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Revisiting Caresharing in the Context of Changes in a Florida Retirement Community

Eleanor Krassen Covan, Ph.D.

Abstract

In this paper I revisit the basic social process of *caresharing* whereby people engage in personal and communal strategies to maximize their pleasure and minimize their losses. I originally discovered caresharing in the context of Hollywood Falls, a Florida retirement community that provided no formal supportive services for its aging residents (Covan, 1998). There, *hiding frailty* was the most obvious caresharing strategy. In this community which has since become more diverse in terms of ethnicity and age, hiding frailty is no longer practical among the oldest residents. It has been surpassed by *bolstering strength*, a process which involves exposing need, expanding the caresharing network, stifling crises, and staking competence claims. In consequence of bolstering strength, the oldest residents are able to diminish the costs of help while augmenting opportunities for personal autonomy, thereby extending their period of residence within their 'independent' living community.

Introduction

Caresharing is a basic social process, originally discovered in the context of Hollywood Falls, a Florida retirement community (Covan, 1998). The process involves a combination of personal and communal strategies employed by residents of the community in order to maximize their pleasure and minimize their losses. Caresharing is no doubt an enduring universal social process, occurring in many contexts in which people decide to help one another in order to improve their lives. Caresharing is initiated from the 'ground-up' by the people who themselves need some assistance and by the people

who feel they can provide it, as opposed to services that are imposed by some larger more formal system of care, governed by codified regulations. The gerontological literature is replete with articles on "informal caregiving networks," that could more appropriately be described in terms of their caresharing properties if researchers were to analyze the conditions in which caresharing alliances developed.

Rousseau (1762) believed that citizens exchange natural liberty for something better, such as moral liberty. He posited that individuals would subject themselves to the moral order of formal communities for the common good of citizenry. In contrast, caresharing develops as a much looser network of voluntary exchanges such that surrender is inherently revocable, negotiable, and dependent on fluctuations in individual, communal, and environmental resources. Caresharing arrangements are self-serving, expandable, yet retractable social alliances, generated by functional needs as recognized by individuals. People elect to help one another because life is easier and thus 'better' this way. To the extent that caresharers perceive 'surrender,' it is surrender in the face of needs which they cannot meet on their own. They also understand that surrender may require reciprocating when others need help and that the help they receive may be provided by others who are reciprocating for services received in the past. When surrender occurs, it may be revocable when the need is no longer present or when the costs of providing or of receiving help are too great. Thus, caresharing alliances may involve individual considerations that social economists would recognize in terms of cost/benefit analyses.

Of course, we are social beings and thus the endurance of caresharing alliances is dependent to some extent on the emotional and social bonds of kinship and or friendship. Within Hollywood Falls, such alliances in the past have been fostered by neighborliness, involving mutual respect for autonomy, reciprocity, and desperate personal struggles to remain in an independent living community. That caresharing benefited the Hollywood Falls

community as a whole occurred in consequence rather than in motivation. As the residential population of Hollywood Falls has been changing, caresharing arrangements are being reconfigured. Caresharing continues, but alliances extend well beyond the Hollywood Falls community that may weaken community identity.

Note that informal caregiving networks and *caresharing alliances* can occur both in the presence and in the absence of formal services. In the context of Hollywood Falls, however, at a time when both the mean and modal age of residents was 78, caresharing emerged as a core processional variable that explained most of the social interaction within the community in the absence of formal services. The most obvious caresharing strategy was then *hiding frailty*. Gerontologists wondered, with regard to residential covenants and condominium policies, whether hiding frailty was a simple response to fear of being removed from the community. The community was planned with the constraints of all independent living communities. By design, residents were to be denied the privilege of living there when they were no longer able to live independently. Residents told me repeatedly, however, that avoiding frailty helped them to maintain a positive attitude about getting older. Hiding frailty encouraged them to participate in stamina displays which they explained allowed them to enjoy good health in association with a healthy lifestyle. Hiding frailty meant engaging in activities that they enjoyed and thus the activities and the positive attitudes were ends in themselves.

Today the Hollywood Falls community has become more diverse in terms of ethnicity and age. Hiding frailty is no longer practical among many of the oldest residents. It has been supplemented and surpassed by *bolstering strength*, a process which involves exposing communal and individual needs, expanding the caresharing network, stifling crises associated with needs, and staking competence claims in the context of diminished communal and individual capacity. In consequence of bolstering strength, the community may remain viable while the

oldest residents are able to moderate the social, emotional and financial costs of seeking help. Bolstering strength is fostered by the value of *cooperative independence* (Maxwell & Maxwell, 1983), such that residents attempt to assure that each may remain as independent as possible. Opportunities for personal autonomy are augmented, thereby extending the personal period of residence for the oldest adults within their 'independent' living community. In this article, I revisit the Hollywood Falls system of caresharing, in light of current expressions of bolstering strength.

Methods

It is important to note again that Hollywood Falls is a pseudonym in my attempt to protect the privacy of the community and its residents. As the daughter of a resident, it has been relatively easy for me to continue my visits to this particular retirement community. My ninety-year-old father and his wife are delighted by my repeated 'participant observations.' I have been going there for more than twenty years, allowing me the opportunity to witness caresharing firsthand. My community connections are both personal and professional. On those occasions when I have entered the community primarily as a sociologist, my university's institutional review board has reviewed my research design. My most recent inquiries as well as those in the past research have been guided by and grounded in theoretical sampling. The research design continues to include observation, recording field notes, and the constant comparative method of grounded theory data analysis. Each time that I have visited Hollywood Falls I have interviewed a group of surviving residents as well as some new to the community. I have used a translator to make sure that I understood the viewpoints of Hispanic residents who have recently moved to the community. When I want to know what has happened in the community during my extended absences, in addition to asking people, I review minutes of meetings of the condo and recreational boards of directors, visit senior centers and nearby long-term care facilities, take residents shopping, accompany them on visits to health care providers, and visit a few residents at

their places of employment. I have also interviewed family members of residents, especially when they have been involved in decisions concerning whether or not residents will remain in the Hollywood Falls community. My participant observations come from having become part of the expanded caresharing network, both as a daughter summoned to bolster the strength of her aging parents and as a professional invited to provide advice about long-term care. Although occasionally I have been consulted for my special knowledge, regardless of whom I have interviewed, my informants indicate willingness to talk with me because they are impressed with my status as a "loving daughter of a resident" rather than because my father has told them about my stellar academic credentials.

The Bolstering Strength Process

Bolstering strength is a process of building support that can broaden the viability of an independent living retirement community while it extends the period of independent living for the oldest residents who live there. Bolstering strategies include exposing needs, expanding caresharing networks, stifling crises and staking competence claims. Each strategy may be employed by the community in its entirety as a caresharing unit, by smaller groups of residents in caresharing alliances, or by solo residents who attempt to manage on their own. At the time my first caresharing article was published in 1998, my sociological eye had already observed that the country club atmosphere of Hollywood Falls was not as ideal as described by marketers or by many of the residents who lived there. Caresharing networks didn't always succeed in the sense that many residents had died before their 80th birthdays and spousal alliances were failing when both partners were ill at the same time. Many residents required care that the community simply could not provide. They were consequently forced to choose to move to an assisted living facility or to let their adult children "take them away." Caresharing endures as a basic social process in Hollywood Falls; however, bolstering strength rather than hiding frailty now seems to explain most of the social

interaction within the community, especially among its eldest residents.

Exposing Selective Problems

The problems of aging communities and very old individuals tend to be exposed whether or not people talk about them deliberately. If the problem is great enough in the sense that it impacts most people, others will simply notice that something is wrong. It thus became obvious to residents that at least two problems existed; the first was related to the real estate market and the second related to the declining health status of older residents. A third emergent problem was that of accommodating the caresharing needs of an increasingly diverse community of seniors.

When the viability of the community was threatened by the crash of the real estate market and the health of many of the original residents in Hollywood Falls deteriorated, those who lived in Hollywood Falls recognized the problems. Community problems and individual troubles happened to co-occur. In 1992, for example, I witnessed that the entire community of Hollywood Falls seemed threatened when the supply of condominium units there and in similar retirement communities far exceeded the demand. Individuals planning to move to an assisted living community could not sell their condos. That many people were trying to sell at the same time contributed to the problem. Units remained vacant for months on end. Monthly association fees were in arrears, reducing condominium budgets for recreation and maintenance. At that time, a retiree who sought to purchase a condominium unit could buy a new one a few miles away from Hollywood Falls and pay 30% less than the original residents of Hollywood Falls had paid 15 years earlier. When the community was developed in 1979, 85% of the original residents indicated that they were Jews of east European descent. Some had even noted on their applications that they chose Hollywood Falls because they wanted to live in a Jewish community. Those marketing the community initially saw that it was in their best interest to let "word of

mouth" be their greatest marketing tool and they supplemented this sales strategy by placing advertisements in weekly 'Jewish' newspapers. Italian Americans were the next largest group of residents with a sprinkling of people of other backgrounds. There were no African Americans, and no Hispanics, and relatively few white Anglo-Saxon Protestants. When a Jewish resident died, family heirs tended to sell the units to strangers for whatever price was quickly obtainable in order to settle the estate of the deceased. As units "turned over," a committee of Hollywood Falls residents screened potential owners to make sure that they understood condominium life and so that the newcomers would be prepared to follow condominium policies, but the committee offered little help in the actual sales process. Few heirs were over the age of 55 thus their parent's property was not personally valuable to them as they were not permitted by condo doctrine to live there or to use the units as vacation homes. By 1992, although the price of Hollywood Falls units dropped precipitously, Jewish and Italian retirees from the mid-West and mid-Atlantic region were no longer buying them. A new marketing strategy was required as it was impossible to revitalize the community with a younger, but otherwise similar group of retirees.

With 1/4 of the residents approaching their 90th birthdays and the modal age of newcomers is in their mid-fifties or early sixties, health problems are noticed by younger residents even when the older residents try to cover up their frailty. Today the oldest group of residents refers to themselves as *senior seniors*. Although the strategy of hiding their own frailty is attempted by the healthiest among them, it is impossible for them to ignore the frailty of others. Exposing frailty may actually initiate the process of bolstering strength for senior seniors, by signaling to them a need for support. The sirens, canes, wheel chairs and walkers of others are simply too plentiful for them to overlook. Most of their friends and neighbors have died. Three fourths of their age mates have left the community as a consequence of death, illness, or disability, ten percent of those leaving during the past six months.

The few who remain are proud of their own stamina, yet some of them suffer from reactive depression as a consequence of multiple losses and self reflection on newly exposed frailty. As Lucy, age 89, notes,

> I used to think that ninety was just a number. Now I wish that I would go to bed and not wake up. I can't sleep, I can't poop, I can't walk and I can't think. I am old. You can live too long, you know. I don't see good [sec] for me in the future. I try to go places and do things for myself, but I need this contraption [a walker on wheels] to get around and I fall sometimes. My best friends have died. Someone has to take me shopping all the time. I need help, but I have to arrange for that myself and good help is hard to get. I don't want to go to 'assisted living' and I definitely don't want to be a burden on my daughter who has her own arthritis and other problems. I visit my neighbor each day because she is alone and she's my therapist.

Lucy and her neighbor are able to bolster each other's strength by commiserating about their problems. Many of the oldest residents repeatedly talk about their friends who have died or gone to assisted living, but some residents are more willing to listen than are others. Dottie wonders how long she can survive with "the Angel of Death" hovering all around her, but her husband prefers to talk about pleasant things and not dwell on the death of their friends. Ollie told me in the presence of his wife, "Ninety is a gift from God and I can't take care of the gift by talking about death." He also told me privately, "When she talks like that, I just turn this contraption [his hearing aid] down and I don't listen." The number of *couple alliances* has decreased as a consequence of both variations in tolerance for exposing problems as well as in consequence of attrition by death of marriage partners. As the rate of widowhood has increased, many senior seniors who had previously engaged in couple alliances now reach out to larger groups

of those similarly widowed to provide caresharing support rather than to depend on themselves alone or on one other individual. Some flaunt their need for companionship, thereby attracting others to their caresharing networks. At the very least, exposing their needs brings companionship and the occasional camaraderie that accompanies recognition of shared circumstances. At best, exposing needs bolsters strength, and the creation new caresharing arrangements.

Board members were the first to expose needs that have occurred as the consequence of diversity. They have tried to engage the entire community in their role as facilitators of recreational caresharing. They indicate that when they now try to hold dances now, no one shows up. "The young people aren't interested and the old ones can't dance anymore." The minutes of the recreational board noted that younger people do not even pick up their ID cards that would allow them to participate in events. It is obvious that they do not use the swimming pool. A building captain told me, "The new people are very friendly… but the only activity they may show up for is perhaps a community picnic." One resident told me,

> It's even hard to get a card game. So many of those who used to play have died and the rest of them try to cheat or maybe it is that they can't remember the rules except they know they're supposed to win... You have to be able to think. The younger guys do not want to play.

Could the younger residents be hiding frailty by avoiding recreational interaction with their elders? This is possible, but the most obvious reason for not interacting with older residents is that the younger residents perceive that they have little time to interact with them or that they have little in common with them. Unlike the original residents who had moved to Florida as retirees, the newer residents enter the community while still gainfully employed. For many of them therefore, Hollywood Falls is a bedroom community, more so than a community *caresharing system*. Younger residents are also less likely

to be married when they enter the community, but unlike the older residents who are single because of widowhood, the younger people are more likely to be recently divorced. Although there have been a few May/December romances, in most instances younger residents do not see the elders as potential mates.

My interpretation of the problem is that in addition to the language barrier, there are misunderstandings between ethnic groups because the original group of residents and the newest group of residents are comfortable with different kinds of caresharing arrangements. Where the original residents continue to rely on neighbors and professionals when they need help, the newer group of Hispanic elders depends on family caresharing groups. I also suspect that there is also some envy of the Hispanic residents who have solid familial relationships. The recent real-estate boom has allowed Hispanics to buy apartments in Hollywood Falls at a very inexpensive rate and to use the equity in their apartments to finance units for their relatives. Ethnic diversity is the basis for much of the variation in how caresharing is evolving in the Hollywood Falls community. In the past caresharing was dominated by spouses and neighborly couple alliances within the community. The relationships were nurtured in the absence of local relatives. The newer familial caresharing alliances are commonly ethnically exclusive. Although they are restricted to members of one's extended family, kin-based caresharing networks expand beyond the Hollywood Falls community.

Many of the new residents are obviously culturally dissimilar from the original group at Hollywood Falls in terms of ethnicity and other demographic markers. While some shared a history of mid-Atlantic residence in their youth, other newcomers come from the Southern region of the United States. While the original Jewish residents created charitable groups to raise money for Jewish organizations and they encouraged entertainers familiar with 'Jewish humor,' Protestant newcomers and Hispanics have had little interest in these charities or entertainers. Also, the Jews tended to vote and register as Democrats

while the Protestant residents tend to vote and register as Republicans, causing some friction especially following the 2000 presidential election.

Political positions of leadership within the Hollywood Falls community have for years been in distributed in relationship to community seniority and to a limited extent, in response to ethnic distribution. Until very recently most of these positions have been dominated by the oldest Jewish and Italian residents. While board members complain that there is no interest among younger residents to replace them, they have only recently tried to recruit Hispanic members to these committees. Board members thought they were planning activities that would be of interest to everyone in the community, but community caresharing of course requires representation of diverse groups of residents, in managing community affairs.

Expanding the Caresharing Network

Expanding the caresharing network is both a communal process and a process involving individual efforts. With regard to the Hollywood Falls community in 2006, less than one quarter of the original residents remains there, yet there are relatively few vacant units. A new marketing plan was developed by the condo board of directors to replenish the community. The plan involved expanding marketing efforts to the community by diversifying advertising campaigns so they would reflect the changing population in the region of southeastern Florida. In the past ten years many "Protestants from up North," a few African Americans and a large Hispanic immigrant population moved to southeastern Florida, with some taking up residence in Hollywood Falls. In Broward County, where Hollywood Falls is located, a document authored by the County Planning Division and the Sun-Sentinel newspaper reports that the Hispanic population is quite diverse including persons of Puerto Rican, Columbian, Dominican, and Mexican descent, noting that demographic shifts present challenges for Broward County (2002). Twenty-one percent of the residents in Broward County are Hispanic and this percentage is expected to grow during

the next ten years. Some of persons within this population who are over the age of 55 have taken advantage of the falling price of condominiums in independent retirement communities, purchasing units in Hollywood Falls. Ten percent of all units in Hollywood Falls are now owned by Hispanics, all of which were purchased during the past eight years.

The successful marketing plan is now fostered by private realtors who know best how to reach potential buyers. Those who have replaced the former residents differ from the original group on several dimensions, the most obvious of which are age and ethnicity. Although expanding the community by marketing to diverse ethnic groups helped economically, ethnic diversity within the community initially led to caresharing barriers and to exposing new problems. A Colombian woman told me with the help of a translator, "I'm anxious to be accepted. I like to visit Sophie, but it is hard for us to talk. We're both widows… but it is hard to be friends. I spend most of my time at the senior center because there are more people I can talk to there." Spending time outside of Hollywood Falls, in consequence further expands the caresharing network as not all needs for friendship can be met by the residents within the community. While some residents claim to welcome the opportunity to meet others whose backgrounds differ from their own, it is clear that for others diversity is uncomfortable. A non-Hispanic resident told me, "I find it exciting to meet people who are different… I like everybody. " As she continued talking with me, however, it became clear that there were some fundamental problems because of her perceptions. She said, for example, "The major problem is that in some instances two or three apartments in the same building are owned by Hispanics in the same family and they speak to no one other than their own relatives." The condo and recreational boards have begun to change their planning strategies in order to accommodate diversity within the population, but change is difficult for some of the residents who have never before lived in an ethnically diverse community.

Health problems and or widowhood provide the impetus for many individuals to expand their caresharing networks. Expanded networks may include senior centers, adult day care providers, county nutrition programs, faith communities, kin care, and university students, but the most common expanded networks include home health care agency personnel.

One dimension of caresharing arrangements is *cooperative independence* a concept I first used in my study of Alaskan natives in a Tlingit village (Maxwell & Maxwell, 1983). Cooperative independence is a value that guides assistance such that people cooperate to accomplish what is needed with a minimal amount of intrusion. Cooperative independence can include a network of caresharers who cooperate to maintain as much independence as is feasible by partnering with larger caresharing units. By joining together voluntarily, caresharers can accomplish more than they otherwise could accomplish in smaller caresharing units. It seems that initially, caresharing alliances are built on the smallest number of caresharers who can meet one's needs. People reach out to expand the network of caresharers when they can't otherwise meet their needs. Cooperative independence is desirable because caresharing in its absence can potentially rob one of one's freedom as help requires greater reciprocity than does cooperation. Cooperative caresharing networks are expandable in times of need, and retractable, when needs no longer exist.

Caresharing alliances between residents of Hollywood Falls and their home health care assistants illustrate the mutual benefits of cooperative independence for two seemingly disparate groups. Most of the aides to senior seniors are younger Hispanics who are among the recent arrivals to Broward County. A portion of them are undocumented immigrants. The older adults who rely on their aides are not about to complain about their aide's immigration status. The aides are able to improve their English language skills as they work with senior seniors. Some whose health care credentials from their countries of origin are not accepted in the United States earn enough

money to return to school in Florida. The seniors benefit from their arrangements with paid assistants who help them to maintain both some degree of physical independence and a great deal of personal autonomy as they can hire and fire the home assistants at will.

For the oldest remaining residents, bolstering strength often depends on expanding their caresharing networks to include a greater reliance on relatives. Although senior seniors guard their independence, adult children arrive on the scene in times of medical crises. It is rather common, particularly for widowed mothers to have named one of their offspring as their 'health care power of attorney." For those whose crises are time limited and who are fortunate to have younger relatives nearby, bolstering strength through kin care is quite effective. Family members consult with health professionals, complete paperwork on medical history and spend hours negotiating with insurance agents and in processing claim forms. The more debilitating and more time consuming the help, the greater the likelihood that relatives will not be able to bolster sufficient strength to accomplish all that appears to be necessary.

Residential caresharing networks in Hollywood Falls have now expanded to include non-human residents. Although no pets are permitted as per condominium covenants, several of the oldest residents have formed emotional caresharing alliances with birds, fish, and cats. Building captains are allied with pet owners in the sense that they know the pets exist. They tend to ignore the regulations that were enforced in the past if their building is odor-free and quiet. One captain told me, "Mario loves his cats. He misses his wife and the cats keep him company. I'm not going to do anything about his two cats if no one complains." Dogs, he said, are strictly forbidden because "they bark and shit and owners don't clean up after them."

Stifling Crises

Diversifying the community could have precipitated a crisis, but visionary members of the board were astute enough to stifle emerging problems. Although some

xenophobic residents expressed strong objections, the condominium executive committee recently appointed a Hispanic female to the condominium board of directors. Her first recommendation was that another Hispanic resident be appointed to serve on the resident screening committee, noting, "It is difficult when they don't speak English. We ask them to come to the screening with a family member who can translate for them. We used to allow professional realtors to help them, but some people were taken advantage of by professionals who only wanted to sell them an apartment. The Spanish people will be good residents when they know the community expectations." After an Hispanic resident was appointed to the screening committee, screening committee minutes reflected that all members of the committee now share the belief that family members with proficiency in English can be trusted to tell future residents the truth about the Hollywood Falls. Inviting family members to screenings is now commonplace and a communication crisis has been stifled.

Diversity is now reflected on the recreation committee, as well. The new committee has organized events that have been popular among the in the multi-ethnic community such as a recent Super Bowl Party. They also have organized several segregated recreational groups so that each 'subculture' can do the kinds of things they enjoy. It is most heartening that although tension exists as a consequence of diversity, caresharing arrangements have also emerged that cross age and ethnic groups. Individual caresharing alliances have expanded within the community bolstering the strength of the community as a whole and particularly that of its eldest residents. Some of these caresharing interactions are now quite formal however, involving strictly business transactions. A resident may charge $10 to take another resident shopping or $25 to take someone to the airport. A person without transportation is willing to pay for these services and even more if the transportation is available at the time they want to go somewhere. A senior senior who no longer drives finds such transportation essential. With transportation, many such seniors are able to get their own

groceries, prepare their own meals, living much as they have done in the past. The oldest residents have paid younger ones for housekeeping services and home health care, without regard to the paid caregiver's ethnic background. Bilingual residents have been paid to translate between Spanish and English at condo meetings. The income appears to be the motivation for the providers of such caresharing services.

Less formal intergenerational and interethnic caresharing arrangements also bolster strength. Several of these arrangements involve the use of technology. Ten years ago almost no one in Hollywood Falls had a personal computer. Today there is a PC in most of the Hollywood Falls units that are owned by residents in who are younger than 70. Rarely will an older resident ask for such help, but occasionally a younger person hearing about an elder's diagnosis will search for medical or pharmaceutical information for an older neighbor, or he or she will send a message to an out of town family member in behalf of the neighbor to report on a resident's situation. Cell phones are also more common among the younger residents. During Hurricane Wilma, when land lines were out of service, residents with cell phones were able to call for help and to inform the out of town kin folks of their elder neighbors that they were okay.

Other caresharing arrangements that bolster strength are concerned with preparing food. A retired Italian widower in his nineties has shopped and prepared meals for several of his neighbors because it is still something he does well. This is particularly impressive in that although he cooks pasta for himself, he routinely prepares a traditional Shabbos meal for his Jewish friends, making chopped liver, gedempte chicken and chicken soup. Friendships and even a few marriages have crossed ethnic lines. Invitations are now being extended to 'ethnic strangers' who attend funerals, birthday and Hollywood fests. These celebrations of life have helped neighbors to become more familiar with another group's food and rituals. At some recreational events where residents choose

seating arrangements, and bring their own refreshments, diverse groupings can now be noticed.

Perhaps most important, is that some residents have begun to respect others for what they can contribute. As one walks about the community, one hears older residents providing solicited and unsolicited advice to newcomers, and notices that they are also listening to what the younger ones have to say. Common discussions across age groups and ethnic groups concern the future of Social Security, assisted living facilities, reviews of medical providers, insurance plans, and how to cope with frailty.

An expanded caresharing network allows residents to stifle many crises. One might have predicted that Hollywood Falls residents would be in despair following Hurricane Wilma. Although the old people were without electricity, phone lines, and running water for several days and many downed trees blocked the road leading in an out of their condominium community, the atmosphere in the community closely resembled an interethnic fiesta. Residents with cell phones informed those outside the community of what was happening and those in the community were delighted by the experience of getting to know one another. They collectively prepared meals on outdoor hibachis, entertained one another with impromptu sing-alongs and card games, the strongest residents helping the weakest to endure the crisis.

Staking Competence Claims

In the presence of exposed limitations, senior seniors employ a familiar strategy to stake claims of competency. They engage in presentational stamina displays to demonstrate to others that they are "okay." Although they admit that their caresharing networks have increased by necessity, they still engage in stamina displays. The old board members note that they are still competent to make the right decisions, citing their recent efforts to recruit younger members to the board. On a more individual basis, Sophie whose husband who had Alzheimer's disease died about two years ago, brags about her stamina, proudly noting, "I can't do a lot of things any more, but I can still play mahjong, walk to the clubhouse and I can drive a car

… I can get help when I need it, but I don't have to depend on anyone." Once in the presence of others, residents like Sophie stake claims of competence by constructing story lines that minimize disabling conditions, describing them as time limited, inconvenient, but not so bad as to destroy their independence. Recovering from an illness or injury, residents are cheered when they simply "show up' at a recreational event. Canes and walkers which had been symbols of frailty are reinterpreted as enabling devices.

The healthiest of the oldest residents stakes a claim to competence by serving on the board of a charitable organization. He and his wife encourage others to participate in the social activities of that organization. For others, the *managing self* is still the preferred caresharing arrangement for those staking a claim to competence. The residents claim to rely on me/myself for help, yet while in the past they rarely discussed their limitations, now their frailty is exposed. They often speak about their difficulties as they boast of their ability to manage on their own without help. Some, aware that bolstering strength has its limitations, are relocating as anticipated to assisted living communities. Others continue to boast with confidence up until the day that they physically collapse or die.

Caresharing Revisited

In Florida in the 1970s, entrepreneurs recognized money to be made by developing retirement communities. Today's entrepreneurs, see the same avenue toward wealth just about everywhere in the United States. Communities are being designed for aging baby boomers that are similar to those built a generation earlier. Like the Florida communities of an earlier generation, each of these housing communities are being marketed for the most part to culturally homogeneous, healthy, independent populations without regard to infirmities that will surely occur in the future, or with regard to the potential for ethnic diversity. Residents of new communities like their predecessors initially hide frailty, perform stamina displays, and make informal alliances to share the care necessary to maintain an independent lifestyle. When they can no longer

hide their frailty, they still cooperate to maintain as much independence as is possible. There is nothing necessarily troubling with this design if everyone involved anticipates future infirmity within the community and that those residents will need help to bolster strength in order to live there. It is inevitable that residents will need other living arrangements if the community makes no provision for future supportive services. Stamina displays and other efforts to hide frailty have positive consequences for many in late middle age or young elderhood. The most resilient senior seniors successfully use stamina displays to bolster strength as they age in place. The consequences, however, could eventually become dire for the frailest older adults. Reminiscent of the abominable mental institutions of an earlier era, nursing homes can be dreadful places to exist for residents and the staff employed to care for them. No one wants to spend time in a place where the residents experience high mortality rates, staff turnover rates are high and personal relationships between residents and paid caregivers are discouraged. Although care of the frail elderly is needed, such care should be designed with emotional caresharing in mind in order to bolster strength for everyone involved. As long as one's own frailty is not anticipated, subsequent living arrangements for the once independent but now frail elders, will suffer, and few will want to care for them.

Caresharing is no doubt an enduring basic social process that exists in any naturally occurring human community. Caresharing strategies will vary however with the demographic characteristics of residents and by the context in which community members interact. While intergenerational and interethnic relationships emerge, diversity may initially present barriers to caresharing. Hiding frailty was an effective caresharing strategy in Hollywood Falls eight years ago, when most community residents were vigorous septuagenarians and the oldest residents were in their eighties. Today it is no longer effective among the surviving ninety year olds. Most of these bolster strength until they must consider the undesirable housing options that are available to them.

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References

Broward County Planning Services Division & Sun-Sentinel (2002). Broward County - Who are We? Examining What Makes us Unique. December 4, 2002, 1-16.

Covan, Eleanor Krassen (1998). Caresharing: Hiding Frailty in a Florida Retirement Community. Health Care for Women International, 19, 423-439.

Maxwell, R. J. and E. Krassen Maxwell (1983). Cooperative Independence Among the Tlingit Elderly. Human Organization, 42, 178-180.

Rousseau, Jean Jacques (1762) The Social Contract or Principles of Political Right Translated by G. D. H. Cole, public domain, rendered into HTML and text by **Jon Roland** of the **Constitution Society**.