

Lifestyles of belief: narrative and culture in a retirement community

SIMON BIGGS*, MIRIAM BERNARD*, PAUL KINGSTON*
and HILARY NETTLETON*

ABSTRACT

This paper examines the culture and narratives occurring in a purpose-built retirement community. It is argued that in order to understand the effects that such a community can have on wellbeing, it is necessary to analyse the interaction of a variety of interweaving narratives used to sustain a secure micro-cultural base. These narratives include formal representations, daily life as experienced by tenants and imaginative associations within community culture. Retirement communities for older people have been represented as containing the positive features of both residential care and neighbourhood life. They have also been criticised as promoting exclusivity and negative attitudes to outsiders. Tenants reported experiences of a high level of interdependence and peer support. They saw the community as a positive alternative to nursing homes, continued residence in their local neighbourhoods and reliance on family support. It was found that this retirement community was perceived to have a positive effect on wellbeing which was attributed to peer culture and was sustained by imaginative narratives of miracle and progress. However, certain groups were excluded from this dominant reading.

KEY WORDS – retirement community, social inclusion, mental health, physical health, narrative, culture, focus groups, ageing identity, imagination.

Introduction

This paper examines the relationship between formal representation, interpersonal experiences and imaginative associations that have contributed to the development of a cultural narrative in a purpose-built retirement community (RC). In so doing, it explores possible mechanisms contributing to the popularity of this form of housing which itself is being defined increasingly broadly. It is suggested that a consideration of the complex of beliefs in the effects of RC lifestyles may

* Centre for Social Gerontology, Keele University, UK.

shed considerable light on their perceived effectiveness. These factors should be considered in future research alongside forms of accommodation and levels of social and health-care support.

The label retirement community has been used to cover a wide variety of environments, from sheltered housing with nursing care options, to gated residential communities with no connotation of being a site for formal care services. HCIA (1997), for example, have identified four categories of RC in the US: assisted living (shelter with various support services), congregate care (private living quarters with centralised dining services, living spaces and recreation), independent living (houses, condominiums, apartments and mobile homes) and continuing care (including relatively high levels of social and nursing care). It might be possible to conclude from this list that the US market for retirement living is broad and that use of the title sells post-retirement accommodation to a wide variety of customers. The definition is widened further if naturally occurring retirement communities, often referred to as NORCs, are added (Callahan and Lansperry 1997). NORCs extend the notion of retirement communities to localities where older people have been able to 'age in place' – provoking the American Association of Retired Persons to define any building or neighbourhood where more than 50 per cent of residents are aged 60 or more as a form of RC. Danish and Dutch forms of community living have also been included under the banner of RCs, thereby adding co-housing projects and communes to the list (Rodabough 1994; Baars and Thomese 1994). This level of inclusiveness has provoked Brenton (1998) to call for more differentiation between types of community and she has produced a useful clarification of terms used in the European context.

The question of definition continues to be a vexing one, exhibiting a tension between a need for precision and the desire to value the label as it is employed by its adherents and older consumers. In 1961 an RC was defined as: 'a small community, relatively independent, segregated by age and geography, and non-institutional, whose residents are older people ... free from the regimen of imposed by common food, common rules, common quarters and common authority' (Webber and Osterbind 1961: 1–2). It is unlikely that many of the RCs as currently defined would submit to these requirements. Sun City complexes, perhaps the closest we have to the RC in archetypal form, have common rules (Kastenbaum 1993) and a degree of commonality in quarters and authority (Laws 1995), whilst few of these minor cities could reasonably be characterised as small. Phillips *et al.* (2000) have more recently proposed the following definitional characteristics:

- a retirement element – residents are no longer in full-time employment and this affects their use of time and space;
- a community element – an age-specific population, living in the same geographically bounded area;
- a degree of collectivity – with which residents identify, and which may include shared activities, interests and facilities;
- a sense of autonomy with security.

This definition is interesting in that whilst it does not exclude forms of support and the use of specialist facilities, it is also open to the subjective experience of residents themselves.

It is this final point, the nature of subjective experience as an important element in defining RC lifestyles, that is at the core of the current paper. Why is the label so popular with both tenants/residents and the commercial promoters of this form of residential environment? What are the stories that hold these diverse communities together in the experiences and the minds of the older people who choose to live within them? What, in other words is the relationship between the RC as it appears in the representations of claims-makers and in the experience and imagination of those older people? To gain an understanding of how these communities work it is necessary to address the way in which they are represented by the agencies that own them, the day-to-day experience of people who live in them, and the ways in which they imaginatively engage their members.

Narrative and community

Recent gerontological interest in narrative has drawn attention to the way in which the active re-authoring of lifecourse events can support certain forms of ageing identity (Gubrium and Holstein 1998, 2000; Kenyon and Randall 1999). Less attention has been paid to the relationship between personal story-telling and a sense of community. This observation is echoed in a concern, expressed by Riley and Riley (1999), that sociological research on age has paid too little attention to the ‘interplay between lives and structures’. It is perhaps instructive that the Rileys cite Streib’s work on retirement communities (1993), as an example of this interplay between the experience and context of ageing:

Such communities depend not only upon the lives of the residents, but also upon the ‘adaptability, vitality and long-range survival’ of the community itself. (Riley and Riley 1999: 127).

A way into this relationship, one which preserves the agency implied

by a narrative approach yet recognises the formative power of community, requires a leap beyond description into the realm of how communities are *imagined*. Benedict Anderson (1983) provides a classic sociological introduction to this relationship in his study of nationalism. An understanding of national culture, he argues, must include, for people who identify with it, the idea they may have of it. An imagined community confers a sense of belonging to personal identity, common desires and a common grasp of what it means to be other. Papadopoulos (1999) similarly uses narrative to expand upon the payoffs, in terms of a sense of personal groundedness through belonging, that such storied communities can provide. He suggests that, in addition to individual stories, shared narratives, based on a common experience or community identity, can contribute to a secure base on which to build an identity. Importantly, this base anchors the inner life of the individual, sustaining a sense of resilience and social identification during the everyday negotiation of social relationships. An understanding of a secure identity, maintained by stories of community, has been used by Hollander (1998) to explore the protective mechanisms used by adults who live under oppressive state regimes and the ways in which many traumatised individuals can later use this profound life disruption in the service of expanding the self. Papadopoulos extends this line of thinking to relatively minor incidents and circumstances that can take place under less extreme, yet nevertheless challenging, circumstances and pose a threat to everyday identity. It is not then simply as a means of survival that shared stories are employed, but also as a more general means of sustaining wellbeing through association with a larger, collective narrative that is positive about one's own identified group. Communities are storied by shared narratives. These have power because, 'by locating oneself within them, one is able to access their therapeutic effect' (Papadopoulos 1999: 325). Thus:

Collective stories locate individuals within them and reciprocally with individuals co-construct reality. For as much as individuals construct stories, stories also construct individual identities. Moreover, stories form communities around them that share the same meaning and belief systems which they convey. (1999: 330)

The role of imagination in constructing a habitable living environment has been emphasised by Bachelard (1964). He reverses the perspective that is commonly held in the study of housing need and of residential care. For him, the physical characteristics of what he refers to as intimate places are of secondary importance to the resonance they provoke in the imagination. Indeed the significance and reality of a living environment is seen to be contingent upon the degree to which people invest meaning and care in it. Bachelard conveys a

sensitivity to the importance of life invested by people in their surroundings; those surroundings thereby become an important source of inspiration for identity. Thus 'the image is created through co-operation between real and unreal, with the help of the functions of the real and the unreal' (1964: 59). Imagination links the 'immediate past to its immediate future, they are what maintains it in the security of being' (1964: 67).

Both the notion of storied community and the power of the imagination connect to what has been identified as a core challenge to contemporary ageing identities: the possibility of finding a place in which a relatively stable social identity can be maintained (Phillipson and Biggs 1998). It is possible that the success of RCs lies in their relative ability to tap into the imaginative potential of community and place, to create a secure and convincing narrative for identity in later life. The narratives they provide extend beyond stories of individual activity which, at root, hinge upon bodily maintenance and decline. Stories of community and age hold the potential to re-shape later life as a collective experience. Representation and inter-personal peer relationships are engaged, not simply as instrumental props to late-life functioning, but as opening a route to deeper levels of emotional and imaginative engagement.

Representation, experience and imagination

It is important to stress that a study of the culture of a particular community is faced with a variety of narrative meanings that crystallise at different levels of formality and informality. This is especially true in the case of one that is defined relatively discretely, physically and socially. In the case of the RC under study it became apparent to us that we were dealing with realities of different orders. More dominant at certain levels of community and more in evidence amongst certain groups rather than others, these realities inter-penetrated the qualities ascribed to RCs both in conversation and in focus group discussions with tenants. What was of particular interest to us, was the relationship between these narratives and the wellbeing of the older people who had chosen to live in this kind of community.

There were at least three narrative forms that could be identified:

- formalised statements about the aims, objectives and lifestyle pertaining to the RC project;
- descriptions of events that had been experienced by tenants and were seen by them as evidence that summed up key characteristics of the community; and

- stories and images that in some way encapsulated the community as it existed in the imagination.

These three forms or levels of narrative meaning we have called RCs as *represented*, RCs as *experienced* and RCs *of the imagination*. Rather than being separate there is a constant interplay between these narratives in the tenants' understanding of what RCs are like. Depending upon context, any may achieve dominance at any one time. Indeed it may be possible to discern several forms within a single vignette.

RCs are *represented* in formal documents, in the public beliefs of senior staff and other claims-makers. These constitute the public face of the community as an ongoing concern. Representations of the lived environment, are also created by tenants – most notably through comparison with other places they might live in. Whilst they are the stuff of promotional material, these representations are given substance through the links and comparisons that tenants make between RCs and the possible alternatives and other living environments. The *experience* of RCs emerges from accounts of what it is like to live in such a place and the effects of such a lived environment on well-being. Experience would include, for present purposes, descriptions and reflections on everyday events and interactions and their impact on physical and mental health. The *imagined* RC can be glimpsed through the metaphors and connections used by tenants in the process of creating broader meanings around their experience. This process could be thought of as the production of meta-narratives which serve to associate direct experience to deeper processes of belonging and desire. They direct us toward narrative themes which lend coherence to individual stories about the day-to-day experience of RC living.

Each of the above might contribute to the effectiveness of the community as it is lived. They provide, one might say, a lifestyle of belief. And because of the increasing interdependence between psyche and soma that arises with adult ageing, the inter-relationship between representation, experience and the imagination, may be key to understanding the relation between community and wellbeing within RCs themselves.

Research site and method

In this article we explore the representational, experiential and imaginative dimensions of life in a single age-specific community, self-defined as an RC, that includes 42 tenants, and is sited in the West Midlands in the UK. The mean age of the tenants was 82.8 years (SD: 6.7 years) and there was a gender ratio in favour of women of two to

one. Members of this community described themselves as tenants rather than residents, a self-definition which emphasised the contractual housing aspect of community membership. Indeed membership was seen primarily as a change of address rather than in relation to any reliance on social or health care. The RC employed a small number of staff, who, somewhat confusingly, were given the formal title of 'carers'. These staff were largely concerned with the housing elements of residence and the facilitating of leisure pursuits, although some support was offered for self-care. Four in five of the tenants had been recruited from a local working class neighbourhood, with all of the tenants falling within skilled and semi-skilled manual categories of employment prior to retirement (skilled 62 per cent, semi-skilled 48 per cent), mostly in large workplaces associated with the automobile industry.

Data were collected through the use of focused discussion groups. A detailed examination of focus group methods with older people can be found elsewhere (Nettleton *et al.* in preparation).

Three groups of older people participated in the research, each group meeting three times, at regular intervals, over a period of nine weeks. Each meeting lasted for approximately one and a half hours. The discussions were audiotaped and transcribed for further analysis. The total number of older people participating in the focused discussions was 15, thus including approximately one-third of the tenant population.

Each discussion group consisted of five participants and a facilitator. Participants took part of their own free will and were recruited through signing-up for this activity as a part of the regular options offered to tenants on the RC noticeboard. The facilitator was a member of the research team and was the same person for each group. Groups took place in a sitting room, used by all tenants for meetings and gatherings. Whilst this method of recruitment may have led to an over-representation of tenants with an interest in how the RC was developing, they were judged to be typical when compared to the tenant population, in terms of gender balance, age and degree of physical or mental disability.

- Group one consisted of four women and one man, with a mean age of 84, the oldest being 89 and the youngest, 80. Two members of the group had severe problems of mobility and visual disability.
- Group two consisted of three women and two men, with a mean age of 72, the oldest being 84 and the youngest, 66. One of the men used a wheelchair.
- Group three consisted of five women, with a mean age of 73, the oldest being 82 and the youngest, 69. One was a wheelchair-user.

In their first session, tenants discussed transitions into and out of the RC. In the second, the topic concerned independence and dependency. In the third, the health implications of RC living were addressed.

Participants generally held strong views on the special nature of their community. This was a matter of active consideration and we had little sense of their responses being artificial, superficial or manufactured for our benefit. Rather, the impression was given that the focus groups had tapped into an issue of continuing importance to participants and their sense of personal and social identity. Further, related themes emerged across the three groups and the three topics that each group had considered in turn at separate meetings. There was, in other words, a continuity of theme between different discussion groups and over time within each group.

The transcripts for each group were analysed by three researchers: the group facilitator, the director of the research programme, and a third who was independent of the programme. Each reader thus had a different degree of familiarity with the data. The transcripts of each group were read separately. Each researcher read the transcripts alone and then came to a meeting of readers, where they agreed a series of themes. These themes reflected the ways in which participants interpreted the formal topics: the directions in which they took their stories and the parts of their experience that were emphasised. Themes were only agreed if each reader had identified them in their separate analysis of the text and agreed on the same exemplar as evidencing that theme. Themes ran across groups and included the following areas:

- In terms of *representation*, participants drew on themes from formal literature, and comparisons were made with other living environments. Most notably, there were negative stories of life in the neighbourhood communities and observations on nursing homes.
- *Experience* included narratives concerning significant others: of which two categories, peer group members and family were salient. A significant number of stories included notions of what it took to be a good RC member, situations of mutual help and situations of exclusion.
- *Imaginative* themes included: metaphors of positive futures and palatial environments; stories of miracle cures, often told in narrative form, which shaped expectations and disappointments about RCs; an absent past that was reflected in a focus on here-and-now thinking and in spontaneous reminiscence occurring only infrequently.

The data have been organised below in conformity with this three-fold narrative formation. The names used are fictive.

The retirement community as represented: formal documentation and comparisons with other living environments

The policy potential for RCs lies in the view that they contain the positive elements of both age-homogeneous residence and neighbourhood living. In this way they provide autonomy with security, as identified by Phillips *et al.* (2000). Rather than being seen as a negative consequence of institutionalisation, leading to increased dependency and lowered health status, the concentration of older people in RCs is claimed to maintain and in some cases enhance social, mental and physical wellbeing in later life. This view finds some support from US studies (Longino and McClelland 1978; Osgood 1982; Lucksinger 1994). RCs thus seem to supply a means of preserving personal dignity and connection to local communities with the increased security that many older people require. In so doing, it is claimed that they help to sustain positive ageing identities and healthier lifestyles (Bayley 1996; Extra Care 1997). This position is strongly maintained in the formal representations of this particular RC in its promotional literature.

In an introductory brochure that is given to visitors and intending tenants, one finds a number of representations that position the RC in the minds of its readers. On the cover, an older man can be seen, dressed in climbing gear and giving a double thumbs-up sign. He looks directly at the reader, returning one's gaze. The cover is attractive and uses bright colours.

On the first page one finds the following statements. 'Within the boundaries of responsible care, it is our residents who set their own agendas'. The RC is for 'ambitious and achieving individuals to whom frailty is a challenge, not a barrier'. There is 'one big team' of residents, staff and volunteers, working to continue 'a lifetime of learning and achievement' (1).

The formal use of the label 'resident' and notions of responsible care sit oddly with an emphasis on activity and anti-ageist practice and the use of tenant as a self-description. It may reflect a problematic relationship between the RC ethos and criteria for funding that are based on an assumption of increasing disability. Throughout the document however, a consistent message is presented that draws upon a variety of sources, including internal research and individual vignettes:

On average an improvement by residents on their ability scores on admission of more than 35% in mobility and 20% in functions of daily living. On average, there is a 25% reduction in the use of medication by residents after admission. ... residents not only lived longer than expected but achieved a

quality of life far exceeding that experienced by residents in traditional homes ... becoming ill at a lower rate than is usual for this sector. (3)

It is stressed, however, that as a tenant you can be 'as independent as you feel' in an environment that is against the ageist assumptions of traditional care. Thus:

Cilla has taken life gently by the scruff of the neck – she lives in her own flat, has been riding, sailing and abseiling and has learned to swim for the first time ... at the age of 83. (5)

In a mission-statement given to new tenants, this message is reinforced:

The central feature of this will be the continued re-empowerment of our residents both in terms of their physical and their mental abilities. ... an increasingly wide range of opportunities for residents' participation and involvement. (1)

Thus the RC is formally represented as a positive alternative to other forms of residence and, as part of that representation, promotes an active and challenging lifestyle in later life. Tenants live in an attractively packaged life-space. It appears that they have taken to heart many of the active-ageing and anti-ageist messages from contemporary gerontological thinking. Within this space, where frailty is a challenge and life is taken by the scruff of the neck, tenants are expected to participate as one big team in the project of improving their mental and physical abilities.

The RC was generally viewed by focus group members as offering sociability with autonomy. This view, is clearly stated by Arthur who, in the second focus group, often took the role of spokesperson and advocate of the RC approach. He articulated, in this context, a representation that resonates with formal statements about the RC. His comments are also supported by other members of the group, both male and female:

Arthur: When we talk about independence, there are numerous people living out there independently and they are very lonely. They're independent with exclusion because they probably see the milkman once a week and the doctor occasionally and nobody else comes. That's it. In here we've got just the same amount of independence but it's with inclusion because we can take part in activities and come down in the evenings if we want to.

Researcher: That's an interesting point you are raising. If independence is so valuable to you all, why do you still choose to live at RC and not in the community?

Arthur: Because here it's independence with inclusion! Independence with inclusion is what an increasing number of elderly people are going to have as we move on – and they reckon there's

- going to be another I don't know how many million of us running about ...
- Bea: Or walking about.
- Arthur: By the year 2010. And unless policy makers get their acts together there's going to be an awful lot of lonely, unhappy old people around.
- Researcher: Is RC an example of the way forward?
- Donald: Oh yes.

(Group 2; session 1)

Thus RCs are seen to a large extent as combining the positive attributes of living in a wider community neighbourhood with the protection afforded by a formal residential community. Attributes associated with the former include: social contact, neighbourliness, the absence of loneliness and isolation. The latter, residential, attributes include perceptions of the RC as a place that is safe and secure. Tenants, at least from this perspective, tap into a pioneering spirit: they feel that in some way they are experiencing a new and considerably better lifestyle than what had previously been available to older people similar to themselves.

This sense of a positive and enabling environment was bolstered by the identification of two clearly defined out-groups. Stories told about declining local neighbourhoods and the disgrace of nursing-home care, acted as points of reference from which the positive qualities of the RC could be brought into sharper focus.

The external neighbourhood was perceived to be a dangerous and unfriendly place. The community of previous years had disappeared. By contrast, the contemporary local community was commonly associated with stories of isolation, vandalism, burglary and harassment. Maintenance of one's own life-space was becoming increasingly difficult, amplifying a sense that the immediate environment had become unsafe and overwhelming. A typical selection of stories are recorded below:

- Kate: I used to live at ... but they moved me upstairs. Well it was near a pub and they used to come and hit the windows cause they could walk round and hit the bedroom windows, and that in the early hours ... then the buzzer would go. We were told to ignore that.
- Lottie: I came here for security too. I didn't feel safe where I was.
- Mo: Yes.
- Nan: Oh yes. You're just not safe any more are you? I was always frightened even just to go to the shops. I feel much better now though.

(Group 3, session 1)

- Researcher: Can I ask all of you why you chose to live here? What led up to you actually making the decision to come here?

- Irene: Why, because the man who lived above me. I had a terrible life with him ... a terrible life. He was coloured and he was always very noisy. Always drunk.
- Gilda: Oh dear.
- Irene: I wanted to get in here. You could have words with him and the Council would do nothing. Nothing, cause he was coloured.
- Researcher: Was it a big decision for you all actually to come here? We're looking at different periods of your life. Is this a new beginning for you?
- Irene: It's an utter surprise for me.
- Jean: It's a complete change for me.

(Group 1, session 1)

These negative stories of neighbourhood life presented a mirror image to the safe haven afforded by those of the RC itself. Repeatedly, entry into the RC environment was represented as a dramatic change and a new beginning.

Focus group participants were at pains to point out that, in comparison to their perception of residential and nursing care, they were free to be independent. Nursing homes were rarely described in great detail. They were, rather, places associated with physical and mental incapacity, that did not allow the autonomy and maintenance of wellbeing afforded by the RC:

- Irene: One of the snags of coming here is that you do, if your health does get worse and they can't cope, you've got to go into a nursing home.
- (Group 1, session 3)
- Bea: When I visited a 'home', I don't think that I'll forget it for as long as I live. They used to sit around, no television, no piano in the corner. And when I got there, my mum would say 'Did you eat the banana I left you' – that would be my lunch you see when I got back from school – and 'did you take the halfpenny off the sideboard?'
- (Group 2, session 2)
- Donald: Going back to you mentioning the Government. I think it's time they did some research into those nursing homes from what we've seen of them.
- Ellie: It's disgraceful.
- Arthur: I used to visit an old lady there. And they wouldn't allow them back into their rooms, once they'd come out of them till bedtime. They had to sit in this one lounge, all the way round, and when I went to see her about private matters, we had to sit there with everybody there and talk as quietly as we could.

(Group 2, session 2)

The local neighbourhood and nursing homes were specifically identified as alternatives to RC life, to the exclusion of other residential possibilities. Both were storied in exclusively negative terms and, by so

doing, participants reinforced the positive value of their contemporary story of community. This self-positioning in a contrasted positive space both acts as a boost to self-esteem and as a reminder of the possible threats associated with non-membership. It supports the narrative representation of RC available in formal literature on this living environment.

The retirement community as experienced: wellbeing, contact with family, staff and peers

Whilst health status was an explicit topic for discussion in the third focus group, the relationship between health, wellbeing and culture was a continued point of reference across the formal topics. It therefore appeared to be an important source of thematic narrative in its own right, and one that was used to exemplify something significant about RC culture. There was considerable talk about negative wellbeing existing as a state of mind, and the remedy as an act of will. This generated narrative themes of ‘not giving in’ and ‘taking your mind off things’. RC membership fostered an attitude of mind supported by peers and by an ethos of place:

Harold: Well you see when you live here, you haven't got time to think about yourself so much. When you're in a place like this, when you're more, more or less active all the time and talking to people, your mind works in a different way and that affects your body as well, you see, so that's why you become healthier.

(Group 1, session 1)

Cath: It's great to be with other people.

Bea: It's because you are with other people and you are helping other people. Well it can be because it's so much better than being on your own.

Arthur: I mean Harold said to me this morning, he said that there is something more valuable about actually living in a community like this and thinking about other people. He said it kind of takes the emphasis off your own pain.

(Group 2, session 2)

We noticed a marked absence of illness-narratives. This was in contrast to previous reports on the characteristics of reporting health status and its use in structuring interpersonal discourse, in which painful self-disclosure and explicit reference to chronological age, were found to be typical signifiers of personal ageing (Coupland *et al.* 1988; Weimann *et al.* 1990; Coupland *et al.* 1991). In the RC, however, neither appeared to have currency. Indeed such tendencies could be subject to mockery:

Arthur: The other thing I've noticed is that as you are listening and taking part in general conversation with folks in the concerts or downstairs watching the bowls or just having a chat, you don't get continual organ recitals. Which is a sign of improvement! I mean people aren't discussing which organ they had taken out the year before last. And which organ was operated on (laughter). Or 'you ought to see the size of my scar'! That's the 'feel-good factor' because people feel good so they don't need to moan about their organs.

(Group 2, session 3)

The practical value of the RC was seen in its effects on mental wellbeing. It was perceived to foster a culture which emphasised strength of will, of not giving in to anxiety, depression or loneliness. Wellbeing was maintained through the attitudes of other residents. Tenants described a culture of mutual help, mixing, the opportunity to engage in events and activities, including the freedom to opt out. Staff were very rarely mentioned as part of this social milieu. The relative unimportance of staff was reflected in the atmosphere of the focus groups themselves, the broaching of firmly-held beliefs, a sense of camaraderie and support, when criticising as well as when praising the RC community.

The discussion of peer relationships between tenants supplied one of the most distinctive themes of the RC as a storied community. It is here that a positive in-group identity is maintained. Stories and vignettes of mutual support emerged across groups and topic areas:

Jean: As regards caring, I mean, I don't know if the carers (staff) look after you. We look after each other to a certain extent. If anybody wants any help, you give it to them.

Researcher: Do you feel that you belong to a type of community?

Gilda: Yes, yes.

Irene: Everybody knows each other more or less. I mean, Fred was the one who said to me, 'You know where to come if you want help'. I always remember him saying that. 'You can knock on my door,' he said. (Laughs.)

Harold: Say you are down in, in the living room or something and somebody is sitting there in the chair and they are waiting for someone to take them back to their flat, you just get hold of them and take them back.

(Group 1, session 2)

Harold: If you are not able, then you have to depend on somebody else. As I said last week, not only do we have the people in care of the place, the people themselves try to help each other. It's the little things. You are walking around here and somebody wants to go to the toilet ... something like that.

- Researcher: And would you help them out?
Harold: Yes, somebody in a wheelchair or something like that. Or they come to do the handicap work and they can't get what they are working on. You can go and get it for them at the table.
(Group 1, session 3)
- Arthur: People worry about each other. So, in this community we share our joys and our sorrows. It all affects your mental health and how you feel.
Cath: Yes, I came back from the hospital and I was just having a bite of a sandwich when there was a knock on the door. It was Ivy. She said 'How did you get on?' She was trying to make sure I'd had something to eat. So that all makes you feel better, that people care and you're not on your own.
(Group 2, session 2)
- Bea: I think people do anyway. They often get lost and you show them around. The first time I met Thelma, she was on the floor! They hadn't been here long. The husband was there and said 'I can't lift her up'. I shouted for somebody and they came up to help.
(Group 2, session 2)

In addition to the positioning of various groups and alternative forms of residence, the boundaries of the storied community can be plotted through a sensitivity to exceptions. This secondary reporting of peer activity reinforces the dominant themes of self-reliance, stoicism and mutual support through the identification of tenants who are seen as being exceptions to the rule. These exceptions constitute narratives of discontinuity and conflict reported between tenants and the identification of 'characters' who exemplify how not to be part of the good story:

- Olive: Tom uses one [a scooter] doesn't he?
Kate: I don't know how they put up with him to be honest. They come last week and told him to mind his language. Last Saturday he went across the road in the scooter, come back, felt bad and phoned the doctor. And the doctor came. And they took him away till 2 o'clock.
Lottie: He's always at the doctor. How he gets away with it ... and he comes back in a taxi too. (Laughs.)
(Group 3, session 2)

Tom has fallen foul of the theme of not drawing attention to physical or medical conditions. He has become an exemplar of how not to fit in.

Dissident voices also emerge from the transcripts. Most notable amongst these were the stories of Kate, a wheelchair-bound woman with a strong sense of separate identity. Not only did she not come from the local area, she held a powerful sense of what it meant to be disabled during other parts of her life-course, and maintained links with

disabled people outside the RC. Her reference to ‘pushers’ refers to volunteers who would push her wheelchair around on any outings:

Kate: It was the council that recommended this place to me and they said it was so good. As I say, the people who praise it up are the people who can get about. You’ll find that you’ve got ‘you ain’t got a pusher’ in your face all the time. Molly (a friend) asked me ‘are you going to Weston?’ and I said I’d like to but I haven’t got a pusher. She said I’ll get you a pusher.

(Group 3, session 3)

Boundaries of acceptability are also evidenced by the deployment of informal sanctions. In this case, the limits to the storied community emerged not through a narrative of resistance based on disability, but in the case of a tenant who had been a professional potter before taking up residence. She thus transgressed acceptable levels of recreational expertise:

Jean: I stayed out of the ceramics class although I love it but the point was having already done 14 years of pottery, I have to try and keep my mouth shut ... It’s a clash of ideas, see. They find that I probably talk differently. I don’t know. But I don’t try to get over the top of them. I don’t want that. I just want friendship. That’s all I want, I want to give back.

(Group 1, session 3)

Similarly, Irene reports being excluded:

Irene: I got frozen out because I had already done computer classes. Oh, it can get a bit clannish.

(Group 1, session 3)

Each of these examples identifies limitations to the community as storied by the dominant group. Here, representations of the RC did not sit easily with the RC as experienced. By the third session, narratives of peer-sufficiency have begun to unravel and these dissident voices become the out-group within.

For the majority of tenants, the story of a community based on peer support provides a coherent storyline and a place in which to build a positive narrative by which to grow old. It is also something that may need to be protected from a potentially threatening external environment. As such, and thus far, it reflects a tendency noted by Laws (1995, 1997) and Kastenbaum (1993) for RC members to denigrate the outside in order to maintain a positive collective identity and sense of wellbeing. We were struck by the similarity between the storied community of the RC, imbued as it is with neighbourliness and good feeling, and the classic post-war studies of working class neighbourhoods

in the UK and their somewhat idealised narratives of community life (see Phillipson *et al.* 1999). Such similarities were not referred to in the focus group discussions. Indeed it is striking that participants made almost no reference to their lives before moving into the RC other than to contemporary threats to autonomy and security. In that sense, the RC is repeatedly positioned as being a new beginning. However, this guiding narrative subsists in part upon exclusion, most notably of those who do not conform to the dominant story-line. It is only through an examination of the processes of reported mutual support, the positioning of in- and out-groups and codes of appropriate behaviour, that these resonances emerge from the data.

Attitudes to staff and family identified two further out-groups, of quite different emotional resonances. What is striking, given contemporary social policy initiatives in the UK to impose family-based care (Finch 1995), is the positive value that is attributed to RCs precisely because they allow family friction about care and autonomy to be side-stepped. The tenants saw themselves as being freed from the obligations of family life, both in terms of becoming a burden on others and in having others depend on them:

- Donald: I wouldn't like to live with either sons or daughters-in-law.
Researcher: Why is that, Donald?
Donald: One thing, they've got two children. They've got their own lives to lead.
Arthur: We love our daughter to bits provided we are miles apart!
(Laughs)
Bea: I looked after my parents for 18 years. My dad was in bed for years. When he died I then started to look after my mum.
Researcher: Why don't you expect the same sense of obligation from your own children?
Bea: Because we know what it's like.

(Group 2, session 2)

Themes of personal freedom, of not becoming a burden, but also of intimacy at a distance, permeated these focus group discussions.

Unlike traditional residential care (Booth 1985; Wilkin and Hughes 1987), staff were not seen as important sources of recognition and self-validation by the group members. Rather staff were treated almost as prostheses, filling in for physical incapacities. The distance that comes from training was valued, rather than social and emotional closeness. Staff were clearly 'other' and not a link to normality beyond the institution or community.

Staff were referred to by function as often as by name. This instrumental attitude is reflected in the repeated use of 'pusher' to refer

to a staff-member or volunteer who pushes a tenant's wheelchair, 'washer' to someone who helps with domestic chores such as the washing up, and the generic term 'carer', commonly found within professional discourse, to denote informal or unqualified support staff. This combination of emotional distance and functional description sustained a culture of tenant autonomy, the privileging of interdependency between tenants and the maintenance of physical capacity separated from a core sense of self.

Retirement communities of the imagination: the here and now, the palace and the miraculous

Imaginative themes often emerged in this study through an amalgam of the spoken and the unspoken. They can be as much a matter of process as of content. They do, however, intimate the internal logic of the community as it has been storied and the 'glue' that holds it together. An example of such a theme can be seen in the relationship of the topics discussed in the focus groups to the rest of the lifecourse. There was very little attempt to link life experiences before entry to the RC to current themes and preoccupations.

Narratives took place in the 'here and now' of community life or in the reasoning behind joining. In this way they supported and focused attention on current circumstances. This absence of continuity in life-narrative was most striking amongst tenants who strongly identified with the RC as represented. It is quite a different attitude from that suggested by gerontological practice based on life-review and reminiscence. Whilst both Butler (1975) and Coleman (1986) have identified individual differences in the willingness of older people to reminisce, what we have observed appeared to be taking place on a collective rather than a personal basis. Continuity with the past is clearly not a clarion call within this story of community. When the past was mentioned it was used as a source of discontinuity between previous life and current experience. Indeed, there are repeated references to the RC as a new beginning and a way forward.

This emphasis on the here and now is accompanied by an earnestness about the RC culture and a somewhat unfashionable belief in progress. These tenants are not cynical post-modernists. There is a privileged feel to those who identify with the story, in which entry is seen as an achievement, a positive transition, however misunderstood it might be by the outsiders.

The misunderstandings that outsiders have about the true nature

of the RC environment are a source of both concern and a sense of elitism amongst confirmed residents. A second theme, one that is explicitly referred to and that serves to link this sense of elitism with that of place, can be found in stories that suggest that tenants are living in a palace.

Bea: It's amazing when you get a visitor who hasn't been before. I love to see their faces. (Laughs)

Ellie: They're absolutely speechless ...

Bea: I've said to lots of people outside about this place or they've said when they've come, I'm going to put my name down for this place.

Arthur: I just say I live in that stately home over there. I've got 56 bathrooms and 56 kitchens. (Laughter)

Ellie: When I used to come and see my auntie we used to sit in the lounge. Well, when I came here and [the manager] said, 'I want to show you something', I couldn't believe it. We walked along the bottom half and went in the lift. I came up in the lift and walked along the landing and thought 'where is she taking me to?' I got to number 37 ... in went the key. And we went in and had a look round. She then said 'Do you like the view?' And I said 'Yes'. 'Well,' she said 'it's yours.' I cried so much! The fact that I'd now be living in the spot where I used to sit in the old nursing home with my auntie. It really choked me and I did cry.

(Group 2, session 1)

Ellie: When I go to the shops, people ask me do you live in that home?

Arthur: What you want to say is, yes. I do live in that palatial home over there!

(Group 2, session 3)

This sequence not only shows an imaginative contrast between the palatial and what some of the working class visitors were used to. There is also a sense of theatre in the attitude of key staff, which helps to sustain the imaginative glue that maintains a positively storied community. A story of continuity between auntie and Ellie's experience, however, is shot through with a narrative of progress and difference and how Ellie is currently living in the best of possible worlds.

Whilst there were some clear statements that the RC could not, in itself, reverse physical incapacity that was an inevitable part of the ageing process, there were also a number of stories which suggest a view that RC might effect or approximate to some form of the miraculous. This third imaginative theme draws on formal representations and upon associative narratives. It delves more deeply into an amalgam of fantasy and experience as expressed in stories of miraculous cure:

Ivy: Mary here started with Alzheimer's and look at her now! Absolutely marvellous. When Mary went to hospital she was in a dreadful state.

Now she's come out of hospital and she holds a conversation, she plays her bingo.

(Group 1, session 2)

Ellie: There's some leaflets in the foyer that are worth reading. Have you read them? This one old lady couldn't speak at all and they got her to talk. She couldn't do anything. Her name's there and everything. That's what we've achieved for her!

Bea: Did they?

Arthur: There was one lady who was confined to bed and who was actually being fed in a nursing home. Then she moved [here] and she's now at the age of eighty progressed from that position and is actually learning how to swim. I mean people look at that and they cannot believe it's actually happened.

(Group 2, session 3)

This imaginative theme is sufficiently strong to appear in stories of disappointment as well as reported success. Kate had returned to her story of being let down, as a disabled person, by the RC. The others in her group began a conversation about their generation being independent and not liking to ask for help. Then, suddenly, Kate began an extraordinary narrative, rich in thematic content. It is one of the few times when any participant referred to life before coming to live at the RC. It maintains the theme of the discussion, but places it on a plane of imaginative association. She tells a story of how she had been taken to a faith healer:

Kate: My two brothers was fit. And as I grew up, I started to think they wasn't my brothers because they was able bodied. It took me ages ... then I didn't walk until I was seven ... When I was about four, we heard of a ... what do you call them now ... faith healer. My dad says 'I'm going to take you there'. He took me and believe it or not I walked for four days. I can still remember it. It was a beautiful experience. There was singing and they put me on a chair. He made me look at the photograph on the wall of Jesus. It was all lit up. It was like the picture came out of the wall. All he did, he just put his hands round me body and down me legs. Then I got up and walked. My mother hadn't got much money and when I come out of the crowd I had about nine pounds. They'd all thrown money. I walked for four days. When the woman took me to Birmingham, they put me on an x-ray and told me mum and dad exactly what I'd got – paralysis.

(Group 3, session 3)

These three themes – the 'here-and-now', palatial progress and miraculous stories – give some insight into what makes the storied community work at a level beyond the everyday pragmatic issues of security, support and autonomy. What is interesting about these

examples is that they draw on material from across the narrative spectrum. The community as represented, as experienced and through imaginative association, each finding a resonance within the thematic structure. It is in this sense that they shed insight into the processes that make the storied community work and elaborate its impact upon subjective wellbeing.

Conclusion

The experiences that these older people have reported suggest that RC life can be an antidote to ageist narratives of dependency and decline, and that peer interaction, when it works well, increases perceptions of wellbeing and self-activity. There are links between these narratives and both the observations of Baars and Thomese (1996) on the creation of an alternative to ageist society, and the positive effects that have been achieved in terms of lifestyle and morale (Longino and McClelland 1978; Osgood 1982; Luckinger 1994; Riseborough 1998; Brenton 1999). There is also a striking absence of some of the features of interactions in health and social care settings, such as a reliance on the body and its 'organ recitals' as a basis for identity and communication (Coupland *et al.* 1991) and such as a dependence on staff to sustain a continuing link with 'normality' and adult identity (Wilkin and Hughes 1989).

This study also reflects the number of levels at which narratives can emerge. Gubrium and Holstein (1998) note that, in addition to the overt or formal question that may be asked of them, older people interpret and respond through their 'stories in use'. These stories reflect particular contexts and conditions of story-telling as well as an individual's attempt to present a coherent personal narrative. They therefore act to ground the performance of identity simultaneously in both personal and contextual storylines. Their engagement with imaginative levels of identity emerges in the current study as an important element in how such stories are told. When the imagination is actively engaged, it can provide a source of internal coherence that parallels meaning as formally defined. It is suggested here, that this active use of narrative and imagination provides a storied kernel, around which notions of community can take shape. Indeed, the way in which such communities are storied, provide narrative structures that certain older people can live by, and prove to be a key factor in their popularity. These stories are maintained through an interaction of representation, interpreted experience and imaginative metaphor.

It would appear that the RC culture under study is based upon a narrative of practical peer support which contributes to a climate of physical and mental maintenance and a postponement of further decline. It is a culture, however, that has in its shadow a number of out-groups. Tenants cope with this contradiction, which works in so far as it contributes to a general sense of optimism and stoicism for the majority, through the generation of imaginative themes that lend their community coherence and depth. The resulting amalgam of representation, experience and imagination, serves these tenants in the generation of a particular storied community, allowing their diverse experiences to make sense. In order to preserve a fantasy of the miraculous and the palatial, and avoid having to think about past lives or future planning, considerable energy is put into preserving the RC as a good place.

For RCs to work then, they must engage with a convincing collective narrative and that narrative must engage the imagination. It is here that the efforts of formal and informal claims-making stand or fall, and it is here that the grail of sustained wellbeing in later life promises discovery.

It has also become clear, however, that just as other commentators have indicated (Kuhn 1977; Kastenbaum 1993; Laws 1997), the sustenance of the storied community also depends upon the identification of a series of out-groups. In the case of the RC under study, these included alternative localities in which they might have been living, most notably contemporary neighbourhoods and nursing homes; but also other tenants who were seen as 'characters', were severely disabled or excelled the middle-of-the-road cultural norm. Such incidents or absences in these emerging narratives suggest limits to what RCs can achieve, but may not be directly recognised by the various claims-makers involved. By evacuating discordant qualities into outsiders or other places, these qualities also become a source of tacit fear for those who live the story. They hint at what might happen if one ceases to conform to that dominant narrative, that the magic can be lost and one is left holding just another wooden cup.

As RCs develop in the UK, it is clear from this study that they are not a simple matter of collective accommodation and individualised consumer choice. To succeed, as a community, and it is from this that many of its positive effects appear to arise, it must also provide a convincing narrative within which tenants can live their lives. As such it re-directs attention to a number of factors that are often overlooked in the literature on retirement, residence and lifestyle in old age. First amongst these is the role of collectivity and the possibilities available to

sustain a positive narrative for later life. In so far as the particular RC under study was effective, this appeared less because of social or nursing care, and more because it contained a believable cultural story that some older people could then live by. It underlines the degree to which, in selecting certain places in which to grow old, policy makers are also placing older people within certain narratives that may enhance or restrict their self-development.

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Address for correspondence:

Simon Biggs, Centre for Social Gerontology, Keele University,
Staffs, ST5 5BG, UK.

e-mail: spao4@keele.ac.uk