presbyterian (2); Unitarian/Universalist (2); Lutheran (1); and other denominations (10), and 14 Jewish places of worship representing Orthodox, Conservative, Reform, and other movements. The Jewish congregations constitute

26% of the religious institutions in the community. Newton was a stop on the Underground

Railway and is home to an historic Black church founded in 1874 by freed slaves and their sons.

Newton has easy and convenient access to major north/south and east/west highway

systems including the Massachusetts Turnpike. Since the mid 19th century Newton has been

served by two Boston commuter railroad lines, one on the north side of the city and the other on

the south. The Massachusetts Bay Transportation Authority (MBTA) administers these two lines.

The Green Line, D Train runs between downtown Boston and Riverside Station, close to the

Weston and Wellesley boarder. The northern line is the commuter rail, which goes from

Worcester to South Station, Boston, with stops in three Newton Villages: West Newton,

Auburndale, and Newtonville. In addition to these railroad services, express busses provide

convenient public transportation into Boston.

Many cultural and social venues are available in Newton. It has an award winning library,

its own symphony orchestra, several small theater groups, a recreation department that sponsors

many community events and activities, a vibrant Senior Center, and ethnic or religious oriented

organizations such as the Jewish Community Center. The Boston Marathon route passes through

Newton at the beginning of what is known as "Heartbreak Hill", the slow incline that offers

runners a challenge before they make their final push to the finish line in Boston.

Newton Population Age 65 and Over

There is a high degree of housing stability among older adults (Fitzpatrick and Logan,

1985; Okraku, 1987) and the desire to remain in Newton is reflected in its demographics. People

65 years of age and older are one of the largest segments of the Newton population at 15%. This

is a higher proportion of elders than in Massachusetts, which was 13.5%, (U.S. Census Bureau,

2000c; U.S. Census Bureau, 2001) and 12.4% for the United States in 2000 (U.S. Census

Bureau, 2001). In 2000, of the 12,640 Newton residents who were 65 and older, 7.06% were

between 65 and 74, 5.57% were between 75 and 84, and 2.45% were 85 years and over. Of those

individuals age 65 and over, 60% were women and 40% were men (AreaConnect, n.d). The

proportion of people over age 75 in Newton is increasing. In 1980 it was 6.2%, in 1990 it was

7.0 %, and in 2000 it was 8% making this group the largest among the 16 age categories reported

in June 2002 (City of Newton, 2002).

Consistent with Newton's overall income levels, householders 65 years and older had

higher incomes compared to Massachusetts and the United States. Table 6 below display these

data (ePodunk, Income, Massachusetts, n.d.b).

Table 6: Householder Median Income

Age	Newton	Massachusetts	United States
65-74	62,011	33,589	31,368
75 and older	35,739	21,522	21,259

Comparing educational achievement, for Newton's senior population, in 2006 92.8%

were high school graduates or higher, and 47.9% had a Bachelor's degree or higher. (U.S.

Census Bureau, 2006a). In Massachusetts, 76.2% were high school graduates or higher, 21.6%

had a Bachelor's degree or higher (U.S. Census Bureau, 2006b), and for the United States, the

rates were 72.8% and 18.7% respectively (U.S. Census Bureau, 2006c).

Summary

This chapter provides information about the milieu in which study subjects had been

born, had lived their childhoods and adulthoods, and were now experiencing older age. Newton's

history represents the eras of immigration, life in cities, and subsequent movement into the

suburbs. The women in this study, like so many individuals over age 65, were born of first or

second generation immigrants who had come to the United States in search of a hopeful future. Many of them came out of poor or middle class families that came to the United States to achieve the goals of a dream of safety and stability in America. An important element of this dream was to own a house in a nice place, which was a key to long-term security. Their life-paths exemplify the movement of people through urban settings, the growth and subsequent decline of cities, and relocation to the suburbs which represented the realization of hopes and dreams for the future. Although cities may have individual histories, physical characteristics, and demographic compositions, there is a shared pattern of movement into them and away from them into suburbs. Boston and Newton together are one example, but the experience of women in this study can be used to understand suburban patterns in other large American cities.

CHAPTER FOUR: METHODS

The trouble is that old age is not interesting until one gets there, a foreign country with an unknown language to the young, and even to the middle-aged. I wish now that I had found out more about it (May Sarton, 1992, P.23).

Introduction

To accomplish the goals of this study, I used a qualitative approach to identify the places and the dimensions of those places that comprised an elder's environment. In interviews, I asked women to talk about their lives broadly so that aspects of their existence and the places with which they interacted emerged in a natural way. The Participant Recruitment Protocol is attached as Appendix B.

Study Site

I conducted interviews with 20 women who live in Newton and Chestnut Hill (Brookline), Massachusetts, which are older, close-in suburbs of Boston. Chestnut Hill is an area with one postal code that incorporates parts of Boston, Newton, and Brookline, and is similar to Newton, which is largely residential but also includes business districts. Because of Chestnut Hill's similarity and proximity to Newton, I elected to use only the name "Newton" in the remainder of this report.

I recruited subjects from nine of the 14 Newton Villages: Newton Center (NC), West Newton (WN), Newton Highlands (NH), Newtonville (NV), Waban (W), Nonantum (NO), Auburndale (AU), and Chestnut Hill, Newton (CHN). Two subjects came from Chestnut Hill, Brookline (CHB). The villages of Newton Lower Falls, Newton Upper Falls, Newton Corner,

Oak Hill, and Thompsonville were not represented in the sample. These villages are similar to others in Newton, each with a small center, and with access to Boston and major road systems.

Recruitment Venues and Process

I recruited participants into the study through five venues, as described in Appendix A. The Senior Center is a program of the Department of Senior Services, City of Newton in which many Newton seniors and residents of nearby towns participate. The Senior Center offers activities such as exercise groups, bridge and other table games, films, classes, discussion groups, tax preparation assistance, lunch, and socialization. It also has a small shop which sells homemade crafts, household goods, and jewelry. Participants drive or are transported by a van service offered by the City of Newton. Some participants live within walking distance. Participants in the Senior Center represent a range of ages, socio-economic status, and ethnicities.

I also recruited through the Newton organization, Discovering What's Next (DWN), a non-profit program that helps people who are approaching or are in retirement to help them determine what employment, volunteer, educational, or financial options are available. The Hub, DWN's headquarters, is located in the Newton Free Library in Newton Center. DWN offers group discussions, forums, a film club, personal advice, and access to resources. Participants in DWN activities tend to be among the "younger" older population.

Another recruitment site was a large condominium complex, Chestnut Hill Towers (CHT) in the Chestnut Hill section of Newton into which many people moved after selling their single-residence homes. I interviewed only women who were prior residents of Newton, and not those who had moved there from another city or town. CHT residents tended to be among the

"older" segment of the sample. In each of these three venues, I provided programs managers with the Research Summary Guide describing the research and my procedure (Appendix B).

Through personal contacts, I identified one woman who was in good health and another who was homebound. I recruited one other homebound participant through the Newton Free Library book home-delivery service. For confidentiality purposes, the Library could not provide names but allowed me to place a flyer describing my study in home-delivered books. One woman responded to the flyer. Participants were selected according to criteria outlined in Appendix D.

I made presentations to potential participants in group settings at the Senior Center, Discovering What's Next, and Chestnut Hill Towers. At the Senior Center I met with the Director of Newton Senior Services, and the Director of Programming for the Senior Center. After providing them with a written statement about the purpose of my research (Appendix C) and a copy of my Antioch University New England IRB approval (Appendix E), I received permission to make one or more announcements at the Senior Center morning exercise classes. I announced the project briefly at one class and left a flyer about the research and a telephone number where I could be reached. No one contacted me. At a second visit, I announced the project and sat at a table where I had previously observed people gathering at the end of the class. Approximately twelve people listened to my proposal and eight women volunteered to be interviewed. I collected names, addresses and telephone numbers and contacted them by telephone within three to five days. From this recruitment process, I interviewed seven women, four in their homes and three at the Senior Center.

At DWN, I met with and discussed my research with the DWN Director who introduced me to the leader of a group called "Transition Talks". I spoke at one Transition Talk and five

people volunteered. I collected names and telephone numbers and contacted them within three to

five days of that meeting. From this DWN process, I interviewed four women, three in their

homes and one at the Library.

At CHT, I contacted a resident who had been a member of the CHT Board of Overseers. I

developed a one-page summary of the project and met with him to discuss my project.

Subsequently, he introduced me to the facility manager who gave me permission to recruit

subjects in the building. Through my CHT contact, I was invited to make a presentation at a

resident-organized book club. Six women signed up and I interviewed them in their apartments

at this location. Two women were introduced to the project through personal contacts who

obtained permission for me to contact them. I conducted these interviews in the subjects' homes.

I had wished to interview all subjects in their homes to observe their physical

environments. However, some women did not feel comfortable with my coming into their

homes. Respecting their wishes, I decided that it was important to conduct the interview in the

location that was comfortable for them. In all instances, I gave participants with the Research

Summary Guide (Appendix C). After explaining the study, I requested that each interviewee sign

an Informed Consent Form (Appendix F). In total, I interviewed 15 women in their homes, four

at the Senior Center and one at the Newton Free Library. To conduct the interviews, I used an

Interview Guide (Appendix G) that provided a framework for asking initial questions. I asked

follow-up questions to elicit detail.

Sample Characteristics

The average age of the women was 81.8, with a range of 67 to 94 years, and born

between 1913 and 1940. Three were between ages 67 and 69; four between 70 and 79, nine

between 80 and 89, and four were over 90 years. My purpose in limiting the study sample to

individuals currently over the age of 65 was to focus attention on the population that is already "aging in place", and not those who anticipate this life stage in some future time. The current group of seniors had knowledge about the experience of "aging in place" that could inform those who will reach that age in the future. Some studies on aging and aging in place include people as young as 45 years old, which can mask differences between populations that lived in very different social, economic, and political milieus. Therefore, the study does not include members of the baby boom generation, which is the population born in the years between 1946 and 1964. With one exception, I interviewed women who had lived in Newton for 20 years or more. The reason for selecting long-term residents was to learn about women's experiences over time. Long-term residents would be able to observe changes in residences, neighborhoods, cities and towns. Also, they could reflect on long-term changes in their personal lives, and how both physical setting and personal changes were manifested in their daily existence as they aged. One subject had lived in Newton less than 20 years. This 85-year-old had moved to Newton at age 68 to be near her daughter. I decided to keep her in the study because she had moved from a suburban environment in another state, and had been adjusting to changes in her own life and surroundings over her 17-year residency.

Study subjects had lived in Newton for an average of 49.6 years, which was, in most cases, related to how old they were. Sixteen women had lived in Newton for more than 30 years, with a range of 36 to 89 years for someone who had been born in Newton and never left. Women who were not born in Newton had moved there during their childbearing and childrearing years. They had lived somewhere else in the early years of their marriages and moved to Newton when the time came to send children to school. One 85-year-old woman had lived in her current

Newton home for only 20 years, but she had been born and raised in Newton, lived in several other places, and had come back.

Of the 20 women interviewed, 19 had owned homes at some point in their lives, either in Newton or in some other place. At the time of the interviews, 13 women were still living in their single or multiple-family residences, which had been either their first or second homes in Newton. Two had lived in rental apartments after selling their homes in another community. One had been renting her apartment for 31 years, and the other had lived in her apartment for 17 years. Both "young-old" and "old-old" women were still in their long-term homes. The long-term home-dwellers ranged in age from 66 to 94, with an average age of 78.9. They had been in their homes for 28 to 79 years, with an average of 49.8 years. Six women had moved into a condominium apartment complex after selling their homes in Newton. Five of them owned their apartments and one rented. Women who had sold their homes and moved were slightly older than the ones who had remained in their houses. They ranged in age from 69 to 94, with an average age of 84.5 years. Those who had moved into the condominium complex had lived in their homes for an average of 46.7 years, with a range of 29 to 58 years, slightly less than those who had stayed. Apartment dwellers had lived in their apartments for an average of 12.5 years.

All of the women were Caucasian. Of the 20 women, 13 were Jewish, five were Catholic and of Italian descent, and two were Protestant of unknown ethnic origin. Approximately 33% of Newton's population is Jewish and 12.2% is of Italian heritage. Many of the Italians in Newton are descendents of men and women who came to the United States in the late 19th and early 20th century. Men often arrived first and found work as unskilled laborers in the mills along the Charles River in Nonantum or to build railroad lines out of Boston. Once established, their families joined them. They congregated and stayed in north-side neighborhoods with people who

came from the same villages in the old country. In contrast, the Jewish population in Newton was primarily established by families who were relocating from the Boston area. They settled in different parts of Newton, but frequently on the south side.

Of the 19 women for whom information was available, all had been married at some point in their lives, sometimes more than once. Thirteen were widows, four were still married, and two were divorced. Fourteen women had been married once and were either still married to or widowed from that one lifetime partner. Two women had been widowed and remarried, three had been divorced and remarried, and two had divorced and never married again. One widow was currently in a relationship with a widower whom she had known as a friend when they were each married to someone else. On average, women had been married for 44.9 years combining all the years from one or two marriages. Widows had lost their spouses from four to 43 years prior to the interview, with an average of 12 years in widowhood. Six had been widows for five years or less, three for between six and 19 years, and four for more than 20 years. It is not possible to compare state and national widowhood data because of the study's small sample size, however, all of the sample women who were 85 years and older were widows in contrast to 79% for the U.S. (U.S. Department of Commerce, 2002).

Five women had been born in Newton and ten had originally lived in the greater Boston area or one of its neighborhoods (Boston, Roxbury, Dorchester, Mattapan, or Jamaica Plain, and the city of Watertown, and the town of Brookline). Of the remaining five, one woman had come from Italy as a teen. Four came from cities outside of the Boston area, but three of them had either lived in the Boston area when they were young or they, or their spouse, had a family connection in Newton.

Seventeen of 19 women for whom information was available, had children, and two had never had a child. Seven women had three children, five had two children, two had four children, and one each had either one or five children. The average number of children was 2.8. Three women had lost an adult child, one from cancer at age 65, and two from automobile accidents in their 20's. Of the women who had children, only two did not have a child living in the area. The remaining women had at least one child living within a short driving distance.

Nineteen women for whom information was collected had worked for pay at some point in their lives. Two had worked short periods - three and six years respectively - at a young age, or in short-term jobs. The range of years worked was five to 50 with an average of 26.8 years. The average age at retirement was 60.9 with the youngest at age 50 and the oldest at 79. Women had been in retirement for an average of 20.5 years with a range of one to 63 years. They worked at a variety of jobs that included manufacturing, sales, hotel hospitality, public school teaching, higher education, and social services. Two of the women had worked at home, managing the administrative portion of their husbands' professional work, or running their own bookkeeping, or accounting businesses. One woman raised foster children in her home for 10 years after she had raised her own family. Three women retired less than five years ago and one was still working at age 76.

Most women, when they were younger, whether or not they worked for pay, had done some kind of volunteer work with charitable, political, library, or religious organizations. Women were often involved in child-related activities, either through school PTAs, special school events, or children's groups such as scouting. Many were still involved in some type of volunteerism including working at the Senior Center, assisting older people with shopping, helping at a food pantry, crocheting items for poor children, being active in political campaigns,

or community organizing around environmental issues. One woman did volunteer work for the City of Newton to help reduce her local taxes.

Thirteen still drove, and six had given up driving because of failing eyesight, loss of confidence on the road, or pressure from family members. Those who still drove expressed some concern about the possibility of having to give up driving in the future, but the ones who had stopped found alternative ways to maintain personal, social, and community connections. In general, women tried not to rely on children for transportation, although several said that their children took them to doctor's appointments or shopping. Women who no longer drove used taxis or community transportation services, and some still used public transportation.

Fourteen women seemed to be in good health, including one woman who was blind but otherwise healthy. Although health status was not explored in detail, subjects often volunteered information about physical and mental health-related topics such as falling, breaking bones, vision problems, feeling lonely, and fear of aging. Three women acknowledged health problems that limited them in some way. Two women were essentially homebound because of physical health conditions. One still managed to leave the home either for health care appointments or to attend a community activity. The other only left the house to see her doctors.

Twelve women appeared to be financially secure. They either owned their homes or apartments, or rented in a high-end condominium building, and seemed to be able to secure whatever they required. Four women seemed to be managing financially but with some constraints, either living on a fixed income or concerned about maintaining their homes. Four appeared to have some risk of financial instability if circumstances should change. One of these women lived in subsidized housing on a limited income, one rented a house that was in very poor condition and worried about where she would live if the landlord should make improvements,

and raise the rent, and two owned their homes, but were concerned about being able to afford increased tax, water and maintenance expenses.

On average, women had lived in Newton for 49.5 years, which is similar to the average length of time for all Newton residents. Fourteen of the 20 women (70%) were born in Massachusetts. In the United States in 2000, 60% of the entire population had been born in the same state where they now live, in Massachusetts it was 66.1%, and in Newton 49.7% (ePodunk, n.d.b). The national and state data represent all age groups, so it is not possible to compare Newton residents 65 years and older to the U.S. and Massachusetts for length of residency.

On average, women had achieved a high educational level. Seven (37%) had a master's degree or higher, which was similar to the current Newton population overall, but which includes everyone age 25 and older. In 2000, 38.9% of Newton residents had a master's, professional or doctorate degree, compared to 13.7 in Massachusetts, and 8.9% in the U.S. (ePodunk, n.d.c, 2000). Only one woman had not graduated from high school, and more than half had a bachelor's degree or higher. The sample represents higher educational attainment than the U.S. and Massachusetts older female population. A summary of sample demographics is attached as Appendix H. Profiles of women are included as Appendix I.

Limitations of the Sample

The sample had several limitations. First, the sample was potentially biased because only women who were interested in the study volunteered to be interviewed. Because study women were inquisitive and outgoing it was not possible to capture the perspective of women who may have been less socially involved or curious. Women self-selected to be involved in this research, and it was not possible to know if their decision to participate was influenced by factors such as marital status, educational level, or mental and physical health status. Two essentially

homebound women were interviewed in the study, but they also self-selected to participate. Other elders who were experiencing physical or mental problems, or who were homebound may present a different perspective.

Second, because one criterion for participation in this study was that subjects had to have lived in this community for 20 years or more, the sample consisted of women who had chosen to stay. Therefore, it is not possible to draw any conclusions from this study concerning women who may have moved from Newton and were aging elsewhere.

Third, the sample was small, limiting the extent to which comparisons could be made among study participants. It was not the purpose of the study to compare groups, but rather to develop themes that could cut across a diverse population. However, a larger sample may have revealed potential differences related to educational achievement, marital status, children in the area, which could have an impact on the findings.

Fourth, the sample was not representative of Newton's ethnic and religious groups. The majority of the sample was Jewish, greater than the proportion of Newton's Jewish population. Five of the women in the sample were of Italian origin which is greater than the proportion in Newton. Women representing Protestant and Catholic religious affiliations from backgrounds other than Italian are underrepresented in the sample. It is not possible to determine the ways in which responses from a broader representation of these groups would have changed the findings.

Fifth, women were not ethnically diverse. They were all White with no representation from Black, Asian, or other ethnic groups. However, Newton is primarily a White community with only two percent Black, and almost eight percent Asian. The Asian population increased substantially between 1980 and 2000 and largely represents young professionals who are employed in the Boston area.

Finally, there is the lack of clarity about the economic level of the sample. Specific data about economic status were not collected. Judgments about income level were made based on impressions of the type and quality of residences, and on unsolicited comments concerning rising taxes, and the cost of home maintenance. The majority of the sample appeared to be managing their financial situations with no or slight difficulty. Four of the participants appeared to be living in low income or tenuous financial conditions. In spite of the ambiguity about finances, differences in economic status did not seem to influence the nature of responses. All appeared to be coping with their particular situation and managing the economic aspects of their lives.

Theoretical Approach

Elders, aging and the aging process have been studied by multiple disciplines using many different approaches. I conducted the research with the belief that to fully appreciate what it is like to get older, it is necessary to ask elders themselves. My method reflects Cole's (1997) emphasis on the importance of understanding the personal experiences of elders within their own milieu and from their own perspectives. One basis for this approach is from Sociologist Alfred Schutz (1967) who worked in the 1930s in Austria and during the 1940s, and 1950s in the United States. He proposed that an individual's reality might only be understood through that person's words and actions. Schutz (1967) developed his philosophical principles based on Husserl's (1927) phenomenological concepts, which offered an alternative to the application of scientific method to the study of human thought and behavior. Phenomenology, as proposed by Husserl, does not ask if the world we experience is real according to objective criteria or theory, but rather focuses on understanding how experiences in the world are perceived by the human mind (Stewart and Mickunas, 1990). Schutz believed it was necessary to examine a person's experience through his or her stories and observations in the places in which actions occur. His

reasoning was that each individual's experience happened in a context which had been shaped by past events, moral, ethical and religious systems, and economic practices. Schutz's framework attempted to capture the complexity of human existence by understanding interlocking events, activities and relationships all of which change throughout the entire life process.

I conducted interviews with subjects using open-ended questions that would elicit responses about memories of the past, perceptions about current status, and thoughts about the future, primarily about the every-day aspects of their lives and their experience going through the aging process.

Interview Process

For the interview process, I used a combination of open-ended and focused questions. Although conducting a series of three interviews has been suggested as optimal for gathering personal history (Seidman, 2006), I found that subjects were concerned about the amount of time the interviews would take, and parsimonious about the amount of time they would spend with me. Therefore, I conducted one or two interviews based on the willingness and capacity of subjects to participate. Interviews were scheduled at the convenience of the participant. In the few instances where I conducted two interviews, much of the time in the first interview was spent explaining the project and obtaining background information. I recognized that I could gather this information at the beginning of one interview. In fact, it was easier to conduct one long interview because time was not needed to recap what had already been discussed.

Prior to each interview, I described the study in detail, explained that the interview would be recorded on audio tape. I provided a written summary of the project, and answered any questions about the study. I explained the need for a signed consent form, assured confidentiality, provided them with the Antioch-approved consent form, answered questions, and

obtained their signature. Once the consent form was signed, I obtained permission to turn on the tape recorder and begin the interview.

Interviews lasted between one and one-and-a-half hours. I had developed an interview guide that included demographic information, questions about where they had lived prior to coming to Newton or Chestnut Hill, why they chose this area to live in, and what their lives were like when they first moved into their neighborhoods. For those with children, I asked about their experiences raising their families. For all participants I asked what their lives were like now, how things had changed, and what they expected for the future.

I transcribed the first three interviews from the tapes, after which I hired two professional transcribers to type transcripts of the recorded interviews. To assure confidentiality, I required each transcriber to sign a confidentiality agreement (Appendix J). After all interviews were completed and transcribed and initial analysis was completed, each participant received a follow-up thank you letter (Appendix K).

Interview Content

Initially, I asked each woman to state her name, address, age, and how long she had been living in Newton. Several women expressed some nervousness about their words being recorded out of concern they may not say the "right" thing. I assured them that everything they said was of value and within a few minutes they seemed to forget that the tape recorder was running. I asked each woman to describe her home – its location, style, size, and décor. For women whom I interviewed at home, I asked them to take me on a brief tour of the main living areas so they could describe their surroundings, during which they pointed out important objects and features. Within the context of the general questions, I asked additional questions when women talked about family, friends, activities, neighborhoods, the community, education, their married lives,

work experiences, and important decisions about remaining where they were or moving, in order to obtain relevant details about the changes they had experienced as they had gotten older.

Analysis

Transcribed texts were analyzed using a modified grounded theory approach (Glaser and Strauss, 1967; Strauss and Corbin, 1990). The basic concept behind grounded theory is that a theory or framework emerges out of the research data and not from a pre-established hypothesis. I modified the grounded theory approach by using a combination of inductive and deductive methods as suggested by Patton (2002) through which it is possible to move between discovering themes that surface from the content of the interviews and then categorizing the themes according to an emerging framework in an ongoing and iterative process. In addition, I acknowledged my own potential biases in the research by applying the idea of "sensitizing concepts" (Patton, 2002, p. 42), which urges researchers to understand and recognize the potential impact of their own perceptions and experiences. The idea of "sensitizing concepts" allowed me to apply knowledge from my experience as an older woman and caregiver of elders, while using concepts from published findings about aging, place, "aging in place", and suburban life, which I combined with themes that emerged from the interviews. Patton justifies this approach by stating:

> The notion of "sensitizing concepts" reminds us that observers do not enter the field with a completely blank slate. While the inductive nature of qualitative inquiry emphasizes the importance of being open to whatever one can learn, some way of organizing the complexity of experience is virtually a prerequisite for perception itself (2002, p. 279).

I reviewed each typed interview and noted the different types of places that women mentioned as they discussed their lives. I sorted these places into concrete "place" categories. Subsequently, I reviewed each transcript again to identify the types of comments that women made about each of the places and sorted these into what I termed "dimensions" of place. From these two data sorts, I created a matrix of "places" and "dimensions", and then reviewed the transcripts again to identify examples or "exemplars" that best illustrated the places and their dimensions. Based on women's comments I noted potential factors that appeared to enable them to remain "in place". Finally, I noted women's observations about their life in suburbia and contrasted them to generally accepted notions of the characteristics and quality of suburban life.

Summary

Recruiting, scheduling, and interviewing subjects were straightforward and rapid processes. The ease with which these were accomplished was due primarily to my familiarity with and previous engagement in the Newton community, particularly related to issues of aging. Because of my involvement in community life, I had connections with people in positions of influence, and I was readily accepted by directors of agencies and organizations as a credible researcher. Women eagerly agreed to an interview because I had agency backing, I was seen as an older woman and "one of them", and subjects were anxious to give input on a topic that they believed did not have enough exposure. Several women commented that it was time for people to be coming to them to learn about their experience. Finally, they felt someone was talking to them.

Because of the limitations of the sample, it was not possible to compare the women in the study to older women in Massachusetts and the United States, overall. However, this study was designed not to compare the experience of "aging in place" among different populations. Its

purpose was to create a structure to explore the experience of getting older in a suburb. Even with a small sample size it was possible to identify initial themes and characteristics.

Analysis was challenging because of the multi-faceted nature of the experience of "aging in place". Many themes emerged that had to be organized and layered in order to present an organized and comprehensive picture. In addition, because of my personal experience and knowledge, I had to work to identify and acknowledge my own biases, and how they might impact my observations. In addition, as I completed the analysis, I found I had to create and then continually modify themes. Ultimately, I determined my analysis was a hybrid of approaches and did not represent a pure example of any theory or method. What emerged was a multi-layered set of characteristics and dimensions, which were consistent with the goals of the study to define the complex environment of "aging in place".

CHAPTER FIVE: FINDINGS

As I look back over my life, it divides itself into four parts. First come all the years before

I married, and as I look back on my childhood and my short girlhood, it seems to me as

though I were remembering the life of some other woman, for during these many years I

know that I have changed several times from one person to another and the world about

me has had time to change also (Mary Heaton Vorse, 1911, p. 1.).

Introduction

Analysis was completed to identify 1) the different places with which suburban women

interacted, 2) the factors that enabled women to "age in place", and 3) women's perspectives on

life in the suburb of Newton over time, and 4) a refined concept of the meaning of "aging in

place." This chapter is grounded in Cutchin's (2001) suggestion that the individual is surrounded

by, interacts with, and reacts to a complex environment comprised of multiple dimensions, which

are constantly changing. Women were asked four open-ended questions about initial, interim,

and present experiences in Newton, and their expectations for the future. In most cases, women

were able to respond to questions without much prompting. At times, additional questions were

used to probe responses in more detail.

The Early Years

Coming to Newton

To obtain background information women were asked why they had come to Newton

initially. It was important to understand women's experience in the early years to understand

how their experience and expectations of living in this suburb had changed over the years.

Subjects divided into two groups - those who were born in Newton and those who, as adults, came from somewhere else.

Five of the 20 women were either born in Newton, or came at a young age. They ranged in age from 69 to 93 and represented different ethnic and religious backgrounds. The parents of these women had come to Newton, purchased a home and land, raised families, and stayed. Although it was not possible to establish exactly when families first moved, most seemed to have come during the big growth period in the first few decades of the 20th century when Newton's population almost tripled in size. Some parents had come from Europe in the late 19th and early 20th centuries during the great in-migrations to the United States. Their intent was to establish a foundation for themselves and the family. Thelma said, "I live in the house I was born in. My mother came over here – it was an arranged marriage - from Italy. It must have been three lots of land. We had the corner. When my brothers got older, [my father] gave them each a lot of land." Other parents had moved to Newton from Boston neighborhoods or elsewhere in the United States. Women who had been raised in Newton recounted what it was like growing up there. "I was born in Newton. I had a very bucolic, wonderful childhood here… (Olivia.)"

The remaining 15 women moved to Newton as adults. Ten moved from Boston and five came from another U.S. city. Twelve of the 15 had some personal or family connection to Newton and three had moved to Newton without having a prior connection.

Reasons for Leaving Previous Locations

There were three generic reasons why people left places where they had been living: 1) difficult or changing environment; 2) goal of home ownership; or 3) employment opportunity. It is not clear which factor was more important in women's decisions to move to Newton. Each could have been compelling in its own right. Women may have stayed in urban areas if that

environment had remained the same, but owning a home with more space, and employment opportunities were important motivations to leave. These elements are common to historical patterns of the movement out of the cities and into the suburbs.

Difficult or Changing Environment

Women or their parents who settled in Newton had left a place in search of a better life. Some parents had left untenable situations in their homelands. "In Italy, there wasn't too much to do, so my father came over to this country (Gloria)." Ten women had left Boston because of changing socioeconomic conditions. Esther moved to Newton in 1957. Her comment reflects the 10 years between 1950 and 1960 in Boston's history, when the racial composition and financial stability of the Roxbury, Dorchester, and Mattapan neighborhoods changed as African Americans began to move in resulting in a large-scale exodus of white people. She said, "We had to get out of Roxbury. The neighborhood was changing and we weren't the first to move."

Home Ownership

Leaving a bad situation was a compelling reason to move and the goal of owning a home was an important, positive motivation. "We rented a two-family house. We wanted our own house (Karen)." Other times, the idea of home ownership was implicit. "It was right after the war and there was little housing and we just found a place [to buy] (Rachel)."

Employment Opportunities

Employment opportunity was the third reason women moved. Boston's numerous academic, medical, and research institutions had long attracted people seeking professional jobs. Carla, who did not have a previous connection to the Boston area commented, "My husband was offered a job at Boston College and we jumped at the chance."

Selecting Newton

Women and their spouses who had made the decision to relocate had many options. At least 27 towns or cities surrounded Boston on the North, West, and South, some of which were more urban such as Somerville and Charlestown, and some that were more suburban, such as Belmont or Lexington. Many had good schools, and most had easy access to Boston. In addition, some communities were more affordable than others. Newton was always considered one of the more affluent communities on Boston's periphery. It was also one of the most accessible and the schools had a good reputation. Even though some of the women who searched for houses in Newton did so with a belief that the prices were high and that only rich people lived there, they discovered that it was possible to buy a house and keep within their financial limits. However, there were other reasons why women chose to settle in Newton.

Family and Friends

The most frequently mentioned reason for moving to Newton was because parents, siblings, children, relatives, or friends had preceded them. This was true for people in all age ranges and different ethnic groups. This pattern is identified as "chain migration" in the migration literature (Knox and Marston, 2007). Bertha said, "My husband wanted to be near his two brothers…" Gloria who came when she was 15 said, "…my father was over here… his brother came first."

Schools

Almost all women, in all age and ethnic groups cited the quality of the schools as another important factor. "Newton was a good community, they have good schools. I was thinking of schools primarily (Hester)."

Ethnic and Religious Connection

Several women were drawn because of an existing religious or ethnic population, or because they knew they would be accepted without prejudice. "I always wanted to live where there were Jewish people. I kept a kosher home and we bought our first house then in Newton…(Denise)." Frieda said, "My dad…came to Newton, and he joined a society. It was an Italian society because my father was Italian."

Suburban Environment

Some women commented that they wanted to live in a more rural area. "We had been looking in Quincy and Milton, but I wanted to live in the country, way out (Bertha)." Implicit in women's statements was the idea that a suburb meant a quieter and cleaner environment than was possible in the city. "Our house in Jamaica Plain was on [main street]. When we moved to Newton we lived in a really suburban part (Denise)."

Political and Social Climate

Several interviewees mentioned they were attracted to Newton because of its liberal political and social perspectives. "When we moved here - that was '66 - it was a real hotbed of resistance to the war, and I just really began to learn about it, and was amazed at how much organizing was already going on locally (Carla)."

Convenience

Easy access to Boston was another reason why people choose to live in Newton. Seven of the women who worked outside of the home had jobs in either Boston or Cambridge and some husbands worked in the city. Newton was an easy commute for all of them. "I was teaching and I wanted to be close by [Boston] (Hester)."

Finding a House

Once people had decided they wanted to live in Newton, the next task was to find a house. Women used the terms "I", "we" when they talked about how they found their homes. In some instances, women bought from another family member. "The first time I got to Newton [I] was in another house that had been my former husband's house with his mother and brother, and we just bought it from her (Alice)."

Locating a house to buy was sometimes viewed as a matter-of-fact process. "We looked at a lot of houses and we bought one (Letitia)." It was also remembered as an adventure. "I always used to look at those houses, but they looked like single houses. I knew that for us a two-family was a more practical purchase. I said, 'I'd love to see what those houses look like on the inside.' When I was ready to buy, I saw an ad in the paper…it was a miracle! I called the number and the broker said to meet him at the corner… He says 'follow me' and he brings me right to the house I always admired (Esther)!"

Women didn't always live in one house. Some moved to a better home when their economic status improved. Gloria talked about how, "[the first house we lived in] we had nothing. The toilet was down the cellar and we didn't know any better. I don't know how we did it. Little by little my husband got a job, and we had a little better house, and then in 1941 I bought this, the house that I live in, and I'm still here." Other women moved to different houses because of expanding needs. Denise who had been living in Newton moved to another house because her husband, a physician, found one with "…an office with a separate entrance."

Places of Suburban Life

Once women explained the reasons for coming to Newton, and how, where and why they bought their homes, they were asked to describe what living there had been like in the early years

and over time. It was through their comments that a set of six physical places emerged, which represented aspects of their daily lives. These places were: 1) home; 2) nature; 3) neighborhood; 4) community [Newton]; 5) cities [Boston and Cambridge]; and 6) larger world to which people traveled for business or pleasure.

There was a potential seventh place of formal systems, such as medical care, social support, legal, government and finance, which I incorporated into the Newton community or city place. However, for women who were home-bound clinical and social support services sometimes occurred in the home. These formal systems emerged in relation to specific issues, such as health, politics, or financial need. For example, several women mentioned Newton government when they talked about property taxes and water bills, or, when mentioning health issues, local or Boston-area medical facilities.

The six places can be visualized as a series of concentric circles (Graphic I) reflecting Rowles' (1983) notion of the "hierarchy of environmental spaces (p. 119)." Women interacted with each place in different ways and times, for different reasons, and with differing intensity. Interviewees talked about these places as part of the course of daily living with a constant back and forth among them with few boundaries. The home place merged into backyard, into nature, into neighborhoods and beyond, in a continual flow of activities.

Figure 1: <u>Places of Suburban Life</u>
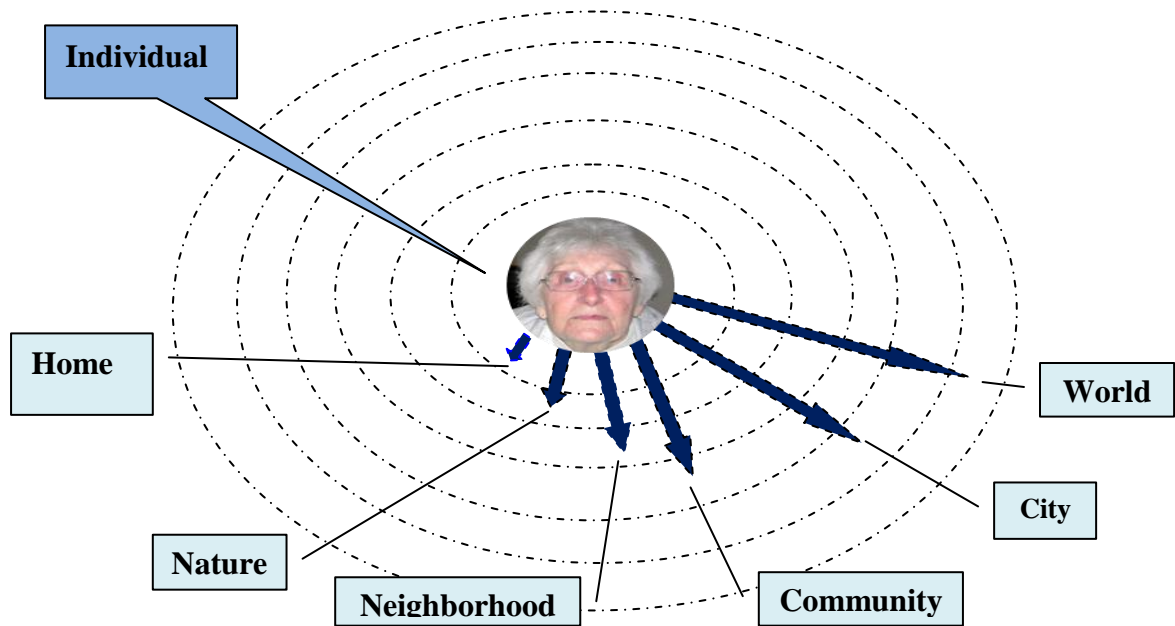
As women described each of the six places, the three dimensions identified in Chapter 2 of this study also emerged. Women talked about: 1) the physical aspects of each place; 2) the social interactions that happened within that place; and 3) the psychological or emotional reactions related to the physical and social dimensions of the place as displayed in Graphic II.

Figure 2: <u>Places and Dimensions</u>
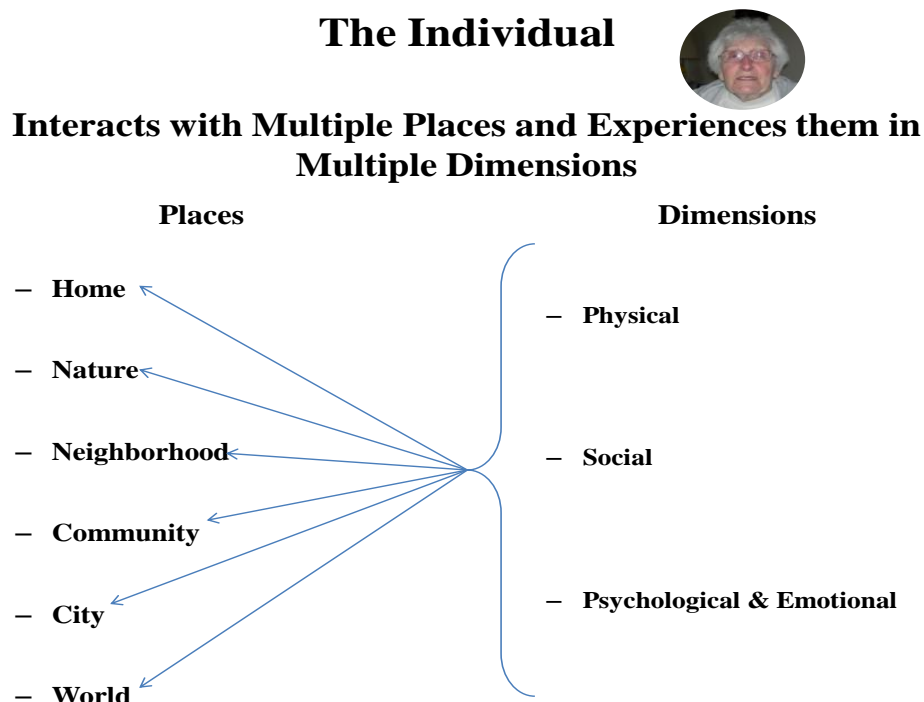
Home

The physical dimensions of home were the concrete, tangible characteristics such as location, style, number of rooms and floors, special features, furniture, décor, books, and other objects, as well as the land on which the house stood. Home choices reflected functionality for the family, location, affordability, and personal taste. Styles included colonial, ranch, Victorian, and two-family. Some houses had been built in the 19th century, some in the early 20th century, and some after the Second World War. In all cases, women explained how their house was suitable for them, how they modified it, and how the space was used. It didn't matter whether the house was small or large, simple or grand, pastoral or citified. Bertha described her single-family home. "It was an old house. It was built in 1929 and this was 1954. It was a center-entrance colonial…but it had dormers and the bedrooms had slanted roofs and ceilings. I could put them

[children] outdoors or they could stay on the porch because the porch had a gate." Esther had a two-family house. "It was charming. [Both apartments] were vacant so I had a choice. The second floor had more refinements, so I took that. I rented the first floor."

Houses could be modest, such as Hester's home, which "…was a very comfortable place to live, not pretentious but comfortable." Other homes were large enough to accommodate special family activities. "We said that a room had to be big enough for me to teach dance in. This was ideal. We have nine rooms, five bedrooms plus a study in the basement (Carla)."

Houses sat on lots of various sizes, some small with other houses in close proximity, and others large with extra space in the back or side for children's play or get-togethers. Some were in quiet neighborhoods abutting wooded areas, some were on main streets, and some were close to commercial districts. Ilene's house was on a "…very old street. At one time it was a carriage lane. That's why the houses are so up against the street."

The social dimension of home involved the personal interactions that occurred there including relationships with spouses, children, and family. The home was a rich blend of social activities. Alice's family came for celebrations and religious holidays. "I would have the meals around the [Jewish High Holidays]." It involved family and neighborhood gatherings. Denise recalled that her house, "… had an extra lot in the back and we had big parties in the backyard." In a few instances, houses were the centers of home-based work, or political and social activism.

As women talked about their physical surroundings and the social interactions their comments were suffused with memory, meaning, attachment, and pride. Houses held objects that evoked memories. Most women displayed photographs of their children and other family members. "[These are my grandchildren]. That's my son. "[My granddaughter] has a place of honor (Denise)." Women displayed pieces of art, china and glass, each of which had meaning

and a story attached to it. Olivia mentioned that…"there is a lot of original art hanging downstairs. The natural world is very important to me. I think the house reflects that in terms of colors, natural colors, and letting pieces speak for themselves." Objects elicited memories about special occasions. "When we got married, my cousin said, 'for your wedding present, pick out anything you want in the store'. That's how I got started [collecting china] (Esther)." Women valued the objects, not because of the monetary value but because of the powerful memories that were elicited by them. "Nothing is very valuable, but they all bring back memories (Sandra)." Women who had moved had brought important objects with them, which helped them establish a sense of familiarity in their new surroundings.

Nature

The second circle was the natural place, which emerged as important to many women. They became connected to the nature by observing it from the inside through a window, in their yards, in the neighborhood or by walking in the woods. Women described trees, grass, gardens, and wildlife. Heavily modified natural areas such as lawns and gardens were mentioned as some women spent time planting vegetables and flowers. Some natural areas were almost pristine (although none were completely untouched because of long human habitation). By having access to natural areas close to their homes, women could observe daily occurrences in nature. They watched the changes in the seasons and bird migrations. Alice, who used nature as an inspiration for her watercolor painting, commented, "You're sitting at my kitchen table, which I think is set in a great spot. I look out at the changing scenery - what the sky is doing and with the seasons, and I noticed in particular when it snowed. It was just beautiful because of the contrast of the dark bark and the snow, and the shadows when the sun came on it."

The social dimension of the natural place was less evident and often combined with an existing relationship. Ilene sat on her porch with her daughter. "It's almost like a three-season porch and we enjoy that because we can see the yard and watch the birds and the flowers…"

In some instances, women's interest in nature reflected important lifestyle goals and ideals. Bertha described the search for a house. "He found this house on the woods in Newton. That was a compensation for me, and I was very happy there because I could garden. I could have animals. My kids could run free in the woods." Women reacted emotionally to the natural world. Thelma loved the changes that came with the seasons. "Right now the grass is so green. The trees are beautiful. The flowers are beautiful. If I sit in my beautiful room, I watch the leaves change color. I love it." If women didn't spend a lot of time outdoors, they tried to bring nature inside. Carla had "…a number of plants that have been out for the summer and then I bring them in for the winter. I don't spend much time outdoors but I wish I did."

Neighborhood

The third circle was the neighborhood place, the area surrounding the home and its plot of land. As with the home, the neighborhood had its physical dimension – houses, sidewalks, streets, elementary schools, and sometimes places of worship. The neighborhood also had its social dimension. It was often inhabited by people with similar backgrounds and interests, which made socializing easy and comfortable. Women participated in elementary school activities such as PTAs and special events. Women also expressed an emotional or psychological dimension to their relationship with the neighborhood. They recalled the congenial gatherings, the trust that families had when they watched over each other's children and the appreciation when neighbors helped out in difficult situations.

Women moved into neighborhoods for the physical amenities such as proximity to a school or convenience to shopping, and they were often aware of the history of the area. "This was the Kinard property on Dudley Road. Above us there was a house that's still there, owned by a man who imported berry bushes and was written up in the National Geographic in the early 1900's for trying to get birds into the property. All this area where the houses were built had been a dairy farm. So there are stone walls (Alice)."

The cores of some neighborhoods were formed around families and pre-existing relationships. The old Boston Jewish neighborhoods, especially those of Roxbury, Dorchester and Mattapan were partially recreated in the suburbs, "As it happened, I met two neighbors who had lived just about the same proximity to me in Roxbury. I don't know why, but this sort of attracted people from my old neighborhood (Karen)." The north side of Newton, especially the area north of Washington Street known as Silver Lake or "The Lake" was home to people of Italian heritage. Residents tended to shop in local businesses and socialized at clubs comprised of people from the same areas in Italy. "We had an Italian society, all Italian people. They used to bring the cooking. We used to dance. (Gloria)."

In the neighborhood, kids could ride bikes and play in the street, and parents knew they would be safe. Children could walk to school or to a friend's house. Back yards provided places for people to congregate and socialize. "She made a party for me…after I moved in… invited all the neighbors. Kids were in and out of each other's houses. Couples used to get together on Saturday night...it was really great (Bertha)."

Women's relationships with their neighborhoods varied. Often they felt connected and expressed feelings of belonging. They described a life-style where people knew and trusted each other, and spent good time together. Thelma said she "…stayed home and took care of

everybody else's children…every afternoon I would take them for a walk. We would visit other friends with children. The parents would have coffee and the kids would play." Not everyone felt a part of the neighborhood. "[I]…never felt that it was a close neighborhood, which is strange because I know a lot of other people in other areas of Newton feel differently (Alice)." In addition, for some who worked outside of Newton, friendships grew not out of the neighborhood, but from their jobs and careers. "My social network had very little to do with Newton because I was teaching in Boston (Letitia)."

Community of Newton

The fourth circle is the community place, primarily Newton as a whole. The physical dimension of this community consisted of Newton's multiple villages and neighborhoods, streets and roads, middle and high schools, stores, work places, and religious institutions, which women and their families utilized regularly. There was a social dimension to the community place. Women knew shop owners, participated in school or community activities, went to church or synagogue together, or volunteered at local institutions. There was often an emotional or psychological dimension manifested by senses of pride and appreciation for what the community had to offer its residents. Attachment to Newton appeared to increase as women got older, perhaps because of long-term familiarity.

Many neighborhoods were centered around one of Newton's villages but women traveled to other neighborhoods such as Newton Center, which had (and still has) the largest commercial district. Those who lived near the Newton Center shopping area found it very convenient. "I used to walk up to Newton Center and there was a Five and Ten. There were bakeries. There was a library branch. I would get all my books there. I would stop in Brigham's and I have a soda and a sandwich. I'd go to a movie. I would shop in a hardware store (Denise)."

Women used recreation facilities offered by the city of Newton, which maintained playgrounds, conservation lands, community fairs, the library, and places to swim. Bertha recalled, "I played tennis on the Newton courts and I swam at Crystal Lake."

Women knew the people they did business with. Denise remembered shopping in Newton Center. "They weren't like city stores. Everybody knew each other. I remember the shoe store, Nadell's, which later became the Rabbit's Foot. Mr. Nadell knew your name. He knew your kid's names." A few women found connections through children's activities. "My kids were active in sports and two of them played in the orchestras and the bands, so we were involved with the football games (Bertha)." Carla made acquaintances through politics. "I pulled together people that I knew were activists, caring people all around Newton. Especially then did I realize what wonderful resources there were in Newton and connected more with city government."

Living in Newton evoked emotional responses reflecting women's appreciation and attachment. Alice recounted, "We realized that Newton is a good place to be. Over the years it didn't take much to learn to appreciate what was here." Women felt safe in Newton. "It was more quiet. There was no danger. You left your doors open. You could walk in the street at night (Esther)." Most women felt attached to the community. "I always liked Newton…liking the feeling of the place (Olivia)." In a few instances, women were uncomfortable living in a place of reputed wealth. "I was a little ashamed of living in Newton because it was so high class…(Carla)."

City

The fifth circle was the urban place, primarily the city of Boston. Initially, women moved away from the city to escape from what they perceived to be negative changes, yet they

often maintained an economic, social, and cultural connection to the sophisticated opportunities offered there. Women talked about the physical dimensions of the city, including its stores, work places, and educational and cultural institutions. They also socialized in the city, gathering with family to go to museums, or meeting with friends and colleagues at work or for leisure. There was an emotional dimension to the city, sometimes expressed as nostalgia for what was no longer there, but also as a sense of gratitude for the city amenities in which they eagerly participated.

Boston was the city mentioned most frequently. Women went into Boston for work in various jobs, sometimes in an office, as was the case for Esther. "I wanted extra money. I wanted to make sure my kids went to college. I read an ad in the paper. And that's how I started my working career and I never stopped working." Some women had professional positions in the city. Hester said, "I'm a social worker and I taught social work for many years." Denise worked in retail sales. "There was a store on Temple Street in Boston. It was an exclusive women's store, and I would work vacations and Saturdays."

Boston was a destination for shopping and dining. "[We]…used to go to a place for lunch in Boston. We used to go to Filene's, Jordan Marsh, R.H. Stearns (Gloria)." In addition, women went into Boston for entertainment and cultural opportunities. "We went to the Museum of Fine Arts and one of the kids took a class there, and we used to go into the children's programs at Symphony [Hall] (Bertha)."

Women's social relationships in the city often centered around work and profession. Hester, a social worker, talked about how she and her colleagues "…were a close knit group at that time, because Boston was an area obsessed with psychology and there were many followers that settled in Boston. We were quite close and we socialized a lot too." In a few instances,

women were more closely connected to the city than to their residential community. "My identity, I felt, was closer to Boston and Cambridge because that's where the big organizing was happening (Carla)."

World

The sixth and final circle consisted of the broader world beyond the cities of Boston or Cambridge. These places were mentioned less frequently than the five other places and often in connection with a special time or event. These were the places to which women traveled to visit family and friends, for work, or for pleasure. They described the physical dimensions of these places, which included destinations in Massachusetts and around the world. The social dimension included the people with whom they shared activities or visited in their travels. Memories of fun, excitement and, sometimes, adventure defined the psychological and emotional dimension of these broader world places. Souvenirs and photographs from travels evoked fond recollections.

Women recounted their relationship to places outside of Boston. In Massachusetts they traveled to historical or cultural destinations. "We used to go to Walden Pond, museums in Concord – the historic things (Bertha)." Denise said, No matter where we went on vacation we spent one week at Tanglewood (summer home of the Boston Symphony) every summer for 45 years." Some women traveled to different places in the United States either for pleasure or work. Ilene said, "We usually go [to Florida] for two weeks." Some traveled to places outside of the continental United States for work or pleasure. Pauline mentioned that, "I don't have to travel much. When I was in the [service], I was in Hawaii. You can't do much better than that." Souvenirs often represented concrete evidence of travel. Carla recounted that, "This artist is from

Mexico. The long painting we bought in Puerto Rico. The masks are from Guatemala, and this piece we got in Honduras."

Women traveled abroad to visit relatives or friends. "I went to see [my sister in France] about three times. I went to Italy about three times (Gloria)." Karen spoke about visits with relatives in Israel. "When I lived in Israel, I reunited with a lot of family who had been in Europe and they came to Israel after the Holocaust. That resulted in my becoming acquainted with a cousin who came to visit us."

As with other objects in their homes, items collected from travels evoked memories. Alice said, "I have pictures around of different things from trips. We have memories of the trips." Carla said, "We went down to talk to people at the U.N. [about global warming]."

<center>Summary</center>

As women reflected on their early lives they spontaneously identified the multiple aspects of their total environment. Their words sketched out the complexity of their daily existence and the physical, social, emotional dimensions of the places to which they were connected. Women's comments were free-flowing, blending multiple places and dimensions all within the same stream of thought. In most cases, women appeared comfortable in their "places", and in only a few instances did they express a negative reaction to an aspect of their environment, such as not feeling a part of their neighborhood. However, most experienced active involvement in neighborhood, community, and city. In most instances, Newton was perceived as a very positive place to live. The few negative comments were related to economics, as some women felt uncomfortable living in a place that was perceived as affluent. For several women, Boston was prominent because that was where they worked and had meaningful relationships with colleagues. Those who worked outside the house as well as those who remained at home when

children were young felt they had chosen a safe and peaceful place to live, where their children were receiving a good education, and where they had meaningful relationships with people of similar backgrounds.

Changes in Places Over Time

Overall, women had experienced changes in themselves with the passage of time. Changes happened on different levels - in their bodies, their social connections, and their emotional status. In response to bodily changes, women were careful or sometimes unable to go up and down the stairs in their homes because of increased fragility. Failing eyesight influenced the extent to which women drove. Most still had a car and valued the sense of freedom that this allowed. "I still drive. That's my ticket to freedom (Bertha)." Denise had decided to stop driving but had found ways to get around. "I gave up my car, I don't drive anymore. Traffic began to bother me and I found myself coming home and saying, 'thank goodness I'm home.' I do my shopping [with the Shopper's Bus]."

Another aspect of personal change was the loss of relationships. Women often commented that they were the last ones still alive among family members and friends. "I had one brother and two sisters. They're all gone (Ursula)." Children had grown, married, and sometimes moved away. "My second daughter lives in Dallas, Texas. She has two children and she is an accountant, and she is a very busy mom (Olivia)."

Finally, physical declines and loss of social connections sometimes impacted women's emotional states. "I'm deteriorating. I think about it a lot. I'm here today. I can't think about tomorrow. It gets harder. I mind being alone. I worry. I think of it…in case of an emergency (Esther)." However, women who had experienced losses found ways to cope. "My youngest son

died in a car crash nine years ago, and as I say, I've had some unpleasant things happen, but all in all, thinking about it in retrospect, I really have been lucky (Sandra)."

In addition to personal changes, the places that surrounded them had also changed. Houses had deteriorated, people moved away from neighborhoods, local vendors went out of business, and shopping destinations in Boston had ceased to exist. Women not only adjusted to changes in themselves, but also adapted to the changes in their environment.

Home

The fourteen women who were still in their long-term houses or apartments adapted their physical spaces to their current health status. Alice, age 68, used her house to get exercise by walking up and down stairs, but was cognizant of her limitations. "The garage is under the house so I pull right in, go up and down, feeling like I'm doing something for my bones because I'm going up and down with the groceries. I notice how I go down the stairs now. I'm much more careful." Others adapted by limiting the amount of space they used in their homes, to reduce the risk of injury. Ninety-three year old Gloria said, "I got three rooms up, three down, but I sleep downstairs because I broke my hip."

Six women had moved from a home into a condominium because of change in personal status or a deteriorating home. A few had made the decision abruptly. Esther recalled, "I was beginning to feel it was run down. I'm alone. My social life wasn't what it was. One day I'm just sitting there and all of a sudden…I couldn't stand that apartment, which I always loved. I said I can't live here another day. I picked up the phone and called this agent." In a few instances a move was motivated by a husband's declining health. Hester said, "My husband kept falling and he was dead weight. I couldn't lift him. He couldn't make the stairs anymore. It was a godsend to

move here." Once women had decided to move, they had to adapt to their new space. Denise said, "Space- wise it was a big adjustment. But after a while we adjusted easily and loved it!"

The two who had moved when they were younger had practical considerations for selecting an apartment. Naomi had relocated 17 years before and had to adapt to a smaller space. "It's just two rooms, this and the bedroom. The bedroom is long and crowded as anything." Pauline had sold her house 30 years ago. She recalled that she was "…working at Boston College, and it was a long way from where I lived. I sold my house and took [this apartment]."

In spite of personal changes or losses, women's homes were still places where people gathered for special occasions. This was true for those who were still in their homes or had moved into apartments. "All of these kids [children, partners, grandchildren] were at the house a week ago Friday. It was really a great gathering…(Carla)." Socializing at home continued even though women had moved into smaller spaces. Denise said, "I thought that I would never get used to it because the space is so different, but I still have the full family for Pesach (Passover), the Seder (holiday meal). It's harder. The kitchen is small, but the same things get cooked, and everybody still comes."

Women, whether they were in their long-term dwellings or whether they had moved, felt attached to their homes. Carla, who had been in her house for 41 years said, "Before, we were very independent. But [now] we can't do some things. But both of us really feel like this is where we want to be. [There is] everything in this house one could want or need. It's like what we have experienced through our lives and it just feels good." Sandra, who had moved into a condominium 19 years ago, dealt with her husband's resistance. She said, "My husband didn't really want to leave the house but he fell in love with the view, so we moved in. I couldn't wait."

Nature

Declining health status prevented some women from being in the natural world. They did not abandon nature but now appreciated it from a distance. "I look at it from afar because there's poison ivy and I'm very susceptible. In years gone by I used to walk in there… (Alice)." Some women continued gardening. "I garden. I'm finding it hard to bend now, but anyway, I do (Marina)." Others adapted by bringing the outdoors into their homes. "I do gardening on the porch. I bring out as many pots as I can fill with flowers. I don't even have to put out a birdfeeder. I have all these birds (Bertha)."

Similar to women's earlier years, the social dimension of the natural world was not a prominent factor. Women seemed to be connected to nature as individuals, taking personal satisfaction and inspiration from their observations and interactions. In one instances a woman's work on global environmental issues helped her develop local social connections and a greater involvement in the community. "[With other people I] created this environmental coalition and that's how my identity more happily went toward Newton (Carla)." Carla also found a connection to nature in a personal way when she observed that she "… love[d) now more than ever taking care of plants, seeing things grow and being excited about it."

Neighborhood

A few women had seen physical changes in the neighborhoods where they had lived a long time but seemed to take them in stride. "I've seen a lot of changes in my neighborhood. There was nothing here. There was a dirt road. There were a few old houses. Now it's all developed. The streets are paved (Thelma)." Ursula noticed an increase in traffic, but seemed to adapt. "Now there's a lot of traffic because people are trying to get off Route 9, so it's getting a

little crowded, but I'm not ready to move." Most neighborhoods had not changed physically but the people who lived there had.

Many women commented on how old neighbors had left, and some adapted to the loss of friends by finding social connections elsewhere. Ilene, who found friendships through different Newton organizations said, "I used to be friendly with two older people across the street, but they have since passed away. We're just not real close to any of our neighbors. I notice there are younger people moving in." The opposite was true for some of the younger women. With retirement they walked in their neighborhoods more, and, in the process, made social connections. "Since I've retired…less than a year, I walk my dog…so, I am getting to know many other people in the neighborhood…I meet all of these people with dogs… (Lettitia)."

Some women who had moved into an apartment found a new "neighborhood", and opportunities to socialize. Naomi spoke about working to create social connections in her building. "We've gotten more and more Russian tenants. They don't speak English or speak very poor English, and you see them in the elevator and they don't smile. It was a barrier and we decided to have a conversation class once a week with the Russian tenants. It's gotten so I look forward to it. They're interesting people."

In neighborhoods where friends had left and younger people had moved in, women were often still attached to their locations. Thelma remembered when there were few houses in her neighborhood, but now it is "…getting more younger people, but I don't [think] of living in any [other] place." Some women who had moved to apartments were able to maintain important friendships with old neighbors. "My friends were here and I felt, as I get older, I wanted them to be able to come. I want to be able to get to them easily…but most of them are gone (Bertha)."

The Newton Community

In many ways Newton had remained stable over the years. The village structure was the same, although the shops and businesses had changed. There has been some new construction but nothing like the growth in the first few decades of the 20th century. Women continued to take advantage of services and amenities. They either drove or used supplemental transportation services to go to the Library, Recreation Department, YMCA, Senior Center, Jewish Community Center, to shop or to get to medical appointments.

Mixed with thoughts about changes were positive comments about other services that were now available. "They have five different kinds of transportation available for a minimal cost to a senior. And they [the Senior Center] have all these classes, courses, exercise, computers, games, speakers, and entertainment. There is something going on there all day long (Bertha)." Women still participated in the religious community but sometimes in a different way. "I have a girl who brings me communion. I don't go to church any more (Gloria)."

Although some women had experienced a physical decline, they found that something negative could have a positive consequence. Alice had twisted her ankle on the street. "I couldn't go [to the exercise class] for a while, and when I came back I got this rousing [welcome]…it was a great feeling for me." Participating in new activities provided women the opportunity to meet new people. Denise said, "I've met the most wonderful people [at the Senior Center] that I never would have met living in this part of Newton. I have Alma who brings me some of her cooking." Some women had spent time in warm locations in the winter but had stopped going because of physical decline or loss of friends in these places. they found ways to make new acquaintances back in Newton. "Being around in the winter [instead of going to Florida], I was able to pick up a little more bridge playing, so now there is sort of a group I can call on (Esther)."

Olivia, a "younger" elder was in a transition phase, exploring options, and adapting to life in retirement. "I haven't found anything [activities and involvement] in Newton. However, [I have] the telephone number of the chairperson of the Village Association." Letitia had retired less than a year ago and said, "I joined the Democratic ward committee, so we are getting to know people who are politically active." Many retired women found new friendships through volunteer work. "I belong to the Afghan Project Group. We make Afghans for children in DSS [Department of Social Services] (Ilene)." Karen had been involved with the Council and Aging and said she "still on the Board of Directors." Ilene said, "Through the Y exercise class, I found out about the Newton Recreation having exercise. That's where I made my connection to my Food Pantry people."

Most women felt Newton was where they belonged. They had raised families there, had good friends, knew their neighbors, and had connections to other aspects of community life. They spoke of the affection they had for Newton. "It feels like I should be in Newton. It's just an emotional reaction. I really feel a comfort level, you know, being in the same place (Alice)." Other women felt attached to Newton specifically because of what the community offered to its senior residents. Denise mentioned, "I think we're happy to live in Newton. For seniors especially, it's a wonderful place. The Senior Center is a gift to the seniors of Newton. It's outstanding. I work there all day Tuesday, which I love. I love it."

City

Physical decline among some women prevented them from going to Boston. In addition, changes in the city created barriers to travelling there because familiar destinations were gone. "I'd get lost if I go there now. There's no more Filene's and there's no more Jordan's, and R.H. Stearns. They're all gone (Gloria)." Even these changes were accepted as part of a normal

process. "It's changed [Boston], there's no question about it. But I don't think it's a disaster, you know – things change (Sandra)."

Social aspects of going into the city were still present among some of the women, but the experiences now were colored by the absence of friends and acquaintances. Ursula who sold cosmetics said, "I loved what I did and I did it well. There's one customer who is touch with me, but we haven't been out for a long time." Recently retired women maintained friendships with former colleagues and would go to into the city for social gatherings. "I have friends who are still working at the music college, and I go in town and meet with them (Olivia)."

Some younger women continued to be attached to the city, and valued its cultural amenities. "I don't want to be too far from town, because I love symphony and museums and theater. I'm so used to and appreciate that. I don't want to travel too far to get to it (Alice)." The dramatic changes in the loss of traditional shopping destinations had an emotional impact on many of the women. "It was hard to lose Jordan's, but Jordan's didn't bother me much. Filene's really bothered me because I could remember going to Filene's as a little kid, going to the restaurant on the seventh or eighth floor. I never realized how much I ran into Filene's to pick something up until they closed (Sandra)."

World

Now, most of the "older" older women travelled infrequently mentioning the complexity, inconvenience, and discomfort of travel, even though they had traveled in the past. "There's lots of places I'd like to go but it's [having to take] a plane and a bus, and a taxi (Naomi)." Some "younger" older women still continued to travel to visit relatives. "My daughter is in Texas. It is more likely that I go out there every now and then and spend some time with her (Olivia)." Women reflected positively on their past travel experiences, and a few who continued to travel

took advantage of trips geared towards seniors. "I've been to Montreal and Quebec but I've never been on an Elder Hostel trip. I'm looking forward to it. I really am (Sandra)!"

Summary

Changes in individuals and places did not cause women's life to become stagnant. Women altered their behavior in response to change. Homes had begun to deteriorate, neighborhood demographics had shifted, local conveniences were gone, and traditional city destinations had disappeared. Yet certain physical aspects of places had stayed the same. As an example, for those who were still in their houses, the basic structure of the home had not changed but women used the rooms differently. Neighborhoods still held the same houses and streets but the people had changed so women transferred their socialization to other places. The configuration of Newton's villages was the same but the old shops were gone, and women found other places to purchase goods. Even though the people who had been in these places had changed, women could still orient themselves to neighborhoods and Newton overall, because of the continuity of the physical structures. The material stability of these places over time provided a firm backdrop for memories and offered a sense of continuity. Women still interacted with many places but used them differently

On a social and emotional level, physical decline and loss of friendships led to feelings of loneliness, particularly for older women. However, just as women were able to adjust to changes in their physical settings, women were able to acknowledge personal changes with regret, put them in perspective, make adjustments, and continue on with their lives.

Places in The Future

Women could look forward to an additional 10 – 30 years or more of life, depending on their age. Even women in their 90's, as long as they were in relatively good health, could reach

100 years or more. Some women had contemplated the future, while others were reluctant to do so. Comments about the future related to the six places, although the home, some form of "neighborhood", and the community of Newton became more prominent as women got older, while nature, city and the world faded in significance.

Home

Many women had thought about where they would live in the future if their circumstances changed. Potential decisions were similar for those who were still in their original homes and for those who had moved into apartments. The first decision, possibly the most significant, was whether to stay in their present residence. The second decision was whether to stay in Newton. Women mentioned factors that would influence their decision: physical and mental stability; desire to remain independent; attachment to residences; and a sense of belonging in Newton. They also suggested that decisions could be impacted by relationships with and opinions of children, other family members, and friends.

Women fell into two categories concerning decisions about remaining in their home: those who were expecting, perhaps determined, to stay; and those who were aware that they might need to move at some point. Several factors seemed to influence thinking among women who were determined to stay. They had family members to help them, they had the financial capability to pay for assistance in the home, and had space to accommodate live-in help. The second group included those who were aware of their physical or mental health changes and anticipated further changes. They conceded that they might have to sell their homes and move to a place that provided supports. Of the 12 women who were still living in their homes, nine intended to stay unless, they conceded reluctantly, their circumstances became unmanageable. Their decision to remain in their homes did not appear to be dependent on whether they had a

spouse. Two women contemplated a potential move because of existing health problems and one because her current location was far from shopping, social venues, and transportation. Of the women still in their homes or apartments, seven were single – either divorced or widowed. Of the six women who had moved to a condominium, two were married and four had been widowed when they moved.

Women who wanted to remain at home had already considered the conditions that would allow them to stay. Gloria had thought about different kinds of help, including what her children could provide. "Future!? This is the future! I want to stay home. Maybe Springwell [not-for-profit home health and service provider] will help me a little bit. Maybe the children will stop in. I don't want to go to a nursing home." Carla commented that, "[My husband] and I both want to stay in this house. We have an option for the future, which is having one of the rooms available for somebody who might, either as part of rent or as totally free in terms of money, take care of us for what we can't do. So with luck we may survive until we keel over." Ilene wanted to stay but was concerned about money and maintenance. "As long as we can afford it, we'll stay. My [husband] is very handy as far as keeping things up, [but he's] getting older." Women who considered a move in the future had thought about the type of physical space they might need. Alice said, "If I were to move, I wouldn't move to another single house. I would move to a condo or something for older people. In the meantime, I'll stay right here." Letitia was able to look ahead. "Our house is on four levels, and I can see a time that I won't be able to walk up four levels." Marina had thought about the potential, but was unwilling to think about a move. "So I don't know. There are a lot of plusses there [senior housing] but I can't deal with moving."

Women who had already sold their homes and moved into apartments had considered the space they might need in the future. "One of the reasons that I wanted to have a three-bedroom

apartment was because I always thought that I would like to have an extra bedroom in case we had to have help, and as a matter of fact, the last seven months of my husband's life he was under the care of hospice, but I had help around the clock for him. I was very grateful that I had the third room (Sandra)."

No matter where they lived, women had talked about the future with friends and family. "You know…people…we talk…my contemporaries. You can bring in help. It depends on your condition…your mental condition, your physical conditions. I mind being alone. I worry. Esther)." Karen, who is blind, had considered options but none seemed to be right for her. "I guess one possibility would be to get someone to live with me, which I don't think I would choose to do unless I had to. [Or it could] be assisted living, which is like independent living and I don't think I would really be happy being confined to a few rooms and having to have meals regularly. I really don't enjoy meals with people whom I don't recognize and having food that I don't see. So, this makes it a problem."

Some women's words about the future were filled with intensity about their wishes. "My doctor says it's a little hard for me to be here under the circumstances, and she would be happier if that would change. But I am very stubborn. I like what I've got. I'm not ready to make a change. I'd like to die in my own bed (Ursula)." Decision about the future was influenced by Letitia's experience with aging parents. "I saw my parents not making good decisions about their lives, and they never thought ahead, like what will happen when they can't live in their house. I think, before it gets to be a crisis, it is better to take it in hand and move to a place that you can live in for an extended period of time." For many women, the future was vague. Although there was some acknowledgement that decline might occur, they hoped that they would remain

healthy. "I just want to stay here. I'm not signing up for [assisted living]. It's comfortable. I just have to stay well (Rachel)."

Women who had moved to condominiums were comfortable with their decision but still faced choices. "I wonder about my health and how long I can stay here. When you get older you don't have the energy. I don't feel like doing the things I used to. If I don't, so what? It's nice to get old that way (Sandra)." Hester acknowledged the different stages of life. "People get very attached. As much as I liked the house I didn't find it hard to leave. The different phases in life - you move from one to the other. I have pleasant memories and then you move on."

Most women talked about the future in terms of the positives and negatives of remaining at home, revealing a "push-pull" quality to the ways that they thought about the decision. The advantages of familiarity and attachment were powerful motivators for remaining where they were, but the fear of being alone and at risk for falling were seen as disadvantages. Some women had already made the decision to move, having the confidence that they would be able to adjust, and also hoping to stay in their newer residences. Some had been able to act on the positive aspects of moving, while others were reluctant or unable to consider a move because the realization of what it would take to move was overwhelming.

Nature

As women talked about the future none of them mentioned an attempt to maintain a significant relationship to the natural world, even though many still enjoyed being close to nature. It is not clear why connection to nature in the future did not emerge as an important dimension. One reason may be that failing health narrowed the scope of what women could anticipate. Involvement in nature requires some physical agility and many had already begun to

curtail activities, in general. Yet, even for those who no longer directly experienced the outdoors, they maintained a connection by appreciating it from a distance.

Neighborhood

For the women who wished to remain in their homes, it was implicit that they would remain in their neighborhoods. As they continued to decline, connections to the neighborhood could decrease because of walking difficulties. Recognizing that current a current neighborhood was far from shopping or public transportation, several women considered moving to another part of Newton that would be more accessible. "If I stay I might move to a part of Newton that [is] a little more accessible to the city where I have a lot of activity…whether it's in this condo or a part of Newton…(Olivia)." Staying in the same neighborhood was more related to wanting to stay in one's house, where family and friends could come to visit. Neighborhood involvement differed depending on a woman's age. For "older" older women, neighborhood gatherings, such as those of the past, were not mentioned as occurring in the future. In contrast, some "younger" older women who previously had little interest in their neighborhoods were becoming more involved as they realized they may need help from neighbors in the future. "The realization [is] that we're getting older and we can't do some things. [We are] finding a way to share. Now I am interested in this neighborhood plan [for neighbors to support each other] (Carla)."

Community of Newton

All of the women had chosen to stay in Newton, and, in general, they wished to remain. Reasons for staying were similar to why they came in the first place - peacefulness, and safety and proximity to Boston. Although women no longer had young children they were still pleased that Newton had a good reputation for its schools. Even though many no longer had friends in the area they had established mechanisms that allowed them to develop new friends and

connections. Several women had children who were trying to persuade them to move out of Newton to be closer to them. Women knew people who had done that, but most were reluctant to consider this potential now, yet were open to the possibility in the future.

Some women were willing to consider moving to another location if it became necessary. Letitia commented on the important characteristics of a place for an older person. "Considering your age and your immobility, you want to be near stores you can walk to, you want to continue exercising, and you would want it to be with an elevator, [or] on one level. That's what I would look for, but it wouldn't have to be in Newton." A few mentioned Newton's cost of living and whether they would be able to remain because of taxes. "I have really no criticism of Newton except right now it's getting overpriced and I'm afraid when the high school is finished it's going to be impossible to live here because the taxes will have to go up in spite of what they say that they won't (Queenie)."

Although women acknowledged that many of their friends and families had gone, maintaining social relationships in the future was very important. Gloria recognized her need for ongoing friendships. "I don't know why I live so long. If I'm like this I don't mind, but if I can't come over here [Senior Center] anymore, I'm lost. I like to see people. I like company." Women had found networks of friends that helped identify resources for now and for anticipated needs. "Another thing that I've enjoyed about living here is that there are people, friends that you make, that you can go to. We help each other, recommending resources to each other, share our experiences which are very, very helpful (Hester)." Women who recently retired were looking for new ways to make social connections in Newton, thereby establishing a base for the future. "I am hoping as I go along to be to get more involved in things in Newton. I've only been retired

for seven months and I already feel myself more a part of Newton, and maybe in two or three years, I will be even more (Letitia)."

Many women wanted to stay in Newton because they felt attached and that they belonged. They identified Newton as home. This was true for women who were still in their original homes and for women who had sold their homes and moved into apartments. "I feel a part of this community. I feel this is my community. I feel I've given something to this community and it has given a lot back to me (Denise)." Even women, who were not originally from the area, felt that they belonged. Naomi, who had been in Newton for 17 years said, "I'm very happy here. I'm enjoying it. People say, 'You're from New York'. I'm like a carpetbagger, but I've gotten used to that. I feel I belong here. It's nice."

Not everyone expressed a clear sense of belonging and attachment to Newton. Carla felt her sense of belonging was to a broader place. "I don't know what belonging would be. It's hard for me to say 'belonging to Newton'. I find it hard to even say I'm totally an American citizen. I feel like I belong to the world. That's my identity. I have a hard time with a smaller belonginghood, or whatever it is." Ilene, even though she has lived in Newton for many years, said, "When I hear some people talk, I still don't feel I belong. Like when you…talk to someone from The Lake…they're a different breed. They're very close. I'm happy here and I'm comfortable, but I don't really feel like I'm a Newtonite or whatever you call it." Letitia who was born in Newton was ambivalent about her relationship to the community. "In a way I felt not that I belonged here, but I didn't not belong here. I didn't have deep roots in the community. I thought I was a part of Newton, but a very small part of Newton."

City and World

The city places of Boston and Cambridge appeared to be less on the minds of people as they considered the future. However, there still seemed to be some recognition that the cultural aspects of these urban places would continue to be attractive destinations. Alice, one of the younger women said, "…I don't want to be too far from town, because I do love symphony and museums, the theater and so on. I'm used to that and appreciate that, and I don't want to travel too far to get it." The only comments related to the world were related to the potential for moving to be closer to children.

Summary of Findings

With the exception of one person, interviewees had all lived in Newton for 20 years or more, and for most of them, the intent was to stay. Some wished to stay for the same reasons they came to Newton initially - family and friends, and a quiet and peaceful setting. Their surroundings had become familiar, comfortable and filled with memories. By staying in Newton they could maintain relationships with remaining family members and old friends, develop connections with community institutions, which provided opportunities to meet new people. Over the years, there had been shifts in the importance of the various places with which women interacted. The home was of primary significance when women first moved into it and where they experienced their early years of marriage, child rearing, and socialization. Through the years, the home continued to be central whether it was one where they had lived for a long time or a place they had moved to recently. Women felt comfortable and safe in their residences and still held family gatherings older. Many envisioned continuing this existence into the future.

The natural place and the idea of clean, fresh air were important factors in decisions to move to a suburb. In the early years women enjoyed activities in nature and cherished observing

it from a distance. Interest in nature seemed to have continued over the years and was a source of pleasure. However, nature did not figure prominently in expectations for the future, except for the assumption of continuity of one's current life, which included tending to flowers and observing birds.

The neighborhood was an important for women in their earlier lives in Newton, and was still important for the recently retired. But in most cases among the "older" old there was a gradual disengagement from neighborhood life, especially as children left home. Only one very old and disabled woman maintained relationships with neighborhood people who could help her. However, for recently retired women, the neighborhood was a place of exploration as they participated in activities that allowed them to meet people. For several women, neighborhood coalitions held promise for making new friendships and connecting to potential support. The conceptualization of neighborhood changed over time. Women who had moved into apartments created new neighborhoods by becoming involved in communal activities in their buildings. Therefore, although old neighborhoods were no longer central to most women's lives, the construct of neighborhood as a physical location, a social arena, and a place to build attachments was recreated in different venues and was still a significant aspect of women's lives.

The community of Newton represented a very prominent place for most women, although the extent of connection and involvement varied at different life-stages. When some women were younger they were involved in Newton governmental, religious, or political groups, or with child-related activities. Others were less involved in Newton life, especially those who worked in Boston, and who spent most day-times away from home, and for the few who had no children. As women got older they seemed to gravitate more towards the Newton community initially by getting to know their neighborhoods and then ultimately connecting to other local resources

through the library, Senior Services, or the Jewish Community Center. Most women felt they belonged in Newton and expressed a sense of attachment, although a few were ambivalent about connecting to and staying in the community. Of course, only women who had stayed in Newton were interviewed, so it is not possible to understand the importance of community for those who moved away.

The city of Boston was an important place for women when they were younger, especially for work, shopping, and cultural events. As women got older, they seemed to use the city less, although "younger" older women still talked about going to museums and symphony concerts. Boston appeared to become less prominent for "older" older women, as access became more difficult resulting in a shift of focus towards the residence, new or old neighborhood, and Newton. Women did not reflect specifically about their future relationship to Boston but for those who visited the city there was an assumption that they would continue to take advantage of it in the future.

The larger world was of less consequence as women got older. In earlier times many had travelled to various locations for family, pleasure, or even political activism, but journeys to distant destinations diminished considerably with age. Several "younger" older women still visited family in other states but world-wide trips no longer happened for the oldest women. Women who still traveled acknowledged that they future travel would likely become more difficult as they continued to age. Although not explored in depth, perhaps women felt that extensive travel in the future might not be possible with physical decline.

In general, there was a fluid dynamic in how women accessed various places. The old or new home and neighborhood, and the city of Newton remained essential aspects of women's lives but how women used these places went through changes as women got older. The

categories of place were useful for understanding the complexity of the environment of "aging in place" but boundaries between and among places were permeable. Just as the suburban concept that there were no boundaries between city and suburb, so too there were no boundaries among the places of home, nature, neighborhood, community, city and world. Women flowed between and across these places. Even with a potential transportation barrier, women found ways to move between places whether they walked, drove or used public transit.

CHAPTER SIX: DISCUSSION

> For the "place" we're in is not only metaphor – it is also enabler or restricter of our
>
> evolving self. If we do not move physically, we have to move in other ways to sustain
>
> our sense of purpose and renew, or replace, our vital bonds in that same old
>
> neighborhood, which has also changed as friends, mates, children move away or die
>
> (Betty Friedan, 1993. p. 347).

Aging and Stereotypes

Although examining stereotypes about aging was not a major component of my study, it was possible to make observations about the extent to which women reflected typical perceptions about older women. Overall women in my study enjoyed good health even though many had experienced common problems associated with aging. Similar to Nuland's (1993) and O'Malley & Blakeney's (1994) findings, women had injuries due to falls, diminished physical flexibility because of arthritis, or failing eyesight. Women also mentioned age-related emotional and psychological issues as such as depression and feelings of loneliness, as described by Satin (1994). Although physical and mental decline frequently occur in older age, research has shown that stereotypes about older people such as inactivity, loneliness, and depression are not necessarily true (Thornton, 2002; Shaie & Willis, 1996). My research supports these findings. Although physical and mental health issues were mentioned, they were brought up more as background information and obstacles to overcome. Even though health conditions sometimes curtailed involvement in activities, women found ways to continue the things that were important to them. They worked to keep themselves physically, socially, and mentally active within the limitations of their health status. They participated in exercise classes and joined social groups. They challenged themselves by belonging to book clubs, studying in art classes, joining political

organizations, or participating in discussion groups. Although women acknowledged some problems of aging, they were positive about their lives overall.

Much has been written that contradict and dispel stereotypical notions about older people (Gullette, 2004; Friedan, 1993) but despite this research elders are still routinely categorized and labeled. This is evident in how regulations are set, such as the age one can receive social security the earliest at age 62 and a half, and the oldest at 66 for people born between 1943 and 1954. The notion of retirement itself, which suggests that there is a standard age at which people stop working, does not reflect the number of people who continue to be employed after age 65. In my study some women retired before 65 but others kept working after that age. People who are 65 years old can live another 30 years or more - approximately one-third of their lives. During these years individuals continue to grow, change and adapt as Chudacoff (1989), Lawton (1980) and Pynoos (1990) suggest. Consistent with these findings, women in my study, in addition to maintaining a job, had re-married or found new relationships in older age, continued to travel into their 80's or 90's, and were independent decision-makers. The results of my study add evidence that there is variation and on-going growth in aging people.

Women were generally satisfied with their financial condition and geared their life-style to their current income level. This supports Weiss' (2005) finding that level of income did not predict satisfaction with income. Although women in my study may have wished for additional funds, they did not consider relocating to less expensive living arrangements. Rather, they figured out ways to stay where they were and live within their means. Women did raise some concerns about increased taxes but this was not sufficient reason for them to move. In contrast to Jackson's (1985) comment that the suburbs were places where men went to work and women stayed at home, the majority of women in my study worked for pay for many years. Some had

worked before they had children, stayed home while they were young, and went to back to work after they were old enough to care for themselves. But many women worked while having young children and made arrangements for baby-sitters, or worked hours that did not conflict with children's schedules. Some women worked during holiday seasons or weekends, and several had home-based businesses. Women worked, not only to help provide financial support, but also because it provided stimulation and independence that was outside of daily family life.

My research supports the findings about resilience in older people (Pipher, 1999; Adams, 1997; Myerhoff, 1978; Montepare & Lachman, 1989; and Levy et al, 1989). Women in my study had developed strategies to remain connected with their past, and strove to build new connections for the future. Over their lifetimes, they gained knowledge from their experiences, which allowed them to deal with tragedies such as the death of a child, spouse, family member, and friend. As they went through periods of mourning and grief, they learned how to go on, sometimes finding support groups to help them through the process. Consistent with previous research, my study showed that stereotypes of the elderly were inconsistent with the reality of these women's lives.

My research suggests that although studies on specific aspects of the aging process are important, much can be learned from taking a broader look at how individuals integrate normal aging into their lives overall. The focus should not be on how people manage explicit problems but on the combination of the many things that they do in older age. Friedan (1993) took this approach when she described the rich and adaptive lives of older people. More work is needed to examine how people manage their complex lives in an ongoing process throughout the lifespan. My study suggests that older people retain many of the same goals and values from their youth but they now have life experiences that help them determine how to continually modify and

recreate goals. Learning about older age is partially about finding ways to confront clinical, social, financial, or housing issues, but, more importantly, it is about knowing how to view elders as individuals in the context of their own multifaceted lives.

Aging and Places

The first goal of this study was to identify the places in the term "aging in place" in order to understand the complexity of the "aging in place" environment. In my study, place emerged as a complex notion as women identified six places of interaction – home, nature, neighborhood, community, city, and world. Rowles identified a "hierarchy of spaces" that included "home", "surveillance zone", "vicinity", "community", "subregion", "region", and "nation" (1983, P. 119), through which individuals in a small, rural town obtained support. My research uses the idea of "zones", or in my terminology "circles". In contrast to Rowles' research, which focused on how elders obtained medical and social supports in response to problems associated with aging, my study examined the multiple dimensions of everyday experience that included friendships, volunteer work, or cultural events within each circle. Although it was possible to define the "place circles" in my study, it became clear as women described their lives that there were no clear boundaries between and among these circles. Places tended to blend and flow together making it impossible to determine where one circle began and the other one ended. The one place with definable walls around it was the home. The remaining places had undefined edges. The idea of permeable places reflects one accepted aspect of suburban life - that of unclear borders between city and suburb. Just as our women suburban dwellers moved easily between the urban and suburban places throughout most of their lives, so too did they move between the different places within their suburban community. Even as women got older and may have been inside the home more than they were in the past when they were at work or

involved in other activities, they still had connections to their neighborhoods and the larger community, and even the world. If women were unable to go to other places, elements of other places flowed into the home. Women had friends and family who visited or talked on the telephone, they had books delivered through the library, or they brought the world into their home by watching science programs on television.

As women described these different places they talked about the physical, social, and psychological or emotional experiences they had in these places. These three dimensions were similar to the concepts of *physical space*, *social space*, and *mental space* conceptualized by Lefebvre (1974) and Agnew (1987). Agnew's concept of three dimensions of place most closely reflected the approach I used in my research. My subjects were asked to talk about their lives from past and present experiences, and what they anticipated in the future. From their words I identified six places and was able to extract information about the physical characteristics, social interactions within, and the feelings about each place. Lefebvre posited that examining three dimensions of place could lead to a unity model for understanding the total meaning and experience of place (or space). Lefebvre argued that the idea of space could not be reduced to a single dimension but that it was necessary to conceive of space as a complex, multi-layered environment. A three-tiered unity model, he suggested, could provide a framework for understanding the complexity of place. This idea surfaced as an important concept for my study because it raised the possibility of using such a unity model to examine the total experience of aging in multiple places. Therefore, a combination of Agnew's and Lefebvre's approaches to understanding places and the existence of people who are aging in them offers a structure for future research.

In addition to applying a three-tiered unity model to understanding "aging-in-place", it is still necessary to understand separate dimensions of place. Regarding place's physical dimension Lawton's (1985) concept of person-environment fit provided a way to understand the relationship that women had with their physical environments. Homes were selected for the suitability – the person-environmental fit for the young family. There had to be enough rooms for children, home based businesses, and social activities. As children left the home, many women remained in the house but adapted the areas to suit current circumstances. Children's rooms became guest accommodations or dining rooms became locations for crafts. This adaptation was true for healthy women and for those who had experienced significant decline, who, for example only used rooms in one part of the house. Women who wanted to stay in their homes in the future planned to have someone come and live with them if they could no longer take care of themselves, again adapting their environment to fit their needs. Women who had relocated to an apartment had decided that their house no longer suited their needs. Even in these cases, some women anticipated the future by finding an apartment that would accommodate a live-in aide, if they became frail. Overall women were able to adapt their space to fit their needs. The possible exceptions were when homes or individuals had deteriorated to the extent that the environment appeared to be unsuitable and potentially hazardous, at least from my perspective as an outside observer. However, these women's still felt that their home fit their needs and they made whatever adjustments necessary to allow them to stay.

The social dimension of the home was important when women were younger and older, whether they had been in them a long time or were recent arrivals. Fitzpatrick et al (2005) found that socialization after retirement moved from the work place to the home. In my study, this was true for women who had recently retired. However, women in early retirement did not use the

home as the sole source of socialization but found new friendships in their neighborhoods, the community, and occasionally in the city where they served on committees for non-profit institutions. In general, socialization occurred in different places and with different groups. This finding is consistent with the work of Weiss (2005); Bailey (2007); Cornwell, Laumann, & Schumann (2008). My findings were consistent with previous research of Shaw et al (2007) and Lang and Carstensen (1994) that showed that older women were able to organize effective social lives even when they had lost spouses and children had moved away. Women in my study had retained friendships from different aspects of their lives, including religious groups, volunteer organizations and work. Not only was it important for women to retain old friendships, they were delighted with the ability to make new ones.

The neighborhood, broadly conceived, remained central and was consistent with Rowles' (1983) findings of the importance of having neighbors who were close-by to provide support when needed. Women who were in their homes still knew the physical dimensions of their neighborhoods, because, in most cases the neighborhood structure had not changed. However, there was less social interaction with the old neighborhood. Rather, women recreated a new sense of neighborhood through community venues such as the Senior Center. Women who had moved to apartments were able to establish a new form of neighborhood by joining social activities that were based in their building. Similar to the neighborhood place, the community place had physically changed very little over the years. This stability provided a sense of security and familiarity. In the past where women had participated in community activities with their children they found new relationships through community-based organizations.

Sense of attachment and belonging relates to whether older people feel that they are "in place". Rowles (1978, 1983) framed this idea in terms of a sense of "insideness" or

"outsideness." Cresswell (1996) placed notions of being "in place" or "out of place in a sociopolitical context. I found that women had dichotomous feelings of being "in place" or "inside", or having a sense of belonging and attachment. At the same time that women felt they were "in place" in their homes they often felt "outside" in their neighborhoods. Or, they felt a sense of belonging in Newton but were no longer attached to their homes. The sense of being "in place" or feeling attached shifted as women talked about various periods in their lives.

Women felt attached to their homes when they had young children but attachment sometimes faded once children left. Recently retired women were becoming more attached to and more of an "insider" in their neighborhoods, compared to being "outsiders" when they worked outside the home in Boston. Some older women who were alone and who were still in their homes felt they belonged there even after acknowledging that they had more space than they needed and were bothered by maintenance. Women who had moved felt they no longer belonged in their large house with too many rooms and responsibilities. This was true for widows and for women who had moved with their husbands. Women who had moved indicated within a short time of moving to a new place they learned about their new place and eventually felt "in place". Why some women continued to stay in their homes, even though they were ambivalent about feeling "in place" or "out of place" was not clear. Perhaps some had not reached the point where a decision was necessary, some may have been waiting for something to happen that would prompt a decision, and others had no intention of ever moving.

These findings relate to previous research that meaning, attachment, and sense of place are established after iterative processes that occur over time. Rubinstein and Parmelee (1992), Pastalan & Polakow (1990), Taylor (2001), Cutchen (2001), Howell (1983, Kahana & Kahana (1983), Lawton (1982), Friedan (1993), and Chicoine (2003) found that reactions and feelings

about places keep shifting and that aging individuals were able to adapt to changes in places, even though they may have some nostalgia for places and people that were no longer there. Similarly, women in my study remembered and missed places that had changed, but they generally accepted these losses and were creative in finding ways to become attached to new places as Hersch (2003) has shown. Attachment to a home was often related to the memorabilia that surrounded them. Women talked fondly about objects whether they were in their long-standing homes or they had brought them to a new place. This finding supports Rowles & Watkins (2003) observation that new spaces into which older people move can be recreated into a familiar place by using objects brought from a former location.

In general, women looked for venues where they felt as if they were insiders - that they belonged. In my research, community agencies, which included the Senior Center, the Jewish Community Center and the library, became increasingly important to many women, similar to Myerhoff's findings (1978). Where women were no longer "in place" in their homes, in nature, or in the neighborhood, they found a way to be "in place" through social connections in a community setting. These connections, just as the connections described in Myerhoff's work, seemed to be life-sustaining threads. Cresswell's (1996) noted that people who were "out of place" in a location that was built for a purpose other than how they were using it, were able to challenge and change accepted ideas about how that space was used. In Newton, women who felt "out of place" as elders in a place built for younger people, they were challenging that idea in several ways. Although their challenges may have been subtle and not overt, their very presence and their growing numbers were causing Newton to examine its priorities to provide and expand services to older adults. In addition, women were finding other ways to challenge the idea that Newton, as a suburb, was for young families by helping to develop coalitions that would allow

them to "aging in place" in their neighborhoods and Newton by designing referral systems, and local support groups.

     In addition to having a sense of belonging or attachment to a physical place, such as their home or Newton, women felt they belonged to one or more social groups that cut across and transcended physical locations. They were involved with their children and other family members, hosting or attending family events such as holiday celebrations, christenings, bar mitzvahs, or weddings. They still had a few old friends from neighborhoods, religious groups, or work places. They had new friends from local activities who looked out for each other. Although the physical dimension of place was important, most often it was the social context of that place that was the important factor that gave women a sense of belonging. A few "younger" women did not feel a sense of belonging in Newton, especially for those who worked outside of Newton. Others developed a greater sense of belonging as they retired and started to become more active in local activities and issues. Even if women had moved or if they said they might consider a future move, almost all expressed a desire to remain in Newton. They felt they belonged in this community. They were attached through decades of residency, long-established ties, family history, and important memories. Although many old family members and friends were gone, most still had children in the area, and that was an important reason to stay. Even women whose children had moved away preferred to stay in Newton because it felt like home.

CHAPTER SEVEN: CONCLUSIONS

For my life, give me

all lives,

give me all the sorrow

of all the world

and I will transform it

into hope.

(Pablo Neruda, 1990, p. 17)

Enabling "Aging in Place"

The first goal of this study was to identify the "places" in the experience of "aging in

place." As discussed previously, six places comprised the environment of "aging in place".

These were the home, nature, the neighborhood, the community of Newton, the city, (primarily

Boston), and the world. The six places created the platform for examining the second goal of the

study, which was to understand the factors that enabled women to "age in place" in a suburban

community. Enabling factors cannot be discussed without knowing the various places in which

women get older.

Two categories related to enabling factors emerged from women's observations. First,

the ability to "age-in-place" in this community seemed to be dependent on the characteristics of

the places in which women existed and second with women's characteristics, and circumstances.

Characteristics of Places

The most important places for women as they continued to age appeared to be the home,

the neighborhood, and the community of Newton. Characteristics of each of these places

reflected the same three dimensions identified earlier. In the home the ability to "age in place"

was to some extent dependent on whether the home was physically "suitable", whether it could accommodated the needs of the individual. The home had to have easy access to a bedroom and bathroom, and present minimal risk for injuries from falls. It was easy to maintain and not requiring major renovations to keep it updated and worry free, home expenses had to be within current financial capability.

A safe, convenient, low-maintenance, and economically affordable home may have been an important factor that enabled women to "age in place" even though several women were in homes that were not suitable. Some had to climb stairs to reach the bathroom, some had accumulated clutter that presented hazards for tripping and falling, and some had to negotiate crumbling outside steps outside in order to leave the house. Yet, they wanted to stay. For most, but not all of these women, maintenance was available through family members or paid help. Those who lived in apartment complexes the problems of tripping hazards, deterioration, and maintenance, were of less concern. Apartments were in elevator buildings with few or no steps to climb, they were all on one floor and a building concierge maintained the building. The two other dimensions of the social and emotional seemed to override physical aspects of the home. Even if the home seemed physically unsuitable it was still a place where socialization was still possible. Visits from family and friends provided ways to mitigate feelings of loneliness and isolation. Most important seemed to be the emotional and psychological dimension of place. Women felt attached to their homes whether they had been in them a long time or were recent arrivals. Memorabilia, prominently displayed, allowed women to reflect on their past experiences providing a sense of continuity over time. Women who had moved had taken cherished objects with them. Even though these items were exhibited in a different setting they still elicited good

memories and feelings of being "in place" and at home. Being in one's home of choice – new or old – provided a sense of independence and control.

The neighborhood, in a broad sense, appeared as an enabling factor. This was true if women lived in a single family home or in an apartment. The ability to "age in place" well was influenced by the qualities of the surroundings immediately outside the front door. The neighborhood could be viewed as a local street or a building corridor. In either case, women's neighborhoods were safe to walk in without fear of harm from other people. Some neighborhood sidewalks presented tripping hazards, often preventing women from walking outdoors. Declining health status limited some women from walking outside, limiting their ability to interact with people in their neighborhoods. Those who lived in apartment buildings were not concerned so much with risk, as hallways were flat with limited danger of stumbling. Because some women were confined more to their houses, the chance of social interaction could be limited. Women in apartments could walk short distances to visit neighbors or to find tenant, or management initiated activities. Knowing that people were available in the "neighborhood" where one had a home or apartment led to a sense of security and being involved in neighborhood living. Women who did not feel attachment to a neighborhood expressed this as a disadvantage and sought connections in the broader community.

The characteristics of the community of Newton emerged as an important element in enabling women to "age in place". Although there had been some changes over the years, Newton had remained essentially the same. Property values had stayed high allowing people to have confidence in their investment. Women didn't have to worry that their homes might be de-valued if they should decide to sell. With its low crime rate and good maintenance, Newton remained a safe place so that women felt secure, not having to be concerned about going out into

the neighborhood and community. It continued to be quiet and have the benefit of clean air, with accessible outdoor conservation areas. Because Newton hadn't changed dramatically during the years, there was little reason to move to a place that might not have the same level of comfort. Community stability helped women retain their independence because they could still access places that were familiar to them. They could decide where they wanted to go and move about the community freely, knowing that there would be few surprises.

Newton paid attention to its older adults. There were consistent ways for people to get what they needed. The local government was aware of its aging population and demonstrated its commitment to elders through the assistance it provided. Newton Senior Services offered transportation and comprehensive programming. Educational programs included computer training, Spanish, French, writing and literature. Music included participating in a swing band or chamber music ensemble. The arts included painting and ceramics. Entertainment included English language and foreign films. Health, nutrition, and social services included a health clinic, health information and education, legal consultation and a low-vision group. The Newton Free Library offered home book delivery for shut-ins. In addition to government sponsored services, private agencies such as the Jewish Community Center, the YMCA, and local churches and synagogues offered additional programs.

Through these services the community fostered a sense of caring, so women felt welcome and connected to community life. Women were aware of the amenities offered in Newton and knew how and where to get information. This knowledge created a platform for identifying services as women's needs changed. Women's familiarity with the city of Newton and the availability of benefits contributed to a sense of well-being and belonging. In addition to services provided by Newton government, there were a number of other agencies that offered meals,

exercise, social, educational, and cultural activities. Multiple venues gave women choices in how they wanted to spend their time.

Nature remained important for some women, particularly if they could observe and enjoy it from a distance. The natural world did not surface as a significant enabler, but the women who remained connected to nature in some way found it to be a source of artistic and spiritual inspiration. On the whole, connections to nature became incorporated into life within the home. Connections to the city and the larger world were less important as enablers as women "aged in place". Some younger women tried to stay connected to music, the arts, and sometimes politics events available in the city. If women could no longer take advantage of city amenities, they found ways to participate locally. For those who were limited in their ability to go any distance, just as with the natural world, they brought the outside world into their homes through reading, television, and telephone conversations with family and friends. The ability to bring these elements into the home enabled women to feel they were still connected to the world outside their front doors.

Characteristics of Women

Women in the study exhibited certain characteristics or qualities that enabled them to "age in place" well in the community. These were resilience and adaptation to change; economic stability; social connections; ability and willingness to access supports; independence and control; mutually respectful relationships with children; positive self-image and pride in accomplishments; sustaining meaning in one's life; and sense of belonging and attachment.

Resilience and Adaptation to Change

All women had experienced many changes over their life-times. Most women talked about decrease in function related to slight problems such as twisting an ankle while walking, not being

able to bend easily to work in the garden, or poor night vision. Several women had incurred serious injuries that curtailed their mobility significantly. Although women talked about weakening physical strength, comments about health were embedded in discussions about their lives overall and did not focus on infirmities. At the same time that women acknowledged the realities of health problems, they were figuring out how to deal with them. They adapted their behaviors or found alternatives by walking more slowly, accepting the pain of bending, driving only during the day, or living in the downstairs portion of their house so they didn't have to climb the stairs. Women still exercised, perhaps not as much as they had when they were younger, but they still participated in fitness classes and walking groups to keep their bodies moving.

Women were able to address and deal with physical declines because they were mentally alert and competent decision-makers. All were capable of responding to questions and reflecting on their past, present, and future. Some women freely acknowledged that they were alone and felt lonely at times, even when friends and family were around. A few talked about being fearful at night when they heard strange noises. In spite of feelings of loneliness often, within the same sentence, women described the ways in which they mitigated that condition. Loneliness seemed to be an undercurrent, something women acknowledged as a normal part of getting older. Loneliness or fear of loneliness appeared to inspire women to find ways to socialize because they realized how important it was to their ability to remain in place.

Women had also experienced changes in their family and other social connections. They had dealt with tragedies such as the death of a child, spouse, family member, and friend. As they went through periods of mourning and grief, they ultimately learned how to go on, sometimes finding support groups to help them through the process. They missed old friends and family members but almost immediately after talking about these deficits they mentioned how they had

gotten through the loss, and created something new. They knew that they could never fully replicate the quality of the friendships they had previously but they figured out how to add new social dimensions. They joined discussion groups or volunteered with charities and through these activities created new friendships with people who had similar interests. A common comment about dealing with loss was that there wasn't a choice. They had to keep on living.

Women who had moved and those who had remained in their homes had also adjusted to change. Some who were still in their houses used all or a limited number of rooms, and some used their place differently, such as modifying it by installing safety devices. Those who had moved recognized that the new apartment was not as roomy as the old house. They had to limit what they brought with them and took only items that had special meaning, such as photographs, collections of china and crystal, artwork, and books. Their new homes remained the repository – albeit diminished - for treasured items, which elicited memories of family events, travel and personal accomplishments. Some women dealt with change by holding on to their traditional coping strategies. They thought about the impact of potential decline for the future but decided that they could not move because they had too many things to sort through, and too many decisions to make. They seemed to be reluctant to contemplate potential health problems thereby avoiding thinking about potential relocation.

Community businesses and services had also changed but if women no longer had the old stores, and conveniences they found new shopping venues. If they couldn't drive they discovered other ways to get needs met. They may have been nostalgic about things past but, overwhelmingly, women accepted change and found ways to cope. They developed strategies to remain connected with their past, and continually worked to build new connections for the future. In general, women were resilient and resourceful, continually recreating their lives.

Economic Stability

Most women were economically stable. They were not necessarily affluent but had enough money to maintain their life-styles. Several women seemed to be living on fixed incomes from social security or pensions, and managed because they lived in subsidized housing or had family members who assisted them by helping with maintenance and household tasks. Most women still owned houses or condominiums, and most had paid-off mortgages. Women who expressed concern about taxes and water bills seemed able to manage by sharing expenses with children who lived with them, by working for the city to get abatements, or receiving a senior citizen discount. Major financial concerns about single-family home ownership revolved around the cost of repairs. For most women financial worries did not seem to be a threat to their "aging-in-place", although one woman was at potential risk of losing her rented apartment. Even in her situation she had several children who might be able to help her if necessary. Financial problems may be more significant in less affluent communities. What appeared to be an important enabling factor was not wealth, but financial stability.

Social Connections

Women had strong social relationships, which helped to maintain a sense of connectedness. Women retained and build friendships from different aspects of their lives including family, friends, religion, politics, volunteerism, the arts, and work. Not only was it important for women to retain old friendships, they were delighted with the ability to make new ones. The Senior Center and other venues offered opportunities to meet women from different cultural groups, with which they had little connections in the past. Jewish and Italian women had a chance to share, for the first time, food and ethnic traditions.

Women had three strategies for staying connected. They maintained contacts directly, by phone, and even by computer. The preferred way to stay in touch with friends was in person. Although talking on the phone with friends was not the ideal, women found this to be a reasonable alternative when they could no longer have one-on-one visits. The two women who were homebound, as well as those who were able to leave their houses found they were on the phone a lot reaching out to other people. Only one woman talked about how she kept in touch with friends using a computer. Computers may become more important for future older adults who will have used computers as party of daily living. Socialization was not tied to the residence. Friendships transcended the physical place where people lived. Women in their old homes as well as those who had moved retained old relationships and developed new ones independent of where they lived or how long they had lived there.

Able and Willing to Access Supports and Activities

Women lived in Newton with its many services for older people. However, the availability of supports was not, by itself, sufficient to enable "aging in place". Women had to be physically able to find out what services were offered in Newton, whether they were through the Senior Center or another community organization. More important than having the physical or mental capacity to explore options, they had to want to seek out, and arrange for them. The willingness to identify supports was observable through women's comments on how they identified a problem, such as feeling lonely, and the actions they took to mitigate that feeling. Although some women preferred not to participate in the Senior Center, others found support and social connections through other programs, such as neighborhood coalitions or community projects. Women wanted to stay connected and were willing to act on that desire.

The majority of women still drove even though they had limited their driving to short distances during the day. Women who no longer drove spoke with some regret but sought other ways to get around. In general, they used Newton and other local transportation services, and tried not to rely on children for routine errands. Generally, women were grateful for transportation services and took advantage of them even though trips were longer than they would like because vans made multiple stops to pick up and drop people off. The willingness to use Newton or other services indicates that women could acknowledge their deficits while exerting independence in determining how to arrange to have their needs meet. Willingness to reach out and enrich existence was related to women's aspiration to be independent and in control of their lives.

Independence and Control

Maintaining independence had to do with making decisions and continuing, or creating a satisfying lifestyle. Women had made many decisions in their lifetimes, either alone or with a spouse. It was not possible to know how decision-making and control were managed in marital situations, but when it came to decisions about their lives now women appeared to be in control. Independence in decision-making was reflected in where people chose to live, how and what services they used, the leisure activities they pursued, the friendships they maintained, how they managed their finances, and in how they related to their children.

Mutually Respectful Relationships with Children

Most of the women in the study had children, and, in most cases, these relationships seemed good. They talked and visited with children frequently, but were resolved not to be dependent on them. They did not want to have a role reversal where the older person became as dependent as a child would be on a parent. Although three women had children living with them,

in most cases, these seemed to be arrangements where financial and maintenance responsibilities were shared, and where there was a mutual benefit of companionship. Some children had suggested that their mothers move closer to them, but they did not seem to force the issue, respecting their mother's ability to decide what was best for her.

The extent to which women relied on their children differed. Even with the desire to stay independent women recognized that some dependency on children was necessary. Women whose health status was compromised were dependent on children for some needs. Most women had made careful plans about future health, economic, and legal considerations. They had informed their children of their wishes, told them where important documents were, and expressed confidence in children's ability to make future decisions for them. In a few instances, children relied on their mothers who provided a place to live or took care of grandchildren.

Self-Image and Pride in Accomplishments

Another characteristic was that women had maintained a positive self-image and were secure in their decisions and accomplishments. They talked with pride about lifetime achievements. They were proud that they owned homes, whether simple or grand, and delighted in the cherished items they had accumulated. In long-lasting marriages, women expressed pride in their husbands and their achievements. They were satisfied with their own educational and professional attainments. Women with high school diplomas regretted not going to college but were grateful they were able to find employment. Women who worked were pleased with the skills they brought to their jobs, as well as their financial contributions to family stability, and children's education. Children were a source of joy as women commented on their academic and career successes. They were proud of their religious and ethnic heritage describing how they observed holidays at home with family, and participated in activities in religious and cultural

institutions. They admired their parents and grandparents who had struggled to come to this country ultimately creating, a better life for themselves and their children. Living in desirable Newton generated a sense of accomplishment.

Meaning in One's Life

Women at all ages, whether in their 60's and recently retired, or in their 90's, expressed the desire to do things that gave meaning to their lives including being involved in the community and having an ongoing interest in learning. Women felt they had many advantages over the years such as owning a home, living in a safe and secure community, earning enough money to support a comfortable lifestyle, and having the ability to send children to college. Now, they felt it was time to make a contribution to society and give something back. This notion emerged as women talked about volunteer activities. The range of involvement was great and included founding a local environmental coalition, creating a pleasant hospital environment for sick children, helping older women shop for groceries, or crocheting Afghans for foster children. These activities took advantage of long-standing interests or skills, which women were now able to apply to a greater good. Women also contributed on a personal level to family members and friends by watching over relatives, or visiting sick friends.

Women added value to their lives by continued learning in informal and formal settings. No matter what their formal school education had been women participated in book clubs, read independently, attended study groups at universities, or took art classes. In addition, women in the study were curious. Their interest in being involved in this study indicated a desire to remain open in their thinking, have new experiences, while contributing to important research.

Sense of Belonging and Attachment

Overall, women expressed a sense of attachment and belonging to homes, neighborhoods, and community. This was true whether they lived in old or new residences, or whether they had too much or too little space. It was true for widows and those who were married. Women who had moved indicated that within a short time of moving to a new place they settled in and eventually felt a sense of attachment. Attachment to neighborhoods was more subtle. Sometimes women were nostalgic for the past life in their neighborhoods and had difficulty recreating that life-style. However, some attempted to recreate a sense of attachment to a neighborhood by reaching out to new neighbors, developing a sense of neighborhood through local coalitions, or by creating connections in apartment buildings.

Almost all expressed a desire to remain in Newton, even if said they might consider a future move. On the whole, "younger" older and "older" older women felt they belonged in this community. They were attached through decades of residency, long-established ties, family history, and important memories. Although many old family members and friends were gone, most still had children in the area, and that was an important reason to stay. Even women whose children had moved away preferred to stay in Newton because it felt like home. Although a few "younger", recently-retired women did not feel a sense of belonging in Newton, especially those who had worked outside of Newton, they had developed more of a sense of belonging as they became more active in local activities and issues. Women were involved with their children and other family members, hosting or attending events such as holiday celebrations, christenings, bar mitzvahs, or weddings. They had a few old friends from neighborhoods, religious groups, or work places. They had new friends from local activities who looked out for each other. Although

the physical dimension of place was important, most often it was the social context of that place that was the important factor that gave women a sense of belonging.

Summary

The factors that enabled "aging in place" were a combination of the characteristics of the places in which women were getting older, and the qualities and circumstances of the women themselves. Whether or not a woman stayed in her house seemed to be independent of the suitability of their physical surroundings and women's health status. Women with failing health were able to justify decisions to stay in their homes by making adjustments to their physical surroundings, sustaining social connections, finding ways to obtain support, and recalling memories of their past existence in that place. Women who had decided to stay in their houses seemed not able or willing to consider a move even though they may have been safer and perhaps more comfortable in a new place, suggesting that the desire to remain in the home may not be related to comfort and safety. Rather, the desire to "age in place" in one's house might have more to do with feeling in control, denial of the aging process, the difficulty of identifying housing options, and the inability or lack of desire to expend the energy required for a move. These notions surfaced as women talked about not wanting to give up the house they had worked so hard to obtain, aversion to the idea of having to adhere to regulations imposed by apartment house management, unwillingness to think about future decline, and discomfort with contemplating the clearing-out and down-sizing process. The women who had moved to apartments exhibited the same characteristics. The difference was that they had already made a relocation choice, and were hesitant to contemplate another decision in the future. Women who had moved found ways to overcome these concerns but it was not clear why. They spoke of their

current and former homes lovingly, they were in control of their decisions, and they had some

difficulty thinking about continued decline.

Women's characteristics influenced the extent to which they were involved in or created

new neighborhoods, and how they became involved in this community. Newton's characteristics

supported the needs of a growing population of elders and offered an abundance of resources in

response. Perhaps, the women in this study were able "age in place" well because they lived in

an affluent, secure environment, were financially stable, enjoyed mostly good health, had good

family relations, and a selection of friends, regardless of their economic status. They may not be

typical of other women who are "aging in place" in less secure circumstances. However, the

characteristics that allowed them to "age in place" countered stereotypes of older women that

they lack autonomy and resilience, have difficulties developing new friends, and have trouble

creating new activities in older age.

<center>"Aging in Place" in Suburbia</center>

The third goal of this study was to understand "aging in place" in suburbia from women's

perspectives. The characteristics of suburban living have been described earlier in this paper and

include being in an environment where the air is clean, there is an emphasis on the nuclear family,

where one can own a home, enjoy financial stability, have the opportunity for individual freedom

and upward mobility, benefit from good schools, have access to urban economic and cultural

amenities, while having a peaceful refuge after a work-day in the city (Hayden, 2003). These

goals had become embedded in American middle-class thinking by the early 20th century. Along

with these assumed advantages, suburban living came with some social and cultural disadvantages,

depending on one's perspective. Suburbs were, and often still are, traditionally exclusive with little

racial diversity, require the availability of public transportation or, most often a car, Hayden (2003)

and others (Warner, 1978; Baxandall, 2000; Gans, 1967; and Jackson, 1985), and are culturally empty (Bogosian, 2004). The characteristics and comments of women in my study reflected many of the commonly held impressions about suburbia. Women were white with some cultural diversity. Mostly they were mostly financially stable, well educated, and still drove a car. Unlike Bogosian's characterization of the suburbs as culturally vacuous, women were politically and socially active, contributing members of their community, and intellectually, and culturally curious. This can be explained by the type of place in which they lived – a close-in suburb next to a sophisticated city, and because Newton attracted people who valued education and culture.

The accepted characteristics of suburban life were embedded in women's comments, which were replete with assumptions that this type of existence was "normal". Moving out of the city and buying a house in the suburbs was the accepted and expected path for young people with children. That's what these women did and they built their lives around these values. They had internalized the notions of the "good life" in the suburbs and were not able to conceive of a life outside of suburbia. They expected to retain this way of living into the future. Although there has been some counter-movement among older people back into cities, most stay where they are. In my study, the "back-to-the-city" idea was reflected by only one "younger" older woman who considered the possibility of a move to the city where daily needs could be met without reliance on a car.

Callahan (1992) suggested that homeownership and the resultant suburban sprawl potentially harmed elders through isolation, costly home repairs, and expensive services at home. Although women in my study mentioned all of these possibilities, none of these factors seemed to cause extensive problems. My research supports a more balanced perspective. Each aspect of suburban life had both positive and negative potential. Home ownership may have been difficult in

terms of maintenance but homes were still a place of rest, and reflection. The nuclear family, which no longer lived in the home, often returned for family occasions. The desire for independence and freedom was evident as women controlled their choices about where and how they would live. Good schools were still a valued feature and a source of pride. Being close to nature was inspirational, and being in a safe place was paramount. Having a car was good for women who were still confident on the road and whose eyesight was not impaired but, because transportation services were available in Newton, lack of driving did not severely curtail activities.

Women in the study, no matter what their age, still maintained and valued the suburban ideals. Even with declining capability they found ways to maintain this life-style. In particular they wanted to stay in Newton because it had become home to them. They felt they belonged there and had a certain comfort level - being in the same place. Perhaps women who lived in other types of suburban settings would find it more difficult to maintain residency, but Newton provides the resources that help women age in place. Newton is an example of an older, well-run, inner-ring suburb. It is clean, quiet and safe. Although it is considered an affluent community it has a mixture of small and large residences, making it home to people who are well-off, as well as members of the middle class. The characteristics that make Newton a desirable place to "aging in place" may not apply to other types of suburbs especially those that are at a distance from the city and with houses far from each other. But for women in this study, in spite of some decline, they found ways to overcome the barriers of "aging in place" in a suburb. They still felt that this community was where they belonged. It was their home. They felt "in place".

Aging in Place: New Concepts and Definitions

The fourth and final goal of this dissertation was to refine the definition of "aging in place". Current definitions (Senior Research, 1983; Sloan Work and Family Research Network,

2005; and The New Oxford American Dictionary, 2007) are all limited in scope. They acknowledge the natural, inevitable decline during the aging process, but they don't acknowledge the complex environment in which older people live. Even though changes due to the normal aging process are assumed in the current definitions of "aging in place", these changes are often described as happening in one place - the home.

To limit the definition of aging in place to the home place, and only to those who have lived in their homes for a long time does not pay adequate attention to the multiple places with which older people interact, or to those who have already moved either within a community or to another community. Current definitions do not take into account the itinerant nature of people in general and the experience of women in my study. In my research, I found that although many women stayed in the same place, many had relocated at least once in their lifetimes. A few women had been born in the houses where they currently lived. Others had lived in several different homes, or had left and then returned, sold homes and moved into condominiums or rental apartments, all in the same community. Women who had moved into condominiums when they were older were still aging in the same community, only in a different residence. Some women who had stayed in their homes were able to contemplate a potential move in the future. Although they may have preferred to stay in their homes, they recognized that moving to a place with services could be a better option, and that they might make that decision in the future.

Current "aging in place" definitions are framed to create an impression that: 1) staying in the same place is preferred; 2) moving is undesirable; 3) there is a special value in staying in one's present residence; and 4) help will be brought into the home when inevitable decline occurs. These definitions of "aging in place" play into the fear and denial of aging, and can engender worry about possible isolation and loneliness. They imply that there is a dichotomous

decision to make – either stay at home or go to a nursing home. They presuppose that people might have to make the decision to move with reluctance, someone else may have to make a housing decision for them, and that a move into a nursing home is to be avoided at all costs.

In addition, current definitions do not reflect the complex, iterative, and fluid nature of decision-making. As illustrated by the women in my study, older adults were capable of making decisions about their own well-being and then implementing them. My findings suggest that there were three potential stances concerning the decision to stay in place or move. These were 1) determination to stay in one's home, 2) wait and see what happens, or 3) determination to move. This last category was evidenced by the women who had already relocated. In most cases, no matter what their stance on staying or leaving, there seemed to be an assumption that they would be capable of making the decision for themselves if and "when the time came" to choose.

For some women the decision about where to live changed as they got older. An individual may have made one type of decision when they were younger and still relatively healthy, but made a different decision as their circumstances changed. Several women commented that they never thought they would move from their homes but they realized they were no longer comfortable where they were. Decisions had been made after assessing their own or a spouse's health status, size and configuration of the space, sense of attachment and belonging, finances, ability to access places outside the home, loneliness, maintenance requirements, or perceptions of competence. These women saw moving as a positive, uplifting experience. They had freed themselves from unwanted household maintenance chores and found a place where these were taken care of for them. They had abandoned a life alone in a big house to be among others, thereby broadening their circle of social relationships. The women who had

moved did so of their own volition. They were not forced to move, but decided based on their own desired life-style and their wish to continue to reinvent their lives in a positive way.

My study suggests a refined definition of "aging in place", which is more multi-dimensional and fluid. It incorporates the idea that people are aging in a shifting environment. Women had the ability to maintain old personal relationships and continue to develop new ones, regardless of where they lived. No matter what their age, they searched for meaningful social connections. They had tremendous capacity to adapt to change and were resilient throughout. The underlying desire to remain at home still applied, but with a new, complex and fluid perspective on "aging in place". The desire to remain at home becomes an undercurrent rather than the primary focus for people who are "aging in place". The broader perspective on "aging in place" requires that we consider the totality of the experience of and not relegate elders to the obscurity and isolation that traditional definitions of "aging in place" imply. With evidence from my study, we can compare concepts behind the old definitions with new, more fluid ideas.

First, "aging in place" does not involve aging only in the home. "Aging in place" means living in and being active in multiple places, which have permeable edges. Movement between different places such as nature, neighborhood, or community occurs when women go outside the walls of the house, but also when aspects of those other places enter into the home environment. Second, "aging in place" doesn't occur just where someone has lived a long time. It can be getting older in an old or a new residence. No matter where someone lives, and no matter how many times they move, they are "aging in a place". Third, "aging in place" is not only receiving support in the home. Support is obtained in different places - in the home, in the community, or in the city. Fourth, "aging in place" does not have to be about loneliness and isolation but about remaining socially connected and attached to family, friends, neighbors, and community

organizations. Fifth, although "aging in place" often involve an inevitable decline in function, significant impairment may not happen until the few years before death, leaving open many years of productive and involved life. Sixth, definitions imply an either/or choice of home or nursing home, but "aging in place" is not about these dichotomous alternatives, they are about options. Seventh, definitions imply that older people are unwilling to change, when in actuality, women who are "aging in place" are flexible and continually adapt to change. They are capable of on-going, dynamic adaptation, incorporating gradual shifts and adjustments in relationships to the home, the nature, neighborhood, community, the city and the world. staying connected to a social milieu comprised of old and new relationships, maintaining or creating a sense of belonging and attachment. Table 7 summarizes these concepts and compares current definitions to the characteristics of a refined definition.

Table 7: "Aging in Place" Refined Definition

Aging In Place	
Current Definition	Refined Definition
• Aging at home	• Aging in multiple places
• Same long-term residence	• Old or new residence
• Support at home	• Support in different places
• Implied isolation	• Socially connected in many ways
• Inevitable downward trajectory	• Significant impairment is in later years
• Unwilling to change	• Continual adaptation to change
• Home vs. nursing home (implied)	• Different options

Summary

Focusing on a multi-component concept of "place" offers flexibility about who would be among the "aging in placers". This would include those in their old homes, those who have moved within the community to apartments, and those who recently moved to the community to be closer to family. The notion of a multi-component "place" provides a platform for discussions of what activities and services are needed to support older people who do not live in institutional settings, where most care is assumed by professional staff. For planning to occur, it is necessary to learn from elders about their complex lives and what will help them remain "in place. Not only does planning mean developing, supplying and coordinating services, it also requires finding ways to incorporate the perspectives of aging individuals and their family members in decision making. Contemplating "place" as having multiple components may help individuals and groups create new models for community and neighborhood coalitions that are designed to accommodate all people, regardless of age. Work on the issue of aging in place should involve multiple disciplines and perspectives, not just those of one area of expertise. Most importantly, to gain a full understanding of the process of aging in the community, it is necessary to have regular, on-going dialogue with older people at different age levels to understand the shifts that continually occur as people get older.

Bayer & Harper's national survey on housing (2000) shows that the majority of older people want to stay where they are as they age. This finding was the result of asking people the degree to which they agreed with the statement, "What I would really like to do is stay in my current residence for as long as possible (p. B1)." The way this question was framed automatically created a focus on the home and did not acknowledge that "aging in place" could have other dimensions. If a survey asked "as you get older what are the characteristics of the

place you would like to live in?", or "what are the things that would influence your decision about where to live?", or "what are the advantages and disadvantages of remaining in your current home?" the response may be quite different.

My research challenges the notion that aging in place is primarily about the home and shows that people age in numerous places. Results suggest that for people to "age in place" in comfort, security, and without worry, there must be consideration of these multiple places. Not only is it necessary to determine what is needed at home, such as hand bars in the bathroom, but also what is needed to keep people connected to the places in which they have navigated for most of their lives. It is important to recognize that even though surveys show people want to stay in their current residence, this does not mean that people may not want to move in the future.

Bayer and Harper's survey question implies a pessimistic view of old age because it makes the assumption of inevitable, disabling decline. Although the inexorable process of aging cannot be ignored, it is important to acknowledge the positive characteristics of aging such as resilience, curiosity, independence, and the insights that come from having lived through so many life experiences. My research suggests that to plan adequately for housing or other services for older people, it would be wise to consider the optimistic aspects of aging and to include older people in discussions and preparations for the future. These conversations should begin, not with the assumption that people want to stay in their old homes, but with the idea that moving is an appropriate option. By moving, individuals are still "aging in place", only in a new place, perhaps one that is more suitable for their particular state.

In addition, the Bayer and Harper's survey question suggests that there might be only one potential move, from home to some other place. Because it does not define what that other place

might be the automatic assumption is that the move would be into a nursing home. My study

shows that women go through different phases during the aging process and that many women

are capable of remaining in their homes despite disabling impairment. Bayer and Harper's survey

question about staying at home or leaving sets the decision as a choice between two extremes,

when, in fact, there may be other options. The decision to move into a nursing home may come

at the end of a very long life and may only represent a relatively short amount of time when an

individual is impaired enough so that they cannot make reasoned decisions and they are at

heightened risk for injury.

Finally, Bayer and Harper's question did not ask respondents to define what "as long as

possible" meant, or what the criteria would be to help individuals decide when the end of "as

long as possible" had arrived. My research sheds a light on what 'as long as possible' means.

Women who had thought about where they may live in the future, even by some who said they

wanted to die at home, mentioned a number of factors which could prompt a decision to go into a

long-term facility. From the perspective of an individual whose health is declining these were: 1)

I can no longer take care of myself; 2) I can no longer take care of my home; 3) I can't find

people to help me or live with me at home; 4) I have trouble cooking or getting the appropriate

food; 5) I find it difficult to get to doctors' appointments; 6) I am alone and isolated with no way

to socialize; 7) I am lacking mental and physical stimulation; 8) I have trouble making good

decisions, and 9) I have become too dependent on my children. These ideas were expressed by

many women who had already made the decision to move into an apartment and by those who

were still at home. The oldest and most frail women in my study were able to remain at home

because they had children who addressed the first eight factors. Some of the eldest women

worried a little about the impact on children but that one factor was not enough to make them to move.

Any one of these factors may not be enough to prompt a decision to go into a residential facility but several items together could. In addition, the extent of these issues may also be a determinant. All of these factors are interrelated and poor health, and the inability to take care of oneself impact all of the others. Having a list of factors to consider in making a housing decision could be helpful to women and their children in planning for the future. Discussing this list of factors early in the aging process and in advance of a health crisis may avoid a last-minute, emotionally-charged decision. Any such discussion must confront the tendency to deny the ultimate decline in older age, which was evident among some women who, when asked about the future, said that they didn't want to think about it, and were hoping for the best.

CHAPTER EIGHT: IMPLICATIONS AND FUTURE RESEARCH

Would you believe

I danced this morning?

We had the TV on

and I heard the music

and it went to my feet

I went this way

and that way

I lifted

my hem up and kicked

like this:

I did kicks like a chorus girl.

 (Marc Kaminsky, 1982, p. 55)

Implications: Individuals, Families and Community Agencies

The research completed for this study has generated a new way of thinking about "aging

in place", which can support the development of a framework that would bring together people

from multiple perspectives and disciplines that are involved with the complex nature of aging

and "aging in place". Involving elders in the discussions and planning is essential to establish

meaningful plans that truly address the needs of individuals who are "aging in place" in the

community. This research has several implications.

First, the process of aging is a natural occurrence but one that is often denied and ignored

until an individual experiences physical or mental decline, or they lose family members and

friends. It would be important for elders to understand their own aging process and how they use their current environments, to help them plan for the changes that are likely to occur over time. Some older individuals fear aging, partly because they may see an end to the control they have over their lives. With a greater understanding of the changes that might occur during the aging process, and the impacts these could have on their lives, older adults would have the possibility of retaining control of their futures, by planning in advance.

Second, children and other family members are often called upon to care for older relatives. However, many caregivers are not prepared for the task. They may not understand the aging process or the environments in which elders have lived. They may end up having to respond to urgent or emergent situations without any basis for making decisions with their elders or outside service providers. Family caregivers may benefit from knowing not only about what happens as bodies and minds age, but also about the multiple dimensions comprising the lives of older adults. Having a framework for identifying important aspect of an older person's life, as well as knowledge about the supports available to maintain these dimensions, may help frame questions and relieve some of the difficulty of care giving.

Third, older people, both in cities and suburban areas, live in neighborhoods. Neighborhoods change over the years as older people leave and new, young families move in. The connections that older people had when they were younger are often no longer there. New residents are involved with their families and their own daily lives, often not aware of the older adults that share the same geographic space. Residents, city and suburban planners, as well as housing experts could promote the importance of neighborhood groups, whose purpose would be to coalesce around common goals to support all individuals in neighborhoods, regardless of age.

Fourth, in a suburb such as Newton, connections to the natural world were often an integral and important part of people's lives. Involvement in nature diminished, to some extent, as women got older. Some were able still to appreciate nature from a distance or they brought it into their homes and apartments. Managers of natural areas could work to find ways to make these locations more easily accessible to older adults.

Fifth, people are getting older in communities of every type across the United States. Some are living where they have lived for a long time, and others may be new arrivals. Most of these people are aging in suburban places. Suburban communities may differ regarding the scope of services they provide to their older citizens. However, it would be important for community agencies to understand the complexity of the life of older adults and develop strategies to help this population sustain themselves in the community over time. Community agencies don't necessarily have to provide all services, but with a framework, they could become facilitators and coordinators of all elders, family members, neighborhood groups, and social and health agencies who are concerned about the aging population.

Sixth, federal, state, and local policy makers need to understand the complex nature of aging in a place in a community in order to plan ways to help older adults remain in the community through the use of Medicare, Social Security and Medicaid dollars. Current systems work against helping people to remain in the community, especially if there are no family members to assist elders. Medicare pays health care costs for older people who can live independently, but they must have the resources to sustain themselves economically. Many older people rely on Social Security benefits to pay their bills, but these funds are often inadequate for paying basic costs of living. Individuals with low income have Medicaid to cover health costs, which pays for health care and long-term care residential care, but for only the indigent. These

systems act as a disincentive for keeping people with limited economic means in the community as they get older. Policy makers would benefit from having a comprehensive framework to help in decisions about how funds are best used.

Finally, most elders are "aging in place" in a suburban setting. There is some concern that the very characteristics of suburbia that made it so attractive to people when they were young may be difficult and possibly harmful to people in older age. My research suggests that a community like Newton, with its amenities and services can provide a healthy, satisfying, and safe place in which elders can continue to live. My study defines the characteristics of a suburban environment that enables women to remain independent and in place. These characteristics may be used by other communities in assessing the extent to which they can meet the needs of elders. Because of the increasing numbers of elders in the suburbs, they have the potential for influencing public policy at the community level. They can advocate for improved, coordinated services such as social and educational activities, and transportation. Together, they can be a force in developing community and neighborhood coalitions designed to serve the needs of people of all ages at the local level.

Future Research

Baby Boomers

This study was limited in scope. It involved interviews with women who were older than the emerging baby-boom population, and represented historic periods different from that group. Although this older population is already seeing the benefits of improved health care, prevention strategies and interventions, and living longer than members of previous generations, the upcoming baby-boomers will have had social and cultural influences different from the people who preceded them. To understand the perceptions and of circumstances of baby- boomers, it

would be important to conduct research to learn how they construct their lives now, and what they expect for their futures, specifically related to their total environments. In 2011, those who were born in 1946 will begin to reach age 65. Longitudinal studies of this population would be important to undertake. It would be interesting to follow individuals who will begin to turn age 65 between 2011 and 2021 to learn what their expectations are for their older years, and then revisit them over a 10-year period to understand their actual decisions and behaviors, and how thoughts about the future have changed.

Current Elders

A great deal of research exists on the many aspects of aging based on the experience of those who are going through the process now. This includes how people adapt to old and new living situations, relationships with children, decision-making, managing widowhood, dealing with retirement, and negotiating health and human service systems. It would be helpful to learn more about "aging in place" from the perspective of current older individuals to understand the scope and dimensions of their total environment. Additional research is needed on those who are already age 65 and older and those from different racial and ethnic groups, and from economic or social milieus. Although it would be good to study future retirees, planning should begin now based on those who are already in the process. It may or may not be possible to predict how the baby-boom generation will impact and define "aging in place", but it may be possible to gain greater understanding now by examining how the current older population is dealing with the aging process, to consider what the real needs may be well into the 21st century.

Larger Populations

The sample in this study was small and it would be important to interview a larger number of individuals to gain a deeper perspective, and to determine what models are useful.

Studies should be conducted in different settings – urban, suburban, and rural. In addition, the study involved women. It would be important to conduct a study of men, single, widowed or still married to determine if men display similar or different attitudes about aging, place, and aging in place in place, compared to women. It would be important to learn how men interact with and make decisions about their environments.

Multi-Cultural Groups

It would be important to examine "aging-in-place" among people in different cultural groups. All of the participants in this study were White, and living in a predominantly White suburb. Traditions and practices may be dissimilar to Newton in communities with diverse ethnic populations, which may influence how older people contemplate their own "aging-in-place" and how their families view their roles in the process.

Suburbs

This study focused on women who lived in an affluent, inner-ring suburb. Some suburbs across the United States are similar to Newton in socio-economic and ethnic composition, but there are many suburban areas with different demographic profiles. In addition, suburbs have different geographic characteristics in terms of the type of housing, availability of shopping and other conveniences, and the necessity of having a car. Some suburbs are far away from city cores. These exurbs may have different sets of concerns because of the greater reliance on cars. Other types of suburbs such as gated and intentional communities may have different concerns, such as the extent to which they have planned for their elderly populations. To understand the full range of experiences living and aging in suburbia, it is necessary to talk to people who are living in different types of communities. We can learn a great deal by tapping into their experience and knowledge.

Concepts and Definitions

Definitions of "aging in place" are inadequate because they are limited in scope, and don't reflect the complexity of the process. People are actually "aging in multiple places". New concepts of "aging in places" in the community broaden the notion of "aging in a place". Inserting the term "community" allows investigation into the total environment of those who are "aging in place". The notion of "community" is complex. It can be a geographical and political entity such as a neighborhood, suburb, town, or city. It can be a group of family and friends, a social or religious institution, or residents of an apartment building. Any definition of "community" must be broad enough to allow the inclusion of different types of communities so that comprehensive planning can occur. Definitions should be broad and open ended, allowing the inclusion of new concepts and dimensions.

Conclusion

In conclusion, the United States is experiencing an increasing number of people age 65 and older, who are continuing to age in different places all over the country. Individuals discuss multiple aspects of their own aging with peers, family members, and practitioners. Professionals who serve older people discuss how they can best help address the changes that older people experience. Community groups talk about what services to provide for the older population. Policy makers set standards for providing economic and medical support for elders. It is an important topic of interest and discussion among many different groups. These discussions and subsequent decisions appear to be fragmented and uncoordinated. It is time to consider a broader concept of the process of aging that displays a greater understanding of the ways in which getting older impacts the various and numerous places with which older people interact.

Older people, particularly those who live in suburbs, can have a role in changing how people think about growing old in a place that was built for young families. Can elders in suburbia, as Cresswell (1996) describes in his example of homeless people in Grand Central Station challenge, accepted uses of a place of accepted notions of suburban living and change them? Even without active involvement to change the nature of suburbs to suit their needs just their existence in these places, and their stability and potential economic power may be enough to help create change. They may even be able to do away with some stereotypes of aging, if they can confront them within themselves, and consider how they can "age in place" as active, vibrant, curious, and involved seniors.

We need to start thinking differently about our older population. We must stop seeing them as a drain on society and a problem to solve. Older people have the benefit of knowledge developed from years of experience. They can explain and help others understand what happens when people get older. They can describe their daily lives, the obstacles they must overcome and the contributions they can make.

My hope is that communities of all kinds, rural, urban, and suburban can come together to plan their futures and involve older people in the planning process. The bottom line is that older people are as much a part of a community and have as much to contribute as younger people. Older adults should not be seen as alone and isolated in their homes, when in fact they work hard to maintain connections to their communities, however those communities are described. Individuals, local agencies, and governments should find strategies that will bring elders into their long term planning processes, not as a separate category of people but an integral, active and vibrant aspect of the fabric of daily life.

Just as Margaret Atwood's (2001) main character, Iris Chase Griffen, reflected on her own aging and decided how she wanted to live out her years, women in my study preferred not to slide into romantic stereotypes of old age but to be "upright and contained – urn[s] in daylight."

CHAPTER NINE: LITERATURE CITED

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APPENDIX A: PARTICIPANT RECRUITMENT PROTOCOL

1.   Newton Senior Center

First, I will meet with the Senior Center Director and ask permission to present the project to people who visit the Center. I will provide a Research Summary Guide to explain the project. Second, with her permission, I will arrange for one or more presentations at the Senior Center to explain the project and outline the selection criteria. Third, I will have a sign-up sheet and a brief conversation with interested persons, and arrange for a telephone conversation to explore their participation. Fourth, I will contact interested persons by telephone to explain the project further, screen participants according to the criteria, and obtain oral commitment from them to participate. During this conversation, I will arrange a time for the first interview. Participants will sign a Participant Consent Form prior to or at the first interview.

2.   Discovering What's Next (DWN)

First I will meet with DWN's director and ask permission to recruit through their membership. I will provide a summary of the project and the selection criteria. Second, I will ask that DWN circulate the summary on their web site and also through their e-mail list. In addition, I will provide the summary to individuals who volunteer at the DWN HUB at the Newton Public Library and ask their assistance in identifying potential participants. I will include information about how to contact me. Third, I will also arrange for an in-person presentation to DWN members. Fourth, I will contact interested persons by telephone to explain the project further, screen participants according to the criteria and obtain oral commitment from them to participate. Finally, during this conversation, I will arrange a time for the first interview. Participants will sign a Participant Consent Form prior to or at the first interview.

3.   <u>Chestnut Hill Towers, Apartment Complex</u>

First, I will ask a resident of the apartment complex who is known to me to assist in recruiting participants. Second, I will provide a summary of the project for her to circulate among her friends and acquaintances at this site. Third, I will also arrange for an in-person presentation. Fourth, I will contact interested persons by telephone to explain the project further, screen participants according to the criteria and obtain oral commitment to participate. Finally, during this conversation, I will arrange a time for the first interview. Participants will sign a Participant Consent Form prior to or at the first interview.

4.   <u>Personal Contact</u>

I will identify individuals who are familiar with Newton and ask them if they know of people who might be interested in participating in the project. Once they provide names of potential participants, I will contact them by phone, explain the project, and, if they are interested in participating, I will set up a time for the first interview.

APPENDIX B: RESEARCH SUMMARY GUIDE

<u>Aging in Place in Suburbia: A Qualitative Study of Older Women</u>

Antioch University New England, Graduate School
Keene, New Hampshire

Marian L. Knapp, Doctoral Candidate

<u>Doctoral Dissertation Committee</u>
Heidi Watts, Ph.D., Antioch University New England
Alesia Maltz, Ph.D., Antioch University New England
Barbara Vinick, Ph.D., Boston University

<u>Introduction:</u> I am pursuing a Ph.D. in Environmental Studies at Antioch University New

England. My dissertation topic is the experience of women who are aging in place in a suburb. I

am interested in the experience of women in Newton, Massachusetts. I have personal interest in the

topic and experience helping family members as they aged. I am a long-time Newton resident.

<u>Background</u>: In the U.S., one half of people age 65 and older live in suburban communities.

Yet, there are few studies on what it is like for older people to live in environments that were

designed and built for young, nuclear families. Moving to suburbia was, and still is, an important

aspect of the American Dream - single-family home ownership, privacy, safety, security, good

schools, clean built and natural environments, and green space. In addition, women live longer

than men, and are likely to live alone in their homes. I will recruit and interview women, age 65

years and older for the purpose of studying aging in place in the suburb of Newton. The primary

research questions are: 1) what are the "places" in the "aging in place" environment?; 2) what are

the factors that enable "aging in place"?; 3) what is the experience of "aging in place" in a

suburb?; and what is a refined definition of "aging in place"?

<u>Procedure</u>: I will interview 15-25 women, 65 years and older, who have been living in Newton

for at least 20 years. I will conduct two - three interviews in participants' homes, when possible.

Interviews will be designed 1) to explain the project and set the context, 2) for people to talk about their experiences, and 3) to have a time of reflection. The interviews will be tape-recorded, transcribed, and formed into "profiles". From these profiles, I will develop themes and create stories around key themes. All information will be confidential and identities of participants will be protected. I will provide periodic updates on the project to study participants, if they wish. My doctoral dissertation committee at Antioch University New England approved my proposal, with revisions, on December 2, 2007. I submitted an application to Antioch's Institutional Review Board (IRB), which requires that my research is consistent with ethical research practices concerning human subjects, and which includes a commitment to confidentiality. I have received notification that my proposal "qualifies for exemption from further IRB review and monitoring, because it involves interviews on non-sensitive (from a participant risk perspective) topics."

Result Objectives: To provide a picture of the complex nature of aging in place in suburbia from the perspective of older Newton women. It will add knowledge to what is known about aging in place in that community, and will help inform study subjects, and their contemporaries in similar settings. The benefits to participants are that they will have an opportunity to reflect on their own experiences, and contribute to an understanding of an important and timely issue. In addition, participants will receive regular updates on the study's progress, if they wish.

Request: I wish to make one or more presentations to groups at Newton Senior Center, Chestnut Hill Towers, and Discovering What's Next. Presentations will be made according to a schedule convenient for individuals and administration. Anyone is welcome to attend presentation(s). Appointments with interview subjects will be made directly with individual residents.

APPENDIX C: STUDY OVERVIEW FOR PARTICIPANTS

Aging in Place in Suburbia: A Qualitative Study of Older Women
Dissertation for the Degree of Doctor of Philosophy

Antioch University New England, Graduate School
Marian L. Knapp, Doctoral Candidate

Overview

- Purpose
  - ❑ To understand how personal expectations and experiences of life in the suburbs have changed for women who are aging in place in the suburban environment.

- Background
  - ❑ Fifty percent of people over age 65 live in the suburbs.
  - ❑ Suburbs were built primarily for young families.
  - ❑ Women tend to live longer than men. They are the subjects for the study.

- Rationale
  - ❑ Little has been published about growing older in suburban America.

- Research Method
  - ❑ Subjects: Fifteen to 20 women
  - ❑ Age: 65 years and older
  - ❑ Population: Newton residents for 20+ years
  - ❑ Interviews: Two to 3 with each person, of about 50 minutes each
  - ❑ Location: Interviews held at person's home, if possible
  - ❑ Recording: Interviews are tape-recorded
  - ❑ Confidentiality: Interviews are completely confidential and anonymous

- Results Objectives
  - ❑ Themes concerning aging in place in suburban Newton
  - ❑ Understand the complexity of aging in place in suburbia
  - ❑ Learn how to help people who wish to remain in Newton, as they get older

- Additional Background
  - ❑ Proposal approved by Antioch New England Dissertation Committee
  - ❑ Resident of Newton for 37 years. Raised a family here.
  - ❑ B.A. English Literature; M.A. Anthropology

- Contact Information
  - ❑ Telephone: 617 xxx-xxxx

APPENDIX D: PARTICIPANT CRITERIA

Aging in Place in Suburbia: A Qualitative Study of Older Women
Dissertation for the Degree of Doctor of Philosophy

Antioch University New England, Graduate School
Marian L. Knapp, Doctoral Candidate

Preliminary Participation Criteria

- Newton, Massachusetts resident

- Women

- Married, widowed, divorced or never married

- Residing in Newton for at least 20 years

- Residency in the same place during those years is not necessary

- Living independently in the community - not assisted living or nursing facility).

Inclusion Criteria

- Meets the preliminary criteria as outlined above

- Capable of understanding study goals

- Capable of understanding the purpose of an informed consent form

- Capable of signing an informed consent form

- Willing to participate in 2 – 3 interviews of 1 or more hours each

- Willing to allow me to come into their homes to conduct interviews, if possible

- English speaking, but not necessarily born in the United States

- Represents different sections of Newton (North and South)

- Reflects ethnic diversity Newton

- Drivers and non-drivers

- Differing degrees of health status, including homebound

- Represents three age groups: 65-74; 75-84; 85 and older.

- Able to reflect on past or current circumstances and events, and future plans.
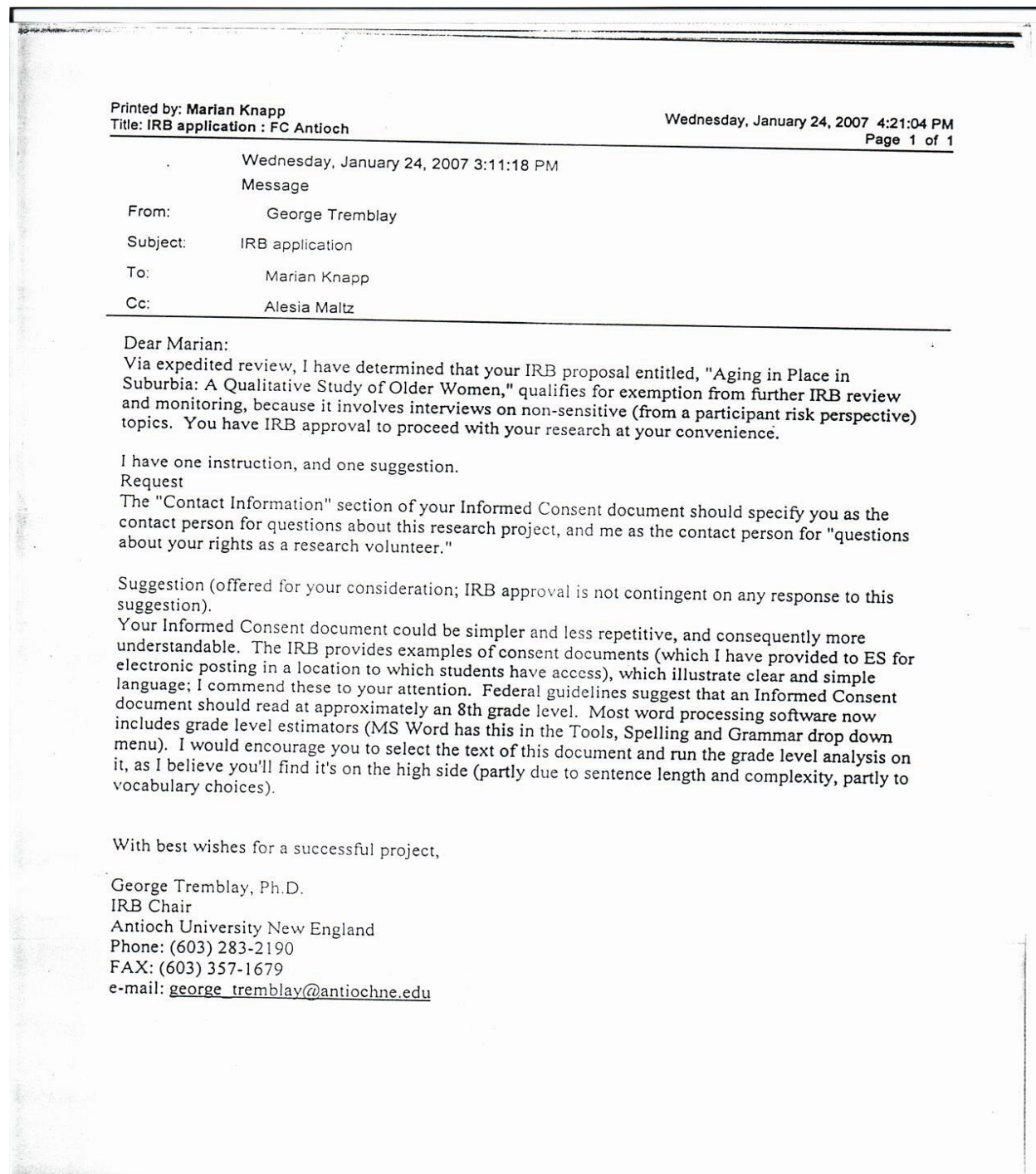
APPENDIX F: VOLUNTEER CONSENT FORM

Antioch University New England
Department of Environmental Studies

Marian L. Knapp, Doctoral Candidate

Dissertation: Aging in Place in Suburbia - A Qualitative Study of Older Women

<u>**Volunteer Consent to a Research Study about Aging in Place in Suburbia**</u>

<u>Background</u>:

This consent form is for participation in a research study of women, age 65 years and older, who are long-term residents of the city of Newton, Massachusetts. I am conducting this study in partial fulfillment of the requirements for a Doctor of Philosophy degree at Antioch University New England, Keene New Hampshire. Antioch's Institutional Review Board (IRB) has found that my proposal is exempt from further IRB review because it involves interviews on non-sensitive topics.

<u>Purpose of the Study</u>:

The purpose of this study is to learn about the experiences of women who are aging in suburbia. I am asking you to take part in this study, as a representative of this population.

<u>Process and Procedure</u>:

I conduct a pre-interview with you as a potential volunteer participant to determine if you fit the study criteria. If you meet the study's selection criteria you are asked to sign this consent form. Once the consent form is signed, you will be interviewed in a series of two to three interviews using an interview guide with focused and open-ended questions. I will ask you to talk about your

experience living in Newton in the past, in the present and your expectations for the future. Interviews last approximately 50 minutes to one hour each. If possible, interviews are held in your home, which offers privacy, quiet, and comfort, and allows you to be in familiar surroundings. Interviews are scheduled at your convenience.

Recording & Transcribing Interviews:

Interviews are tape-recorded and some notes are taken. Transcriptions are made of taped interviews.

Confidentiality and Anonymity:

All identifying information is held in strict confidence. Your name is coded to assure anonymity. All identifying information will be removed from final transcripts and no identifiers will be used in the dissertation. Tape-recorded interviews and transcriptions are stored in a locked safe in my home office. If a transcriber is hired, he/she signs a form agreeing to strict confidentiality. Only I, and the transcriber, have access to tapes and transcripts.

Risks:

Participation is voluntary. You may withdraw from participation at any time. The Antioch IRB chairperson has determined that the interviews involve non-sensitive topics. You are free not to respond to questions that you feel are sensitive for you. I will listen carefully to all of your questions and concerns, and allow ample time for discussion. You may ask me questions at any point in the process and I will provide answers to the best of my knowledge and ability.

Benefits:

You will have an opportunity to reflect on your own experience living and growing older in Newton. Your experiences will add to the knowledge about

aging in place in Newton and in similar suburban communities. You will receive regular updates on the study's progress, if you wish.

Contact Information:

If you have any questions regarding your rights as a research participant please contact George Tremblay, Director of Research, Department of Clinical Psychology, Antioch New England Graduate School. If you have questions about the research you may contact me.

Marian L. Knapp,   George Tremblay, Ph.D., Director of Research
Doctoral Candidate   Antioch University New England
6 xxxxxxx Street   40 Avon Street, Keene, NH 03431
Newton, MA 02461   Phone: 603 357-3122, Ext. 236; Fax: 603 357-1679
617 xxx-xxxx   E-mail: george_tremblay@antiochne.edu
xxxxxxxx@

_____   _____

Study Participant/Date   Researcher/Date

Consent Statement:

I have read and understood the information above. The researcher has answered all the questions I have to my satisfaction. The researcher has given me a copy of this form. I consent to take part in the study on Aging in Place in Suburbia: A Qualitative Study of Older Women.

Signature: _____ Date: _____

Witness: _____ Date: _____

APPENDIX G: INTERVIEW GUIDE

Interview: Part 1 – Study Goals and Background

The goals of the first part of the interview are threefold: to establish a researcher/ participant relationship, to clarify research goals, and to gather information about the individual's history, and aspects of their physical and social environments. The researcher will introduce herself and explain the goals of the research. Time will be allowed for questions and answers. Interviewees will be asked to state their name, address, age, and date of birth.

Interview: Part 2 – Early Years in Newton

The goals of the second part of the interview are to obtain additional personal information and to learn about the early years in Newton and include questions about marital status, number of children, other family members, and how long they have lived in Newton. They will be asked more details about why they moved to Newton, where they moved from and any moves they have made within Newton. They will be asked to describe their current home in terms of size, number of rooms and location in Newton. For people who moved to different locations within the city, they will be asked to describe their former residences. People will be asked more specific questions about their lives in Newton, such as

Why did they choose the particular neighborhood they moved into?

What was their social life like?

Did they have family in the area?

If they had children, how involved were they with the schools?

Did they belong to a religious community?

Were they involved in community and organizational activities?

Did they work? If so, where, type of work, reasons for going to work and for how long?

Did they feel as if they belonged in Newton? If yes, why? If no, why not?

Interview Part 3: Interim Years to the Present

People will be asked to describe their current lives and the changes that have occurred, again, related to the topics above. They will be asked to describe what has changed over the years in Newton. Questions will relate to the topics listed above: home, neighborhood, community, children, marital status, family, social life, community and organizational involvement, religious involvement and work. They will be asked to provide more information about health status, how they receive assistance if they need it, and whether their needs are being met. If they are living alone, they will be asked if they feel lonely, and if so, how they deal with loneliness.

Interview Part 4: The Future

People will be asked about their plans for the future: If they plan to stay in their current residences, or move somewhere else? What are the reasons why they would stay? What are the reasons they would move? What are the factors that will influence their decision to stay or move? What helps them stay? What hinders them from staying? Do they still feel as if they belong? If yes, why? If no, why not?

Closure and Thank You:

The researcher will assess the participant's interest in this project.

Would you like to be kept informed about the progress of and learning from the study?

What would be the best way to do this?

The researcher will acknowledge the participant's contribution, offering thanks and appreciation

APPENDIX H: DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS

Item	Profile			
Number of Subjects:	**Total:** 20			
Age:	**Mean:** 81.8			
Age Distribution:	**60s/3**	**70s/4**	**80s/9**	**90s/4**
	67, 68, 69	71, 76, 77, 79	80, 82, 83, 83, 85, 85, 85, 87, 89	91, 93, 94, 94
Recruited From:	**DWN:** 4 **Senior Center:** 7 **CHT:** 6 **P/C**: 2 **Library:** 1			
Geo. Distribution:	**NC:**3, **WN:**1, **NH:**1, **A:**2, **NV:**1,**W:**1, **NO:**2, **CHN:**6, **CHB:**2, **OH**: 1			
Interview Location:	**Home:** 14 **Senior Center:** 5 **Library:** 1			
Economic Status:	**Just managing:** 4 **Stable:** 4 **No Worry:** 12			
Educational Level:	**NoHS:** 1 **HS:** 6 **HS+:** 1 **B:** 2 **B+:** 2 **M:** 5 **M+:** 2 (One missing)			
Marital Status:	**Never M:** **M:** 4 **W:** 13 **D:** 2 (One missing)			
Years Married:	**Avg:** 44.9 **Range:** 21 – 63 (Two missing)			
Years in Newton:	**Avg:** 49.55 **Range:** 17 – 89			
Still in House/Apt:	**Y:** 13			
Years in House:	**Avg:** 45.4			
Current Residence:	**Own**: 16 **Rent:** 4			
Worked for Pay:	**Yes:** 19			
Years Worked:	**No:** 19 **Avg:** 26.84 **Range:** 5 - 50			
Age at Retirement:	**No:** 18 **Avg:** 60.9 **Range:** 50 - 79			
Years in Retirement:	**No:** 18 **Avg:** 20.5 **Range:** <1-63			
Health Problems:	**Many:** 2 **Some:** 3 **Few or None:** 14			
With children:	**Y:** 17 **N:** 2 (One missing)			
Child who died:	**Y:** 3			
Children in area:	**Y:** 16 **Not in area:** 1 **No Children**: 2 (One missing)			
Ethnicity/Religions:	**Italian/Catholic:** 5 **Jewish:** 13 **Protestant:** 2 Other:			
Drives:	**Y:** 13 **N:** 6 (One missing)			
Stopped Driving:	**Avg. Age:** 64 **Range:** 29 – 89 **Years Ago: Avg:** 19 **Range:** 3 - 51			
Home Bound:	**Y:** 2 **N:** 18			

APPENDIX I: PROFILES OF WOMEN

Each woman had her own story. Primarily, information was gathered about their experiences starting at the point when they had decided to move to Newton from wherever they had been living. Although each woman's experience was unique, the demographic themes as described above were evident in women's stories, and also included Newton Community involvement, travel, and, in their later years, mental and physical health status. Specifics about each theme are included in these profiles.

Alice

Alice, born in 1938, is 68 years old and is Jewish. She lives in Newton Center, south of Route 9. She was recruited through Discovering What's Next (DWN) and interviewed in her home. She was born in a New England state, and came to Boston for college, graduated, married, and remained. She has a Master's degree. Once she decided to stay in the area, family members, including her parents moved to be near her. She divorced once, married again, and then was widowed. Her second husband, to whom she was married for 29 years, had a professional career and died five and a half years ago. She had owned another house in Newton, and has lived in her current house for 43 years. She worked as a teacher for 25 years, did volunteer work for approximately 10 – 15 years, and retired 16 years ago from paid work at age 52. Three of her four children are still in the area. She has a few health problems stemming from a fall, but in general her health is good. Economically, she seems to be stable. She still drives.

Her home is a split entry, raised ranch overlooking conservation land, on a quiet cul-de-sac where houses have generous lawns and are similar in style and layout. The neighborhood was built in the 1920's and 1930's. Her kitchen table in front of a window is a focal point. Here she has breakfast, reads the newspaper, looks out at seasonal changes in the woods, and watches

birds and other wildlife. The home, and especially the kitchen, are gathering places for the family. She knows about the history of the neighborhood. Her house is decorated with colors she used in a high school art project. Artwork, memorabilia and photographs are placed all over the house. She likes doing jigsaw puzzles on the dining room table and she reads in the living room. She wants to stay in the house – primarily due to "lethargy", because she is used to it, and feels it is easier to stay. Her children are attached to the house and like coming home. She feels it would cost more to sell the house and buy another house or condominium. In addition, for legal reasons, she must keep her husband's documents for seven years after his death, and it would be difficult to move and store these documents. Although she knows she has to do minor maintenance chores, she feels she would have do to these anywhere she lived. She may consider a move in the future.

She takes advantage of various services that Newton offers. Even though she is a "young" senior, she goes to the Senior Center and enjoys the people she meets there. She also goes to exercise classes in another part of Newton.

Bertha

Bertha, 83 years old, was born in 1924 and is Jewish. She has lived in a condominium complex in Chestnut Hill, Newton for four years. She was recruited through a book club in her building and was interviewed in her home. She was married for 58 years and has been a widow for five years. Originally from Boston, she had owned a house in Newton where she lived for 48 ½ years before selling it and moving. Bertha's home in Newton was built in 1929. It was a 10-room center-entrance colonial with dormers and slanted roofs. The house had a playroom and an office for her husband. It had a porch, and a large backyard. She and her husband were involved in gardening. She was ensconced in the neighborhood and was happy with the children's

education. She had a bachelor's degree plus additional coursework, and worked at home as a bookkeeper, keeping her husband's records, and also running her own accounting service. Her hours were flexible allowing her to be home with the children when they were not in school. She worked for 47 years and retired 19 years ago at age 64. She has some health problems, which do not inhibit her from participating in activities, and seems economically stable. She had three children, one died in an automobile accident, and one child is in the area. She was active in PTAs at her children's schools, and involved with children's sports and other extra-curricular activities.

She was always aware of what was going on in the city, and attended Newton events such as fairs and parades. She, along with a group of people, founded a temple in another community near Newton. She now attends services at a temple in Boston. She has been very happy living in Newton and feels this city does a lot for its senior citizens. After her husband died she sold her home because it was too big and did not want to deal with maintenance. She wanted to stay in Newton because of established friendships. Her current home is a two-bedroom, two-bath condominium. Its large windows and porch attracted her because it allowed her to continue some gardening. She has a view of trees and a park-like setting where she can observe birds.

Carla

Carla, 77 years old, was born in 1930 and is a member of a Protestant denomination. She was recruited through personal contact and was interviewed at home. She lives in Newton Center north of Rte 9, and has been married for 55 years. Carla was originally from the mid-west and she and her husband moved here because he was offered a job at a local university. Carla has a master's degree. She and her husband have owned one home in Newton, which they bought 41 years ago when they first arrived. The house is a Victorian on a street with similar houses. It has nine rooms – five bedrooms and workrooms in the basement. It has a very large living room,

which was the main reason they bought the house. Over the years, she and her husband added a back porch and a new kitchen, and rewired, and insulated the house. Once motivation for the renovations was to make the house more energy efficient.

Carla worked for 19 years practicing and teaching dance and woodworking, and she retired at age 59. She stopped working 18 years ago and seems to be financially stable, and in good health, although she is beginning to limit some of her physical activities. She has been an activist in various environmental and political causes for approximately 50 years. She is remains energetic and still drives. She has three children. Two live between one and two hours away. When the children were little, she was not involved in their school's PTA, but did help with theater productions. In the past, she did not appear to be attached to the outdoors, but now grows potted plants both in and out of doors. Many of her friendships developed through her involvement in political and environmental activities. Until recently, she had not been involved in neighborhood socialization. However, the realization that she and her husband are getting older, and, perhaps needing some support from neighbors has led her to become interested in a newly formed neighborhood group, which is working to identify needs and resources for local residents. She has been active in various churches including The Friends. She and her husband intend to remain in their home and are developing strategies, such as running a bed and breakfast to bring in a little extra money, or having live-in help so they can stay in place.

Denise

Denise, born in 1924, is 83 years old and lives in a condominium complex in Chestnut Hill, Newton, where she moved four years ago after selling her home in Newton. She was recruited through a book club in her building and was interviewed in her home. She is Jewish. She was married for 54 years and became a widow four years ago. She grew up in a Boston

neighborhood and has lived Newton for 58 years, in two different houses, the last one for 30 years. It was a large house with 11 rooms and five bathrooms. The large backyard was the place for family parties and a gathering spot for neighborhood children. Her husband was a professional and had an office in this house. She had two years of college and worked part time during holidays at various stores, but also managed her husband's paper work for approximately 35 years. Around age 65, she retired from paying jobs and has not worked for18 years. She volunteered for approximately 50 years, including at the Newton Free Library and her temple. Two of her three children live in the area. She seems to be economically stable, and has only a few health issues. Three years ago she gave up driving.

Six years ago, Denise and her husband moved into a one-bedroom condominium in Newton after the children had grown up and left, and there was an adjustment period getting used to the much smaller space. When they moved, they downsized but brought cherished possessions with them. The temple was and still is a main source of her social life even though most of her friends are no longer there. She still goes to High Holiday services, usually with one or more children or grandchildren and continues to have family and holiday celebrations in the apartment. She volunteers at the Senior Center, helping people shop for groceries on a 'shoppers bus'. She is happy to live in Newton and feels the city does a lot for its seniors.

Esther

Esther, born in 1912, is 94 years old. She is Jewish and lives in a condominium complex in Chestnut Hill, Newton. She was recruited through a book club in her building and interviewed at home. Originally, she had come from a Boston neighborhood. Esther was married and widowed twice, and, in total, had been married for 50 years. Her second husband died 13 years ago. She lived in two houses in Newton. The second was a two-family in Newton Center where

she lived in one unit and rented out the other. Her home was within walking distance of a temple, which became an important part of her social life, particularly after retirement. When she moved into her home, she and her husband renovated it to add a bedroom for their second child. The house was in an area with other children and many of her neighbors were people from her old Boston neighborhood. Esther graduated from high school and did office work in a Boston hospital for 29 years. She felt she was a pioneer among married women with children who worked outside of the home, and struggled to coordinate her own work schedule with the children's school and vacations schedules. She did not seem to have done much volunteer work. Twenty-seven years ago she retired at age 67. In retirement, she joined study groups at a local university. She has two children, neither of whom lives in the area.

She made a decision to sell her home at age 92 because it became hard to keep long-term tenants, and she realized that she did not want home ownership responsibility. She decided quickly to sell her house, called the real estate agent, and then informed her children. Two and a half years ago, she moved into her apartment as a rental. Her current apartment is two-bedroom, two-bath, where she is comfortable. China and glass from her travels are beautifully displayed. For several winters she went to Florida, but decided it was isolating. She hopes to remain in Newton because she has enjoyed living there, but does not know how long her health will allow her to live on her own. She appears to have no financial difficulties, and manages to stay active. She still drives, but is beginning to be concerned about driving, especially at night. Her children suggest that she move to be near them but she is resistant because she does not want to leave old friends and is concerned that she would know only her children in a new place.

Frieda (Interview was not completely recorded)

Frieda was born in 1928 and is 79 years old, and is of Italian descent. She lives in the Nonantum section of Newton, and was recruited and interviewed at the Senior Center. She is (married, widowed?), was married for ? years, and has been widowed (?) for / years. She was born and raised in Newton so she has lived there all her life. She has lived in the same house all her life. Children, etc. She is Italian. Frieda was one of eight children, of whom five have died. One sister and one brother are still alive.

Her father was a professional and came to Newton from another U.S. city in 1919 after his first wife had died. He had met other Italian people in Newton, who told him it was a good place to live and set up a practice, especially for someone who spoke Italian.

Gloria

Gloria, born in 1913, is 93 years old and is of Italian descent. She lives in the Newton village of Nonantum. She was recruited and interviewed at the Newton Senior Center. Married for 53 years, she was widowed 24 years ago. She came to Newton from Italy with her family when she was almost 16 years old, and has lived in Newton for approximately 78 years. She was marred a year after she arrived in the United States. Gloria and her family came to this country because there was no work in their native Italy. Her father's brother came first, and then her father came. He became established and then brought the rest of the family to the U.S. She was married a little more than a year after coming to the U.S. at age 17. She has a sister in France who is older than she, and whom she visited several times. Life was hard in the beginning, but she and her husband managed. Over a period of years, she and her husband were able to earn enough money to buy one house, then another in 1941, where she currently lives. Her house is a duplex and she lives on one side. Her apartment has two floors, with a bathroom on each floor.

Because of a broken hip and hand, it is difficult for her to go up and down the stairs so she lives

on one floor. The other side of the duplex was made into two apartments. Her daughter lives in

one and the other is rented. She worked for pay in various parts manufacturing jobs for

approximately 15 years and retired at age 55, 38 years ago. She and her husband were active in a

social club for people from the same area in Italy.

Economically, she appears to be managing but is a little concerned about taxes and the

water bill. She considers herself healthy even though she has had several fractures. She had three

children, one of whom died of cancer when he was 65 years old. In addition to her daughter who

lives in the same house, her son lives in the area. She no longer drives. She has a large family

that still congregates at her house on Sundays where she cooks large quantities of Italian food.

Her daughter and daughter-in-law take her to doctors' appointments, and her son helps with

shopping. She goes to the Senior Center and crochets items to be sold at the SC store. Gloria

plans to stay where she is, and has family members around that, she believes, will help her

remain at home.

Hester

Hester, born in 1925, is 82 years old. She is Jewish and lives in a condominium complex

in Chestnut Hill, Newton. She was recruited through a book club in her building and was

interviewed in her home. She was married for 50 years and her husband died five years ago when

she was age 77. She has lived in Newton for 45 years and came from a Boston neighborhood.

She lived in her house in the Oak Hill (Newton Center) section of Newton for 45 years. It was a

split entry with three bedrooms, and a nice yard for her children to play. She described her house

as being not very large, not pretentious, but comfortable. She moved to Newton because her

brother was already living there, she knew other people who had already moved there, and

because they had two children, and knew that the schools were good. She worked when her children were young, and wanted to live in a place that was convenient to her job. She has a Master's degree in Social Work, over 37 years she either had a private practice or taught at a university. She retired three years ago at age 79. She seems to be financially stable with few or no health problems. Over the years she did some volunteer work. She has two children, both of whom live in the area. She still drives, and is interested in what is going on in the city of Newton.

She has lived at her current residence for 14 years. She and her husband sold their house and moved to an apartment because he had a debilitating condition and was having difficulty negotiating inside steps. She intends to stay where she is as long as she is able to both physically and mentally.

Ilene

Ilene, born in 1936, is 71 years old. She is of Italian descent. She was recruited through the Newton Senior Center and was interviewed in her home in the village of West Newton. She comes from the greater Boston area and lived in a few communities around Boston before coming to Newton and buying her. She has been married for 40 years. She and her husband moved to Newton because there were family members in nearby communities, and have lived in the same house for 36 years. When she and her husband bought their house it was more than 100 years old, and needed a lot of work to update it. It is on a main street, but has a big backyard. Through the years they improved the house and are very happy there. Her house is located close by major north/south and east/west arteries, and it has seven rooms with a large kitchen and a screened porch that was added 15 years ago. From this porch they can watch birds and see the flowers they planted in their yard. Ilene was happy with the educational system and made many

friends through her children's schools. She has a high school diploma. She did office work at home, in offices, and in stores for about 20 years before retiring at age 62, nine years ago. She seems to be managing financially and has few or no health problems. She did various types of volunteer work for all the time she lived in Newton. She has two children, both of whom live in the area. She still drives.

Ilene takes care of grandchildren two days a week, works at a food pantry, and goes to the Senior Center one day a week, and also takes advantage of Recreation Department exercise classes. She also crochets for a charity. She has found that she has done more outside of the home since she has gotten older. For the future, at least for now, she plans on staying where she is, even though she would like one-floor living. She is a little concerned that as her husband gets older, there may be some difficulties keeping up the maintenance on the house.

Karen

Karen, born in 1926, is 80 years old. She lives in Chestnut Hill, Brookline, an area that abuts Newton, and is similar in geography, demographics, and housing stock. She was born in Eastern Europe and came to the United States, to Boston in 1931, when she was five years old, and was raised in the Boston area. She is Jewish. She was recruited at the Newton Senior Center, and interviewed in her home. Karen was married for 20 years and has been a widow for 21 years. She has no children or siblings. She has one cousin with whom she is friendly. In her adulthood, a number of eye diseases impacted her vision and she is legally blind. The house in which she has lived for 38 years is a ranch style, with rooms all on one floor. It has three bedrooms, living room, dining room and basement storage area. Her house had been painted and wallpapered when she and her husband moved in, but it has not been updated since. Karen has a master's degree in Social Work, and worked as a social worker at various agencies for 20 years. Twenty-

five years ago, at age 55, she retired. Her husband was a social worker also. Other than her vision, Karen is in relatively good health. She seems to be economically stable but lives a very modest existence. She manages daily living activities inside her house because everything is familiar to her, but has some difficulty carrying out tasks outside the home. When she goes shopping she needs someone to help her to find items at the supermarket or department store. She takes advantage of activities at the Jewish Community Center, and the Newton Senior Center. In the past, she has participated in groups for the visually impaired.

She is not certain where she will live in the future, and is faced with a dilemma. Her home is comfortable now because she knows where things are, and can feel her way around, but she worries that if something happened to her, no one may know. If she moves somewhere new, she may have difficulty becoming acclimated because she would have to learn a new physical environment, and, in addition, she cannot recognize people, which makes it hard to develop friendships. She has a few old friends with whom she has lunch occasionally.

Letitia

Letitia was born in 1940 and is 67 years old. She was recruited through Discovering What's Next and interviewed at the Newton Free Library. She is Jewish. She lives in the village of Newton Highlands. Married twice, she has been with her second husband for 15 years. She was born and raised in another New England state, and had lived in a house in another nearby community prior to moving to Newton. Her house is a center-entrance colonial with two levels and a basement, and she has lived there for 28 years. She describes her house as being cozy, with enough small, discrete rooms. Her house is on a busy travel route, but she is able to access her driveway from the side street, which makes it convenient and safe. Currently, she and her husband are doing renovations to the house to accommodate a growing family. Letitia has a

Master's Degree, taught for 35 years in a school in Boston, and retired about a year ago at age 65. She has one child, a stepson, and three grandchildren. Her mother is still alive at age 95.

Because of her heavy work schedule, she did not have much social life in Newton, but finds that is changing since her retirement as she walks her dog and meets neighbors, or becomes involved in Newton activities. Politics have been a long interest for Letitia. She has worked on political campaigns in the past and is involved in the current presidential race. She also enjoys yard sales. Concerning the future, having observed the process of aging with her parents, she is willing to consider moving into a place that will accommodate her needs as she gets older.

Marina

Marina was born in 1922 and is 85 years old. She is Jewish and lives in Chestnut Hill, Brookline. Marina was recruited at the Newton Senior Center and interviewed there. She is a widow and was married for 61 years. Her husband died four years ago. She was born and raised in the Boston area, and had fond memories of a full and cultured life there, attending musical events and visiting the Public Garden. When she was married she had moved to another city where she lived for 22 years. She and her husband came back to the Boston area 43 years ago because of a job opportunity, and she has lived in her 11-room, one family house for all those years. Marina has a high school diploma, plus additional business course work. She worked as a secretary at a local university for 20 years before retiring 19 years ago at age 65. She has three children. Two live in the area, and one of them calls her every morning. When her children were young, she was not involved much with the school PTAs, except for occasional meeting, but she did belong to a Jewish women's charitable group. Currently she is involved with the activities at the Newton Senior Center, and enjoys the exercise classes and the socialization. She also goes to the Jewish Community Center once a week. Some of her favorite things to do are reading and

gardening. She misses her husband, but intends to stay in her house because she is well, still drives, and does not want to face the idea of moving.

Naomi

Naomi, born in 1922, is 85 years old. She was recruited through Discovering What's Next and she was interviewed in her home. She has lived in the village of Newton Center for 17 years. She was married for 24 years and then divorced. She is Jewish. Before moving to Newton, she had lived in another state where she had once owned a home, and had lived in several apartments. Her decision to relocate to Newton was because of rising crime in the neighborhood where she had been living and to be near her daughter who lives in the area. She has a son who lives in a nearby town. Her rental apartment is small, with a bedroom, living room, and a small kitchen.

She has a Master's Degree and taught English literature at the university level for 37 years. Ten years ago, at age 75, she retired. The apartment is filled with books and papers from her long teaching and lecturing career. Most of her teaching had been in the state from which she came, but she also worked both for pay and as a volunteer in Boston area academic institutions. She seems to be stable economically, but has a few health problems. She never drove during her time in Newton. Naomi is proactive in learning about her new community, continues to be active intellectually, and appreciates Newton's liberal political atmosphere. She is quite enthusiastic about having made the decision to move, considering it to be an opportunity to learn a whole new world. Although she considers herself socially reticent, she finds that her apartment building fosters social connections, and has joined a group to help Russians learn English. From her teaching she developed a few friends, and still goes to the theater or opera with one of them. Also, she goes to meetings at Discovering What's Next at the Newton Free Library. Her

neighborhood of Newton Center is convenient for transportation and some shopping. However, it is difficult to find basic household goods. She must travel far to find simple things like thread or a paring knife. She is comfortable where she is and hopes to stay.

Olivia

Olivia was born in 1938, and is 69 years old. She was recruited through Discovering What's next and interviewed in her home. She is Jewish and lives in the village of Auburndale in an attached contemporary condominium in a complex that abuts conservation land. She had been married for 20 years, divorced and has been married to her second husband for 24 years. Her husband is a number of years older than she is, and he is experiencing some cognitive decline. She has lived in Newton for 20 years but was born and raised there, having lived in several nearby communities before returning. Her home is in a very quiet area, has two levels plus a garage underneath. It is furnished with furniture, artwork and collectibles from her parent's home and from various places around the country. She is particularly attracted to arts and crafts from the southwestern United States. In years past, she was involved in ice skating, which took up a great deal of her time, and which she taught professionally. Ultimately, she had to relinquish this sport because she could not dedicate the time necessary to maintain her competence. She has a Bachelor's Degree, and had a professional career for 25 years at a Boston area university in professional education. Less than one year ago, she retired at age 68. She has three children each living in three different parts of the country, but they still consider Newton their home.

Since her retirement, she has been exploring ways to contribute in a positive way, as well as trying to determine what she would like to be involved in to keep herself busy and active. She is also facing a decision whether to stay in Newton or to move. This is complicated by the fact that she has emotional ties to Newton but her children are each in a different place. If she did

stay in Newton, she might consider moving to a place that was less quiet and more accessible to public transportation.

Pauline

Pauline was born in 1922, and is 85 years old. She was recruited through the Senior Center and interviewed in her home. She is of Italian descent and in Melrose, Massachusetts. One of nine children she had a peaceful childhood, spending a lot of time outdoors. As a child, she was quite athletic and was involved in many sports. For financial reasons, she went to work at an insurance company right after graduating from high school, even though she had wanted to go to college. Although she made a small amount of money, she was happy to be employed. At the beginning of World War II, when she was 21 years old, she decided she wanted to join the military service. She was recruited and signed up. Initially, she was sent to North Carolina and worked in an office on a base that serviced airplanes. Subsequently, she was sent to Hawaii, where she stayed until the war was over. She went to college on the GI Bill and graduated as the president of her class. Ultimately, she obtained a Master's degree.

For 30 years, she has been renting an apartment in the same building in the Newton village of Auburndale. Her apartment is spacious and neat with one bedroom, living room, dining area and kitchen. She moved into her apartment after selling her house in Wakefield, Massachusetts town. Although she loved her small home, her move to Newton was motivated by her wish to be closer to her job in the Newton area. In addition, Pauline's 24-year marriage had ended and she no longer had attachment to the town where she lived. She has no children. Five of her siblings are still alive and some live nearby and several live in different places around the country. She doesn't see them often but stays in touch on the telephone. Today, she still swims three times a week, and is an avid baseball fan. She worked for 35 years at a local university and

retired 20 years ago at age 65. She is in good health, still drives, is very comfortable where she lives, and intends to stay. She appears to live modestly and seems to have a lot of support from her religious community.

Queenie

Queenie was born in 1918 and is 89 years old. She was recruited through a flyer that was included in books she received from the home delivery service provided by the Newton Free Library and was interviewed in her home. She is of a Protestant denomination, and was born and raised in Newton, where she has lived all her life. For the past 50 years, she has rented her home in the village of Newton Corner. Married for 62 years, her husband died five years ago. Her house is the main part of an older multi-family dwelling. She has three bedrooms, living room, dining room, and kitchen. The house has not been updated in the years that she has been there. The wallpaper and paint are peeling, but she is appreciative that the landlord has kept the rent low. The furniture is old, and her home is filled with, perhaps, hundreds of teddy bears that she and her husband collected from different places. Living on a small fixed income from her husband's social security, her economic situation may be tenuous. She and her husband never had the resources to buy a house. Queenie has had cancer and two hip fractures. The second one did not heal properly after surgery. Because of this, she is in pain and it is difficult for her to get around. She is essentially homebound, only leaving the house for doctor's appointments. Her neighbors help out if she needs something and she calls various agencies if she requires transportation. Visiting nurses come in to bathe her and she has help with household chores.

She prepares simple meals at home. Her day is taken up with reading and watching science programs on television. She has always been interested in science and wanted to go to nursing school. Upon reflection, if she had been able to go to college, she would have become a

doctor. Queenie had five children and never worked outside the home. For about 10 years after her children were grown, she cared for babies at home during the six-month waiting period before a final adoption. She has been retired from providing foster care for 39 years. Three of her children live in the area, and one of them lives with her. Two of her children have been diagnosed with cancer. Queenie has fond memories of growing up in Newton, and hopes to be able to stay where she is, although she is concerned about potential increases in rent due to taxes, as well as the fragility of her health. She plans to be buried in Newton cemetery next to her husband and parents.

Rachel

Rachel was born in was born in 1916 and is 91 years old. She was recruited through a book club at a condominium complex and was interviewed in her home. She is Jewish and has a high school diploma. She was married for 46 years and has been a widow for 20 years. Before moving into her condominium, Rachel owned an eight-room colonial style house in the village of Newton Center and lived there for about 40 years. She was born and raised in the Boston area, and lived in Newton for 60 years. Both she and her husband were musicians and they played in various ensembles. She taught music for a few years at a local music school and retired at age 50. Although she no longer plays, she still goes to Boston Symphony concerts once a week. She still drives. For many years, she was involved with Jewish organizations where she served on boards of directors, and held elected positions. She has two children, one of whom lives in the area.

Currently, she lives in a two-bedroom apartment, where she moved after her husband died. When she decided to sell her house, she did not ask her children's advice, but made the decision on her own. It was not difficult for her to move, because she was uncomfortable being alone in her house, and she no longer wanted to be responsible for maintenance. A friend moved

into the building at the same time that she did. She has made new friends, and is comfortable with the security. She does not participate in Senior Center activities but goes to aerobics classes in her building. Rachel likes living in Newton and intends to stay.

Sandra

Sandra was born in 1920, and is 87 years old. She was recruited through a book club at a condominium complex and was interviewed in her home. She was born and raised in the Boston area, and is Jewish. She has been married and widowed twice. Her first marriage was for 15 years. Six years after her husband died, she married again and this marriage lasted 43 years. Her husband died two years ago. She lived in two houses in the villages of Waban and West Newton, for a total of 58 years. Her West Newton house was colonial style and had eight rooms, which her second husband had built, and had lived in with his first wife. Sandra graduated from high school, did not go on to college, but took courses at a local business school. She was always good in math, helped out in the family business for about six years, and also worked part time at a university. During her life, she did a lot of volunteer work, was involved in the Newton PTA council, and participated in discussion groups at local universities, and cultural groups. Rachel had three children, one of whom died in a car crash nine years ago. Her two other children live in the area. She still drives.

Now, she lives in a three-bedroom apartment in the condominium complex to which she and her husband moved 10 years ago. It was not difficult for her to move, and she enjoys her view of a park, the Boston skyline, and the Fourth of July fireworks. She participates in table games and the book discussion group in the building, but does not go to the Senior Center. She has traveled a lot, is still active and is planning a trip to Canada. She feels she belongs in Newton

and would like to stay. Because she has three bedrooms, she plans to have someone live with her if she should need help as she gets older.

Thelma

Thelma was born in 1931 and is 76 years old. She was recruited at the Senior Center and interviewed there. She is of Italian descent and lives in the Newton village of Waban, in the house where she was born. Her home was part of a family compound of three lots, established when her mother and father, and his siblings came to Newton from Italy. Some of her relatives still live next to her. Her memories of growing up in Newton are pleasant, such as playing in the yard and canning tomatoes. Her home, which has four rooms downstairs, plus a porch, a number of bedrooms on the second floor, an attic and a basement, sits on a corner lot. Thelma describes her house as beautiful but needing a lot of work. She was married for 50 years, has been a widow for six and a half years. Three years ago she became reacquainted with a man whose wife has died and she has been in a relationship with him ever since. She has four children. Two are in the area, and one lives with her.

She graduated from high school in Newton and her children went to the same schools as she did. When her children were young, she stayed at home, but later she worked in the hospitality industry for 37 years, and is still working. She has a few health problems, but still drives, participates in activities at the Senior Center, volunteers in local organizations, and walks to stay healthy. When she was 69 years old, she fell off her bicycle and, subsequently stopped bike riding. She is very attached to Newton, it is her home, and she intends to stay. However, she is concerned about the taxes, even though she gets a senior discount on her water bill, and worries if she can remain. Right now, one of her children lives with her and helps with expenses.

Ursula

Ursula was born in 1912, and is 94 years old. She was recruited through personal contact and was interviewed in her home. She is Jewish, and has lived in the Village of Newton Highlands for 48 years. She was born in the Boston area, but lived in California before coming back. She and her husband came to Newton because he had been brought up there. Her home, which is on the corner of a main street, is across from a Newton public works site. The house is a small colonial with a living room, dining room and kitchen, and three bedrooms, and a bathroom upstairs. It is well maintained. Ursula was married for 20 years, has been a widow for 43 years, and has one child who lives in the area. For 28 years, Ursula worked at a local department store in a women's specialty department. Widowed at age 51, she worked hard to pay off her house, support her daughter, and send her to college. She is very proud of these accomplishments. She has been retired for 27 years.

Ursula's health is problematic. Five years ago she was involved in a serious accident, which left her with breathing and ambulation problems. In spite of her incapacity, and the fact that she is primarily homebound, she manages to climb the stairs to her bedroom and bathroom, goes to the Jewish Community Center one day a week, and volunteers for a Newton governmental service one day a week. She stopped driving when she was 89 years old. She is attached to Newton, and particularly her house, and intends to remain at home until her death. Her child provides substantial help by cooking meals, providing books, and checking in on a regular basis.

APPENDIX J: CONFIDENTIALITY AGREEMENT FOR TRANSCRIBERS

Marian L. Knapp
6 XXXXX Street
Newton, MA 02461

617 XXX-XXXX

Confidentiality Agreement for Transcribers

I, Marian Knapp, am a Ph.D. candidate at **Antioch New England University** in Keene, New Hampshire. I am conducting research for my doctoral dissertation, "Aging in Place in Suburbia: A Qualitative Study of Older Women." My research involves interviewing women, over age 65 who reside in Newton, Massachusetts.

Antioch New England's Institutional Review Board has approved my dissertation proposal. My proposal requires that I maintain strict confidentiality and anonymity of all my interview subjects.

In addition, any person that I engage to transcribe interviews must agree to protect the identity and assure the confidentiality of all interviewees. The name and any other identifying information of subjects must not be discussed with any individual, except with me, Marian Knapp, for clarification purposes.

All tapes and typed transcripts must be kept in a secure location by the transcriber.

I, Marian Knapp, have explained this Confidentiality Agreement to

_____

_____ Date_____
Marian Knapp (signature)

Marian Knapp ha explained the Confidentiality Agreement explained to me

_____
Print Name

_____ Date_____ Sign Name

APPENDIX K: FOLLOW-UP LETTER

Marian L. Knapp
6 XXXXX Street
Newton, MA 02461

Date

Name
Address
Address

Dear

      In the Spring of 2007, you generously allowed me to interview you for my dissertation on what it is like for women to get older in a suburban environment such as Newton, Massachusetts. As you may remember, I am pursuing a Ph.D. degree at Antioch University New England in Keene, New Hampshire. It has taken me a while to get back to you and thank you for your kind participation. I apologize for this delay. I needed more time than I had originally anticipated to complete the interviews and to analyze their content. In the past months, I have been identifying themes from your words and experiences. A very rich picture has emerged, which will add to the knowledge about aging in suburbia.

      In the late spring or summer of 2008, I hope to make presentations in the locations where we first met to talk about what I have learned. I will let you know when and where these will be. These presentations will be informal and I will be very interested in your thoughts and observations. I am happy to meet with you in your home if that is more convenient for you. I will also send a summary of the dissertation once it is completed.

      If you would like to talk with me, I can be reached at 617 xxx-xxxx.

Sincerely,

Marian L. Knapp