AGING OUT OF PLACE

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My husband and I have been living in our CCRC, Piedmont Gardens (PG), since December, 2015. I am now 78 and my husband is 76. The average age at PG is 88 and the average age of entry is 83. There are several people around our age but we are decidedly on the young side. Most people move here when they or their spouse feel a need for more supportive housing. We are both healthy, fairly active, and independent.

Unlike most people who move into a CCRC, for us it was not a big decision about whether to "age in place" or about which type of facility. Our big decision was to return to the U.S., after living in Japan for ten years where we had moved after retiring from the University of Michigan, and to move to Oakland, California, where our daughter and grandchildren live. We thought of renting an apartment, but they are quite expensive in this area, and after some thought, independence plus lifetime care made sense for us. Luckily, thanks to TIAA, we had enough money to swing the high entrance fee and rent. We only looked at Piedmont Gardens, partly because a relative was there but mainly because it was the only facility in the area that was on an attractive and busy downtown street.

Everything went smoothly except for one qualm. While we were waiting to see the sales person, I saw all the walkers going by and thought, "this is where I have been working all my life." And in fact it has continued to be kind of a dilemma for me. When I was working in a big outpatient geriatric clinic in Ann Arbor, I was known for organizing things, and as we got into life at Piedmont Gardens I saw lots of problems and opportunities for organizing.

What should my role be, I wondered? My old colleagues and my husband said I should be very wary of acting like a social worker. It might be problematical for my relationship with both the staff and other residents. I agreed, but somehow I did it anyway. I started with some conversations with another newcomer who was struggling with depression, and now I have been doing weekly peer-counseling sessions with her for more than a year. However, my other one-on-one relationships with residents have not gone beyond somewhat expanded friendly talks so this isn't a problem. Nor has been my participation as an ordinary volunteer in our little "This 'n That Shop," as editor of the leaflet about new books in the library, or as assistant secretary to the resident council.

Potentially more problematic were bigger efforts. My specialty in social work was group work, and in effect community organization, and I saw lots of areas that could benefit. I organized two discussion groups for newcomers which went well and led to new friendships. When another resident organized a group of retired social workers, I was appointed the leader. There is a social worker/chaplain on staff but our group felt there was a need to discuss more openly issues on aging. We planned a few meetings called "speaking out about aging" with both resident and guest speakers that have been popular. After participating in our "white elephant" program of selling stuff donated by residents and their families, I criticized the annual outside sale, which was a lot of work for residents and staff and did not raise much money. Instead, I suggested a pre-Christmas sale of donated jewelry, reproducing one we had started in Ann Arbor that was very successful.

A small committee has been working hard on this, enjoying the joint effort. In fact everything has gone well with lots of cooperation from residents and staff. Which is not to say there haven't been frictions. With regard to the jewelry sale, one resident was heard to say, "this isn't Ann Arbor."

The activities coordinator remarked that these activities were creating more work for her, although she is a good friend and continues to help a lot.

All in all, all this active social engagement has given me the feeling that I have contributed to the community, and have been appreciated (Roberts and Adams, 2017). Actually the biggest problem is another continuity from my earlier career—every now and then I feel overwhelmed by everything I have to do. But I get over it.

More generally, my husband and I are pleased at how much we like being part of a stimulating and friendly community. One favorable condition for us is that we are still healthy and we see our little grandchildren frequently. Our grandchildren, ages 6 and 8, love coming here and are warmly greeted on their weekly visits. They, too, feel part of a community. When I posted a sign about our 15th floor dinner on a Wednesday, my granddaughter said, "But I have clay on Wednesday." They both believe they are full-fledged members of the 15th floor. We re-arranged their schedule; they attended the dinner.

We have seen here that physical and mental health, relations with family, and especially the presence of a spouse are by far the most important variables in how well people do—though at the same time, there certainly are plenty of very old and frail single ladies who also do well.

Other factors are more subtle. First, contrary to conventional wisdom, living in an age-segregated community has been more plus than minus. Actually, there really are two generations here, and it is nice for me to feel young again. For example, when my husband and I went down the stairs after a lecture on the 11th floor instead of taking the elevator, an older resident walking down more slowly said, "Let the kids go ahead." No one before that had called me a "kid." Another big plus is that most people are very

comfortable in dealing with others' infirmities and in particular their walkers. Here's an exchange from our email chat group discussing dining issues:

Peggy (age: 83, moderately severe Parkinson's Disease): "I have a walker which is often in the way. I never make it through a buffet meal without spilling water, wine, or even an entire salad. Servers (always sympathetic), offer help or call others to help. It is not relaxing. But I cope."

Mattie (age 76, in good health): "Peggy, here's my radical view: walkers are never in the way. I am so thankful for walkers; they enable me to enjoy dinner with all of my friends, regardless of what's up with their mobility. And some day I will have one too, no doubt."

This normalization of mobility and aging issues is reassuring when we think of our own futures here. And, when my husband had pneumonia, the nurse came quickly and arranged for him to go to the hospital, appropriately, for one night. Another point is that we have attended many more events than ever before. This is the first time I have ever lasted in an exercise class for more than one session, and we enjoy a lot of really high-class music and lectures in our building. We've gone out often in the Bay Area too. We still have a car but when we don't we could continue that on the many van trips.

The main benefit, though, is community, social relationships (Golant, 2015). PG, like similar retirement communities, is distinctive in the number of high academic achievers and people with really unusual backgrounds. It makes for very interesting conversations, and that is still true after a year and a half of hearing people's life stories. Of course, these relationships are not just interesting; they build trust. They also foster a kind of pride. "There are so many smart people here," one resident said.

I'll close with one institutional feature that I think is unusual among CCRCs and has been a key to building community. At dinner, people are seated in order of arrival, so we often sit with people we barely know. Occasionally it is boring but most often we walk away thinking that was really nice. We can make reservations if we have a guest, and can choose our dining partners by showing up at the same time, but mostly it is random and that is a big plus.

We cannot predict the future but in some sense, experiencing old age from the inside, rather than as a professional from the outside, has given me deeper insight into aging. I have only been in our CCRC for a little over a year and a half so this is an early report. I know there are people there who are not very happy, who have serious illnesses, or family problems. There are some who prefer to stay in their rooms and order take-out instead of going to the dining room. It is very sad to watch friends decline, and in some cases, die, but it is also an affirmation of life, the inevitable cycle of life.

Conclusions: (to powerpoint slides I showed)
•Although "aging in place has become the *residential normalcy* of the masses," (Golant, 2015), aging in a new location, new kind of housing can be revitalizing.
•There is diversity within age segregated housing and close ties to family and spouse facilitate adjustment.

Maintaining ones' professional identity is challenging but can be rewarding

References:

Golant, Stephen M. (2015). Aging in the Right Place. Baltimore, MD: Health Professions Press.

Roberts, H.R. and Adams, K.B. (2017), Quality of Life Trajectories of Older Adults Living in Senior Housing, *Research on Aging*, journals.sagepubl.com/home/roa, 1-24.