

Unequal Social Engagement for Older Adults: Constraints on Choice

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RÉSUMÉ

Bien que les associations positives entre l'engagement et le bien-être social dans le troisième âge ont été confirmées par certaines études, cette étude visait à comprendre pourquoi certaines personnes âgées ne peuvent pas être impliquées. Les auteurs ont analysé des expériences vécues de 89 aînés demeurant dans trois communautés rurales au Canada, raconté dans les entrevues demi-structuré, utilisant la méthode de comparaison constante. Cinq facteurs font des choix pour l'engagement social dans la vie ultérieure inégale parmi les personnes âgées qui diffèrent par le sexe, la classe, l'âge, et le statut de santé. L'engagement profond dans le travail de soin, l'altruisme obligatoire, les ressources personnelles, les occasions d'implication perçues objectivement et subjectivement disponibles, et les barrières ageistes autour des activités désirées comme le travail contraignent des choix pour les aînés qui manquent le privilège dans l'économie du marché, notamment pour les vieilles femmes à faibles revenus. Pour éviter nuire et stigmatiser les plus vieilles personnes vulnérables, les barrières sociales aux activités significatives doivent être abordées – par exemple, par la provision de sécurité de revenu ou renversant la discrimination en raison de l'âge dans l'accès au marché du travail.

ABSTRACT

Although some studies have confirmed positive associations between social engagement and well-being in later life, this study aimed to understand why some seniors cannot be engaged. The authors analyzed the lived experiences of 89 seniors in three rural communities in Canada, from semi-structured interviews and using the constant comparison method. Five factors make choices for social engagement in later life unequal among older adults who differ by gender, class, age, and health status. Profound engagement in care work, compulsory altruism, personal resources, objectively perceived and subjectively available engagement opportunities, and ageist barriers around paid work constrain choices for seniors who lack privilege in the context of a market economy, particularly for low-income older women. To avoid stigmatizing vulnerable older persons, societal barriers to meaningful activities must be addressed – for example, through provision of income security or by reversing inter- and intragenerational ageism in access to the labor market.

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Introduction

Concerns that the graying of the population (Gee & Gutman, 2000) may raise societal costs have focused increased attention on those factors that keep older persons independent, productive, and healthy in later life. The perspective on healthy aging that has emerged from this work defines *aging well* as “a lifelong process optimizing opportunities for improving and preserving

health and physical, social, and mental wellness; independence; quality of life; and enhancing successful life-course transitions” (Peel, McClure, & Bartlett, 2005, p. 298). Many researchers have argued that aging well is promoted by active social engagement which encompasses “activities and social roles that ensure the survival and development of a person in a society throughout her life” (Levasseur et al, 2004: 1206, 2001;

for an overview of aging-well literature, see Chapman, 2005).

Because studies have confirmed positive associations between social engagement and various aspects of older adults' physical and cognitive health (Bukov, Maas, & Lampert, 2002; Ertel, Glymour, & Berkman, 2009), researchers have expressed optimism that increasing social engagement among older adults may be an effective way for them to achieve better health in later life. Herzog, Ofstedal, and Wheeler (2002, p. 594), for example, stated that "remaining active is good for older adults. A recommendation to remain active and socially engaged can be implemented by older adults themselves and is relatively easy to follow, often without high-tech requirements or costly outlays." This statement exemplifies an assumption that the power to achieve healthy aging lies within individuals who can do so by choosing to be socially engaged (Holstein & Minkler, 2003).

At face value, this assumption seems reasonable. Few would argue that being healthy in later life by way of being socially engaged is a bad thing. Yet critics emphasize the normative expectations this assumption carries – that active social engagement in later life is a prerequisite for aging well, and that those who are not well in later life may have themselves to blame because they haven't been sufficiently engaged (Katz, 2000; Laliberte-Rudman, 2006). Researchers also point out that some adults achieve a higher state of well-being in later life by choosing less, rather than more, engagement (Chapman, 2005).

Theorists recently have argued that well-being in later life is associated not with social engagement per se but with engagement in activities that an individual chooses freely and finds meaningful (Chapman, 2005; Katz, 2000). This argument is based on earlier studies that found individuals perform best in situations which they believe they have entered voluntarily, as this gives them a sense of control and satisfaction and inspires positive emotions (Solomon, Sneed, & Serow, 1979). But in order to advance the emerging argument that choice regarding social engagement may be important to well-being in later life, we cannot simply assume that older adults always have a choice. This crucial assumption must be empirically tested.

The purpose of our study was to explore constraints to choices of social engagement among older adults living in three rural Canadian communities. These constraints may be relevant to a large number of people, as about 12 per cent of the Canadian population is over the age of 65, and about one quarter of all Canadian seniors live in rural areas (Schellenberg & Turcotte, 2007). We based our study on the thesis that choices for social engagement in later life may be

affected both by older individuals' personal characteristics and by community contexts. Researchers have noted that one important aspect in which rural communities may differ from urban areas is their lack of anonymity coupled with a tight-knit character (Keating, Swindle, & Fletcher, 2011). This aspect may facilitate the maintenance of social connectedness but at the same time block social engagement for some older individuals. For example, those who moved into the community as newcomers are typically viewed with some suspicion until they prove themselves in some way (Garland & Chakraborti, 2006). Other factors having an impact on social-engagement opportunities for rural older adults are the remoteness of some rural Canadian communities, a dwindling economy, and disparities of service infrastructure (Keating & Phillips, 2008).

Review of the Literature

Social Engagement of Older Adults

Survival through social engagement (World Health Organization, 2001) is believed to be effected through activities that have a social component and are performed in the presence of, or in relation to, other people (Maier & Klumb, 2005). These activities include volunteering, socializing and pursuing various forms of leisure with friends and family members, caregiving, and pursuing paid work (Maier & Klumb, 2005). In our study, we predominantly focused on these four forms of social engagement.

Research on social engagement of older adults conducted so far has predominantly focused on two issues. The first issue is differences in social-engagement patterns among older adults who differed by personal characteristics. Older men who retired from professional or managerial white-collar occupations and have a relatively high level of income and wealth are more actively engaged in volunteer work, social clubs, and service organizations than are their counterparts who retired from blue-collar manual occupations, with lower income and less wealth (Harwood, Pound, & Ebrahim, 2000; Warburton & Stirling, 2007). Older adults who are more highly educated and have better social skills and connectedness to others tend to volunteer in a wider range of religious, educational, political, and senior citizens' and other organizations, and to contribute more hours (Tang, 2008). Gender differences in social engagement have also been found between older men and women. Older women form peer social support networks that provide members with various kinds of emotional and instrumental help, while older men are more likely to engage in social leisure activities "side by side" with their peers (Davidson, 2004). Researchers have noted that these differences may be

caused by norms across the life course in which women carry primary responsibility for nurturing and caring for others in families and in communities (Cunningham, 2008; Davidson, 2004). However, while providing evidence of relationships between individual characteristics and the quantity or quality of social engagement, these studies did not examine how individual characteristics might have shaped these patterns of social engagement of older adults.

The second issue in social-engagement research is the impact of social engagement on increasing longevity, and on improving physical and mental health and well-being in later life. Several studies – which focused on social engagement as community involvement in neighborhood associations, church groups, or non-governmental organizations – found that social engagement generates a beneficial effect on maintaining and restoring activities of daily living and preventing disability (Bukov et al., 2002; Mendes de Leon, Glass, & Berkman, 2003). The argument that health can be both an outcome and a driver of social engagement is well-known (Mendes de Leon et al., 2003). Moreover, empirical studies have also provided some evidence that social engagement and affiliation with other people improves physical and cognitive health in later life (Mitka, 2001). Although studies have confirmed positive outcomes of social engagement, it is unclear whether these outcomes are associated with engagement per se or with engagement in preferred activities. McPherson (2004) hypothesized that only social activities in which older adults engage voluntarily, and which are personally meaningful to them, bring positive outcomes. Yet the question as to whether older adults have a choice regarding meaningful activities in which to engage has remained largely unexplored empirically. Our study aims to address this gap in knowledge.

Factors that Shape Choices of Social Engagement

To investigate constraints on choices of social engagement in later life, we drew on insights from critical gerontology, feminist political economy, and the interpretive sociology of Pierre Bourdieu. Researchers have applied all three of these perspectives to study inequality with a class- and gender-based approach (Bezanson, 2006; Bourdieu, 1999; Martinson & Minkler, 2006). At the core of these perspectives is a critical lens on why people behave in a certain way, what may be the underlying causes of these behaviors, how the behavior of some social groups affects other social groups, and whether these effects are to the groups' advantage or disadvantage.

Critical gerontology seeks to understand the material and cultural foundations of the existing age-based social order, the roles enacted by older adults in the

society, and the functioning of various institutions including pensions and health care. Key questions concern whether some age groups, and some individuals within the age groups, may be more or less privileged in this context (Estes, 2008; Holstein & Minkler, 2003).

In a similar vein, the *feminist political economy* approach addresses questions of unequal power that underlie the divisions of labour and of resources in the society, in the community, and within households. It highlights the relative lack of privilege of women, particularly those of lower socio-economic classes, as evidenced by their systematic performance of less economically valued work related to social, economic, and physical reproduction of individuals, including child and elder care work (Bezanson, 2006; Karamessini & Ioakimoglou, 2007).

The central idea within *Bourdieu's interpretive sociology* (1999) is that inequalities of class, gender, race, and other dimensions of the social structure are lived, enacted, and performed through every aspect of individuals' verbal and non-verbal behavior, permeating all the nuances of how people walk, dress, talk, and so on (Bourdieu, 1988). Thus actions of people who differ on class, gender, or other dimensions of inequality can look similar in form (for instance, giving \$20 to an elderly neighbour who is known to be in financial need), but they can have different subjective meanings and significance (for example, for a financially well-off person the relative cost of giving away \$20 will be different than for a person with more constrained means). Conversely, actions that look different in form because of the individuals' structural characteristics (having an expensive birthday celebration at a resort versus having a party at home) may be similar in meaning (providing the feeling of closeness and belonging to one's family and friends). To understand this specificity of meaning of specific individuals' actions and behaviour, researchers need to interpret these actions within the life context and from the perspective of the study participants, seeking to understand the meaning of any action for a particular person having specific resources and limitations.

Arising from these three perspectives – critical gerontology, feminist political economy, and interpretive sociology – the first conceptual argument that constituted the backbone of our study is that choices of social engagement are shaped by structural inequalities including, but not limited to, social class and gender. Class and gender are social processes that determine locations of individuals within social hierarchies (Resnick & Wolff, 2003). Class positions arise from interdependent economic relationships among people and are measured by variables including education, occupation, income, wealth, and place of residence (Adler & Rehkopf, 2008). As a second dimension of social inequality, gender

is associated with the increasing demands on women related to care work responsibilities. Several factors account for this trend, including demographic trends of population aging, reduced public spending in health care (McDaniel, 2004), and high levels of participation of women in paid work outside the home (Bezanson, 2006).

Bourdieu's (1988) theory of habitus and capital illuminates ways in which structural inequalities like class and gender that underlie material disadvantages may constrain older adults' choices for social engagement. *Habitus* means the internalization of cultural discourses that shape people's predispositions to act, and makes a person perceive any action or ambition as reasonable or unreasonable. Individuals from middle and upper classes may have a "cultivated" habitus that predisposes them towards a wider array of social actions. This wider array of social actions is enabled by and grounded in capital, which is a range of economic, social, and other resources. Conversely, older adults with limited personal resources are likely to perceive social activities that involve out-of-pocket expenses as unrealistic, regardless of whether they may or may not in fact be able to afford them.

The second conceptual argument that framed our study is that choices of social engagement in later life are shaped by broader economic and political contexts, and that communities are prisms that make these contexts visible. Critical gerontologists posit that deregulation, privatization, changes in a taxation system that benefit large international businesses, and subsequent budget cuts create a "desperate economic need to fill gaps in services and systems now vacated or severely under-funded by government" (Martinson & Minkler, 2006: 320). On top of voluntary activities with a long cultural tradition in Canadian society (such as veterans' involvement in the Royal Canadian Legion) and the emergence of new or expanded volunteer efforts in response to population aging (such as the expansion of Meals on Wheels services), communities also mobilize the unpaid labor of older volunteers to address gaps in services and manage broader problems (Bezanson, 2006, p. 435).

Yet an increased need for their contributions does not necessarily expand older adults' choices for social engagement. From a feminist political economy perspective, Chant (2006) found that low-income women's intense involvement in both unpaid and paid work occurs because they have no choice but to assume increasing responsibility for managing family poverty under conditions of duress. Whether the same is true of older women in that they are also responsible for managing poverty by engaging in unpaid or in paid work, has not been considered.

Given that social engagement may be affected by both structural inequalities and contextual factors, it is important to explore how well the assumption that seniors can choose their lifestyles, including their social engagement, holds up in the lives of older men and women (Gilleard & Higgs, 2007). This assumption, however, has never been explored. In this article, we contribute to filling that gap by examining the factors that constrain choices of social engagement in the context of rural aging, which in Canada is especially relevant since almost a quarter of all adults 65 years and older live in small towns and rural areas (Schellenberg & Turcotte, 2007).

Methods

Interpretative Approach

Our study builds on the interpretative tradition of qualitative research that considers reality as a social construct, researches cultural specificity and diversity, and seeks to understand social processes through thick description (Charmaz, 2000; Mason, 2002). Interpretative qualitative inquiry that elicits respondents' representations of their experiences (Kenway & McLeod, 2004) has common grounds with Bourdieu's reflexive sociology that aims to understand the reality constructed through the eyes of respondents (McRobbie, 2002).

In line with interpretative qualitative methodology, our investigation proceeded from the bottom up by comparing and piecing together insights garnered from older adults' experiences and from the literature that we were reading. The conceptual argument that choices of social engagement are shaped by structural inequalities and by broader economic and political contexts was not a hypothesis preceding the study but emerged during the data analyses, as we reviewed existing literature for ideas that helped us to understand the emerging findings and set them in the context of contemporary knowledge.

Data Sources

The data came from semi-structured, 60- to 90-minute long qualitative interviews with a total of 89 older adults conducted in three rural communities located respectively in the provinces of Alberta, Ontario, and Nova Scotia as part of the research program [Eales et al, 2006]. The three communities we chose all had high proportions of older residents but differed in terms of their economy, geographic settings, quality of service infrastructure, and cultural context. Entry into these communities for data gathering was facilitated by the fact that team members were acquainted with some of the community stakeholders through previous research projects. The three communities share

small population size (1, 020 to 2, 854 residents) and a high proportion of older residents (22.5% – 41%). Yet in other ways, the communities are diverse.

Bobcaygeon is one of Canada's retirement communities located 200 kilometers northeast of Toronto in the heart of cottage country. It attracts many people with considerable financial resources. Oyen is a farming community in southeastern Alberta, two hours' drive from the closest urban center (Medicine Hat). The economy is based on farming and related services. Parrsboro is a maritime community situated in one of the oldest settled areas of Canada, two hours northwest of Halifax. It is a seasonal community with summer tourism being the town's principal source of revenue.

Sampling of participants for the semi-structured interviews was purposive and was conducted by carefully selecting older adults who were different from one another in terms of their personal characteristics, backgrounds, and life experiences, and who could thus provide different perspectives and views on their life within these communities (Eales et al, 2006)). Every effort was made to reach older men and women who varied in their health and marital status, levels of income, and educational and occupational backgrounds. The first interviewees were recruited following word of mouth recommendations of the long-term community residents known to researchers from previous work in these communities, thereafter recruitment continued by placing posters and fliers about this study in locations frequented by older adults, and following recommendations of other interviewees and of community stakeholders knowledgeable about older adults (local service providers and members of the local councils). Transcripts and corresponding field notes were used for the data analysis. To protect the privacy of respondents, pseudonyms were used.

Data Coding and Analyses

We chose an inductive approach to our thematic analysis of the data (Mason, 2002). We explored the social-engagement experiences of rural older adults by comparing what we heard across the interviews through a continuous iterative process. Following Bourdieu (1999), to gain insight into older adults' socio-economic position we examined the respondents' references to income, education, previous or current professional affiliation or unemployment, and wealth (owning a house or other property). Interviewers' observations about the size, quality, and location of the respondents' home recorded in field notes were used as an additional source of information about older adults' personal resources. Coding was done by carefully reading the transcript line by line, reflecting on the meaning of the text, and comparing it with the interviews that had

been read before. As we read and reread the interview transcripts and field notes, we wrote memos, and developed tables and schematics that summarized the topics and themes that we saw emerging through interview comparisons. Labels for these topics and themes were developed through discussions among the co-authors. QSR's NUD*IST software program was used to manage the coded data.

Findings

By systematically comparing the experiences of seniors who differed by gender, age, health status, and economic resources, we discovered five broad constraints that limit choices of social engagement in later life: (a) profound engagement in care work, (b) compulsory altruism, (c) personal resources, (d) subjectively perceived and objectively available opportunities for social engagement, and (e) ageist barriers around paid work. Constraints for social engagement in later life may be of two kinds: (a) profound engagement in care work and compulsory altruism are constraints that make older adults engage more than they wish in one activity, crowding out engagement in other activities; and (b) personal resources, subjectively perceived and objectively available opportunities for engagement, and ageist barriers are constraints that prevent older adults from engaging in activities they like or as intensely as they would like. . .

In presenting our findings here, we have used quotes from the interviews that best illustrate the five constraints. Because specific circumstances referred to in the quotes may have been particular to the community where the interview took place, they may not represent constraints to social-engagement choices in all rural communities.

Profound Engagement in Care Work

"Profound engagement in care work" describes the experiences of older adults who make do under conditions of duress and scarcity of services: these adults engage heavily in caregiving for family members and supporting friends, often abandoning other kinds of social engagement. Care work has been traditionally considered by society as women's domain (England, 2005), and, in fact, the majority of persons engaged in caregiving among the older adults we interviewed were women. Profound engagement in care work encumbered older adults' limited temporal and other resources, leaving little room for opportunities to engage in other social activities they perceived as meaningful. In the words of Mary, an 80-year-old woman from Parrsboro, care work was her main activity as her husband's health had deteriorated, and it precluded her

from pursuing social-engagement opportunities outside of home:

What do I do for entertainment? Well my husband's old, eh! I don't do anything for entertainment, no. I'd like to be doing something but I can't leave him alone too long. He's sort of, losing it, it's hard on me, but this is why I can't be where I'd like to be at times.

Janice, an 80-year-old woman from Oyen who was providing care for her frail husband, shared a similar experience. She was afraid to leave the house to spend time with her seven grandchildren because her husband may fall in her absence and there would be no one available to help him:

Interviewer: How much time do you get to spend with them [her grandchildren]?

Janice: Not that much ... I don't like leaving Jack [her husband] too often, in case he falls when I'm gone; he could be there for a while.

Older women like Janice and Mary may have preferred to engage in other kinds of social activities, but the contexts of the rural community – where obtaining home or respite care was problematic due to gaps in health services infrastructure – may have exacerbated the need for their profound engagement in care work.

Compulsory Altruism

Altruism means a willing acceptance of responsibility for doing something that primarily benefits other people, thus “compulsory altruism” refers to circumstances in which older adults feel that activities are demanded of them by circumstances beyond their control. On a personal level, compulsory altruism is “a complex mix of love and moral obligations” (Heenan, 2000, p. 207) that provides a foundation for selfless acts of caring by individuals for others in their community. Community characteristics may influence the opportunities and pressures for older adults' social participation. In recent years, Parrsboro experienced an economic decline, followed by an out-migration of population and a reduction of services. In response, volunteer organizations mobilized themselves to bridge the scarcity of services. Margaret, a 75-year-old Parrsboro woman, felt she had a sense of compulsory altruism: limited choice regarding the extent of her social engagement because there was no one to replace her and her peers in their volunteer role in a community having high needs and few resources. Observed Margaret:

That's my generation now [that constitutes the majority of volunteers], and they're worn out and tired. You know, they're doing the church volunteer work and they're doing the food bank, and they're doing this and that. I'm certainly old and worn out. [Laughs]

Oh, I get a kick now and again. [But] the population is so few. The out-migration is terrible, has been for some time. You've got to leave here to get a job. That leaves a lot of seniors holding the bag.

While Margaret felt the pressure to continue her volunteering despite her growing fatigue, not all older adults shared the same experience. Some seniors reported qualitatively different volunteer experiences. Edna, 70 years old, moved to Parrsboro with her husband, a doctor who still worked in the community part-time. She recognized the shortage of volunteer labor in the community, but acknowledged she had a choice regarding the extent of her own engagement. In her words:

Edna: Unfortunately, it's left to the seniors to do the volunteer work.

Interviewer: What are you involved in?

Edna: At the moment, I've cut back. I'm just involved now with the church and the [Community] Shore Historical Society. In the summer time, when the Ships' Company has their theatre going, I do volunteer down there for haunted house. So, that keeps me busy.

Elizabeth, an 82-year-old Parrsboro woman who lived in a subsidized seniors' apartment building, commented on her regular provision of assistance to friends who could no longer drive:

I have a car, but there are a lot of them here who have no transportation. I mean, they've taken our train, the buses – everything in transportation – off. A lady over here, she must be about 88, she calls me quite a bit, and I take her down for groceries and that sort of thing. I don't mind doing it [in the summer] but once it gets icy, I don't know what she's going to do.

In a remote community lacking essential services and infrastructure to support seniors' independence, older adults like Elizabeth organized themselves into informal “make do networks” to get by. Within these support networks, exchange of help occurred on a regular basis.

Older women with more economic resources did not share the same experiences as their counterparts with limited income. As Irene commented:

When I was a child growing up in the Depression years, my father had a good job but it was very difficult to make ends meet. So I often think, how did others with large families and no work ever manage at all? They must have had a long, difficult, uphill journey all through their lives, raising big families and not much to raise them on, and they now have these units to live in. Those who have cars and do drive, drive those around who can't drive or are elderly, so they share their cars and they go together and they seem to have good working relationships with that.

Irene appreciated the existence of support networks among these older adults but acknowledged her good luck in being able to observe their experiences from the outside.

It is possible that seniors with less economic capital, like Margaret or Elizabeth, were more likely to embrace the moral obligations of helping their peers, because of their closer affinity to their peers' experiences of need. The need that their efforts strove to alleviate in their community was of immediate concern to them because they could easily picture themselves, as they aged, in the shoes of those whom they were helping.

Older adults who have more economic capital have a choice where to grow old. They can move away from a community (and its concerns), and thus their commitment to altruistic behavior that benefits other people is not compulsory.

Personal Resources

Limited economic resources prevent older adults from engaging in activities they may want to pursue. Hilda, a woman in her early 80s from Oyén, wistfully remarked:

I don't go out much. Even for us – there's just the two of us – it costs money, taxes, and utilities. Some people go shopping all the time. They go out for their meals and stuff. I'm lucky if I get out once a week or once in two weeks.

Hilda was referring to a range of social-engagement opportunities that were not affordable for her on a fixed income with little if any discretionary money. Older adults with limited financial resources may have enjoyed being engaged to a greater extent, but they could not afford the associated cost. Thus, the scope and intensity of their social engagement was limited. Henry, a 67-year-old man living in Bobcaygeon, commented:

We've always lived fairly tight, we've never had a lot of extra money all of our lives. If it wasn't for the financial challenges, there might be some other things that the area offers, but we can't do it. I love to curl, and I'd love to go golfing with the boys. They ask me to go out all the time, but can't afford it ... bills come first.

In contrast, sufficient personal resources enhanced seniors' ability to choose the kinds of engagement they valued, with their families and otherwise, and enabled them to participate in activities they found meaningful, effectively managing time and distance. For Steven, a 72-year-old man who lived in Bobcaygeon with his wife, financial resources were not a constraint for social engagement, judging by Steven's comfortable way of speaking about the various pastimes that involved spending money:

The wife and I will be celebrating our 50th wedding anniversary next year, and we're going down to Niagara, and the kids have all gotten together. And we've booked a hotel on Saturday, and we're all gonna gather together for a sort of a Christmas party before we go away [south to Texas for the winter]. When we go down to Texas, the first thing I do is email all the family. They send replies back, and then, about once or twice a week, I'll let them know all the exciting news, like we're going to a spaghetti dinner or something like that. The usual thing.

Henry's and Steven's narratives provide discursive windows into ways in which structural inequalities like social class and corresponding differences in personal resources may shape choices of social engagement. While Henry referred to social activities he enjoyed but could not afford to pursue, Steven's choices of social engagement were substantiated as realistic and affordable by his adequate discretionary income.

The Range of Opportunities for Social Engagement

Subjectively (or not) Perceived Opportunities

For some older adults in our study, the lack of privilege was associated with a restricted range of engagement options they viewed as possible, because of limited personal resources and because of their objective lack of social capital and skills to enable accessing and sustaining social relationships. Those with limited social capital tended to be passive in many of their social interactions, waiting for others to initiate an outing or social encounter. If an invitation was not extended, they did not see opportunities to reach out. Leslie, a 72-year-old woman who moved to Parrsboro with her husband, commented that "We were here five years and never asked to join anything. It is hard coming into the community from away. The people that we know, they have their friends. It's hard to make friends".

Joanne, an older woman from Bobcaygeon, noticed the opportunity to attend a luncheon hosted by a community organization only when somebody took the initiative to invite her:

Interviewer: Do you have activities with the churches? Catch any of their dinners?

Joanne: No, I haven't, really. Oh, I had a new neighbor move in next door, and [she] and her husband were supposed to go to this luncheon that the seniors put on in the bowling club's facility. But her husband couldn't come, so she took me. This was a couple of weeks ago and it was excellent.

'Available' Opportunities

One question that interests us is whether some older adults may be regarded as misrecognizing opportunities for social engagement when in fact none of the

community's available activities and social roles may be meaningful for, or appeal to, the seniors. Heather, a frail 86-year-old woman from Oyen, laughed at the idea of playing cards with friends.

Heather: Well you're supposed to play cards, you're supposed to play bingo for heaven sakes.

Interviewer: And that just does not appeal to you at all [laughs].

Heather: God no [laughs]. I've never played bingo. Maybe I'm missing something ... I worked as a bookkeeper, I became a parts man, I sold parts for tractors, etc. I had a reputation of being a very good parts man.

Interviewer: And when did you stop working?

Heather: When I got cancer and was unable to work.

Heather's attitude indicates that she did not appreciate the conventional options of leisure activities; instead she valued participation in employment, which was no longer possible for her because of deteriorated health. Ninety-two-year-old Alan, who lived in the assisted living facility in Oyen, commented that he did not particularly enjoy the typical activities available to older adults. But unlike Heather, he engaged in them in the absence of anything more meaningful: "There are a lot of card games and bingos here. It's not my favorite game, but I still do it just for something to do". Alan's observation illustrated the fact that social engagement for older adults with health limitations and for those in assisted living facilities may be significantly constrained by the limited range of engagement opportunities available for frail seniors in the community or facility.

Ageism as a Barrier to Paid Work

Some older adults need to work out of economic necessity. Gordon, a 66-year-old man from Bobcaygeon, reported having insufficient pension income, and therefore he sought employment to make ends meet. He said that finding work was problematic due to ageist attitudes of employers, who discriminated against older adults. Ageism, or prejudice and discrimination against older adults because of their age (Butler, 2005), is a significant barrier to paid work in rural communities. Not only are jobs scarce in rural communities but, as Hannah, a 66-year-old woman from Parrsboro noted, employers may deny older adults' ability to make paid contributions:

I was determined to try to do better. I took an administration assistant course in computers. I went in debt for it, too, \$10,000 to pay back ... and they told me I was too old to do any more with it. I was very discouraged.

Debbie, a 65-year-old woman who moved to Bobcaygeon with her husband, also encountered ageism in the workplace. Although this community may have

jobs in industries that provide services for retirees, employers may not perceive older adults as fitting candidates. Debbie recalled:

The biggest crisis financially was the fact that there was no work for me. We have small pensions that are guaranteed, that pay for the mortgage, and that's the only way we survived. I came with a lot of qualifications, and all I wanted was a job. I was willing to settle for \$10 per hour, and I got absolutely nowhere.

For Gordon, Hannah, and Debbie, the need to work was not a matter of choice. In contrast, because she had sufficient income, Christine, a 68-year-old woman from Bobcaygeon, had a choice whether to work or to engage in other activities:

When we moved up here, I could have got another job, but we didn't need me to work, and I would have had to drive to [the city], because there're no jobs around here, and I didn't want to do that. So instead of going to work I did a lot of volunteer work. I still do quite a bit of volunteer work.

Although employment could be meaningful for Christine, personal economic resources removed the ageist barriers to living a meaningful life, and provided her with more time to choose alternative social-engagement opportunities such as volunteering.

Discussion

Conceptual Implications

Social engagement has been a popular subject of study among researchers who sought to establish its association with physical and mental health in later life (Ertel et al., 2009; Mendes de Leon, 2005). Scholars have pointed out that social engagement is one of the fundamental human rights (Nussbaum, 2007), and there is an emerging recognition that only social engagement that is freely chosen and personally meaningful to an older individual may be associated with well-being (Katz, 2008; Marmot, 2006). But our study has found that some older rural adults may have limited choices regarding activities in which to engage, and that these limitations are caused by factors that go beyond the already recognized barriers to social engagement including poor health or social isolation (Ertel et al., 2009).

One contribution of this study is in illuminating how inequalities of personal characteristics of older adults in three rural communities in Canada constrain choices for social engagement. Two of these constraints (profound engagement in care work and compulsory altruism) manifest in older adults' engagement in helping others and volunteering to a greater extent than they would like, leaving little room for other potentially meaningful activities. The other three constraints

(personal resources, the range of opportunities for social engagement, and ageism as a barrier to paid work) preclude older adults from engaging in activities they find meaningful. Bourdieu's insights (1988, 1999) let us better understand the subjective understandings of constraints to social engagement that stem from an individual's characteristics and how they intertwine with objective societal conditions that may preclude social engagement. On one hand, the older adults in our study with fewer personal resources and lower social skills subjectively saw fewer social-engagement opportunities as attainable compared with their more privileged peers. On the other hand, the community (all three) had a limited spectrum of social-engagement opportunities for seniors with limited personal resources (including their health), placed an unaffordable price tag on social activities they liked, or created circumstances where volunteer work or provision of care and support to others became non-negotiable, which objectively constrained the choices for social engagement they could make.

The extent, therefore, to which these constraints affected older adults' social engagement and limited their choice of activities was mediated by class and gender. Although middle-class older adults experienced some of these constraints, the higher level of social capital and other resources they commanded afforded them a wider range of social-engagement choices. Older adults with adequate economic resources could afford to pursue social and leisure activities they liked; they could substitute paid work for volunteering, cut back their volunteer contributions when they became too demanding, or even consider moving to another community that better met their needs.

It's true that the proportions of older Canadians who live in poverty have declined from 21 per cent in 1980 to 7 per cent in 2003 thanks to governmental income-security programs, access to the Canada Pension Plan, and participation in private pension programs (Schellenberg & Turcotte, 2007). However, some groups of older adults are considerably more likely than are others to live in poverty, and hence more likely to have limited economic resources that limit their choices for social engagement.

In comparison to the rate of poverty among older Canadians in general (7%), the rates of poverty are much higher among older women 80 years of age and older (18%), seniors living alone (18%), seniors who are members of visible minorities groups (22%), and immigrant seniors (13%) (National Advisory Council on Aging, 2005). These groups of older persons are most likely to experience the constraining effect of limited economic resources and, consequently, to have limited choice regarding their social engagement. From

the premise of social justice, it means that unless income security and other such policies continue to address economic constraints to social engagement, economically disadvantaged older adults will have difficulty engaging in activities that for them have personal meaning. And if health communication adopts the message that individuals can choose to age well by being socially engaged, experiences of more privileged older adults for whom this may be true can become the norm and expectation for all seniors. Unless a better message is developed that considers constraints to lifestyle choices and activities that benefit one's well-being, persons and social groups marginalized in the context of a market economy risk being blamed for their poor health outcomes.

Another contribution of this study is in considering constraints to seniors' choices for social engagement in the rural context, which has received little attention in the literature on social engagement and social exclusion (Scharf & Bartlam, 2008). Although there is emerging work on social exclusion among seniors living in rural areas in England and Western Europe (Garland & Chakraborti, 2006; Giarchi, 2006), no study to date has reported constraints to social engagement among rural older Canadians. Studies in rural England point out that ageism and a lack of economic resources may also pose barriers to social engagement for some older adults dwelling there (Giarchi, 2006). Whether it is a phenomenon specific to some rural communities in England and in Canada, or is typical for rural areas more generally, remains to be confirmed. Furthermore, comparative research is needed to explore whether – in countries with systems of health care, elder care, and social welfare provision different from those in Canada (for example, Sweden, with its more comprehensive social welfare system) – profound engagement in care work and compulsory altruism may also restrict rural, and urban, older adults' choices for social-engagement opportunities.

It is possible that constraints to choices for social engagement that we identified in rural Canada may manifest differently in urban areas: there may be less need for older women to heavily engage in care work if more services are available. Thus, expanding this research among older persons living in urban areas has merit, especially since no study to date has considered factors that expand or constrain choices for social engagement of older adults dwelling in urban Canada, with the exception of studies that reported the impacts of health on social engagement (Menec, 2003). Because of racial and ethnic homogeneity of older, rural populations from which our sample was drawn, it will be important for future studies to include race and ethnicity as another dimension of structural inequality. It will be equally important to explore constraints to social-engagement choices by older adults from different ethnic and racial groups as well as by adults aging

with physical and mental disabilities. Cross-cultural comparative research could demonstrate whether social activities and roles offered to older adults in different social, economic, political, and institutional contexts differ, and whether structural inequalities pose universal limitations to seniors' choices of these activities and roles.

Further research should expand the findings from our study using a life-course approach to better understand continuity in individuals' social-engagement patterns from adulthood through later life (Ertel et al., 2009). Many constraints on choices of social engagement may also develop over the life course. For example, social capital and, consequently, subjectively perceived social-engagement opportunities in later life are influenced by education, and an older individual's financial resources in later life are influenced by their previous patterns of (un)employment and their marital history, among other factors (Chappell, Gee, McDonald, & Stones, 2003). A longitudinal study of social engagement over the life course, as well as in-depth life-history interviews with older adults, may provide exciting opportunities to further examine these issues.

Implications for Policy and Practice

Having advanced the conceptualization of social engagement in later life, our study also has practical implications. First, in contrast to the assumption that all older adults can choose to stay socially engaged and thus are individually responsible for aging well (Herzog et al., 2002), policies and programs that systematically address social-engagement constraints are, in fact, needed to enable older adults to age well by staying socially engaged. Potential examples of what these policies and programs could address include, but are not limited to, the provision of income security or reversing inter- and intragenerational ageism in access to the labor market. As another example, the Experience Corps for Independent Living initiative in the United States tested ways to use older volunteers' experience and time to expand volunteer efforts on behalf of independent living services for frail older people and their caregivers, by reimbursing the expenses of economically challenged volunteers (Rabiner, Koetse, & Nemo, 2003). The evaluation of this program concluded that when the volunteers' own essential economic needs were better addressed, choices for meaningful activities expanded both for volunteers and for the frail seniors whom they were assisting, (Rabiner et al., 2003). However, an expectation that older adults should volunteer and work for free only because they are old whereas younger people would be paid for similar work is one manifestation of ageism and age discrimination (Soidre, 2005). Older adults

who want and need to engage in employment must have a real choice to do so.

A second implication for social engagement in later life is that health promotion policies need to be holistic. Health communication professionals must be actively aware of populations with constrained lifestyle choices to avoid harming and stigmatizing them through messages that advocate social engagement to ensure well-being in later life. While enabling individuals and providing them with the knowledge and skills for making wise lifestyle choices is essential, so is removing societal barriers to meaningful activities. Besides addressing income insecurity, it is important to reconsider the schemes of communities' provision of services. Difficulties in accessing essential services, as well as the amount of effort required to do so, may encumber older adults' limited resources and crowd out other meaningful activities that would lead to improved health and well-being.

Some older adults enjoy more extensive choices than do others for social engagement in activities they find meaningful, and our study has added to the conceptual understanding of this diversity as it relates to older adults' personal resources and community context. As long as factors persist which limit older persons' ability to pursue valued activities, the scholarly community should not become complacent about social engagement in later life as a matter of an individual's choice. Social engagement is a fundamental human right, and this research seeks to ensure that society has meaningful roles for persons of all ages, and that all may freely pursue those roles.

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