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Caresharing: Hiding frailty in a Florida retirement community

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# **Caresharing: Hiding frailty in a Florida retirement community<sup>1</sup>**

*Eleanor Krassen Covan, PhD*

## **Abstract**

This paper presents research findings generated from a study of the structure of a caresharing system for the elderly who reside in a Florida retirement community during the last decade of the twentieth century. A caresharing system is a combination of strategies employed in order to maximize pleasure and minimize losses that might otherwise be associated with communal and individual aging processes. In this instance, the caresharing system entailed a series of conscious efforts to hide frailty in the community. Consequences of such caresharing systems and implications for future retirement communities are discussed.

## **Introduction**

Many Americans have begun to take notice of increased life expectancy, but as yet behavioral expectations for those who survive their seventh decade are quite varied. They are growing old without models from previous generations to teach them how to spend their time. The demographic shift raises sociological questions both for the aged and the rest of us. What should we do during this additional life stage? The current cohort of aging septuagenarians has several choices to make not the least of which is where to spend this period of their lives. The gerontological literature reports that most of the current group of older people has chosen to "age-in-place", to live in the communities where they spent most of their working lives. This paper, however, is about a community of elders who have opted to change their location by

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<sup>1</sup> This paper was originally published in **Health Care for Women International**, 19:423-439, 1998 and is reprinted here with the kind permission of the publisher, Taylor & Francis.

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moving to the sun belt, a region where most people in this study had vacationed years ago. In their judgment, the area offers them the greatest probability of a rewarding golden age, i.e., the opportunity to live life to the fullest.

### **A Note on Methods**

I am a sociologist as well as the daughter of a resident of Hollywood Fall<sup>1</sup>, Florida. During the past 15 years I have made several trips to the community as a visiting participant observer. A few years ago, funding was available for a more formal field work experience with residents of Hollywood Falls. During the summer of 1992, face-to-face interviews were conducted with residents of Hollywood Falls, followed up by hundreds of brief conversations and telephone calls to others who were involved in their caresharing networks. Since that time I have continued to visit the community in the dual roles of daughter and research professor.

Grounded theory data analysis reveals caresharing as a core variable explaining most community interaction. Caresharing is a combination of personal and communal strategies employed by residents of Hollywood Falls in order to maximize their pleasure and minimize their losses as they continue the aging process together. I planned to interview women to learn of their social networks, but theoretical sampling led me to interview men as well. I conducted extensive face-to-face interviews with more than fifty residents, in particular those in leadership positions. In addition, interviews were conducted with nonresident local politicians, attorneys, and professional service providers including those paid by Hollywood Falls Retirement Community and those paid for by individual residents. Family members of Hollywood Falls residents including spouses, siblings, and adult children were added to the theoretical sample when their input seemed necessary. A few interviews were also conducted with older people

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2 Hollywood Falls is a pseudonym I created to describe a retirement community in south-east Florida.

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similar to the Florida population with the exception of having chosen to age in place.

### **Historical Setting**

Like several other condominium retirement communities in Florida, Hollywood Falls was planned for a healthy population of elders. The community was constructed in the early 1970s. Twenty-six buildings, each house 36 to 40 individual one-and two-bedroom condominium units, ranging in size from 900 to 1300 square feet. Lower middle class, married couples in their early sixties, from the northeast and Midwest areas were in the marketing population chosen by developers. The condominiums were affordable to the targeted residents; they would be easy to manage, and thus they were sold quickly. Developers either did not anticipate or chose not to concern themselves with the future needs of this population as they continued to age. Glossy brochures pictured older adults in perfect health enjoying the pool, dancing in the community center, and enjoying a round of golf. In the early life of the community those who were dissatisfied were able to resell their units quickly. Most who opted to remain, were Jews or Italians, attracted by the active physical lifestyle and the chance to make new friends. The absence of snow was an added bonus.

Those choosing to relocate to Hollywood Falls found a country club-like Eden, a place to enjoy their "last hurrah", a locus where everyone "lived life to the fullest". Respondents report that previously they did not luxury. Quotes from the interviews include such comments as,

Who would have thought that I could have this now?

Look how busy we are. And we get to do exactly what we want to do.

You can interview me, but I go for my walk at 6:00; then I play shuffleboard then I work out at the gym. If it's not too windy I'll be at the pool. You'll have to get me after that. Before I never had such things. There [in New York] I had cold and work and crime and noise. Here I everything good.

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Cohort and period effects governed the lives of residents earlier in their lives. The two most significant period effects were the Great Depression and "the War". They experienced the former in poverty while in early adulthood. Many left school at this time, in search of any source of income. "The War", of course, was World War II. Many of the men served in this war. Men and women experienced personal losses of friends and family, yet this was also a time to fall in love. Many married hastily and had their first child. Others birthed baby boomers immediately following the war. Doing what was expected is a common theme in their biographies. A few respondents were self-employed, but the vast majority of men assumed working class or lower middle class occupations. Most women stayed home and raised their children, although most worked at least part-time for some portion of their married lives. In middle adulthood respondents discussed working to make ends meet, of sacrificing their own needs in order to assure better lives for their children, although they also revealed a tendency to try and acquire the material markers of the middle class. Their success in these endeavors perhaps had more to do with the talents of union negotiators than their individual labors.

Today, many are the beneficiaries of negotiations conducted by unions. In particular, it is their retirement pensions and insurance programs that permit them to enjoy their current life choice. A sizable minority never owned their own homes before moving to Hollywood Falls and would not be able to do so without these pensions. This population seems to have moved through middle adulthood doing what they felt they had to do, i.e., what was expected of them. They had little practice for the choices they faced in retirement, but they seem quite satisfied having made the move to Hollywood Falls. Currently, residents believe they are doing well both socially and financially. They love to show off the grounds of their community to visitors. They rave of their good fortune, taking pride in discussing their postretirement investments and in their daily routines.

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### **Caresharing in an Aging Community**

Not only do individuals age, but communities also grow older. Hollywood Falls is an aging community and its residents are beginning to notice the changing demographic characteristics of their community. First, according to archives kept in the Hollywood Falls Condominium Association Office, the average age of residents has increased from 64, when the development was first sold, to the current age of 80. Second, most of the original buyers were married couples who had anticipated several golden years of retirement together. Now many have been widowed. All but one of the males whose spouses have died have remarried, although many of the women are now living alone. Third, residents describe themselves as less healthy than they were when they moved to Florida. Many speak of the need to adjust their lifestyles to limitations they associate with the aging process.

Often individuals within the community need help to go about the routines that have become so important to them. In the past, when individuals became ill and incapacitated, their problems tended to be impermanent. Residents either recovered quickly of acute infections or they died suddenly of circulatory failure. If they experienced periods of infirmity, they tended to have a spouse help them out through the illness. The illnesses were considered to be problems that the couples could handle on their own. As long as they were reasonably healthy, widows and widowers also could manage their own illnesses by slowing down some of their activities or eliminating them from their daily routines. Now, however, many people are frailer at the same time, and individuals find it less feasible to live with more chronic conditions without some help.

In this context, *caresharing* emerges as a system of communal efforts to cope with changing demographic characteristics in a manner that is helpful. The caresharing process maximizes pleasure and minimizes loss in the presence of inevitable social change. The process involves strategies employed by residents as they attempt to cope

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with changes they see as characteristic of their community as a whole as well as changes they see in themselves and other individuals. Caresharing is thus a process in which aging residents may become dependent on others who are also aging and becoming dependent on them.

### ***Denying Frailty***

The Hollywood Falls community had heretofore not anticipated dependency, and residents appear to be reluctant to contemplate such a stage of life. As a consequence, it is ironic that some caresharing strategies include very obvious efforts to deny the existence of frailty in the community. Thus a property of caresharing is the tendency to avoid reminders of frailty by masking signs of infirmity whenever possible. This is becoming increasingly difficult as today, a walk through the community means that one will encounter several reminders of morbidity, such as ambulance sirens, wheelchairs and walkers, and personal care assistants on one's route, even though residents go out of their way to avoid such reminders. The absence of medical services is indicative of how important it is to minimize reminders of frailty. If recognized as such, medical services would be inconsistent with a healthy population. Other than periodic blood pressure and cholesterol screenings, Hollywood Falls does not offer medical services on the premises. A few years ago the condominium board discussed promulgating rules prohibiting nurses from living with residents. Sometimes residents redefine medical treatments as "health maintenance behavior" and avoid confronting frailties in themselves or their neighbors. Thus massages are performed by physical therapists at Hollywood Falls. "Taking a massage" is encouraged and even viewed as an expensive treat, while receiving physical therapy for arthritis is not acceptable on the premises. Similarly cardiac rehabilitation often involves physical workouts using exercise equipment available in the weight room, but in discussions residents redefine this cardiac rehabilitation as an "exercise workout".

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Keeping busy training in several of the planned activities is one rather obvious strategy to avoid reminders of frailty. Many of these activities involve what I refer to as stamina displays, physical and emotional dramatizations of stamina when in the presence of others. The range of planned activities involving physical stamina displays is enormous: residents rehearse and perform Broadway shows, they play golf, tennis, shuffleboard, and bocci ball, they attend classes in line dancing, aerobics, and weight training. Of course they can swim in the Olympic size pool. There are less physically strenuous activities which instead stimulate the mind, such as classes in Yiddish, ceramics, acting, and singing. Then there are card games such as pinochle, poker, and bridge and there are tile games such as mahjong and rummy cube. They can also check out books from the library, etc. The community also boasts of its nightly entertainment - movies, dances, Borscht Belt comedy groups, and its ethnic clubs - Jewish Men's Club and Hadassah, the Italian American Club, and so on. In addition to the activities sponsored on the grounds of Hollywood Falls, five community papers, free to residents, describe activities going on in the neighborhoods surrounding the development. One favored activity is eating out at one of the numerous cafes that serve 99-cent breakfasts, \$3 lunches, or \$7 early bird dinner specials for elderly diners. Upon settling in Hollywood Falls these activities were engaged in for their intrinsic value. Today, extrinsic enjoyment is also evident. Participation in the activities is a symbol to others in the community that residents are still capable of stamina displays.

Residents share responsibility of assuring that their neighbors participate in stamina displays. Residents are all encouraged to show off their stamina. Each resident participating becomes a healthy role model for others as stamina displays are performed. As encounters with reminders of death and frailty become more frequent, strategies to maintain an identity as one having stamina may intensify. The strategies may include engaging in comparative benchmarks with one's neighbors. Residents compare themselves with others around them especially

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with regard to personal limitations, in order to convince themselves that they are still capable of physical or mental exertion. Physical stamina may be shown by walking a given distance every day in the company of others. Mental acuity can be demonstrated by completing a crossword puzzle. Like other such acts, these are defined by residents as preventive exercises, as well as displays of potency. Survival itself, when neighbors have died, offers a fundamental benchmark. On the occasion of a neighbor's death one may inherit property of the deceased when such property has been used for stamina displays. One woman likes to play golf thus mentioned her several sets of golf clubs, boasting, "They're mine now as several people have died around here." Being medically better off than one's neighbors is also an identity benchmark, motivating one to do more and more to recover if one does happen to experience a health setback. Thus, although residents engage in some rather spirited competition in their stamina displays, the competition often encourages others whose stamina is impaired. One neighbor may choose to help another partly because the ability to help another then becomes a stamina display, an indicator that one is better off. It is ironic that receiving help can also demonstrate stamina if one has the opportunity to show off making one's own decisions about the help accepted. Thus if one's physical health deteriorates, neighbors may form caresharing alliances with others. They may continue to perform mental stamina displays if they are able to retain autonomy over the conditions in which help is accepted. Even the frailest of residents is capable of stamina displays some of the time, and thus stamina displays seem to be mandatory at Hollywood Falls. Neither acute nor chronic ailments excuse one from their performance. Thus they may display mental stamina in preparing their living wills and in preplanning their own funerals. Finally, even those who have died are often eulogized in terms of stamina displays.

## **Caresharing Arrangements**

In response to the aging of the Hollywood Falls community, people do the best that they can to maximize

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their pleasure and live life to the fullest. Individuals and groups share the responsibility of maintaining the stamina of the community. When problems do occur, caresharing occurs in a variety of arrangements. These are described below in order of the residents' preferences.

### ***Managing Self***

It is not surprising that those living in Hollywood Falls spoke commonly of asking no one for help if they could manage on their own. Independence from family and early adult friendships had in the past distinguished Hollywood Falls residents from their peers who age in place. Deciding to manage on one's own results in an autonomous caresharing arrangement of a single individual who cares for him/herself. At times managing alone means stockpiling food by one's favorite chair or bedside, crawling to the toilet or positioning oneself so that a makeshift potty is available. One resident reported using a recycled three pound coffee can for such purposes. Managing alone can also involve just plain waiting out the pain that one is experiencing. More often, managing means not asking for help until it is offered. Not needing to ask for help is an indication to residents that they are doing as much as they can for themselves, and thus not asking help is an indicator of stamina. Even those residents who are fortunate to live with a spouse request help as infrequently as possible.

### ***Couple Alliances***

As Hollywood Falls was designed as a retirement village for healthy couples, it is not surprising that *couple alliances* are the preferred caresharing network. A couple alliance consists of a man and a woman who are living together and who are committed to cooperating with each other so that both parties in the relationship can enjoy the best possible life, consistent with their shared values. Most commonly, couple alliances consist of a wife and her husband, although a few couples have formed alliances with persons to whom they were not married. When one member of the couple experiences a problem, the other considers it his or her responsibility to help out. While much of the literature on caregiving reports an

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overwhelming preponderance of female caregivers and different styles of caregiving for men and women (see, for example, Brody, Kleban, Johnson, Hoffman, and Schoonover, 1987), at Hollywood Falls couple alliances reflect a more equal distribution of caregiving and care receiving on the basis of gender. Although women at Hollywood Falls tend to outlive their husbands and many widows had nursed husbands before they died, surviving couples included as many healthy men as they did women. Perhaps this is due to selection. Obviously, it is the healthiest of men who do survive. Many healthy men have survived into old age with wives who are also healthy. These couples fare very well in long-standing couple alliances at Hollywood Falls. Those males whose early partners were less healthy than they, might become widowers, but a widowed male finds no shortage of women to remarry. At Hollywood Falls, there were no healthy men who were not in long-standing or reconstituted couple alliances. I was quite surprised to find so many women receiving help from their mates, leading me to wonder whether my generation would be so fortunate.

Consider the case of Mr. and Mrs. Nathanson, a Jewish couple who have been residents of Hollywood Falls since 1975. In 1992, he was 81 and she was 77 years old. Mr. Nathanson has emphysema. He admits that he has been smoking for more than 60 years. Mrs. Nathanson has Alzheimer's disease. Although Mr. Nathanson is himself not very well, he is his wife's primary caretaker. They often take long walks together, a pattern of activity they began some years ago when Mrs. Nathanson felt the walks would help Mr. Nathanson's emphysema. Mrs. Nathanson has on occasion soiled herself when out for such walks and when in other public places such as the supermarket with her husband. Mr. Nathanson states that he doesn't mind his wife's incontinence when they are alone. He diapers her when he believes it to be necessary, but he is embarrassed by public "accidents" and does what he can to hide them from others. Mr. Nathanson stated that he is soon planning to go to a nursing home. He and his wife "must go together". He would not consider sending her alone and

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remaining in the condominium himself. Their son, who lives in Detroit, Michigan, has found a nursing home there that the son feels is suitable. Mr. Nathanson had partially completed the entrance application at the time I met him. He reported, however, "I am less sure that it's the right place for us. I am checking out other nursing homes right here in Florida where I feel more at home". Note the importance of autonomy in Mr. Nathanson's decision-making style.

Mr. and Mrs. Singer, each of whom are in their late seventies, are also in a couple alliance. Until recently Mrs. Singer considered herself to be very healthy. She had found employment after moving to Hollywood Falls. She reported that she had "never even thought about health problems, but some problems I must have had caught up with me". She didn't, at first, want to talk about her health, but then she couldn't be quieted. She has been treated for two separate cancers with both surgery and radiation treatments. Doctors state that both cancers have been arrested, but she doesn't feel well and she expected to have more tests at the time she was interviewed. She was obviously afraid that the tests would reveal a recurrence of cancer. Mr. Singer has been Mrs. Singer's caregiver. She turned down the help of professional nurse s whose salaries could have been paid for by the couples' private health insurance policy. Mr. Singer was reluctant to talk about his help. He did say, "I take care of her because I am expected to; I won't consider doing otherwise". Neighbors say that it is very hard for him as she is sometimes hard to get along with. He complains, in jest, about how difficult it is ("She's an old battleaxe", he says), and then he carries on. Mr. Singer is a U.S. Navy veteran and currently reports that he is healthy, although he has had two heart attacks. Mr. Singer embraces the role as caretaker and stated, "There is really nothing to talk about concerning it. Professional help would be our absolutely last resort!" "Friends and neighbors can't help with this kind of problem, either," added Mrs. Singer.

I cannot overestimate the amount or importance of caresharing present in couple alliances. Partners often

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cleaned up one another's bodily wastes. They assisted with the management of colostomies and catheters. They assumed all household chores at times and "maintained face" for one another at Hollywood Falls community events. Nevertheless when interviewed about caregiving burden, little if any of such burden was discussed. Most mates simply consider it their responsibility to help one another. Charmaz (1993) has discussed the implications of camouflaging caretaker burden noting that unquestioned obligation can be a way of refuting suspicions that one's mate is dying; it relieves one's fears about self-care after a mate dies, and it may protect a spouse's self-image as he or she is able to do progressively less. My Hollywood Falls interviews reveal that the community's image as a whole is similarly protected by unquestioned instances of caregiving.

Camouflaging the burden of caregiving is, perhaps, to be expected among those who were fortunate enough to survive in relationships which encompassed 50 or more years in marriage. Caring for a mate is perhaps more surprising when found in more recently established couple alliances. Mr. Butello, a widower, has been living with his friend, Marie, to whom he is not married, for the past seven years. The couple are both about 70 years of age. Mr. Butello reported that Marie got sick recently with diabetic and heart problems. He ascribed his situation with Marie:

Before she got sick we were equally healthy and equally under the weather. When Marie got sick I had no legal ties to her and it was a real problem. We're Italian and these things aren't supposed to happen. Her daughter just came and got her and took her to Illinois. For one month I didn't call, and then I went to Illinois and tried to stay with her and her family, but they wouldn't let me be with her and I had to come home. Now she is a bit better and she has come back to me and I can care for her and she can help me again.

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In another conversation Mr. Butello described getting to know Marie, following his hernia operation, and told me that Marie had volunteered her services as his caretaker because he lived alone.

Couple alliances obviously work best when partners are not too needy at the same time. For example, consider Moe and Lil Green. When Moe required heart surgery several years ago, Lil reported doing just about everything for him. She bathed him, dressed him, fed him, and read to him. "I did whatever was necessary", she said. Moe reports, "She loved, loved, loved me till I got well". More recently, Lil was hospitalized with cancer of the esophagus. When she came home, Mel said, "It was my turn. I took over the cooking, shopping, dressing, bathing, and processing food for and then feeding Lil". The couple has been able thus far to manage their care by themselves.

But Mr. and Mrs. Nathanson, discussed above, had to call on their sons some time ago when Mr. Nathanson became ill, experiencing a weight loss and difficulty breathing. His sons came to help, first together and then one at a time, but Mr. Nathanson hated to call them. "In the past my wife would have cared for me", he said, "but now" Mr. Nathanson was too overwhelmed with emotion to finish his thought.

### ***Informal Caresharing Networks***

The residents of Hollywood Falls have established *informal caresharing networks* which include themselves and friends and neighbors at Hollywood Falls. Such networks range in size from small groups of widows to larger groups which include some who are also in couple alliances. As noted above, members in caresharing networks help to assure that their neighbors participate in stamina displays. Friends may arrange *dates* to engage in stamina activities together. Thus Harry and Izzy call on one another every morning to share a health maintenance walk. When Harry had open heart surgery a few years ago Izzy visited daily, encouraging Harry in his exercises and reminding him that Izzy needed Harry to complete his own health routine. Later when Izzy took a fall and could not

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walk, Harry provided Izzy the same kind of encouragement. Other caresharing dates involve recreational activities such as shopping and dining out or games of shuffleboard. Thus when Herb, a shuffleboard regular, was recovering from a stroke, his teammates took turns driving him to the clubhouse so he could practice. "We're grateful for whatever he does even if he doesn't play so good", said Henry. "At least he plays, and he can only get better. Without him, we don't play either".

Mrs. Trilling is an 85-year-old widow who lives alone in her Hollywood Falls one-bedroom condominium. She would probably not be able to remain at Hollywood Falls were it not for her caresharing network. Mrs. Trilling moved to Hollywood Falls in 1977 with her spouse who had recently retired. Although the spouse was not ill at the time of the move, he died two years later.

Mrs. Trilling today relies more on friends and neighbors in Hollywood Falls than she does on her family. "Neighbors take me to the doctor, shopping, and the library", she admitted. Neighbors indicate that they do quite a lot for her. About her experience recently when she broke her ankle as the result of a fall and then fell again a neighbor said, "I accompanied her to the hospital and remained with her into the wee hours of the night until she was released".

Mrs. Trilling stated that although she lived in the community for many years (she's one of the oldest residents), she relies on only a few people. Mrs. Trilling said she relies on herself the most in response to the question, "On whom do you rely the most if you need help?" She describes herself as a loner who enjoys life that way. She says, "My favorite activity is reading and I am willing to ask friends and neighbors to take me to the library [about 2 miles from the condominium] when they're going anyway". She also plays canasta with her friends. Her case shows the limits of informal caresharing networks.

Neighbors say that because of her personality it is hard to want to help her. She is described by many as "not a very nice person". They also say, however, that in earlier years Mrs. Trilling was one of those who always helped

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others, taking them to the doctor or shopping and so forth, and one or two who help her say she deserves to be paid back for what she used to do for others, even though she is mean and demanding today. It is interesting that *caresharing paybacks* are not performed by residents who Mrs. Trilling helped but by others in the community who perhaps recognize that if they help others they may one day receive help themselves.

### ***Hollywood Falls as a Community Caresharing Network***

That the community as a whole functions as a caresharing network is evident in the caresharing leadership positions that have emerged at Hollywood Falls. The community structure includes three condominium-association boards of directors and one Hollywood Falls recreation board. In addition, each of the 26 separate buildings has a building captain. The condominium boards have several responsibilities: assuring that all residents are treated fairly, assuring that the grounds around the condominiums are adequately maintained, and, perhaps most important, lobbying local government officials concerning the needs of Hollywood Falls residents. It took several years, but the condominium boards credit themselves with regard to the local community's decision to provide "retrofitted" public transportation linking Hollywood Falls residents with amenities offered in neighboring communities. The recreation board is responsible for maintaining most of the physical stamina equipment (the pool, weight room, stage, piano, auditoriums, card rooms, and so on). This board also schedules entertainment ("living life to the max" events). Service on caresharing boards brings a fair amount of prestige within the Hollywood Falls community.<sup>1</sup> There is no

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3 Union involvement at an earlier stage of life might prepare one for a position caresharing leadership at Hollywood Falls. Indeed, any earlier involvement in activities that celebrate the importance of community is likely to prepare one for leadership roles in Hollywood Falls. Several caresharing leaders were very committed to fund-raising activities for their religious or ethnic communities.

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obvious difference in prestige between the two kinds of board memberships.

The building captains have several responsibilities concerning the maintenance of common areas immediately surrounding the condominium residents. They are also called upon to admit repair persons when residents are out of town. Sometimes they deal with other caresharing problems as well. Their status as captains may encourage neighbors to call upon them for more personal problems. Often they must resolve disputes that arise between residents in their specific building. In one instance a building captain was asked to intervene after a resident had experienced what his neighbors called a "nervous breakdown". Mr. Lewis, who had at one time or another owned three or four different condominiums at Hollywood Falls, began to behave bizarrely after his spouse died suddenly in her sleep. He appeared to be disoriented, and after a few months he became uninterested in grooming; he was described by neighbors as unwilling to take a bath. A female neighbor called the police one evening after Mr. Lewis had entered her apartment without knocking. Eventually, the building captain researched Mr. Lewis' family connections. Finding no immediate relatives, he contacted various social service agencies until he convinced a representative of the State of Florida to appoint a guardian who then moved Mr. Lewis to another residence where he could receive needs.

Sometimes a building captain must intervene when efforts to ignore caretaker burdens get out of hand. Mr. Pearl had been caring for his wife who had Alzheimer's disease for some time. Mrs. Pearl was becoming more and more disoriented, but most residents of Hollywood Falls noticed only that Mrs. Pearl was still displaying stamina, as she took long walks through the grounds with her husband. One night Mr. Pearl telephoned his captain in anguish. He begged the captain for help because he had attempted to smother his wife with a bed pillow. The building captain went immediately to Mr. Pearl's apartment and discovered that Mrs. Pearl was still alive. Together Mr.

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Pearl and his captain called 911. The police arrested Mr. Pearl, and the rescue squad took Mrs. Pearl to the police station where she was able to convince the officers to release Mr. Pearl. Although similar cases have been publicized in Florida, this incident never received media attention. According to the building captain, only he and Mr. Pearl know the events immediately preceding Mrs. Pearl's hospitalization.

### ***Professional Service Networks***

Some residents of Hollywood Falls establish professional caresharing networks when informal alliances are not successful. Mr. and Mrs. Cramer, approximately 70 years old, are each hard of hearing and suffer from speech impediments. Mrs. Cramer has several ailments that are aggravated by a long-term diabetic condition. This year she underwent a quintuple bypass and vascular surgery in her leg. She and her husband agree that she is "not a good patient". She doesn't do what her doctors tell her to do. The Cramers state that none of their neighbors help them. They have excellent insurance, however. Currently both a physical therapist and a nurse come three times a week to help Mrs. Cramer. These services are covered by Blue Cross and Medicare. Asked who would help them if Mrs. Cramer became incapacitated, Mr. Cramer stated, "She is hard to get along with and doesn't socialize well. She would have to go to a nursing home". He quickly added that, "So far, we can take care of each other without the interference of our children or anyone else".

It is very important to the Cramers that they decide when they need help and when to let the help go. An additional area of concern is affecting the Cramers at this time. Mr. Cramer's mother is still alive at the age of 96. She currently lives in New York City with her sister who is also more than 90 years old. They have discussed moving together to a retirement community that offers continuing care, but, according to the Cramers, "the time for that has not yet come". The sisters rely on a daughter to take them shopping. Mr. Cramer explained that he and his wife have considered moving back to the New York area so he could

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help his sister assist his mother, but then he would be caring for both his wife and his mother, which might be too difficult. He stated that he and his wife have made their home in Florida and intend to stay there.

Professional networks may require choosing among professional services for which one must pay and those which are community entitlements. To Hollywood Falls residents, autonomy is valued even more than money. Several whom I interviewed told me that they must control who will help them and when help will be dismissed. At times, maintaining control over help is more important than whether or not they have to pay for services.

### ***Networks Including Adult Children***

Adult children of residents of Hollywood Falls expect that one day their parents may turn to them for help if they should become incapacitated, but Hollywood Falls residents show great reluctance to accept such offers of help. I asked Mrs. Trilling, mentioned above, if she considered asking her daughter to come and help her for awhile when she broke her ankle. Her reply was, "Absolutely not. My daughter is 60 years old. She works for *National Geographic*. I don't want or need to bother her with something so insignificant". "If I need help I prefer to call someone in [rather] than to have my daughter come".

Several conditions may lead to the rejection of adult children as caretakers on either a short-term or permanent basis. First, as in the case of Mrs. Trilling, the elderly may not wish to interfere in their children's lives or to burden them. Second, older persons and their adult children and grandchildren may have established lifestyles that are incompatible. Mr. and Mrs. Green went so far as to decide not to tell their children of Mr. Green's bypass surgery until he was well on the way to recovery. Mrs. Green said that if she couldn't have handled the caretaking she would have hired a nurse before asking her children for help. Mrs. Green said, "It would have been more stressful for him to have the children underfoot and having to worry about their worrying about him and what the [grandchildren] were going to get into".

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Third, older persons may be somewhat estranged from their adult children. The elders who migrated from the Northeast to southern Florida have chosen a lifestyle physically and socially removed from that of their adult children. Migration is not the modal life choice for the current cohort of older people. The migration choice may indicate that this particular group of retirees is somewhat more socially, psychologically, and physically removed from their adult children than is the group of elders who age in place. In lower middle class Jewish American and Italian American families, prestige in old age is commonly associated with the accomplishments of one's children. These accomplishments come from the acquisition of wealth, success through prestigious career choices, marrying well, investing intelligently, and so forth. It is therefore relevant to note that many in this sample had become displeased with one or more of their children before choosing to move to Hollywood Falls. Some of this displeasure developed as their children moved into adulthood, disappointing their parents perhaps in marriage (by choosing the wrong partner or no partner at all), in reproductive decisions (by choosing to have too many or too few children or in raising them in a manner inconsistent with the elders' beliefs or values), choosing the "wrong" occupation - one that did not lead to wealth or that led to unemployment, and so on. In other instances it is the elders who disappointed their children by beginning second marriages that threatened the children's potential inheritance. Such estrangement not only has an economic impact, but it also means that each generation is unfamiliar with the other's lifestyle.

A fourth reason for rejecting their adult children as caretakers may be that the elders know their children well enough to be certain that the adult children would not approve of the psychosexual or recreational habits elders. The elders' behaviors may be inconsistent with their children's views of who their parents are. This was especially apparent for those in couple alliances who were not married to their mates.

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Fifth, choosing one's adult child as a caretaker usually requires leaving the community of Hollywood Falls and thus separating from one's friends. Sixth, adult children may be rejected simply because the act of depending on one's children is likely to trigger a "mortality alarm" not only for the individual involved but for the entire Hollywood Falls community. Being dependent is viewed as unfortunate, but being dependent on one's children is an indicator that at least for one individual, stamina is gone forever. It is a sad day for the entire community when a resident is taken away, to be cared for by his or her adult children. For this population, choosing one's adult children as caretakers could require that one relinquish autonomy over one's physical, recreational, sexual, and economic resources and choosing to rely on some with whom one has had an uneasy past.

### ***When Community Networks Fail***

Unfortunately, communal caresharing networks do not always succeed. Residents die and others require care that they reject or that the community simply cannot provide. Spousal alliances break down when both spouses are infirm simultaneously. Other residents require "continuous coverage"<sup>4</sup> caresharing as they become totally dependent on neighbors who are struggling to care for themselves. For limited periods of time, informal networks can provide continuous coverage, but neighbors tend to give up after four or five weeks of caring for those who are totally dependent and who seem to have little or no potential of recovering their stamina. When a resident realizes that informal systems will not function independently, a choice between two last resorts must be made. The choices are really more varied but tend to be articulated as the choice between professional services such as those found in a nursing home or choosing an adult child as caretaker.

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4 Ralph and Maureen La Rossa explain continuous coverage systems in their discussion of infant care in America. Caregivers must be on duty 24 hours each day, as someone must be available to the person needing care constantly (see La Rossa and La Rossa, 1984).

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For these persons, the country club lifestyle is no longer ideal even though most want to stay well beyond their initial period of total dependence. The fact that so many are troubled simultaneously makes stamina displays march harder for individuals in the community. Strategies formerly engaged in to maintain their lifestyle do not always work. New strategies are more centered on caresharing than on recreation. The biggest problem is that although Hollywood Falls in its entirety is a caresharing community, it lacks one essential ingredient of a vibrant community. Members are often unable to replace themselves with healthier residents who could help care for others in the community. As members age and some die, it has become difficult to resell condominiums in recent years. At least four conditions contribute to the vacancy rate. First, many more condominium units have been built in southeast Florida during the past 20 years. The supply of such apartments far exceeds the demand. Second, retirees who migrate to Florida today can purchase a brand new condominium in a retirement community for less money than it cost to buy one in Hollywood Falls 15 years ago. The price of new units is also competitive with that of existing units at Hollywood Falls. Third, new developments are again being planned and marketed to a healthy "young old" population. When the recently retired are choosing a home, one reason they may reject Hollywood Falls is that the age group they see at Hollywood Falls is considerably older and frailer than they consider themselves to be, which, in fact, is the case. Fourth, although there are many young families in need of housing, Hollywood Falls and other retirement communities in southeast Florida have developed their own policies limiting the sale of condominiums in retirement communities to persons over the age of 55. Without such a policy it is conceivable that some younger people might purchase an apartment and eventually enter the caresharing networks, but this possibility is prohibited by the community itself. Although this policy clearly discriminates on the basis of age, and although younger people might help the community to remain viable, the policy ironically has held up in federal court.

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Without a change of course one might predict that Hollywood Falls will experience a relentless aging of residents who will all succumb to death in 10 or 15 years. Condominium boards, in their efforts to camouflage caregiver burden, may lose sight of the real social problem the community faces. If they exercise their minds as they did recently on mundane problems such as how to hide trash bins behind arbors, they may not discover in time that the grounds can be restored much easier than can the people. Although today most residents still enjoy the country club, taking care of themselves quite well, and although others can rely on functional caresharing networks, it won't be very long before Hollywood Falls will need a major social structural overhaul. All the cooperation of others in hiding frailty won't be able to hide the fact that a community of 85-year-old widows has different needs than does a community of younger couples.

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