

Changes in social functioning during the transition to retirement communities

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Life transitions such as puberty, marriage, and becoming a parent offer valuable opportunities to develop and test theories about the mechanisms of social development (Ruble & Seidman, 1996). Transitions often bring about observable, transformative changes in self-definition and social roles. One such transition is the move from the home to a retirement community, which in the United States could include a transition to three levels of care: independent living, assisted living, and skilled nursing. Although recent studies have examined development of the self-concept (e.g., Smith & Freund, 2002) and relationship selection in old age (e.g., Carstensen, Isaacowitz, & Charles, 1993) few, if any, have addressed the social changes that occur as individuals enter retirement communities. In this review, the life-span model of development will be used to examine the transition to the three types of retirement facilities. Research on the development of self-concepts and socioemotional regulation will be used to demonstrate that although the transition to a retirement community is often initiated by changes in health status, it brings about abrupt changes in social functioning. Research will be used to provide information about the developmental processes that occur during this transition, and implications for future investigations will be discussed.

Although this analysis focuses mainly on the transition from the home to the first retirement community, it is important to distinguish between the three levels of communities available in the United States. The first is independent living, which refers to a traditional retirement community in which the residents are all aging, independent retirees who live together and may participate in organized activities. The next level of care is assisted living, which provides residents with aid in treating mild health problems, meals and transportation assistance. The third level is skilled nursing care, which serves residents who can no longer care for

themselves. In this level of care, meals, supervision and help with daily activities are all provided. These three levels of care have many characteristics in common, but they will be referred to separately because they bring about different changes in the individual's self-concept and social functioning.

Transitions as the Focus of Social Development Research

The diversity of transitions makes them difficult to define, but their key component is change in the relations between the person and context. Subjectively, a transition is an event that brings about relatively large internal and external changes with long-lasting consequences (Ruble & Seidman, 1996, p. 831). This definition implies individual psychological changes. Another way that transitions are defined is culturally, as the "passage or change from one place, state, condition, style, and so on to another" (see Waite, 1994). Transitions can be subjectively positive, such as a job promotion, and negative, such as the death of a loved one. Relocating to a retirement community qualifies as a transition in that it redefines the way the individual relates to his or her environment. It offers the opportunity to study the mechanisms by which changes such as adjustments to the individual's perceived degree of independence, and changes in opportunities for social contact affect perceptions about the self and relationships.

The Life-Span Approach to Development

The life-span approach to developmental psychology will contribute to the analysis of this transition by allowing consideration of different aspects of the person-context interaction over the lifetime. In this approach, development is a continual process that does not stop in adulthood, but continues throughout an individual's life (Baltes, Lindenberger, & Staudinger, 2006). The broad goal of the life-span approach is to examine the processes by which each successive stage of life, from infancy to adolescence, adulthood, and old age, affects the ones that follow. It

accounts for effects of being in a specific cohort and having experienced different historical contexts (e.g., Hoppman & Smith, 2007; Jackson, Antonucci & Gibson, 1990). This view of development necessitates a reconceptualization of change that transcends positive and negative development and focuses on the balance of gains and losses inherent in every shift. For example, life-span psychologists view the biological and cognitive deficits that occur in old age as foundations for adaptive progress in the regulation of loss. The life-span model will be used here to present the gains and losses involved in aging, and more specifically in moving into a retirement institution.

One key model that is included in the life-span approach is Selective Optimization with Compensation (SOC; Baltes, Lindenberger, & Staudinger, 2006). SOC defines successful development, regardless of when it occurs in the lifetime, as the result of a simultaneous maximization of individually and culturally desirable gains and minimization of losses. The first component of the model, selection, describes the intentional or unintentional choice of behaviors and goals from many possibilities. The second component, optimization, involves using the available resources to their full potential to reach the chosen goal. Finally, compensation refers to the use of alternative resources in the place of lost means of achieving goals. A classic example of SOC is provided by concert pianist Arthur Rubenstein, who, at age 80, played fewer of his pieces (selection), practiced them more often (optimization) and varied his playing speed in order to make it seem like the fast sections were as fast as they were when he was younger and his fine movements were at their full speed (compensation) (Baltes, Lindenberger, & Staudinger, 2006). SOC will provide a framework for analyzing the processes by which changes in self-perceptions and social functioning take place during a specific transition.

The Biological and Cognitive Facets of Aging

Another piece of background information that will be used to analyze the move from the home to a retirement community is findings from research on biological and cognitive changes that occur in old age (Baltes, Lindenberger, & Staudinger, 2006). These changes are not typically thought of using the life-span model, but Baltes, Lindenberger & Staudinger (2006) suggest that even physical development is a matter of balanced gains and losses. For example, bone deterioration in old age is thought to be the consequence or side-effect of growth early in life. Together, the negative physical consequences of early growth can be attributed to the inability of human genes to maintain the highest level of genetic expression and functioning. Barring serious illness, the physical losses that occur with age are relatively gradual. These authors argue that because the elderly are in physical decline, the losses must also be balanced by culture (i.e., human-created knowledge, materials and other social resources).

The trade-off between gains and losses in development can also be seen clearly in the changes cognitive abilities and intelligence as people age. One of the hallmarks of aging is that older adults need more practice, more time, and more cognitive support to learn the same material as younger adults (Baltes, Lindenberger, & Staudinger, 2006). Further, overall speed of information processing decreases steadily after about age 35. However, pragmatic knowledge, which includes the cultural and procedural side of intelligence, is used to compensate for decreases in cognitive speed. In a study of typists ages 19 to 72 by Salthouse (1984), it was found that although perceptual and motor speed, which indicate tapping speed, were negatively related to age. The older typists used SOC by selecting and optimizing their ability to look ahead further in the material being typed, and thus seemed to compensate for their lack of mechanical speed. At this point in time, there is no evidence to suggest that the gradual changes in biological

and cognitive functioning are strongly affected by the transition to some type of retirement home. Information on these aspects of aging has been included as a backdrop for the social changes that will be described in the sections that follow.

Social Development Over the Transition To Care

Unlike the biological and cognitive changes described above, aspects of social development such as the self-definition and choice of social partners are strongly affected by the transition to a retirement home. To begin, it should be noted that the social changes described in this analysis assume only the gradual losses in physical and intellectual functioning that are described as normative above. Although many people are obligated to move into a care facility due to drastic changes in physical and mental health status, this review is not intended to account for the severely low levels of mental functioning that occur due to illnesses such as Alzheimer's disease.

Changes in Self-definition During the Transition to Retirement Communities

One of the most fundamental changes that take place when an individual moves from the home to a retirement community is a shift in the self-definition. In the life-span view, identity formation is a life-long developmental process that is affected by individual characteristics and context (Grotevant, 1987). Grotevant theorizes that identity formation is largely a process of exploration in which individuals are affected by context, and also agentic in their choice of context. This suggests that individuals use SOC in their choice of contexts (e.g., activities) and thus influence the formation of their own identity. The transition to an independent retirement community would, in most cases, be consistent with Grotevant's stipulations about choice. However, the transition to assisted-living and nursing care often occurs because of changes in

health that force the individual to lose some of his or her independence, and thus would offer an interesting context for studying the development of the self.

The self-definition, a measure of identity, provides information about the salient aspects of a person's life and the richness of the self-definition is positively related to emotional well-being (Freund & Smith, 1999). A study of the content of the self-definition in old age by Freund and Smith (1999) provides insight into the development of identity during the transition in question. In this sub-section of the Berlin Aging Study (BASE), men and women of ages ranging from 70 to 103 years old from the were interviewed using the open-ended question "Who am I?". Measures of functional health constraints (e.g., difficulty walking) and emotional well-being were also included. Individuals' responses were coded for content domains such as life review and financial considerations, then for content *categories* such as gender and marital status, and finally for a) richness, or how many different aspects were mentioned; b) time reference to the past, present or future; and c) explicit, personal, (negative or positive) evaluation. A very broad range of content domains were mentioned by participants, but for this sample, it is interesting to note that among the most common were hobbies, health, and family, whereas some of the least common were financial considerations and death and dying. Although few positive or negative evaluative statements were made overall, there was a small negative correlation between age and richness of self-definition, which could be explained by the functional health constraints measure. It seems that individuals with more health constraints had less rich self-definitions.

The BASE study was conducted with German participants who were not necessarily moving into any sort of retirement living situation, but the results can be used to inform our view of this transition. Grotevant's model of identity development would suggest that, as individuals move into higher levels of care, the complexity of their identity might decrease as a result of

decreased opportunities for identity exploration through activities. The BASE study, however, does not provide evidence to support Grotevant's model because hobbies and interests were an important part of identities in individual's ranging from 70 to 100 or more years old.

The life-span model also suggests that differences in life history and context would lead to differences between these populations. One difference between the BASE population and older residents of the United States is that the German population would have a fixed pension as a part of the German welfare system, whereas the pensions of Americans are variable and retirement communities are expensive. This difference suggests that although only about 10% of the German participants mentioned financial considerations in their self-descriptions, concerns about financial security would probably be more common in Americans who had just moved to a costly retirement facility. Further, the infrequent mention of death and dying in the German subjects would probably be present in American individuals who had moved to an independent-living institution, but these themes would probably be much more salient for those in transition to skilled nursing care because of declining health. Finally the negative relation between functional health constraints and richness of identity, which is associated with emotional well-being could also transfer to American individuals. For example, an individual with arthritis would have an extremely difficult time continuing an interest in playing the piano, and SOC processes might lead the individual to adopt and improve other hobbies such as bird-watching. Over time, skilled nursing care could aid individuals in successfully managing health problems, but the findings of Freund and Smith (1999) suggest that new residents in any level care could benefit from activities designed to maintain valued aspects of their identity. Simply providing opportunities to facilitate personal interests could serve this function.

Further BASE studies of possible selves in old age, which examine individuals' hopes and fears for their future selves, offer a related set of findings that can be brought to bear on the transition to a retirement community. Like self-definitions, possible selves have an important influence on goals and behavior (Hoppman, Gerstorf, Smith, & Klumb, 2007). In another study by Smith & Freund (2002), hoped-for and feared selves were assessed at two time points over four years using questions like "Who would you like to be someday?" and "What images of yourself do you fear or dread?". Hoped-for and feared selves were coded for frequency and content domains, and were assessed for changes between the two time points, and for their relation to reported changes in health, well-being and life events.

Overall, the younger subset of participants (ages 70-85) generated more hopes than the older subset (85-100+). The authors hypothesized that these participants would most frequently refer to the domains of social relationships and family, these domains were not mentioned as often as personal characteristics and health. It is also interesting to note that fears about cognitive declines such as memory loss and dementia were rarely mentioned. It could be that the gradual progression of cognitive changes, along with SOC processes, make these losses less salient than those related to health and other areas of life. The infrequent mention of family and social relationships is surprising, but it can be applied to analyze the transition of the elderly to retirement institutions. In the United States, the move to care is often supported by younger family members, who are burdened with concerns about the health and safety of their older relatives. This transition brings peace of mind to relatives, and is commonly accompanied by a decrease in visits. Could the transition to care really decrease social contact with relatives and therefore make family and social relations less salient to the elderly? This question requires further examination and will be discussed with respect to research on changes in socioemotional

functioning. A final conclusion that can be drawn from research on self-definitions and these findings on possible selves in old age is that health concerns seem to dominate the self-perceptions and aspirations of the elderly. We can speculate once again that moving to a care facility, especially a nursing home, would at least temporarily make health concerns even more salient and damaging to the self than they were before the transition.

The relation between emotional and social functioning during the transition to a retirement facility

Research on the relation between emotional regulation and the selection of social partners in old age adds insight to our understanding of the transition to retirement care. Carstensen, Isaacowitz and Charles (1993) have compiled research to support a theory of socioemotional selectivity that both explains the findings of Smith & Freund (2002) and offers information about individuals in transition to care. The central assumption of socioemotional selectivity is that individuals select certain types of social interaction in order to fulfill their needs with respect to emotional regulation. The theory posits that 1) social interaction is crucial to humans' survival; 2) humans are agentic and goal-driven in their selection of behavior; and 3) individuals' perception of time influences how they choose their goals. Further the theory divides goals into those related to the acquisition of information, and those related to the regulation of emotion. Carstensen, Isaacowitz and Charles have conducted research to determine just how the perception of time influences the way that people choose between the two types of goals. If time is perceived as plentiful, individuals are hypothesized to choose goals that relate to gathering knowledge. However, if the individual perceives the amount of time left in life to be limited or small, goals related to the regulation of emotion become much more important. As a result, people who perceive time as being limited are more likely to choose familiar social partners who

are known to bring about positive emotions. Empirical studies (e.g., Carstensen & Frederick, 1998) employing an implicit card-sort measure of feelings towards social interaction with various individuals confirmed the hypothesis that in individuals ranging from adolescence to 80 year-olds, as expected time of life decreases, individuals increasingly focus on the affective potential of social partners rather than their potential as a future contact or source of information. This finding has also been affirmed using studies of HIV patients in various stages of illness (Carstensen & Frederick, 1998). The findings of Carstensen and colleagues suggest that during the transition to care, the separation from previous, and familiar, social partners would become very salient, and that in order to regulate emotional well-being, individuals in this situation would attempt to bring family members closer. Intuitively, this seems true. Together, these studies highlight an important phenomenon, and raise serious questions with respect to the finding of Smith and Freund (2002), which showed that family and social relations were far from being the most salient of domains in the possible selves of an elderly sample. How can this conflict be resolved, and how does it relate to the transition to retirement care?

The most obvious answer to this question is that future research is needed to reveal the changing importance of family and social relations during the transition to retirement living situations. Smith and Freund (2002) offer one plausible, but somewhat unsatisfying explanation. One would assume that given the salience of the end of life to the elderly, familiar social partners would become important domains of the self. However, Smith and Freund suggest that at some point, these figures become so integral to the self that they are not mentioned when a prompt such as “Who am I?” is given. It is difficult to speculate about the truth of this statement and its relevance to new residents of care facilities, so future research is necessary. An alternative explanation is that if the elderly do not have opportunities for frequent contact with valued

family members, SOC, which had at first caused elderly individuals to choose and focus on familiar partners, would lead them to select other, available, partners or even to withdraw from social participation. Future research must be used to answer these questions. More specifically, there is a need for studies that directly examine the importance of family and friends in the self-concept over time, especially across transitions such as changing living situations. As we have seen, important cultural differences may also affect social development in the elderly. These differences also remain to be studied. Changing living situations late in life could provide an especially valuable research opportunity because, they accelerate changes in the self and they tend to make themes related to social partners especially salient.

Conclusions

Studies on individual social functioning during the transition from the home to a retirement institution are scarce, but findings on the development of self-concepts and socioemotional regulation can be brought to bear on the subject. One main conclusion that can be drawn from this application of research is that as people age and health problems become more of a hindrance to physical functioning, they also hinder the richness of one's self-definition and future hopes. This relation may be intuitively obvious, but retirement communities could take action to ameliorate this problem. For example, providing accessible activities that reinforce individuals' unique interests could serve to maintain the complexity of their self-definitions, thereby adding to emotional well-being. To some extent, decreases in future hopes seem inevitable once individuals transition to skilled nursing care, but studies of German participants suggest that this is not necessarily the case. Cultural differences in these dimensions need to be examined, as does the link between individual characteristics and successful identity formation over the transitions to care. Studies of this transition will provide specific information to improve

the well-being of individuals in care, but it will also serve to improve our understanding of changes in the self as life progresses.