COMMUNITIES OF PRACTICE AND POSSIBLE SELVES IN ELDER COHOUSING: A CASE STUDY

by

REBECCA SUSAN VANDER PLAATS

(Under the Direction of Laura L. Bierema)

ABSTRACT

Older adults' experience of aging is influenced by many factors; among them are learning, social relationships, personal growth, and housing. The participants of this study belonged to an elder cohousing community that has been shown to enhance members' experience of aging, but the role of learning in this outcome had not been explored. The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of their elder cohousing community. This case study analyzed interviews of 21 community members, participant observations, case documents, and field notes to understand the experiences of community members as individuals and to develop a picture of what was happening in the community as a whole. Results suggested that participants were learning through engagement in multiple communities of practice and that the communities of practice allowed them to explore their identities through possible selves, ultimately contributing to a more positive experience of aging. It was concluded that (a) when older adults take action as learners to expand the scope of their identities, their experience of aging is enhanced and that (b) communities of practice within elder

cohousing offer an ideal setting for this type of learning. A new model of learning in elder cohousing is provided. This study supports previous research on the benefits to older adults of expanding their possible selves and the benefits of communities of practice for individuals transitioning to a new phase of life. It supports elder cohousing as a positive housing option for older adults and suggests that older adults can benefit from belonging to an elder cohousing community even if they live off site. Efforts should be made to integrate new members into the community and to promote interaction between older and younger members.

INDEX WORDS: Older adult learning, Elder cohousing, Aging well, Communities of practice, Possible selves

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DEDICATION

This dissertation is dedicated to the older adults who have inspired me to enjoy life to the fullest, to continue learning and exploring, to make significant contributions to the world, to challenge what people say is possible, and to keep making new friends at every age. They include, but are not limited to, Fran and Frank Frasier, Margaret Holt and Asterios "Stell" Kefalas, Adeline Holt, Sylvia Hutchinson, Bonnie O'Brien, Doug and Pam Kleiber, and the members of the Parkside community, especially the participants in this study.

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CHAPTER 1

INTRODUCTION

Few people talk about aging in positive terms. Rather than looking forward to old age, many people fear it. Our culture worships youth and peddles products designed to stall the aging process. Worse, older adults are sometimes forgotten, as if acknowledging their presence means we have to acknowledge our own mortality. Many older adults live isolated from friends and family, either in their own homes or in assisted living facilities and nursing homes. With the general public being exposed to few examples of older adults living and aging well, it is no wonder that people fear aging. In the absence of positive images, our imaginations run wild with worst-case scenarios of debilitation, loneliness, and powerlessness. In truth, the worst-case scenario can become reality for some elders in our country. However, another version of reality also exists—one in which older adults are vibrant, connected, and leading fulfilling lives of their own design. This dissertation aimed to shed light on one particular community in which the second version of reality seemed to be occurring, and it aimed to explore the role of adult learning in making it happen.

A Tale of Two Sallies

To illustrate the different paths that life can take for older adults in the U.S., this section will describe the circumstances of old age for two fictitious women, both named Sally. Sally Longmire was born in 1941 in a small town outside of Chattanooga, Tennessee. She grew up in a White family of six children with parents who held lower-middle-class jobs as a factory worker and a childcare assistant. Sally graduated from

high school in 1961 and married Bud, her high school sweetheart, shortly thereafter. She worked as a grocery store clerk until she gave birth to her first child. Her husband worked in a mill to support the family. Sally L. suffered from bouts of depression, but she never sought help because she feared it would be looked down upon by the people around her. To cope, she ate sweets and smoked cigarettes. She tried to be an attentive mother to her children, and she read romance novels in her spare time. Her relationship with her husband was strained due to financial worries, her depression, and his tendency to drink too much. In 1987, after the youngest of their four children left home, Sally and her husband divorced. She moved in with her sister in the same town and got a job as a greeter at Walmart, which paid minimum wage and offered no health benefits. A few years later, at the age of 51, she moved in with Tom, a retired school bus driver whom she met at church. She did not want to get married again after her experience the first time around, but they took care of each other in the ways a husband and wife would. By this time, Sally L. was significantly overweight and was still smoking half a pack of cigarettes a day. When Sally L. was 62, Tom died of a heart attack. In his will, he left her the house they had shared, which was paid off. At 65, she retired from working at Walmart. She had very little savings and mostly lived off of her Social Security checks. She spent a lot of time alone in her house, watching TV. She did not read romance novels anymore because her eyesight was poor. She had avoided going to the doctor for most of her life because she lacked health insurance, but once she was enrolled in Medicare, she decided to take better care of herself. At her first visit with the general practitioner, she found out that she had Type II diabetes, glaucoma, and high blood pressure, conditions that would require regular medication and monitoring. Her Social

Security income was not enough to cover her property taxes, utility bills, house repairs, food, and healthcare costs, so she scrimped where she could, eating baloney sandwiches and ramen noodles and skipping some pills now and then. By age 74, Sally Longmire's glaucoma prevented her from driving, so her daughter came by once a week to take her to church and to the grocery store. Her house needed significant repairs, her health conditions were only getting worse, and she was starting to fear that she was becoming forgetful. She wondered how much longer she would be able to live on her own and what would happen to her if she could not.

Sally Ellsworth was born in 1941 in an affluent suburb of Atlanta. She grew up in a White, upper-middle-class family of four children with a father who was a businessman and a mother who volunteered as a charity fund-raiser. Sally E. attended Emory University, where she met her future husband, John. Sally E. graduated with a bachelor's degree in early childhood education, and John graduated with a degree in biochemistry. Sally E. and John got married right after college. After that, Sally E. taught fifth grade in a local public school while John went to medical school. When John graduated from medical school, they started their family. Sally E. took eight years off until their two children were both in school full-time, and then she went back to work teaching for the next 26 years until age 60, at which time she had 30 years in her teacher's retirement fund and could retire with a full pension. In the meantime, John had built a substantial private practice in internal medicine and moved their family into a nice swim-tennis community in Atlanta. Their two children graduated from college and started families of their own. Sally E. was an avid tennis player throughout her life, and she stayed in shape by participating in her neighborhood tennis league. At age 68, John was diagnosed with

pancreatic cancer and died within a few months. Sally E. was devastated and took a year to decide what her next step would be. Fortunately, she and her husband had invested their savings well and built a stock portfolio that paid sizeable dividends. It took a hit in the recession, but with Sally E.'s pension from teaching and the life insurance from John's death, she would be able to maintain a comfortable lifestyle. After much thought, she moved into an upscale condominium community for older adults that was nearby. Three years later, she was maintaining lifelong friendships with women from her former neighborhood while enjoying her new friends in the retirement community. She participated in the yoga, art, and computer classes they offered there. Whereas she used to garden in her own yard, Sally E. now had a box outside her window where she grew herbs that she shared with her neighbors. She recently fell and broke her wrist while getting out of her car, but her friends rallied around to provide help with daily chores so she did not have to go to a rehabilitation center. At age 74, Sally Ellsworth was content with her life and what she still had to look forward to.

Both Sallies' lives were shaped by social and cultural forces around them and by their individual choices. Their life paths followed to some degree the theory of cumulative advantage/disadvantage proposed by Dannefer (2003), which is "the systematic tendency for interindividual divergence in a given characteristic (e.g., money, health, or status) with the passage of time" (p. S327). In the case of the two Sallies, their life choices were somewhat limited by the time and place in which they were born. They were further influenced by the socioeconomic status into which they were born. Childhood socioeconomic status has an effect on educational attainment, income in adulthood, and health in later life, such that lower childhood socioeconomic status leads

to poorer outcomes in later life (Luo & Waite, 2005). Sally Longmire experienced the cumulative effects of lower childhood socioeconomic status, lower educational attainment, lower income in adulthood, poorer health, and divorce. Sally Ellsworth experienced the cumulative effects of higher childhood socioeconomic status, higher educational attainment, higher income in adulthood, better health, and widowhood. More specifically, Sally L.'s high school diploma and brief experience as a grocery store clerk gave her few career options, whereas Sally E.'s bachelor's degree set her up for a stable career as a teacher. Sally E.'s job as a fifth grade teacher subsequently offered greater benefits in the short term (salary, health insurance, and intellectual engagement) and in the long term (a pension plan and protection from cognitive decline) than Sally L.'s position as a greeter at Walmart. The fact that Sally E. was married to her husband until his death helped her financially because she benefited from his life insurance, retirement savings, and Social Security. Sally L. inherited Tom's house, but she had no access to his or Bud's pensions or their Social Security. Sally L.'s lack of health insurance and her fear of being stigmatized for being treated for depression were detrimental throughout her lifetime and contributed to her problems as an older adult, although her religious participation may have conferred some mental health benefits.

At age 74, Sally Longmire was depressed and alone, interacting with no one except for her daughter and people at church once a week and engaging in minimal activity. Her low income limited her options for housing that would meet her needs. Sally Ellsworth, on the other hand, was able to choose where and how she wanted to live. At age 74, she interacted with friends on a daily basis and stayed busy with classes and gardening. Sally E. may have been succumbing to prescribed busyness—the cultural

directive to stay busy in old age because busyness is equated with worth and mental competence—which Cruikshank (2003) has argued encourages age denial, numbs feelings, and keeps people in familiar grooves because it discourages them from stopping to reflect on their life and the meaning to be found in growing old. It is hard to deny, however, that Sally E.'s behavior would be more beneficial in the long run than Sally L.'s. Sally E. was engaging in cognitively stimulating activities, maintaining strong social bonds, and finding ways to continue gardening albeit in a different form, all of which have been said to contribute to well-being in later life. Which Sally would fare better in the years to come? Which Sally would most people rather be?

Aging Well

The vignettes above tell us a little bit about what it means to age well, but the subject is so vast and open to debate, it is difficult to write about definitively. The terms *successful aging*, *positive aging*, *active aging*, and *aging well* are often used interchangeably and are somewhat controversial. Who has the right to define them? By whose standards are they measured? Successful aging has been an especially contested term over the years because it connotes that people who do not meet the criteria for success should be considered failures. This term continues to be used in the literature, however, although aging well is becoming the preferred term. In this dissertation, I have used the term successful aging when referring to the foundational literature in which that term was conceptualized (Rowe & Kahn, 1987) and defined (Rowe & Kahn, 1997). In most other instances, however, I have used the term aging well, regardless of the term used by the authors I am citing (with the exception of Jorm et al., 1998, and Vaillant, 2002), because it is more inclusive of the breadth of realities in which older adults live

and the myriad goals they have for themselves in late life. Choosing to use the term aging well is also a way to move the literature in the direction of this linguistic preference.

Authors have offered various definitions of aging well and various approaches to studying it over the years. The last 28 years of aging research have been influenced greatly by the concept of successful aging put forth by Rowe and Kahn (1987). Rowe and Kahn (1987) argued that within normal (nondiseased) human aging, there is a range from usual aging to successful aging and that physiological and psychological loss or dysfunction (e.g., carbohydrate intolerance, osteoporosis, cognitive decline) seen in aging studies was often the result of behaviors that could be modified rather than an inevitable result of old age. Rowe and Kahn urged gerontologists to focus on the heterogeneity within age groups, to focus on older adults who seemed to be aging well, and to identify the factors contributing to the success of these older adults. Ten years later, they proposed a definition of successful aging: low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life (Rowe & Kahn, 1997).

Since then, authors have defined aging well in a number of different ways (see Bowling, 2007, and Phelan & Larson, 2002, for reviews). For example, in a study of factors associated with aging well, Jorm et al. (1998) separated participants into three categories: successful, usual, and diseased aging. Older adults in the successful category were those who were still living in the traditional community, had no disability in activities of daily living (ADLs), had excellent or good self-rated health, and had a score of 28-30 on the Mini Mental State Examination (MMSE). The diseased aging group

were those participants who were living in a nursing home or assisted living facility, had poor self-rated health, had a disability in two or more ADLs, or had an MMSE score of less than 24. The usual aging group were those participants who did not fit into either of the other groups (Jorm et al., 1998). Writing about the prospective, longitudinal Study of Adult Development at Harvard University, Vaillant (2002) also divided participants into three categories: (a) the happy-well, (b) the sad-sick, and (c) the prematurely dead. To distinguish between the happy-well and sad-sick participants, Vaillant used six dimensions: absence of objective physical disability, subjective physical health, length of undisabled life, objective mental health, objective social supports, and subjective life satisfaction. At the same time, he said it was possible to simplify the definition of aging well into one word: joy (Vaillant, 2002). More recently, Parslow, Lewis, and Nay (2011) created a multidimensional statistical model of aging well that consisted of four factors: self-rated life satisfaction, self-rated mental health, self-rated physical health, and cognition (MMSE score). Interestingly, most of the models of aging well seen in the literature neglect the fact that 92% of older adults have at least one chronic disease and 77% have at least two (National Council on Aging, 2014). Can the vast majority of older adults not be aging well?

Other authors have abandoned the search for a definition of aging well, arguing that any definition based on normative goals and outcomes will lack generalizability and longevity (Baltes & Carstensen, 1996). It is true that definitions often vary by culture and by individual. Torres (2006), for example, found that Iranian immigrants in Sweden made sense of the concept of aging well in a variety of ways (e.g., some focused on doing, while others focused on being; some focused on the past, while others focused on

the present or the future), so that their definitions sometimes differed from those accepted in the literature and also differed from others within their cultural group. Torres and Hammarström (2009) found differences between how older adults who received home-help care defined a good old age versus older adults who managed primarily on their own. Another argument against prescriptive definitions of aging well is that older adults with disabilities may be further stigmatized and marginalized because they do not fit the criteria outlined by Rowe and Kahn (1997) or other researchers. By placing the responsibility for aging well solely on the individual, definitions such as Rowe and Kahn's ignore the environmental, socioeconomic, and other factors that are outside of an individual's control (Minkler & Fadem, 2002). They place blame where it does not necessarily belong and prevent the discussion of policy changes necessary to improve the aging experience of persons with disabilities and of those who are otherwise disadvantaged (Minkler & Fadem, 2002).

Baltes and Carstensen (1996) suggested that we ask *how* success is achieved, rather than *what* success means, because "the processes people use to cope with life and ageing are more universal and less dependent on cultural vicissitudes" (p. 404). Based on the variety of ways people define aging well for themselves, Baltes and Baltes (1990) developed the model of selective optimization with compensation. Selection refers to the adaptive task of selecting "high priority domains, tasks, and goals that involve a convergence between environmental demands, individual motivations, skills and biological capacity" (Baltes & Carstensen, 1996, p. 406). Optimization refers to "the enrichment and augmentation of reserves or resources and, thus, the enhancement of functioning and adaptive fitness in selective life domains" (Baltes & Carstensen, 1996, p.

412). Compensation refers to "the use of alternate means to reach the same goal," which may involve "existing behaviors or the acquisition of new skills or construction of new means not yet in one's repertoire" (Baltes & Carstensen, 1996, pp. 409, 410). Taking a similar stance, the World Health Organization (2002) defined active aging, their version of aging well, as:

> the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. (p. 12)

The process approach to aging well advocated by Baltes and Baltes (1990) and the World Health Organization (2002) was the one that guided the current dissertation research, and it was the one most closely aligned with the values of the community in which the dissertation research was conducted.

Aging Statistics in the United States

Despite the difficulty of defining what it means to age well and how to go about aging well, the task is an important one given the rising number of older adults in our country. The Baby Boomers—people born between 1946 and 1964—began turning 65 in 2011, which means we are on the leading edge of a subsequent boom of people entering late life. As of 2012, there were 43.1 million Americans age 65 and older, an increase of 7.6 million (21%) since 2002 (Administration on Aging [AoA], 2014a). The oldest old,

those age 85 and older, comprised 5.9 million people in 2012 (AoA, 2014a). Older women outnumbered older men, 24.3 million women to 18.8 million men (AoA, 2014a). This makes sense as life expectancies differ for men and women. Of people who reach age 65, women can expect to live another 20.4 years whereas men can expect to live another 17.8 years (AoA, 2014a). About 28% of noninstitutionalized older adults lived alone, and nearly half (45%) of women age 75 and older lived alone (AoA, 2014a). In 2012, 59% of all older adults in the U.S. lived in 12 states: California (4.6 million), Florida (3.5 million), Texas (2.8 million), New York (2.8 million), Pennsylvania (2 million), Ohio (1+ million), Illinois (1+ million), Michigan (1+ million), North Carolina (1+ million), New Jersey (1+ million), Virginia (1+ million), and Georgia (1+ million) (AoA, 2014b). Older adults comprised 15% or more of the population in 11 states in 2012: Florida, Maine, West Virginia, Pennsylvania, Montana, Vermont, Delaware, Iowa, Hawaii, Rhode Island, and Arkansas (AoA, 2014b). However, other states must prepare for an aging population as well. In 14 states, for example, the population of residents age 65 and older increased by 30% or more between 2002 and 2012: Alaska, Nevada, Colorado, Georgia, Arizona, Idaho, South Carolina, Utah, North Carolina, Washington, New Mexico, Delaware, Texas, and Virginia (AoA, 2014b). Clearly, all across the country our aging population is making a difference in the makeup of our communities, and the numbers will continue to rise in the next two decades. By 2040, it is projected that 79.7 million Americans will be age 65 and older, while 14.1 million Americans will be age 85 and older (AoA, 2014a). As a nation and as individuals, we must learn and change a great deal to make the most of the opportunities and challenges that this historic demographic shift will present.

Learning and Aging Well

Merriam and Bierema (2014) have defined learning as "a complex behavior that can involve how we think (cognitive), feel (affective), or do something (psychomotor)" (p. 41). Learning influences how we live and age throughout our lifetime. The more we engage in cognitively stimulating activities—from academic courses to complex work and leisure pursuits—throughout our childhood and adulthood, the more protected we are from intellectual decline in elderhood (Bosma, van Boxtel, Ponds, Houx, & Jolles, 2003; Stine-Morrow, Parisi, Morrow, Greene, & Park 2007). Learning continues to benefit us at any age, even after we have begun losing cognitive ability (Olazarán et al., 2010). Older adults themselves agree that learning is a significant part of aging well (Duay & Bryan, 2006). Connecting with others in the learning process is one of the aspects of learning they value most (Duay & Bryan, 2006). For many older adults, this connection ideally comes in the form of sharing a learning experience in which teachers become learners, learners become teachers, and students learn from one another—a preference that aligns with the principles of adult learning (Brady, Holt, & Welt, 2003; Choi, 2009; Duay & Bryan, 2006). Learning in later life also serves as a way to socialize and have fun, cope with life changes, and maintain or improve cognitive function (Duay & Bryan, 2006). The continued development of mental, emotional, and social capacity is necessary to aging well as people seek to compensate for the losses they experience in mobility, hearing, vision, cognitive function, social networks, or other areas of life (Baltes & Baltes, 1990). Learning is therefore an essential part of adapting to the changes that occur as we grow older so that we can not only survive but also thrive. These ideas are rooted in the humanistic assumptions that people continuously strive toward personal

growth and development, that learning plays a major role in adult development, and that adult development continues until death (Elias & Merriam, 2005). Learning for older adults also has the potential to be transformative or radicalizing if it inspires elders to look at themselves and the world around them differently and to take action to change the culture and institutions they are part of. This outcome could improve the experience of aging in our country if it raises the status of elders in their own eyes and in the eyes of younger generations and leads to policy changes that make our country more age-friendly.

Elder Housing in the United States

Where and in what manner older adults live is important because their environment is closely related to many of the elements that older people identify as essential to aging well (Bowling, 2007). Where someone lives also plays a role in how taxed their physical, mental, and social reserves are on a daily basis (Baltes & Baltes, 1990). Age-friendly environments that offer development-enhancing conditions and that contain supports to help balance out losses contribute greatly to a person's ability to age well (Baltes & Baltes, 1990). There are a number of housing options for older adults in the United States that range in physical layout, community feel, services provided, cost, and level of independence needed. Their appropriateness for an individual depends on the person's abilities, preferences, and resources. Most older adults prefer to remain in their current home for as long as possible (Golant, 2002) and will do so until one or more issues—high cost, physical deficiency or poor design of the home, social isolation, lack of safety because of crime or traffic, lack of access to transportation, or unmet needs for long-term services to manage chronic health problems—makes their home no longer

suitable (Golant, 2014). In 2009, 93% of older adults resided in traditional community settings, 4% resided in long-term care facilities, and around 3% of older adults lived in community housing (retirement communities or apartments, senior citizen housing, continuing-care retirement communities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations) that offered at least one service (meal preparation, cleaning or housekeeping services, laundry services, or help with medications) (Federal Interagency Forum on Aging-Related Statistics [Forum], 2012). The likelihood of living in long-term care facilities or community housing with services increases with age, so that by age 85 or older, 14% of elders live in long-term care facilities, 8% live in community housing with services, and 78% live in the traditional community (Forum, 2012). Older adults who live in communities of elders can help each other cope with the stressors of aging. In a study of older adults living in a continuing-care retirement community, for example, Lawrence and Schiller Schigelone (2002) found that residents engaged in various forms of communal assistance and communal coping, such as helping fellow residents with dementia back to their rooms, spending time with other residents when they were recuperating from surgery, and having a buddy system to check on each other's welfare. Another type of housing in which this type of communal coping is occurring is elder cohousing.

In the last 10 years, elder cohousing, also known as senior cohousing, has emerged as an alternative housing option for older adults in the United States (Durrett, 2009; Glass, 2014). At the time of data collection for this dissertation, there were six known elder cohousing communities in the country. Based on the Dutch and Danish models of cohousing, elder cohousing refers to self-directed retirement communities in

which residents come together on their own to establish the community, make decisions, and support one another without the help of care staff or administrators (Glass, 2012; Glass & Skinner, 2013). Elder cohousing communities can provide solutions to some of the challenges facing older adults, such as isolation and distance from family members. Elder cohousing communities share the foundational characteristics of intergenerational cohousing communities:

1. Participatory Process: Residents help organize and participate in the planning and design process for the housing development, and they are responsible as a group for final decisions.
2. Deliberate Neighborhood Design: The physical design encourages a strong sense of community.
3. Extensive Common Facilities: Common areas are an integral part of the community, designed for daily use and to supplement private living areas.
4. Complete Resident Management: Residents manage the development, making decisions of common concern at community meetings.
5. Non-Hierarchical Structure: There are not really leadership roles. The responsibilities for the decisions are shared by the community's adults.
6. Separate Income Sources: Residents have their own primary incomes; the community does not generate income. (Durrett, 2009, p. 19)

Elder cohousing differs from intergenerational cohousing in that most, if not all, of the residents are retired or semi-retired; the private living and common areas incorporate universal design elements appropriate for seniors; the communities are limited in size, between 15 and 30 units; and meetings among the community founders

include topics such as aging in place, the realities of getting older, co-care among neighbors and caregivers from outside the community, how to stay healthy and happy, the economics of getting older, issues related to spirituality and mortality, wisdom, and embracing risk as older adults (Durrett, 2009).

This type of living arrangement has the potential to help older adults age in place with a better quality of life and for longer than they could if they lived alone (Glass & Vander Plaats, 2013). Elder cohousing communities align with Golant's (2014) policy recommendations for creating age-friendly communities:

> First, they should primarily target relatively healthy and physically able older people and help them remain active, productive and involved in their communities, rather than try to help the most frail older people remain independent in their current abodes as long as possible and avoid moving into the homes of their adult children or to a group residential care facility. Second, they should primarily serve the large and growing segment of seniors who are neither income poor nor income rich. This often overlooked but very large group of modest- or moderate-income seniors often find themselves outside the current safety net of social, long-term care and housing programs offered by federal, provincial/state and municipal governments, even as they cannot afford the products and services offered by the private sector. (p. 16)

Elder cohousing communities also meet five of the six recommendations from AARP for creating environments for aging well, including encouraging community engagement by facilitating social involvement, promoting design and modification of homes to meet the needs of older adults, providing diverse and affordable housing options, promoting

community features that enhance safety and inclusiveness, and enhancing mobility options, such as walking and bicycling (Kochera, Straight, & Guterbock, 2005). Elder cohousing is not a panacea, however; as with any living arrangement, it brings its own challenges. Most residents in elder cohousing communities do not know each other beforehand, and most are new to the concept of cohousing (Durrett, 2009). They must work to get to know one another while learning how to operate in this kind of environment (Durrett, 2009; Glass, 2012, 2013). This kind of learning was one of the aspects I explored in the current dissertation research. One elder cohousing community in particular—Parkside—was the subject of this dissertation. [Note: The name of the community has been changed to protect the identity of the research participants and the other community members.]

Parkside

Social gerontologists have most often written about community in terms of place, or where older adults reside and carry out their daily activities (Means & Evans, 2012). In the last two decades, however, more gerontologists have begun to write about community in terms of interests as improvements in technology, health care, and financial status have allowed older adults to pursue their dreams in ways that were impossible before (Means & Evans, 2012). Means and Evans (2012) stressed that the two types of community—place and interest—are not mutually exclusive. Rather, it is the task of social gerontologists to "unravel the complex ways in which the two interact and overlap" (Means & Evans, 2012, p. 1313). Elder cohousing communities, such as Parkside, can be considered communities of interest as well as communities of place. As Fromm and de Jong (2009) stated, "what binds [cohousing communities] together are not

homogeneous residents but a shared interest in creating community and the willingness to work through challenges" (p. 50). Parkside, the site of my dissertation research, was envisioned by its founders as a place where people could grow old together with the support of their neighbors while they explored the subject of spirituality. In addition, as part of their daily lives, the residents of Parkside were asking questions about aging well.

Purpose of the Study

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

Previous research on elder cohousing in general, and Parkside in particular, focused on the development of these communities, their physical environment, and their benefits in terms helping older adults to age well. What had yet to be explored was the role of adult learning: What kinds of learning are necessary for individuals to make the most of elder cohousing? What are the community members learning from each other about aging and other topics? What does this learning look like, and what are its effects?

My dissertation research was an extension of an ongoing study that Dr. Anne Glass, one of my committee members, has been conducting since 2006. Through her

research, we knew that Parkside residents were communicating with each other about aging by pooling information and resources, discussing issues in small group settings, and conducting forums and workshops on aging-related issues (Glass & Vander Plaats, 2013). These behaviors were part of a conceptual model of aging better together intentionally, which Dr. Glass and I proposed in our article in the *Journal of Aging Studies* in October 2013 (Glass & Vander Plaats, 2013). We did not explore the part of the model that involves learning from each other about aging and living together in this type of housing community, however. To address this gap, I conducted a case study of the experiences of Parkside members based on interviews, participant observations, case documents, and field notes. I spent a week at the Parkside community to collect data in October 2014. Then I analyzed the data using case study methods to identify themes related to the research questions. Finally, I compared the current data to previous research published in the fields of adult education and gerontology.

Significance of the Study

As the number of older adults increases in the next two decades, more individuals and families than ever will face decisions about the best type of housing for themselves and their loved ones. This dissertation research adds to the literature on types of housing available and helps to inform people of their choices. The study adds to the literature on elder cohousing in particular by contributing insight into the learning that takes place there and the effects of that learning. The study contributes to adult education literature related to older adult learning, possible selves, and communities of practice by describing a novel context in which these types of learning occur. Within the context of the elder cohousing community, older adults are engaging in multiple communities of practice and

consequently exploring their identities through imagining consistent, adaptable, feared, and expanded possible selves. This exploration of identity is improving older adults' experience of aging. A new model of the learning that is taking place in this environment is provided. The study contributes to literature in adult education for social change and critical gerontology by describing a novel context in which older adults are learning to change their own minds and, potentially, the minds of others outside of their community about what late life can look like.

CHAPTER 2

REVIEW OF THE LITERATURE

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

This chapter will describe the landscape of aging in the United States today and will describe the conceptual framework of the study, which was composed of aging well (including a summary of what we know about aging well and the relationship between older adult learning and aging well), possible selves, and communities of practice.

Aging in the United States

This section will provide a brief overview of the state of aging in the United States, including current demographics, projected trends, and aging-related challenges facing older adults and the rest of our country.

Demographics

Adults age 65 and older comprised 13.7% of the U.S. population, or 43.1 million people, as of 2012 (AoA, 2014a). The oldest old, those age 85 and older, comprised 5.9 million people (AoA, 2014a). For all older adults, the most common ethnicity in 2012 was non-Hispanic White (79%), followed by Black (9%), Hispanic (7%), Asian (4%), and all other races alone or in combination (1%) (AoA, 2014c). Older women outnumber older men in the U.S., a proportion that increases with age (Forum, 2012). In 2010, women comprised 57% of adults age 65 and older and comprised 67% of adults age 85 and older (Forum, 2012). Older men are more likely to be married than older women. In 2010, 78% of men between the ages of 65-74 were married, compared with 56% of women in the same age group (Forum, 2012). The margin increased with age, so that by age 85 and older, 58% of men were still married, but only 18% of women were still married (Forum, 2012). Consistent with these numbers, widowhood was more common among older women than among older men, with women age 65 and older being three times more likely to be widowed than men (Forum, 2012). Again, the margin increased with age, with 73% of women age 85 and older being widowed compared with 35% of men in the same age group (Forum, 2012).

Older adults' living arrangements are based primarily on income, health status, and the availability of caregivers (Forum, 2012). In 2010, women age 65 and older were more likely to live alone (37%) than were men (19%), whereas men were more likely to live with a spouse (72%) than were women (42%) (Forum, 2012). Living arrangements also varied by gender and ethnicity. Older Hispanic, Black, and Asian women (36%, 35%, and 33% respectively) were more likely to live with relatives other than a spouse

than were older non-Hispanic White women (13%) (Forum, 2012). Older non-Hispanic White and Black women (39% each) were more likely to live alone than were older Hispanic or Asian women (23% and 21% respectively) (Forum, 2012). Older Hispanic men were more likely to live with relatives other than a spouse (17%) than were older Black, Asian, or non-Hispanic White men (12%, 8%, and 4% respectively) (Forum, 2012). Older Black men were more likely to live alone (28%) than were older non-Hispanic White, Hispanic, or Asian men (19%, 15%, and 12% respectively) (Forum, 2012).

In the last 50 years, educational attainment within the older population has risen dramatically in the U.S. In 1965, only 24% of older adults had a high school diploma, and only 5% had at least a bachelor's degree (Forum, 2012). As of 2010, 80% of older adults had a high school diploma, and 23% had at least a bachelor's degree (Forum, 2012). The numbers for men and women were about the same for high school graduation in 2010, but men were more likely than women to have obtained a bachelor's degree or higher (28% compared to 18%) (Forum, 2012). By ethnicity, non-Hispanic Whites were the most likely to have graduated from high school (84%) or college (24%), followed by Asians (74% high school, 35% college), Blacks (65% high school, 15% college), and Hispanics (47% high school, 10% college) (Forum, 2012). The rise in educational attainment bodes well for the future of the older population as there is a positive relationship between number of years of schooling and maintenance of high cognitive function in old age (Rowe & Kahn, 1997).

Trends

Demographers predict an unprecedented rise in the number of older adults in the next two decades. In the U.S., the Baby Boomers—people born between 1946 and 1964—began turning 65 in 2011. As the Boomers age, they are projected to make up nearly 20% of the U.S. population, or 72 million people age 65 and older, by the year 2030 (Forum, 2012). The number of oldest old, those age 85 and older, is expected to more than triple in the coming decades, growing from 5.5 million in 2010 to 19 million in 2050 (Forum, 2012). The U.S. population is also projected to become more diverse with time. In 2012, 21% of older adults belonged to a racial or ethnic minority, compared with 17% in 2002 and a projected 28% in 2030 (AoA, 2014a). By 2050 the older adult population is expected to be 58% White, 20% Hispanic, 12% Black, 9% Asian, and 3% all other races alone or in combination (Forum, 2012). Older adults in the future are expected to continue the trend of attaining greater levels of education than their predecessors as higher percentages of men and women attain postsecondary degrees (National Center for Education Statistics, 2013). It is hoped that the Affordable Care Act, passed in 2010, will contribute to better health as people age because they will have had increased access to health care throughout their lifetime, but good health in old age is not guaranteed, as rates of obesity and diabetes in all age groups continue to soar (Forum, 2012; Harkness, 2013). The increased longevity conferred by more education and improved health care may add to the financial uncertainty that people experience as they live longer after their wage-earning years, especially if they experience a health crisis in late life (Banerjee, 2012; Peluso, Parsons, & Watts, 2013). Adults who are middle-aged today will need to save money at much higher rates than they have been in the past few

decades if they are going to be able to afford the same standard of living they are accustomed to when they retire (Banerjee, 2012; Harkness, 2013; Peluso, Parsons, & Watts, 2013). In terms of housing, more older Americans are moving into cities and town centers to downsize from their suburban houses and to take advantage of public transportation and amenities within walking distance (Abrahms, 2011). The number of housing options and living arrangements for older adults continues to increase as Baby Boomers create new possibilities for themselves (Abrahms, 2011).

Challenges

The challenges of an aging population affect individuals, families, and our country as a whole. Among them are financial insecurity, the specter of Alzheimer's disease and other dementias, a healthcare system that lacks professionals who are trained in geriatric medicine, the need to provide care for our aging loved ones, and the costs of doing so. The economic recession that the U.S. suffered in the late 2000s caused financial insecurity for people of all ages. Older adults and those just about to retire were hit by reduced home values, diminished retirement savings, and bleak employment options (Rampell, 2013). Income inequality has steadily increased in the U.S. since wages have stagnated for those in the middle and lower classes and businesses have given a greater percentage of profits to employees at the top of the ladder (Leonhardt & Quealy, 2014). More than half (52%) of older adults are economically insecure, with women and minorities disproportionately represented in this number (Walters, 2013). Fortunately, the safety nets of Social Security, Medicare, and Medicaid remain, but those alone are not enough for older adults to survive on (Walters, 2013).

All Americans 65 and older can participate in the nationwide health insurance program known as Medicare that helps reduce out-of-pocket costs. Elders who meet low-income requirements can also participate in Medicaid, a federally and state-funded program that pays for medical care, including long-term nursing home care. How helpful Medicaid is depends on where someone lives, however. Some states have reduced their Medicaid budgets and denied access to thousands of people who would be eligible because the state government is unwilling to accept additional federal funding for the program. People who qualify for both Medicare and Medicaid are known as dual-eligibles. While it is good that low-income elders can get help with healthcare costs through both programs, it can be confusing to navigate them, especially when the programs argue between themselves over who will pay for something (Scott, 2013a). Another problem is that payment may sometimes not be provided at all for interdisciplinary care, care coordination, patient education, and geriatric expertise (Institute of Medicine of the National Academies [IOMNA], 2008). Until 10 years ago, low-income older adults who needed long-term care were likely to end up in a nursing home indefinitely (Scott, 2013a). With the cost of nursing home care increasing rapidly, however, states have begun looking at ways to use Medicaid funding to pay for long-term care in people's own homes (Scott, 2013a). That approach has proved beneficial, saving money for state governments and improving the quality of life for older people who need care (Scott, 2013a).

Older adults who have family members to help coordinate their care are in the best position to benefit from the new Medicaid funding rules. Elders who do not have close friends or family willing to help them face greater difficulty in obtaining care,

especially when they have diminished mental or physical function (Portacolone, 2013). This is a reality for more elders than ever because of changing demographics in family size and geographic distribution. Family size has decreased from 3.8 persons on average in 1940 to 3.1 persons in 2000 and is expected to decline further to 2.8 persons in 2040, resulting in fewer relatives to provide informal, community-based care (Congressional Budget Office, 2004). In U.S. society today most women work outside of the home, so they are less available to provide care than in previous generations (U.S. Bureau of Labor Statistics, 2014). Children tend to move to where the job opportunities are, which may mean moving far away from their parents (Taylor, Morin, Cohn, & Wang, 2008). Even those elders who have adult children nearby may not want to burden them by asking for help, or their relationships may be complicated by divorce or otherwise not amenable to providing help (Portacolone, 2013).

The World Health Organization (2012) has declared dementia a worldwide public health priority. Advanced age is the number one risk factor for developing dementia, and because people are living longer than ever, the prevalence of dementia is at its highest level in history and is still growing (Alzheimer's Association [AA], 2014; World Health Organization, 2012). It is estimated that 13.9% of people age 71 and older in the United States have some form of dementia (as cited in AA, 2014). The most common type of dementia is Alzheimer's disease, which accounts for 60% to 80% of cases (AA, 2014). In about half of people with dementia, more than one type of dementia is present, however, with Alzheimer's combined with vascular dementia cited as the most common, followed by Alzheimer's combined with Lewy body dementia, and Alzheimer's combined with vascular dementia and Lewy body dementia (AA, 2014). As of 2014, one

in nine Americans age 65 and older (11%) had Alzheimer's disease (AA, 2014). About one third of Americans age 85 and older (32%) had Alzheimer's disease (AA, 2014). Caring for elders with Alzheimer's and other dementias is especially costly for states. California officials have estimated that residents who have dementia cost the state's Medicaid program two and a half times more than those without dementia (Scott, 2013b). States are working with the Alzheimer's Association to create strategic plans to create a system for coordination among state legislatures, government agencies, healthcare providers, and patients to inform public policy (Scott, 2013b).

While dementia has obvious detrimental effects for the people diagnosed with it, the condition also negatively impacts friends and family members who provide care. Caregivers of people with dementia report some positive feelings about caregiving, such as family togetherness and satisfaction from helping others, but caregivers also experience emotional stress, depression, impaired immune system response, health impairments, lost wages due to disruptions in employment, and depleted income and finances as a result of caregiving (as cited in AA, 2014). Women in particular are affected by Alzheimer's and other dementias, both as patients and as caregivers. Because they live longer on average than men, women are more likely to have Alzheimer's disease before they die, accounting for two thirds of diagnoses (AA, 2014). They are also two and a half times more likely than men to provide 24-hour "on duty" care for people suffering in the late stage of the disease (AA, 2014).

When older adults receive care from professional healthcare providers and support staff, they often face a lack of understanding about gerontological and geriatric issues (IOMNA, 2008). Our nation is grossly understaffed when it comes to caring for

older adults. Although it is estimated that we need 36,000 geriatricians to adequately care for Americans age 70 and older, we currently have fewer than 7,000, and the number is shrinking (Span, 2013). Financial incentives provided by the Affordable Care Act, which were hoped to improve this situation, have had no effect so far (Span, 2013). The number of geriatric psychiatrists is increasing (Span, 2013), but as of 2007, half of first-year geriatric psychiatry fellowship positions remained unfilled (IOMNA, 2008). Training programs for healthcare workers and social workers provide inadequate training on common problems of older adults and offer few opportunities to specialize in working with the older population (IOMNA, 2008). For example, fewer than 1% of registered nurses, physician's assistants, and pharmacists are certified in geriatrics, and the national curriculum for emergency medical technicians does not have a module for geriatrics (IOMNA, 2008). Only one third of bachelor's programs in nursing require exposure to geriatrics, and 80% of bachelor's programs in social work have no coursework in aging (IOMNA, 2008). The Alzheimer's Association is currently working with states to create plans for educating healthcare providers and support staff about Alzheimer's and other dementias (Scott, 2013b). That is just one aspect of caring for older adults, however. Much needs to be done to improve the training of healthcare providers and support staff across the board to give them a better understanding of the diverse and complex issues that older adults are dealing with.

Aging Well

Some people see aging well as a destination (e.g., if you live X number of years or save X number of dollars for retirement, you have aged well). Other people see it as a journey (e.g., if you find ways to be resilient in the face of the losses inflicted by time,

you are aging well). Both approaches have value, and neither can be dismissed. As stated previously in the first chapter, the terms *successful aging*, *positive aging*, *active aging*, and *aging well* are often used interchangeably in the literature, although successful aging has become an increasingly contested term and aging well is becoming the preferred term. In this dissertation, I have used the term successful aging when describing the foundational literature of Rowe and Kahn (1987, 1997), but in most instances, I have used the term aging well, regardless of the term used by the authors of the literature I am citing.

The concept on which the last 28 years of research have been based originated with Rowe and Kahn (1987) in their discussion of the heterogeneity within the older adult population and the difference between inevitable deterioration and avoidable deterioration. They urged researchers to focus on the nondiseased older adults who seemed to be doing better than their same-age counterparts and to identify the factors contributing to their success (Rowe & Kahn, 1987). Much research followed in the 10 years after their article debuted, including work supported by the MacArthur Foundation Research Network on Successful Aging (Rowe & Kahn, 1997). Based on that work, Rowe and Kahn (1997) proposed a conceptual framework for successful aging and the mechanisms that make for successful aging. They defined successful aging as low probability of disease and disease-related disability, high cognitive and physical functional capacity, and active engagement with life (Rowe & Kahn, 1997). The first component of the definition refers to prevalence and degree of risk factors of disease as well as the diseases themselves. The second component includes the potential for doing cognitive and physical activity as well as the actual doing of the activities. The third

component refers to interpersonal relations (contact and transactions with others, exchange of information, emotional support, direct assistance) and productive activity (any paid or unpaid activity that creates societal value) (Rowe & Kahn, 1997).

Another way to look at aging well is the degree to which people are able to adapt to the new realities they encounter toward the end of life. Baltes and Baltes (1990) proposed their model of selective optimization with compensation in response to the prescriptive nature of Rowe and Kahn's (1997) definition of successful aging, which they argued was biased toward middle-class values and White, male standards (Baltes & Carstensen, 1996). The selective optimization with compensation model defines success as "attainment of goals which can differ widely among people and can be measured against diverse standards and norms" (Baltes & Carstensen, 1996, p. 399). Also aiming to encompass a variety of norms, the World Health Organization's (2002) conception of active aging is multifaceted. In their definition of active aging:

> the word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force. Older people who retire from work and those who are ill or live with disabilities can remain active contributors to their families, peers, communities and nations. Active ageing aims to extend healthy life expectancy and quality of life for all people as they age, including those who are frail, disabled and in need of care. "Health" refers to physical, mental and social well being as expressed in the WHO definition of health. Thus, in an active ageing framework, policies and programmes that promote mental health and

> social connections are as important as those that improve physical health status. (World Health Organization, 2002, p. 12)

In a review of definitions of aging well, Bowling (2007) compared researchers' definitions with laypersons' definitions. Among the researchers' definitions, she found four themes in the 170 references she examined within the fields of medicine, psychology, and sociology: social functioning, life satisfaction, psychological resources, and biomedical theories (Bowling, 2007). Social functioning included concepts such as social engagement, social roles, participation and activity, social contacts and exchanges, and positive relationships with others (Bowling, 2007). Life satisfaction included zest, resolution, fortitude, relationships between desired and achieved goals, self-concept, and mood (Bowling, 2007). Psychological resources included concepts such as adaptation, adjustment, selective optimization with compensation, personal growth, creativity, self-efficacy, autonomy, independence, effective coping strategies, sense of purpose, self-acceptance, and self-worth (Bowling, 2007). Biomedical theories included longevity, disability-free or active life expectancy, good perceived health, absence of chronic disease, absence of risk factors for disease, protective factors to prevent disease, level of independent physical function, and level of cognitive function (Bowling, 2007). Adding to the complexity of studying the concept of aging well, there is often a lack of consensus in the literature as to whether a factor, such as social functioning, is a constituent or predictor variable (Bowling, 2007; Phelan & Larson, 2002). In research on laypersons' views of aging well, older adults viewed the concept multidimensionally and included aspects such as physical health and functioning; mental and cognitive health; psychological well-being and life satisfaction, including happiness; social relationships,

support, activities, and productivity; psychological resources, including personality, personal growth, accomplishments, sense of purpose, self-acceptance, coping, positive outlook, and sense of humor; spirituality; lifestyles; neighborhood; financial circumstances; and security (as cited in Bowling, 2007, p. 273). Older adults age 85 and over also were reported to view aging well as a process of adaptation rather than a state of being (as cited in Bowling, 2007, p. 273).

For the rest of this section, I will focus on six areas of literature on aging—psychosocial, cultural, economic, medical, spiritual, and intellectual—in an attempt to provide a well-rounded look into how these aspects of life influence the aging experience of older adults. Subsequent sections in this chapter will focus on adult learning as an additional influence on aging well, the concept of possible selves, and the theory of communities of practice.

Psychosocial

In their seminal article on successful aging, Rowe and Kahn (1987) identified two psychosocial factors that influenced patterns of aging—autonomy (or control) and social support (or connectedness). Their review of research revealed that a lack of control over one's decisions, activities, manner and method of engagement, timing, pacing, and other aspects of life had adverse effects on one's emotional state, performance, subjective well-being, and physiological indicators (Rowe & Kahn, 1987). Most of the research took place in residential settings such as retirement communities and nursing homes. Across the board, research results indicated that when older adults received encouragement and opportunities that were control enhancing (e.g., making choices, learning to do for

themselves), they thrived. When they received assistance that was control reducing, they were diminished. An example from the review of studies is described:

> Langer and Rodin (42) conducted an experiment in a nursing home in which residents on one floor were given a treatment that enhanced control consisting of a lecture from the nursing-home administrator about decisions that they could and should make for themselves. A comparison group, on another floor, heard a lecture of similar length that emphasized what the staff would do in taking care of such matters. During the first 3 weeks after the experimental treatment, people in the experimental group were happier and more active according to self-report and spent more time in social activities as reported by nurses, who also judged them to be generally more improved than those in the control group. These changes persisted and the differences between groups increased over an 18-month period. (Rowe & Kahn, 1987, p. 146)

Rowe and Kahn's (1987) review of research on social support for older adults revealed that social networks and support affected mortality (i.e., death) and morbidity (i.e., incidence of disease) among older adults and that support-disrupting life events had negative effects on mortality and morbidity. One study (Berkman, 1983), for example, found that men and women with more extensive social networks (e.g., spouse, family and close friends, church and other group memberships) were less likely to die over the nine-year period of the study (as cited in Rowe & Kahn, 1987). Another (Raphael, 1977) found that older women who were randomly assigned to a group that offered support and encouragement for three months after their husbands had died experienced significantly less morbidity over the 13-month period of the study compared with older women who

were assigned to the control group that received no treatment (as cited in Rowe & Kahn, 1987). In sum, Rowe and Kahn (1987) postulated that increased predictability, control, and support that enhanced both of those elements would produce increased proactive behavior and resistance to disease in older adults.

A positive outlook early in life has been found to increase longevity later in life (Danner, Snowdon, & Friesen, 2001). Danner et al. (2001) examined essays submitted by nuns graduating from their convent (mean age 22) in the 1930s that contained their life stories up to that point. The authors scored each essay on the types and frequency of positive emotions they contained and then compared the data with the nuns' survival during ages 75 and 95. They found that the nuns who had expressed the most positive emotions in their essay lived up to 10 years longer than those who had expressed the fewest (Danner et al., 2001). The significance of the results held when the researchers controlled for linguistic ability and level of education (Danner et al., 2001). Frederickson (2003) has suggested that two mechanisms underlying the relationship between positive emotions in early adulthood and survival in old age may be the broaden-and-build theory and the undoing hypothesis, which combine to create a positive upward spiral. Frederickson's (2003) broaden-and-build theory states that "positive emotions broaden an individual's mindset, and by doing so help to build enduring personal resources" (p. 332). For example, when children experience joy while playing on the playground, they are subsequently inclined to engage in playful behavior. This playful behavior in turn helps them to build intellectual resources (develop problem-solving skills, learn new information), physical resources (develop coordination, develop strength and cardiovascular health), social resources (solidify bonds, make new bonds), and

psychological resources (develop resilience and optimism, develop a sense of identity and goal orientation), which lead to better chances for survival and reproduction (Frederickson, 2003). The undoing hypothesis states that "positive emotions 'undo' the lingering effects of negative emotions" (Frederickson, 2003, p. 334). For example, in one of Frederickson's studies, participants were exposed to a stressful situation that caused their heart rate, blood pressure, and peripheral vasoconstriction to increase. The participants then watched a short film that caused them to feel either amusement, contentment, sadness, or no emotion. The participants who felt amusement or contentment (positive emotions) made the quickest recovery. Frederickson (2003) suggested therefore that positive emotions can reduce the physiological damage caused by negative emotions. She further stated that positive emotions and broadened thinking are mutually reinforcing, so that "people who regularly feel positive emotions are in some respects lifted on an 'upward spiral' of continued growth and thriving" and that these benefits can accrue over a lifetime, promoting longevity in individuals and communities (Frederickson, 2003, p. 334).

In the book *Aging Well*, Vaillant (2002) suggested that psychosocial aspects of life have more influence on how we age than other aspects do. This idea is evident in his summary of the main findings from the prospective, longitudinal Study of Adult Development at Harvard University, on which his book was based:

- It is not the bad things that happen to us that doom us; it is the good people who happen to us at any age that facilitate enjoyable old age.

- Healing relationships are facilitated by a capacity for gratitude, for forgiveness, and for taking people inside. (By this metaphor I mean becoming eternally enriched by loving a particular person.)
- A good marriage at age 50 predicted positive aging at 80. But surprisingly, low cholesterol levels at age 50 did not.
- Alcohol abuse—unrelated to unhappy childhood—consistently predicted unsuccessful aging, in part because alcoholism damaged future social supports.
- Learning to play and create after retirement and learning to gain younger friends as we lose older ones add more to life's enjoyment than retirement income.
- Objective good physical health was less important to successful aging than subjective good health. By this I mean that it is all right to be ill as long as you do not feel sick. (Vaillant, 2002, p. 13)

The ability to adapt to loss is a necessary component of aging well. One of the most prominent models of adaptation in the aging literature is Baltes and Baltes' (1990) model of selective optimization with compensation. Their model is based on seven propositions. First, there are major differences between optimal, normal, and pathological (sick) aging. Second, there is a great deal of variability in aging with regard to mental, behavioral, and social outcome variables. Third, older people possess much latent reserve that can be activated through learning, exercise, or training. Fourth, there are limits to this reserve capacity. Fifth, knowledge and technology can offset losses in cognitive mechanics. Sixth, as reserve capacity diminishes with age, the balance between

gains and losses (desirable changes versus undesirable changes) becomes less positive. Seventh, despite losses, people remain resilient in old age (Baltes & Baltes, 1990).

The model contains three components: selection, optimization, and compensation. Selection entails "the increasing restriction of life domains as a consequence or in anticipation of changes in personal and environmental resources," although the domains that are selected may be new ones as well as ones previously engaged in (Baltes & Carstensen, 1996, p. 406). Examples of selection would be a person who chooses to drive only during the day because of difficulty seeing at night or a person who chooses to take up a political cause to maintain the legacy of a deceased spouse (Baltes & Carstensen, 1996). Optimization occurs when "people engage in behaviors to enrich and augment their general reserves and to maximize their chosen life courses (and associated forms of behavior) with regard to quantity and quality" (Baltes & Baltes, 1990, p. 22). Examples of optimization would be engaging in cognitive training to enhance memory or joining a Red Hat Society to increase social contacts. Compensation occurs when a person experiences a sensory, cognitive, or interpersonal loss; the person will compensate by employing certain behaviors or neural processes that narrow the gap between "actual competence level and environmental demands" (Baltes & Carstensen, 1996, p. 411). Examples of compensation would be wearing a hearing aid to improve hearing or hiring an assistant to help with cleaning the house and cooking meals. Moving to a new housing environment, such as elder cohousing, can be seen as a type of selective optimization with compensation.

More recent studies have examined older adults' adjustment to aging—conceptualized as maintaining self-consistency (identity assimilation), making changes in

the self (identity accommodation), and maintaining a sense of self but changing when necessary (identity balance) (von Humboldt, Leal, & Pimenta, 2014). von Humboldt et al. (2014) found that adjustment to aging among community-dwelling older adults was predicted by self-reported spirituality, perceived health, participation in leisure activities, and professional status. They recommended programs designed to enhance adjustment to aging through "effortful social, physical, and cognitive activities in which significant social support may be promoted" (von Humboldt et al., 2014, p. 651). Similarly, Battini, Maciel, and Finato (2006) found that autonomy, self-acceptance, a supportive network, and religious beliefs helped older adults adjust positively to aging, while aging denial, isolation, a conformist mystical religious posture, and present alienation were negatively related to adjustment to aging (as cited in von Humboldt & Leal, 2014). Landes, Ardelt, Vaillant, and Waldinger (2014) found that older men who had experienced childhood adversity—through harsh parenting, childhood poverty, or both—enjoyed better adjustment to aging in late life if they had achieved generativity during midlife than if they had not achieved midlife generativity. Thus, psychosocial growth in adulthood compensated for the long-term negative effects of a difficult childhood on adjustment to aging (Landes et al., 2014). Vaillant (2011) also found that the more mature an individual's psychological coping mechanisms when dealing with stress during young adulthood and middle adulthood (i.e., more altruism, sublimation, suppression, and humor and less projection, denial, distortion, acting out, passive aggression, fantasy, dissociation, displacement, isolation, and repression), the better their psychosocial adjustment to aging in later years. From the multiple decades of literature presented in this subsection, it is evident that although terminology in the psychosocial literature has

changed slightly over the years, the overall results of the studies of psychosocial influences on older adults' experience of aging have remained consistent. Cultural perceptions of aging, on the other hand, have gone through much more change over time. This influence on aging well is discussed next.

Cultural

Cultural values and traditions influence how a society views older adults and the aging process (World Health Organization, 2002). The current status of elders in our society is generally low, and the images of elders are generally negative, although both have seen some improvement in recent years. Western cultures are typically perceived as having more negative bias toward older adults than East-Asian cultures do, but recent studies have found that "in both cultures, stereotypes reflected a shift from more positive to increasingly negative views of mental and physical traits as a function of aging" (Boduroglu, Yoon, Luo, & Park, 2006, p. 324). These prejudices are present in the metaphors and language we use to describe older adults (Thornton, 2002), and they are internalized and held by society members of all ages, including older adults themselves (Boduroglu et al., 2006). Judging from my own experiences, even educated people who would balk at the idea of making fun of other minority groups feel comfortable making jokes at the expense of older adults. Not long ago a group of my friends, who would be considered thoughtful and well educated by most standards, were trying to come up with names for retirement communities. With laughter, they proposed names such as "Over the Hills" and "Petrified Forest." Their sense of freedom in disparaging older adults reflected the ageism of many people in our society. Any amount of ageism in our culture is unfortunate because negative stereotypes can have real impacts on the physical and

mental functioning of older adults. In one study, for example, Hess, Auman, Colcombe, and Rahhal (2003) found that exposure to negative messages about the impact of aging on memory produced poorer performance on memory tasks in older adults. In another study Horton, Baker, and Deakin (2007) found that stereotypes negatively influenced older adults' decisions to engage in cognitive activity in general.

The ageism we see today stems in part from the compassionate ageism of the middle 20th century. As Morgan and Kunkel (2007) described, efforts of policymakers to obtain health, housing, and income benefits for elders in need resulted in a stereotyped image of all elders as "poor, lonely, neglected, in ill health, and inadequately housed" (p. 298). That image has been perpetuated in the media, although there are some indications that the media's portrayal of older adults has been improving in recent years. In the 1980s, 1990s, and early 2000s, if older adults were shown at all, they were usually depicted in a more negative light than any other social group (as cited in Anti-Ageism Taskforce at the International Longevity Center [ATILC], 2006). Images in television and film portrayed older adults as "'unhealthy, in worse shape financially, not active sexually, closed-minded, [and] not good at getting things done'" (ATILC, 2006, p. 52), while images in advertisements portray older adults as "feeble, absent-minded, stubborn, or helpless" (p. 56). Because of gender bias in our society, older women suffer from negative status and image more than older men (Cruikshank, 2003). They are comparatively invisible in the media. Only one third of older adult characters on prime-time television shows are women (as cited in ATILC, 2006) even though women comprise more than half of the population age 65 and older and two thirds of the population age 85 and older in our country (Forum, 2012). Cruikshank (2003) has

reported that even women themselves neglect to include older women and aging as topics of women's studies. Older women are noticeably absent from feminist literature, particularly from books about women's bodies, and even from some comprehensive books such as *Women's Studies Essential Readings* (Cruikshank, 2003). Also invisible for the most part are older lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults. LGBTQ people are still noticeably and detrimentally absent from most of the gerontology and human development literature (Cronin, 2004; Shankle, Maxwell, Katzman, & Landers, 2003).

Fortunately, the social status and image of older adults is likely to improve in the coming decades. Lee, Carpenter, and Meyers (2007) found more positive results in their study of representations of older adults in television advertisements. Their research showed that older characters in commercials had overwhelmingly positive attributes and traits. Continuing the trend toward portraying older adults in a more positive light, in 2009, the International Longevity Center – USA and Aging Services California published a style guide for journalism, entertainment, and advertising to encourage professionals in these fields to use more age-friendly language and more accurate depictions of older adults. In addition to changes in the way the media portray older adults, older adults are beginning to see themselves in more positive ways. Trafford (2005) has described a new social revolution aimed at improving the status and image of older adults in the U.S., in which gerontologists and others are challenging the limitations imposed on older adults by an ageist society just as feminists did on behalf of women and ethnic minorities in the 1960s and 1970s. Baby Boomers are already redefining what it means to grow older and the societal roles they are expected to play. This trend will likely continue as the Baby

Boomers redefine aging at every stage. As Lara (2008) illustrated, "I wasn't a stay-at-home mom, and I can't be a stay-at-home grandmother either" (para. 8). Robert Butler, who coined the term ageism, is optimistic about the status and image of older adults and the role that Baby Boomers will play in shaping the future:

> Baby boomers are more educated than the generations that preceded them and have a history of social activism and a sense of entitlement. Hopefully, they will utilize their numerical and educational advantages to promote an *agenda for action*, characterized by decisive efforts to transform the culture and experience of aging in America, to enrich the everyday lives of all who grow old, and strengthen the social context in which people grow old. (as cited in ATILC, 2006, p. 4, emphasis in original)

For older women, and LGBTQ individuals in particular, the future looks brighter than the present as successive generations grow more accepting of same-sex marriage, especially given the U.S. Supreme Court's legalization of same-sex marriage in June 2015, and more accepting of divergent gender and sex roles (Taylor, 2013).

Economic

To evaluate how well elders are aging in the U.S., the Federal Interagency Forum on Aging-Related Statistics looks at the prevalence of poverty, amount of income, sources of income, net worth, participation in the labor force, total expenditures, and housing problems among noninstitutionalized older adults to see whether people have enough resources to meet their basic needs, how economic patterns change over time, and how a lifetime of circumstances and choices translates into financial status at the end of life. The poverty definition in the U.S. is based on "annual money income before taxes

and does not include capital gains, earned income tax credits, or noncash benefits….The U.S. Census Bureau compares family income…with a set of poverty thresholds that vary by family size and composition" (Forum, 2012, p. 12). Poverty level is important in relation to aging well because "people identified as living in poverty are at risk of having inadequate resources for food, housing, health care, and other needs" (Forum, 2012, p. 12). Fortunately, the rate of poverty for older adults has been declining over the past couple of generations. In 1959, 35% of adults age 65 and older lived in poverty, but by 2010, the number had decreased to 9% (Forum, 2012). Older women in 2010 were more likely to live in poverty than older men (11% and 7% respectively) (Forum, 2012). The older a person is, the more likely he or she is to live in poverty, and being a person of color increases the chances of living in poverty even more (Forum, 2012). In 2010, non-Hispanic White men were the older adults least likely to live in poverty (5%), while Black and Hispanic women were the older adults most likely to live in poverty (21% each) (Forum, 2012).

Above the poverty line, 26% of all older adults were in the low-income group (between 100% and 199% of the poverty threshold), 34% were in the middle-income group (between 200% and 399% of the poverty threshold), and 31% were in the high-income group (400% or more above the poverty threshold) (Forum, 2012). Income for older adults has grown steadily since 1974, with the proportion of elders in the high-income group rising from 18% in 1974 to 31% in 2010 (Forum, 2012). The median household income has similarly grown. In 1974 the median household income for householders age 65 and older was $21,100 (expressed in 2010 value), whereas the median household income in 2010 was $31,410 (Forum, 2012). Since 1962, Social

Security has made up the largest percentage of older adults' income (Forum, 2012). In 2010, income for older adults came from four main sources: Social Security (37%), earnings (30%), pensions (19%), and assets (11%) (Forum, 2012). The lower an elder's annual income, the larger percentage of income was from Social Security (Forum, 2012). About 5% of elders live in families that are receiving cash public assistance (Forum, 2012).

On average, the median net worth of households headed by someone 65 or older more than doubled from $103,750 to $220,800 between 1983 and 2007 (Forum, 2012). There are major differences between White and Black households and between married and unmarried households, however. The median net worth of households headed by Whites age 65 or older went from $122,320 to $248,300 between 1983 and 2007, whereas the median net worth of households headed by Blacks age 65 or older went from $17,960 to $87,000 (Forum, 2012). The proportion of gain was greater for Blacks than for Whites (five times greater for Blacks compared to double for Whites) during that time, which is a positive sign of improved status of Blacks in our country, but still the numbers reflect tremendous disparity. Households headed by married people age 65 or older had nearly twice the net worth of households headed by unmarried people age 65 or older in 2007—$300,500 compared to $165,090. Older adults who achieved higher education levels had a greater net worth. Those who had no high school diploma averaged around $100,000 in net worth; those who had only a high school diploma averaged around $200,000; and those who had at least some college averaged around $500,000 in 2007 (Forum, 2012).

In 2011, the labor force participation rate for men age 65-69 was 37%, having risen steadily from a low of 24% in 1985 but still less than the peak of 43% in 1967 (Forum, 2012). Men age 70 and older participated in the labor force at a rate of 15% in 2011, having risen steadily from a low of 10% in 1993 but still less than the peak of 21% in 1963 (Forum, 2012). Older women's participation in the labor force has increased greatly since the mid-1980s, reflecting a change in employment patterns of women in successive generations (Forum, 2012). Between 1963 and 1985, labor force participation remained static at around 17% for women age 65-69 and around 5% for women age 70 and older (Forum, 2012). By 2011, participation of women age 65-69 had grown to 27%, and participation of women age 70 and older had grown to 10% (Forum, 2012). More Baby Boomer women have worked outside of the house than previous generations, and they are expected to continue working into old age in larger numbers than their predecessors, partly because they enjoy work, partly because they want health insurance from their employer (even though they qualify for Medicare), and partly because they financially cannot afford to retire (Forum, 2012; Peluso, Parsons, & Watts, 2013).

Women face greater financial challenges in old age than men because of their historically lower rates of participation in the workforce and lower wages, which reduce their Social Security income (World Health Organization, 2002). Since they live longer than men, they must also stretch their savings over a longer period of time. As a result, women are twice as likely to live in poverty in old age as men (Banerjee, 2012). Black and Hispanic women are especially at risk because they have traditionally held the lowest-paying jobs (Women's Bureau, U.S. Department of Labor, n.d.).

Gay and lesbian older adults have traditionally faced financial difficulties in old age because they could not legally marry and therefore did not have a legal right to their partner's Social Security benefits or other automatic inheritance. The first U.S. state to grant legal marriage to same-sex couples was Massachusetts in 2004. At the time of the June 2015 U.S. Supreme Court decision, 27 states plus the District of Columbia had legalized same-sex marriage, although other states were not obligated to recognize those marriages. In 2013, the U.S. Supreme Court struck down the federal Defense of Marriage Act as unconstitutional, meaning that legally married same-sex couples would now be eligible for federal marriage benefits (NPR Staff, 2013). Now all states across the country are required to allow same-sex marriages and to recognize same-sex marriages performed elsewhere. The Supreme Court's decision benefits transgender older adults as well. Until 2014, the Social Security Administration subjected transgender claimants for spousal benefits to "lengthy and excessive scrutiny, presuming that a spouse's gender transition was a barrier to receiving benefits" (Lambda Legal, 2014, para. 2). Fortunately, in April 2014 the Social Security Administration reversed their policy so that the policy presumed "the validity of most marriages regardless of whether a spouse is transgender" (Lambda Legal, 2014, para. 2). Because the question of validity lay with the genders of the married couple, that question is moot now that same-sex marriages are legal.

Medical

Life expectancy at age 65 and 85 has increased markedly in the last century (Forum, 2012). Once people reach age 65, they can expect to live an additional 19.2 years on average (Forum, 2012). Women who reach age 85 can expect to live an

additional seven years, and men can expect to live an additional 5.9 years (Forum, 2012). Death rates for all causes of death among older adults declined by 25% between 1981 and 2009 (Forum, 2012). Death from heart disease and stroke declined by more than 50% between 1981 and 2009, although death from chronic lower respiratory diseases increased by 57%, and death from diabetes increased as well (Forum, 2012). We are currently seeing a compression of morbidity so that older adults experience a shorter period of disability before dying than they did in generations past (as cited in Whitbourne, 2005). In terms of functional limitations, in 2009 about 41% of adults age 65 and older who were enrolled in Medicare reported a limitation in performing one or more of their activities of daily living (bathing, dressing, eating, getting in/out of chairs, walking, using the toilet, using the telephone, light housework, meal preparation, shopping, managing money), compared with 49% in 1992 (Forum, 2012). Women reported higher levels of functional limitations than men, but overall rates of functional limitation fell similarly for both sexes over time (Forum, 2012). Still, 92% of older adults have a chronic disease that must be managed (National Council on Aging, 2014).

Some health indicators have been improving over the last several decades. For example, older adults today smoke at much lower rates than in decades past. In 2010, around 9.7% of people age 65 and older smoked, compared with 28.5% of older adults in 1965 (Forum, 2012). The percentage of older adults who met federal guidelines for physical activity increased from 6% in 1998 to 11% in 2010, although much room for improvement remains (Forum, 2012). Other health indicators have been worsening in the older adult population, however. The incidence of diabetes increased in people age 65 and older from 13% in 1997-1998 to almost 21% in 2009-2010, and the increases were

seen in men and women of all ethnicities (Forum, 2012). Obesity in older adults has also increased over time, reflecting a trend across all age groups in the U.S. In 2009-2010, 38% of people age 65 and older were obese, compared with 22% in 1998-1999 (Forum, 2012).

Reviewing the data from the Study of Adult Development, Vaillant (2002) identified factors that did and did not predict healthy aging. Seven factors that *did* predict healthy aging were:

- Not being a smoker or stopping by age 45
- Adaptive coping style (mature defenses, i.e., making lemonade out of lemons, not making mountains out of molehills)
- Absence of alcohol abuse (the consequences of abuse, not consumption)
- Healthy weight
- Stable marriage
- Some exercise
- Years of education

Six factors that did *not* predict healthy aging were:

- Ancestral longevity
- Cholesterol
- Stress
- Parental characteristics
- Childhood temperament
- Vital affect and general ease in social relationships

The absence of alcohol abuse (alcohol abuse was defined as loss of voluntary control and/or adverse consequences from alcohol use) was the only protective factor in the Study of Adult Development that "powerfully predicted both psychosocial and physical health" (Vaillant, 2002, p. 207). Providing insight into the links among factors in healthy aging, Vaillant (2002) added that, "divorce does not cause early death; rather alcoholism causes accidents and divorce and early death….In other words, the divorced die more often only of illnesses made worse by the very factors that may have led to the divorce" (p. 217). Also, "the components of education that appeared to correlate with physical health in old age were self-care and perseverance—not IQ and parental income" (Vaillant, 2002, p. 209).

Healthcare expenditures tend to increase with age. In 2010, Americans age 55-64 spent 7.6% of their annual income on health care, while those age 65-74 spent 11.9% of their income on health care, and those age 75 and older spent 15.1% of their income on health care (Forum, 2012). The percentage of older adults who spent money out-of-pocket on healthcare services increased from 83% in 1977 to 94% in 2009 (Forum, 2012). The greatest increase was seen in elders in the poor/near poor income category (Forum, 2012). For them, out-of-pocket spending on healthcare services increased from 12% of their household income to 22%, whereas for elders in the low/middle/high income category, out-of-pocket spending on healthcare services remained at around 5% of their household income (Forum, 2012). Large out-of-pocket medical expenses can have negative consequences for the health and well-being of older adults because they may leave insufficient funds for other needs (Rasell, Bernstein, & Tang, 1994).

Spiritual

Although spirituality is a subjective concept that eludes consensus, Tanyi's (2002) definition provides a starting place for discussion:

> Spirituality is a personal search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen [and/or] religious beliefs, values, and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace, and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence. (p. 506)

Some studies have shown that people increase in their spirituality and/or religiosity over the course of their lives. A recent longitudinal study that followed participants from 1971 to 2005 found that religious service attendance typically decreased sharply in late adolescence (age 15-22), then increased in early adulthood (age 22-25) and remained stable during middle adulthood (age 26-65), then increased again in early older adulthood (age 65-77) before decreasing toward the end of life (age 78+) (Hayward & Krause, 2013). The study also found that differences between individuals remained stable, meaning that someone who was highly religious in early adulthood was also likely to be highly religious in later adulthood compared to other people the same age (Hayward & Krause, 2013). The results called into question previous, cross-sectional studies that have suggested each successive age cohort is less religious than the one before (Hayward & Krause, 2013). The authors suggested that such cross-sectional

studies may have only reflected where each cohort was in their life course at that moment. In a longitudinal study of spirituality over the adult life course, researchers followed two groups of participants (born in 1920/21 and 1928/29) from 1958 to 1999 (Wink & Dillon, 2002). They defined spirituality as "the importance of a personal quest for a sense of connectedness with a sacred Other (God, nature, a higher power)" and measured the participants' spirituality in terms of spiritual interests and spiritual practices (Wink & Dillon, 2002, p. 84). Similar to the study of religious attendance, this study found that all participants, irrespective of gender or cohort, showed a significant increase in spirituality from late middle adulthood (mid-50s to late 60s) to older adulthood (late 60s to mid-70s) (Wink & Dillon, 2002). On the other hand, the participants in Harvard University's Study of Adult Development did *not* feel that spirituality or religion were any more important to them in late life than in mid-life (Vaillant, 2002). When asked at age 75 whether their spiritual life had deepened, the majority of participants said that it had not (Vaillant, 2002).

It is hard to tease out the different effects of spirituality and religiosity on aging well because these terms are often combined in the literature. It is also difficult to attribute causation in associations of spirituality/religiosity and health outcomes because of confounding factors on both sides of the equation (Chida, Steptoe, & Powell, 2009; Matcha, 2007). For example, people who are drawn to a certain spiritual practice may share similarities in other behaviors or health characteristics (Chida et al., 2009; Matcha, 2007). Perhaps for this reason, research has produced mixed results when attempting to identify relationships between spirituality or religiosity and health outcomes. For example, the Study of Adult Development found little association between either

spirituality or religious adherence and aging well (Vaillant, 2002). Hope and love were more influential for those participants in aging well than was faith (Vaillant, 2002). A report based on the Women's Health Initiative Observational Study (Salmoirago-Blotcher et al., 2013) found that among community-dwelling postmenopausal women, higher frequency of private spiritual activity (prayer, meditation, and reading of religious texts) was associated with increased cardiovascular risk. The authors believed this result was due to the women marshaling their spiritual resources to cope with aging and illness (Salmoirago-Blotcher et al., 2013). To overcome the drawbacks of cross-sectional and retrospective case-control studies, Chida et al. (2009) conducted a meta-analysis of 91 prospective studies on the relationship between spirituality/religiosity and mortality. They found that spirituality/religiosity *was* associated with reduced all-cause mortality and reduced cardiovascular mortality in initially healthy populations but not in initially diseased populations (Chida et al., 2009). In the initially healthy populations, spirituality/religiosity served as a protective factor even when controlling for behavioral factors (smoking, drinking, exercising, socioeconomic status), negative affect, and social support (Chida et al., 2009). For the meta-analysis, the researchers assigned the different aspects of spirituality/religiosity to the following categories:

> (1) organizational activity (involvement in religious community, including attendance at services); (2) religious social support; (3) nonorganizational activity (prayer, meditation, or sacred book study); (4) intrinsic aspects of religiosity and spirituality (such as belief in a god concept, religious/spiritual well-being, religious/spiritual experience, and religious motivation/orientation); (5) actual coping based on religiosity/spirituality; (6) multidimensional aspects of

> religiosity/spirituality (measures that included more than one of the above content areas). (Chida et al., 2009, p. 82)

They found that multidimensional aspects of spirituality/religiosity were significantly associated with reduced mortality in both the healthy and diseased populations, and organizational activity was significant in the healthy population only (Chida et al., 2009).

Speculation abounds as to *how* spirituality and religion help older adults to age well. A study of spirituality in persons with dementia found that the routines associated with spiritual practices were a source of comfort (Jolley et al., 2010). Caregivers in the study found that spirituality supported them in coping (Jolley et al., 2010). Another study found that benefit-finding as a result of spirituality may lower cortisol levels, a symptom of stress, in the body (Carrico et al., 2006). Yeager et al. (2006) posited that the protection conferred by religious involvement in old age stemmed from participation in social activities rather than from religion itself. The most common explanation for how spirituality contributed to health and well-being in older adults was its role in meaning making. In a study of depressed older adults, spirituality provided a way to serve others and find meaning in life, which in turn ameliorated the depression (Ragan & Kane, 2010). Another study suggested that spirituality contributed to life satisfaction in older adults through their appraisal of life events as more positively meaningful (Cowlishaw, Niele, Teshuva, Browning, & Kendig, 2013). Similarly, Lawler-Row and Elliott (2009) suggested that existential well-being gained through a sense of purpose and meaning was the most important aspect of spirituality in terms of overall health and well-being for older adults.

Intellectual

Studies have reported a broad range of changes in mental ability as adults age. Some kinds of cognitive functioning have been shown to improve with age whereas others remain stable and others decrease over time (Browning, 1995). Mental ability of older adults is malleable and can be affected positively or negatively by many things. Poor health can have a significant negative influence on mental ability (Jelicic & Kempen, 1999). Another influence is education level. Bosma et al. (2003) found that older adults with a lower educational level experienced more decline in cognitive function (information processing speed, memory, and general cognitive function) compared to older adults with a higher education level. At the same time, openness to experience (intellectual curiosity and comfort with novel experiences) was found to contribute to cognitive reserve in old age, separate from years of education (Franchow, Suchy, Thorgusen, & Williams, 2013). Physical exercise has also been demonstrated to have a positive effect on cognitive function in older adults, even those with memory impairment (Lautenschlager et al., 2008; Lindwall, Rennemark, & Berggren, 2008; Weuve et al., 2004). The MacArthur studies on successful aging demonstrated that the capacity for positive change in cognition (called cognitive plasticity) remains in old age; with appropriate interventions, older adults can regain or even surpass earlier levels of cognitive function (Rowe & Kahn, 1997). Interventions do not have to be guided by instructors to be effective. Healthy older adults who engaged in self-guided practice for fluid intelligence (cognitive skills and problem-solving strategies) were reported by Baltes, Sowarka, and Kleigl (1989) to generate performance levels equal to those gained from tutor-guided instruction.

The decrease in cognitive ability over time is known as age-related cognitive decline. The *Diagnostic and Statistical Manual of Mental Disorders* defines age-related cognitive decline as "impairment of cognitive functioning that is 'within normal limits given a person's age" (Ellison, 2008, p. 1568). Some examples of mental faculties that decline are episodic memory (recall of experiences and events), which can start to decline in someone's twenties, spontaneous recall (recall of names, dates, etc.), working memory, processing speed, selective attention, and ability to multitask (Ellison, 2008), executive function (Gerstorf, Siedlecki, Tucker-Drob, & Salthouse, 2008), and spelling ability (Stuart-Hamilton & Rabbitt, 1997). Some mental faculties that remain unaffected until late in life include reading skill (Smith, 1993) semantic memory (factual and conceptual knowledge), procedural memory, and language abilities (Ellison, 2008). Some authors discuss intelligence and aging in terms of crystallized and fluid abilities. The originators of this idea were Horn and Cattell (1967), who defined crystallized intelligence as the ability to use the collective intelligence of a person's culture. Because age contributes to the number of life experiences someone can have and therefore the amount of cultural information someone can possess, crystallized intelligence increases with age (Horn & Cattell, 1967). Fluid intelligence, on the other hand, which comprises the abilities to perceive relations, form concepts, maintain span of immediate awareness, reason, and abstract, tends to decline with age (Horn & Cattell, 1967).

The validity and generalizability of the results of many studies of cognitive functioning in older adults have been called into question, however. Horn and Cattell (1967) themselves questioned whether their results were directly caused by processes inherent in aging or whether they were due to individual differences in their participants.

Browning (1995) has noted that most studies use a cross-sectional design, which confounds age and cohort. Longitudinal designs are also problematic because they are subject to testing and history effects (Browning, 1995). In other cases it has been shown that mental ability can vary widely depending on inherent individual traits (Browning, 1995; Kliegel & Altgassen, 2006). Another problem is that "cognitive aging studies have often been conducted in laboratory settings, where, because of the unfamiliarity of testing procedures, older adults may be disadvantaged compared with younger groups with which they are often compared" (as cited in Browning, 1995, p. 402). Yet another problem is the confounding effect of health status on the measurement of older adults' mental ability: "Healthy individuals are less likely to show decline in cognitive functioning with age, yet many studies have compared young and old age groups of different health statuses" (Browning, 1995, p. 402). Some researchers question the relevance of laboratory studies because a finding of decreased mental ability in the laboratory may not translate into decreased ability to function in the real world (Browning, 1995).

A new approach to the study of cognitive function in aging that addresses some of the above concerns is the use of neuroimaging techniques to measure physical changes in the brain. Results have been mixed, however, regarding the relationship between physical changes and observed outcomes in intellectual ability (Park & Reuter-Lorenz, 2009). Park and Reuter-Lorenz (2009) summarized:

> Generally, cognitive function declines in parallel across the lifespan with decreasing brain volume, dopamine receptors, and white matter integrity. At the same time, direct relationships between declining structural measures of the brain

> and cognitive function are not always observed (Salat et al. 2002, Tisserand et al. 2000), and when they are observed, they are of a modest magnitude. (p. 179)

To reconcile these contradictions, Park and Reuter-Lorenz (2009) proposed the scaffolding theory of aging and cognition. They argued that the brain is a dynamic organism that seeks to maintain homeostatic cognitive function. As the brain ages, it experiences physical and functional changes that are detrimental. In response, the brain continuously reorganizes to repair cognitive function. For example, older adults tend to use both hemispheres of the brain in certain circumstances when younger adults tend to use just one side. The consensus among researchers is that this change in the way the brain operates reflects a supportive adaptation in older adults (Park & Reuter-Lorenz, 2009). The scaffolding theory of aging and cognition posits that behavior is maintained "at a relatively high level with age, despite neural challenges and functional deterioration, due to the continuous engagement of compensatory scaffolding—the recruitment of additional circuitry that shores up declining structures whose functioning has become noisy, inefficient, or both" (Park & Reuter-Lorenz, 2009, p. 183). Park and Reuter-Lorenz (2009) explained that scaffolding is a lifelong process. As we learn, our brains engage and develop neural circuits that provide structure for task performance. As we increase in mastery, the circuits are shifted from broad, diffuse regions of the brain to more specific, efficient regions of the brain. The initial set of circuits, or scaffolding, is left available as secondary, functionally ready circuitry that can be recruited to help with the task when the brain is challenged (e.g., through shrinkage, changes in white matter, cortical thinning, or dopamine depletion) or functionally deteriorated (e.g., less efficient neural processes in perceptual areas of the brain). According to the theory, it is still

possible to create additional scaffolding—additional neural connections and possibly neural tissue—and thus better preserve cognitive function through engagement, exercise, cognitive training, and new learning in late life (Park & Reuter-Lorenz, 2009).

Learning and Aging Well

Browning (1995) believes "there is no scientific reason why older people cannot continue to live independently and study at an advanced level" (p. 410). This assertion bodes well for older adults because studies demonstrate that participating in learning can benefit older adults of all abilities in significant ways. Research has shown that people who suffer from cognitive or physical deficits are able to make significant gains from training related to their deficits. For example, von Bonsdorff, Rantanen, Laukkanen, Suutama, and Heikkinen (2006) found that improving the cognitive abilities of older adults who have limited mobility and cognitive deficits can prevent them from being institutionalized. Similarly, Willis et al. (2006) found that training in reasoning skills resulted in less functional decline in instrumental activities of daily living (light housework, preparing meals, using a telephone, shopping, managing money) and that the benefits of the training continued for five years after the initiation of the intervention. Skills training has been shown to reverse declines in inductive reasoning and spatial orientation in older adults whose cognitive function has deteriorated, and it was shown to enhance the performance of older adults whose cognitive function was stable (Schaie & Willis, 1986). Shumaker, Legault, and Coker (2006) found that older adults who participated in reasoning training reported significantly higher functioning in instrumental activities of daily living. In a study of cognitive training and strategic behavior, Saczynski, Margrett, and Willis (2004) concluded that "various types of

cognitive interventions have the potential to enhance cognitive performance through increased strategy usage" (p. 607). Wilson et al. (2002) found an association between frequent participation in cognitively stimulating activities and a reduced risk of Alzheimer's disease. In a review of nonpharmacological therapies for Alzheimer's disease, Olazarán et al. (2010) found that cognitive training in memory strategies and other cognitive skills for people with dementia produced improvements in those areas. Olazarán et al. (2010) also found that cognitive stimulation group sessions improved attention, memory, orientation, language, and general cognition in people with dementia. The results of these studies have implications for maintaining and improving quality of life for older adults with and without functional limitations and for their loved ones who care for them.

Learning and Adaptation in Late Life

If adaptation is part of aging well, then learning is also part of aging well. As already mentioned, learning can build cognitive reserves that allow older adults' brains to adapt automatically and maintain cognitive function (Park & Reuter-Lorenz, 2009). Learning is also inherent in the model of selective optimization with compensation (SOC). As Baltes and Baltes (1990) state, "although selection connotes a reduction in the number of high-efficacy domains, it can also involve new or transformed domains and goals of life" (p. 22). Thus selection implies a change in perception of abilities and desires and often necessitates acquisition of new knowledge or skills. Optimization may also involve learning as people enhance and augment their physical, mental, and social reserves. Similarly, compensation may involve learning as people acquire new skills to

compensate for those they have lost. Baltes and Baltes (1990) described a scenario in which learning is clearly part of the SOC process:

> Consider, for example, a person who has excelled as a marathon runner all of his or her adult life and wants to continue this activity into old age. If this runner wants to stay at the same performance level, more time and energy will need to be invested in running. As a consequence, the person will have to reduce or give up other activities (selection). At the same time, the runner will have to increase his or her training and knowledge about optimizing conditions such as the influence of daily rhythms and dieting (optimization), and finally he or she will have to become an expert in techniques aimed at reducing the impact of loss in functioning (compensation). Which shoes to use and how to treat injuries are examples of such compensatory strategies. By combining these elements of selection, optimization, and compensation, a high level of performance in marathon running might be retained into old age. (p. 25)

Opportunities for older adults to learn about aging and to share their experiences with each other may be a way for people to prepare for the future and perhaps better adapt to their circumstances when they get there. An example of this comes from Donorfio and Chapman (2009), who taught a class on positive aging in an Osher Lifelong Learning Institute called Aging Positively: Film and Discussion on Current Adulthood and Aging Issues. The authors codesigned the course with their older learners (age 53-88), who helped them choose which films to watch (all were award-winning, cutting-edge documentaries). The films they selected covered the topics of America's changing demographics, centenarians, Alzheimer's disease, Parkinson's disease, retired Broadway

actors who were residents of the Actors' Fund Retirement Home, the power of imagination in aging, elder females in the creative arts in San Francisco, and personal stories of what it means to have a "good old age." In addition to watching the films and listening to a brief lecture before each one, learners shared their personal experiences with aging and brought in books and articles they had found on their own. Donorfio and Chapman (2009) studied the outcomes of the class to see whether the course helped the older learners to think positively about aging and, particularly, their own aging. They found that although the learners had chosen the course because of its positive approach to aging, they appreciated the chance to discuss both the positive and negative aspects of growing old (Donorfio & Chapman, 2009). The knowledge the learners gained from the course improved their attitudes toward the aging process (Donorfio & Chapman, 2009). Participants felt that the course gave them a better understanding of aging and its positive aspects, which they believed would help them to age better and enable them to help those around them age better as well (Donorfio & Chapman, 2009).

Older Adults as Learners

Both content and methods can influence whether older learners get the maximum benefit from an educational experience. Duay and Bryan (2008) interviewed older adults to find out what they looked for in a learning experience. Results indicated that older adults want to be involved in the learning process through asking questions, discussing ideas, and practicing new skills. Learning was also viewed as a way to keep older adults actively involved with family, friends, and the world around them, which contributes to their aging well. In classroom settings, the instructor was often more important to learners than the topic. The older learners sought instructors who were enthusiastic,

interesting, straightforward, easy to follow, knowledgeable about the subject they were teaching, respectful of the learners' knowledge and experience, and created a pressure-free learning environment. Also important was the instructor's acknowledgement of the older adults' ability to learn. Finally, older adults were most interested in learning about topics that were familiar or that were relevant to them—things that had a connection to their past, present, or future (Duay & Bryan, 2008).

Based on research on older adults' cognitive and sensory abilities and common motivations for learning, du Plessis, Anstey, and Schlumpp (2011) proposed guidelines for developing courses and learning materials for older adults. They included the following recommendations:

- Cater for a wide variety of interests and skill levels by adapting the learning to the learner, given that older adults bring diverse life experiences and expertise to the educational setting
- Develop tasks that are challenging, yet doable, and which progress the learner from beginner to advanced levels
- Include frequent breaks to minimise fatigue, especially if the learners are on medication, have health problems or are experiencing stressors (e.g., family concerns, health issues, money worries, or impending life transitions such as loss of driver's license or shift to a rest home)
- Reduce distractions in the learning environment, as older adults may have more difficulty inhibiting irrelevant information
- Allow sufficient time to complete tasks

- Develop built-in adaptable print and audio functions to allow for larger text, higher contrast text and louder audio when using online formats
- Include larger, high contrast text where possible and test audio to ensure all learners can hear in class-based teaching
- Use a constructivist paradigm that facilitates peer-to-peer learning, group discussions and social contact
- Enable learners to participate in planning the pace of their course and encourage self-directed learning
- Include clear, mutually agreed upon boundaries at the start of the course regarding discussions and group participation
- Include information about the learning process and memory exercises to enable transfer to other domains of functioning
- Repeat instructions if learners forget and normalise memory concerns
- Give clear, prompt and personalised feedback to learners (du Plessis et al., 2011, pp. 169-170)

One of the methods listed by du Plessis et al. (2011)—peer-to-peer learning (also called peer learning)—is especially relevant to the current dissertation research. A description of this method is presented below.

Peer Learning as a Contributor to Aging Well

Peer learning, in which older adults share responsibility for educational activities, is a popular form of learning in later years. The term is sometimes used interchangeably with peer-to-peer learning, peer teaching, or peer-to-peer teaching. As Choi (2009) has described, this form of learning "emphasizes the relationship between teacher and

learners as equal experts [although possibly in different subject areas], sharing deficits caused by aging and developing friendships" (p. 846). Peer learning is common in Institutes for Learning in Retirement (ILRs/LIRs) and Osher Lifelong Learning Institutes (LLIs), which are affiliated with universities and often led by a membership group composed of the program's participants. Clark, Heller, Rafman, and Walker (1997) described four types of study groups in the McGill University LIR: research, in which learners consult academic sources for expert knowledge; expression oriented, in which learners produce written texts to communicate real or imagined experiences; appreciation oriented, in which learners study works of art, music, film, or literature; and experience oriented, in which learners share their personal experiences on a given topic. Some of the techniques used in peer learning in LIRs and LLIs have included lecture, group discussion, hands-on experiences, and hybrids of the previous three methods (Brady, Holt, & Welt, 2003). Clark et al. (1997) found that the majority of participants in the McGill University LIR enjoyed learning from their peers and interacting socially with them. Participants valued learning from the knowledge and experience of others and interacting in well-informed discussions (Clark et al., 1997). They gained increased understanding of the topics they studied and experienced intellectual stimulation (Clark et al., 1997).

Peer teachers benefit from the experience as much as learners do. Simson, Thompson, and Wilson (2002) reported that peer teachers in LIRs felt personal satisfaction, intellectual stimulation, and enjoyment from teaching their fellow LIR members. Some members who had taught previously in other environments had to adapt their teaching style to the needs of their peers. In Brady et al.'s (2003) research, LLI peer

teachers reported that teaching their peers was different from other kinds of teaching because the LLI students were participating voluntarily, they were tolerant of the teacher's limitations, they were interested in a colearning experience, and both the teachers and the students sought and realized a sense of community from the LLI. The peer teachers in Choi's (2009) research learned from the teaching experience and made changes to the format and content of their classes based on trial and error. Choi's (2009) results echoed Brady et al.'s (2003) finding that peer teachers value the social interaction of teaching and the joint exploration of a topic with their students.

The types of learning taking place in the peer learning environment have traits in common with self-directed learning and humanism (Brady et al., 2003; Clark et al., 1997). The humanistic principle of responsibility and humanity is present in this environment. According to this principle, "interaction with others is essential because humans are not only by nature social beings, but need others in order to satisfy drives for love, recognition, esteem, etc. The growth of self does not occur in isolation from others" (Elias & Merriam, 2005, p. 122). The participants in peer learning take turns being the student and the teacher, and they learn from each other in both roles (Brady et al., 2003). This kind of social interaction and intellectual engagement has been shown to contribute to successful aging (Rowe & Kahn, 1987). Peer learning can be considered a type of self-directed learning because the participants determine what they want to learn about and create their own educational activities to accomplish it. The self-directed aspect of peer learning can be beneficial in itself. Brockett (1987), for example, found an association between self-directedness in learning and late life satisfaction, suggesting that older adults who are encouraged to be self-directed in their learning may enjoy increased

independence and greater life satisfaction. Self-directed learning also contributes to a person's sense of control, which Rowe and Kahn (1987) theorized would produce increased proactive behavior and resistance to disease in older adults. The next section of the chapter will describe two additional types of learning that form the theoretical framework of the study: possible selves and communities of practice.

Possible Selves

The concept of possible selves was the second part of the current study's conceptual framework. Although it is included here in the literature review chapter to orient the reader to what is coming up ahead, the relevance of this area of literature to the results of the study was not discovered until the data analysis phase. This section will describe the original concept of possible selves and how it has been applied to research related to adult education and aging well.

Original Concept of Possible Selves

The concept of possible selves was proposed by Markus and Nurius (1986) as a bridge between motivation and cognition. According to the authors, "possible selves represent individuals' ideas of what they might become, what they would like to become, and what they are afraid of becoming" (Markus & Nurius, 1986, p. 954). Possible selves are "linked to the dynamic properties of the self-concept—to motivation, to distortion, and to change, both momentary and enduring" (Markus & Nurius, 1986, p. 954). Possible selves may relate to the self in the past, the self in the future, or the self in the present. These temporal selves are distinct from one another but at the same time are intimately connected. Possible selves are personalized and individualized but are also rooted in the social realm. Markus and Nurius (1986) explain that:

> many of these possible selves are the direct result of previous social comparisons in which the individual's own thoughts, feelings, characteristics, and behaviors have been contrasted to those of salient others. What others are now, I could become. An individual is free to create any variety of possible selves, yet the pool of possible selves derives from the categories made salient by the individual's particular sociocultural and historical context and from the models, images, and symbols provided by the media and by the individual's immediate social experiences. (p. 954)

Possible selves function as incentives for future behavior, and they provide a context for interpreting and evaluating the current view of the self (Markus & Nurius, 1986, p. 955). Past selves may also be possible selves if they are still carried within the person's self-concept and "are representative of the individual's enduring concerns and the actions that gave rise to these concerns" (Markus & Nurius, 1986, p. 955). The concept of possible selves assumes that "the self reaches from the current situation into the past and the future, unifying perceptions of 'what currently is' with those of 'what once was' and those of 'what one day might be'" (Cross & Markus, 1991, p. 231).

Possible selves lead us to evaluate our current self against what we believe is possible. Markus and Nurius (1986) illustrate:

> The self-conception "I am 10 pounds overweight" is a different self-conception when linked with the possible self of "I could be quite thin" than when linked with the possible self "I will always be fat." Similarly, the meaning of the self-conception "I am poorly paid" derives its meaning from the surrounding context of possibility. It is not the same when considered with the destitute possible self

> and when considered with the fabulously rich possible self (cf. Crosby, 1982). What matters is not the ease with which these possibilities can be simulated, or their actual potential for being realized. What is important is that they exist as enduring elements that can be activated as part of a working self-concept and that can function as referents or standards by which the now self is evaluated and interpreted. (p. 963)

Possible selves also lead us to action, change, and development:

> The inclusion of a sense of what is possible within the self-concept allows it to become dynamic. Some possible selves stand as symbols of hope, whereas others are reminders of bleak, sad, or tragic futures that are to be avoided. Yet all of these ideas abut what is possible for us to be, to think, to feel, or to experience provide a direction and impetus for action, change, and development. Possible selves give specific cognitive form to our desires for mastery, power, or affiliation, and to our diffuse fears of failure or incompetence. (Markus & Nurius, 1986, p. 960)

Possible selves do not need to be rooted in reality; individuals themselves are the final judges of what is possible within their self-concepts (Markus & Nurius, 1986, p. 963).

Possible selves are activated by the social situation and determine the nature of the working self-concept, which is temporary and malleable (Markus & Nurius, 1986, p. 965). Thus to maintain the influence of possible selves on an individual's behavior, the social situation must be maintained. Markus and Nurius (1986) provide an example of a therapy session in which an individual is able to maintain positive working thoughts in this supportive environment but when faced with a different context may not be able to

hold these same positive thoughts in working memory (p. 965). The concept of possible selves reconciles the question of whether self-concepts are constant or variable. Markus and Nurius (1986) suggest that the now self—the self that we display to the public—may be more or less constant, while possible selves are responsive to changes in the environment and constitute the elements of self-concept that are variable (p. 964). They at once represent our one true self and our many selves: "possible selves provide for a complex and variable self-concept but are authentic in the sense that they represent the individual's persistent hopes and fears and indicate what could be realized given appropriate social conditions" (Markus & Nurius, 1986, p. 965). Markus and Nurius (1986) posited that creating a broad context of "specific positive possibility" in a given domain would help to regulate behavior in a positive way (p. 966). They also predicted that, across the life span, "developmental variation in the ability to construct and maintain possible selves is likely to be associated with both the child's ability to engage in self-control and self-regulation and with the adult's approach to aging" (p. 966).

Possible selves and adult education. Although the concept of possible selves originated in psychology, it has been used to great effect in other fields, including adult education. Adult education research has focused on the links between possible selves and life span development, career transition and development, persistence toward academic goals, and the teaching or mentoring relationship (Rossiter, 2007a). Rossiter (2004, as cited in Rossiter, 2007a), for example, studied the impact of teachers, mentors, and advisors on returning adult college students and their possible selves. She found that these educational helping relationships could be the source of new positive possible selves for the students. They could also help the students to reactivate a goal they had

previously thought was unattainable. Further, they could reinforce an emerging possible self and help students assess the goodness of fit between the students and their possible selves. Finally, the educational helpers could assist students in anticipating barriers and setbacks and plan ahead for dealing with them. Though the participants in Rossiter's study were not older adults, their experiences are relevant to those of the participants in the current study. Also relevant to the study is possible selves research related to gender and the pursuit of educational and career goals, some of which was summarized by Lips (2007). Lips argued that a lack of role models in the fields of science, technology, math, and engineering and a lack of role models in leadership positions in all fields prevented women from pursuing these areas because they were unable to envision themselves in these roles. Holbert (2015) explored possible selves in a classroom community of midcareer teachers going back to school for advanced degrees. In this setting, personal/family selves, teaching selves, and academic selves emerged for the study participants after reflecting on their teaching practice and dialoging with their classmates. Reflection was a significant theme in Hamman et al.'s (2013) study of how thinking about possible selves contributed to the formation of professional identity among teacher candidates, as were the themes of mentors and hands-on experience as student teachers. The cooperating teachers who mentored the candidate teachers in their student teaching experience played a prominent role in the candidates' formulation and regulation of behaviors reflecting the types of teachers they hoped to emulate or feared becoming. Candidate teachers' exploration of possible selves helped them to make decisions and take action toward their desired goals, and it helped them to "respond to contextual

demands not previously considered before their initial teaching experiences" (Hamman et al., 2013, p. 330).

In terms of adult education theory, the concept of possible selves is most closely aligned with transformational and transitional learning (Rossiter, 2007b). Rossiter (2007b) summarized the main ideas of transformational learning:

> While different views of transformational learning have been advanced (Mezirow, 1991, 2000; Freire, 1970; Tennant, 2000; Jarvis, 1992), the essential components of the process are (1) recognition of a need for change in one's life, perspectives, or circumstances; (2) critical reflection on individual or societal assumptions; (3) communication and connection with others who have a similar life experience; (4) exploration of what course of action is possible and desirable; and (5) enacting the new learning as an individual or through social action. (p. 88)

Rossiter (2007b) argued that the concept of possible selves offers an alternate explanation of the process of transition and transformation: the future-oriented self-concepts in adult learners' possible selves serve as a "motivating and organizing factor in transformational learning" by providing the "scaffolding" by which adult learners are able to "grow, change, cast off constraints, and take on new challenges" (Rossiter, 2007b, p 93).

Possible selves and aging well. Waid and Frazier (2003) have stated that older adults' possible selves reflect the process of making meaning of their lives and experiences as they age. Confirming Markus and Nurius's (1986) idea that culture shapes possible selves, they found that Hispanic older adults reported hoped-for and feared possible selves that were primarily collectivistic in nature (related to familial relations, familial roles, and familial duties) whereas non-Hispanic (mostly European

American) older adults reported hoped-for and feared possible selves that were primarily individualistic in nature (related to autonomy, social relations, and quality of life), consistent with their respective cultures (Waid & Frazier, 2003). Studies have shown that older adults tended to report fewer possible selves than individuals in younger age groups and that their possible selves fell into fewer domains (e.g., health-related, lifestyle-related, family-related, generativity-related) (Cross & Markus, 1991; Frazier & Hooker, 2006). However, older adults were more likely than other age groups to take action to achieve their positive possible selves or avoid their negative possible selves (Cross & Markus, 1991; Frazier & Hooker, 2006). Eaton (2015) found that a learning intervention—in her study, characterized by learning activities focused on the topic of late-life potential followed by the performance of an ethnodrama—could help older adults to recognize and emphasize positive late-life potential (i.e., possible selves).

Baltes and Carstensen (1991) commented on the potential for possible selves to contribute to aging well vis-à-vis the model of selective optimization with compensation. They believed that possible selves could explain which and why certain pathways were selected and choices were made. When certain identities "are no longer reinforced by performance, or are no longer considered age-appropriate or desirable by the individual or other people," an individual would reduce the number of possible selves and focus on fewer or transformed selves (Baltes & Carstensen, 1991, p. 257). By "enhancing, promoting, or defending certain selves over others, the individual can *optimize* the use of certain knowledge and skills in the elected selves (Baltes & Carstensen, 1991, pp. 257-258, emphasis in original). Older adults are motivated by a felt discrepancy between their present and possible selves to engage in behavior that will help them to achieve

hoped-for possible selves and prevent feared possible selves from becoming reality. As older adults achieve and revise their competencies through this process, they can create new selves and "select or create appropriate environments that facilitate the engagement" in the optimization process (Baltes & Carstensen, 1991, p. 258). Finally, the more numerous and complex older adults' possible selves are, the "easier it is to *compensate* for those selves that needed to be dropped because of loss of competencies, opportunities, or interests, or because of an overload due to the increased time investment necessary to produce expected outcomes" (Baltes & Carstensen, 1991, p. 258, emphasis in original). The next section of the chapter will discuss the final part of the conceptual framework of the current study: communities of practice.

Communities of Practice

Similar to possible selves, the theory of communities of practice was not discovered to be relevant to the results of the current study until the analysis phase of the research. Communities of practice is a social theory of learning presented by Etienne Wenger (1998) in the seminal book, *Communities of Practice: Learning, Meaning, and Identity*. The theory assumes learning is fundamentally a social phenomenon that is an essential part of human nature. Like possible selves, communities of practice are neither inherently positive nor inherently negative. The theory of communities of practice is based upon four premises:

1) We are social beings. Far from being trivially true, this fact is a central aspect of learning.

2) Knowledge is a matter of competence with respect to valued enterprises – such as singing in tune, discovering scientific facts, fixing machines, writing poetry, being convivial, growing up as a boy or a girl, and so forth.
3) Knowing is a matter of participating in the pursuit of such enterprises, that is, of active engagement in the world.
4) Meaning – our ability to experience the world and our engagement with it as meaningful – is ultimately what learning is to produce. (Wenger, 1998, p. 4)

Wenger states that participation in this context is an "encompassing process of being active participants in the *practices* of social communities and constructing *identities* in relation to these communities" (p. 4, emphasis in original). Wenger further explains:

> Being alive as human beings means that we are constantly engaged in the pursuit of enterprises of all kinds, from ensuring our physical survival to seeking the most lofty pleasures. As we define these enterprises and engage in their pursuit together, we interact with each other and with the world and we tune our relations with each other and with the world accordingly. In other words, we learn.
>
> Over time, this collective learning results in practices that reflect both the pursuit of our enterprises and the attendant social relations. These practices are thus the property of a kind of community created over time by the sustained pursuit of shared enterprise. It makes sense, therefore, to call these kinds of communities *communities of practice*. (p. 45, emphasis in original)

According to Wenger (1998), communities of practice are at home, at work, at school, in our hobbies—everywhere—and we all belong to several communities of practice at any given time (p. 6). They are so integral and pervasive in our lives, and

typically so informal, that they are often overlooked. The members of a community of practice may be in close proximity to each other (e.g., a family whose members live in the same house or the public relations team in a business) or they may be far apart in geography but linked in other ways (e.g., Cooperative Extension agents who work in different parts of the state but who share a common practice and identity). At the same time, it is possible for individuals who are close to each other in location, such as residents of a neighborhood, *not* to consider themselves a community of practice if they are not engaged in a shared enterprise. The two constitutive elements of communities of practice—practice and identity—will be described in the next section.

Practice in communities of practice. In Wenger's (1998) theory of communities of practice, practice is conceptualized in four ways: practice as meaning, practice as community, practice as learning, and practice as boundary. Practice as meaning and community relate to the internal dynamics of communities of practice, whereas practice as learning and boundary have to do with relations among distinct communities of practice. This section will explain all four conceptualizations of practice.

Practice as meaning. Practice does not merely focus on the mechanics of getting things done, but rather it includes the meaning derived from the doing. Wenger (1998) says that, "*practice is about meaning as an experience of everyday life*," and argues that (a) "meaning is located in a process [called] the *negotiation of meaning*," (b) "the negotiation of meaning involves the interaction of two constituent processes [called] *participation* and *reification*," and (c) "participation and reification form a duality that is fundamental to the human experience of meaning and thus to the nature of practice" (p. 52, emphasis in original).

According to Wenger (1998), negotiation of meaning characterizes the "process by which we experience the world and our engagement in it as meaningful" (p. 53). The two processes involved in the negotiation of meaning—participation and reification—are a duality, not opposites; they interact with, require, and enable each other. Participation describes "the social experience of living in the world in terms of membership in social communities and active involvement in social enterprises" (Wenger, 1998, p. 55). Wenger points out that participation is not always the same as collaboration; rather, "it can involve all kinds of relations, conflictual as well as harmonious, intimate as well as political, competitive as well as cooperative" (Wenger, 1998, p. 56). Another aspect of participation is its potential to shape and transform both the individual participants and the social communities in which they are participating. The effects of participation last beyond the specific context of engagement; participation becomes part of our identities and is not something we turn on and off.

Reification, in conjunction with participation, also contributes to our negotiation of meaning (Wenger, 1998). Reification refers to "the process of giving form to our experience by producing objects that congeal this experience into 'thingness'" (Wenger, 1998, p. 58). Reification may incorporate a wide range of processes, such as "making, designing, representing, naming, encoding, describing, as well as perceiving, interpreting, using, reusing, decoding, and recasting" to produce objects ranging from "entries in a journal to historical records, from poems to encyclopedias, from names to classification systems,…from flashy advertisements to census data, from single concepts to entire theories" (Wenger, 1998, p. 59). Reification is both the process and the product. The

products serve as reflections of practices, "tokens of vast expanses of human meanings" that can then also be integrated back into the practices.

Practice as community. Wenger (1998) says that a community of practice should be viewed as a unit that is made coherent through mutual engagement, a joint enterprise, and a shared repertoire. Seen through the lens of community, practice requires the mutual engagement of members not only in the task at hand but also in the work required to maintain the community itself. Members of a community of practice may be diverse, and in fact, this diversity may facilitate engagement in practice. Further, as community members work together over time, they may "specialize, gain a reputation, make trouble, and distinguish themselves, as much as they develop shared ways of doing things" (Wenger, 1998, p. 75). Participants in a community of practice may have complementary areas of competence, or their competencies may overlap. The sustained and close interpersonal relationships involved in communities of practice can produce a wide range of relations among members that may include "mixtures of power and dependence, pleasure and pain, expertise and helplessness, success and failure" (Wenger, 1998, p. 77).

A second aspect of practice as a source of coherence for a community is joint enterprise (Wenger, 1998). Members engage in activity that is communally negotiated for a shared purpose. Members do not all have to agree with each other in the process, but their responses nevertheless become an interconnected, collective product. Members' responses to conditions, whether the conditions are within or outside of their control, evolve into a negotiated, communal response. A regime of mutual accountability emerges from members' negotiations of their joint enterprise such that community members are accountable to each other for upholding certain standards or behaving in

certain ways. These expectations may be reified through rules, policies, or standards, or they may be tacitly understood through "specialized sensitivities, an aesthetic sense, and refined perceptions" (Wenger, 1998, p. 81).

Development of a shared repertoire is the third characteristic of practice as a source of community coherence. The repertoire of a community of practice is a set of shared resources that may include "routines, words, tools, ways of doing things, stories, gestures, symbols, genres, actions, or concepts that the community has produced or adopted in the course of its existence, and which have become part of its practice" (Wenger, 1998, p. 83). According to Wenger (1998), a shared repertoire also includes "the discourse by which members create meaningful statements about the world, as well as the styles by which they express their forms of membership and their identities as members" (p. 83). A community's repertoire reflects a history of mutual engagement and is inherently ambiguous in the sense that these shared points of reference do not impose meaning on their own. They are recognizable by members in their relation to the community's history, but these resources can also be put into practice in new and different ways, producing new meanings. Wenger (1998) cautions that communities of practice can "give rise to an experience of meaningfulness" but, conversely, they can "hold us hostage to that experience" (p. 85). The coherence of a community of practice can be both a strength and a weakness; communities of practice can serve both as "the locus of creative achievements and the locus of inbred failures; the locus of resistance to oppression and the locus of the reproduction of its conditions" (Wenger, 1998, p. 85).

Practice as learning. Wenger (1998) states that although there is no minimum amount of time for which a group of people must be engaged in a shared enterprise in

order to constitute a community of practice, they must have been together long enough to have shared some significant learning (p. 86). In this sense, he says that communities of practice may be thought of shared histories of learning. Wenger describes this shared history in different ways: as a combination of participation and reification over time, as an emergent structure, and as a way to incorporate newcomers into a practice. First, in discussing the roles of participation and reification in learning, Wenger says that history combines personal and collective experiences (i.e., participation) with enduring artifacts and institutions (i.e., reification). Both participation and reification are sources of remembering and forgetting and of continuity and discontinuity. Physical remnants can spur memories, but once an object is created, it takes on a life of its own and is open to reinterpretation at a later date. Participation creates memories that can be replayed and identities that can sustain us, but memories can also grow fuzzy or be reinterpreted from a different perspective later on, and identities can evolve with new life experiences. As we become invested in a community of practice, "our identities become anchored in each other and what we do together" (Wenger, 1998, p. 89). We grow attached to the tools, artifacts, concepts, and terms that represent perspectives held by the community, and these reifications may "perpetuate the repertoires of practice beyond the circumstances that shaped them in the first place" (Wenger, 1998, p. 89). When new members join a community or seasoned members shift roles, or when new tools, concepts, or other reifications are introduced, discontinuities are created, and so are opportunities for learning. [Note: Wenger uses the term *old-timers* for what I call *seasoned members*. I prefer my term because of the possible negative connotation associated with older adults as old-timers in American vernacular.] According to Wenger (1998), because of their

influence on the shared history of the community, participation and reification "provide dual avenues for exercising influence on what becomes of a practice" (p. 91). Further, because of their duality, both are necessary for the negotiation of meaning, so both must be attended to in attempts to influence outcomes. Control over both participation and reification "affords control over the kinds of meaning that can be created in a certain context and the kinds of person that participants can become" (Wenger, 1998, p. 93). On the positive side, such control provides a stabilizing effect, but on the negative side such control can produce a stagnating effect.

A second characteristic of practice as learning involves the idea that communities of practice are emergent structures in a constant state of flux. In response to changing conditions, communities' forms of mutual engagement evolve (e.g., "discovering how to engage, what helps and what hinders; developing mutual relationships; defining identities, establishing who is who, who is good at what, who knows what, who is easy or hard to get along with"), communities continually try to understand and tune their enterprise (e.g., "aligning their engagement with it, and learning to become and hold each other accountable to it; struggling to define the enterprise and reconciling conflicting interpretations of what the enterprise is about"), and communities are perpetually developing their repertoire, styles, and discourses (e.g., "renegotiating the meaning of various elements; producing or adopting tools, artifacts, representations; recording and recalling events; inventing new terms and redefining or abandoning old ones; telling and retelling stories; creating and breaking routines") (Wenger, 1998, p. 95).

A third characteristic of practice as learning is that communities of practice do not depend on a fixed membership (Wenger, 1998, p. 99). As new generations of members

join, they are incorporated into the community, they begin to engage in its shared enterprise, and they thus carry on the practice. In order to become full participants, new members must learn through "modified forms of participation that are structured to open the practice to nonmembers" (Wenger, 1998, p. 100). This type of access to the community and its practice is even more important than a reified curriculum. Wenger defines the modified forms of participation as *peripherality* and *legitimacy*. Peripherality "provides an approximation of full participation that gives exposure to actual practice," including mutual engagement with other members, their actions and their negotiation of the enterprise, and the shared repertoire in use (Wenger, 1998, p. 100). In this case, the curriculum is the community of practice itself, and the goal is to gain a sense of how the community operates. Newcomers must also be granted legitimacy if they are to become full members of the community of practice. Legitimacy can come in many forms, such as "being useful, being sponsored, being feared, being the right kind of person, [or] having the right birth" (Wenger, 1998, p. 101). According to Wenger (1998), granting newcomers legitimacy is important because "they are likely to come short of what the community regards as competent engagement," and "only with enough legitimacy can all their inevitable stumblings and violations become opportunities for learning rather than cause for dismissal, neglect, or exclusion" (p. 101).

Practice as boundary. As communities of practice share histories of learning, Wenger (1998) says, "over time, such histories create discontinuities between those who have been participating and those who have not" (p. 103). These discontinuities are called boundaries, and they can be felt in the difficulty of crossing over from one community of practice to another. At the same time, communities do not exist in

isolation; they are constantly interacting with, bumping up against, and sharing certain aspects of other communities of practice. Learning how one's own community of practice relates to others is part of the educational process of becoming a member. Wenger (1998) discusses three main concepts related to practice as boundary: the ways in which participation and reification contribute to both social discontinuity and connections across boundaries, the ways in which communities of practice themselves are sources of boundaries and connections, and the social landscape created by the weaving of boundaries and peripheries.

First, membership in a community of practice can be marked by participation or reification or both. Reification may include titles, certificates, initiation rites, tattoos, or other physical markers of membership. Just because there are no physical markers does not negate the existence of a community of practice, however. Their membership, and boundary, may be delineated through practices such as employing technical jargon and nuanced understanding. At the same time, Wenger (1998) says, participation and reification can serve as ways to create continuities across boundaries. Monuments, instruments, documents, points of focus, and other forms of reification may be used by several communities of practice. When this occurs, the reifications are called boundary objects because they span the boundaries of multiple communities of practice and can serve as a way of brining them together. In terms of participation, people may be members of multiple communities of practice and thus bring the practices of one community into another, either on purpose or subconsciously. When people introduce elements of one practice into another, it is called brokering. The role of brokers is valuable and complex:

> It requires enough legitimacy to influence the development of a practice, mobilize attention, and address conflicting interests. It also requires the ability to link practices by facilitating transactions between them, and to cause learning by introducing into a practice elements of another. (Wenger, 1998, p. 109)

Encounters between members at the boundaries of communities of practice provide opportunities for learning, although it is important to keep in mind that no single member represents the entire practice of a community, that everyone's memory—and what they remember to share—is incomplete, and that members may act differently outside of their community compared to how they act inside it. Objects may seem, therefore, to be more effective tools for communicating across boundaries. This is not necessarily the case, however, because when taken out of context, documents and other forms of reification may lose their original meaning. Ideally, members can bring both themselves and the physical reflections of their communities of practice to encounters with members of other communities of practice to maximize the potential connection.

The second way that Wenger (1998) talks about practice and boundaries is by considering practice as its own source of boundary and connection. Some of the characteristics of a practice that create boundaries between members and nonmembers are (a) "participants form close relationships and develop idiosyncratic ways of engaging with one another, which outsiders cannot easily enter," (b) "they have a detailed and complex understanding of their enterprise as they define it, which outsiders may not share," and (c) "they have developed a repertoire for which outsiders miss shared references" (Wenger, 1998, p. 113). At the same time, practices could provide their own types of connection, called: boundary practices, overlaps, and peripheries (Wenger,

1998). Boundary practices are those that begin from two or more members of separate communities of practice coming together and, over a period of time, creating a third, distinct community of practice. Examples of boundary practices include fields of study such as biochemistry, which began from biologists and chemists combining their separate practices. Overlaps result from direct and sustained overlaps of practices when both communities of practice remain distinct from each other. They maintain separate enterprises and separate practices, although they remain in close contact. An example of this would be two departments within a business that work side by side and provide assistance to each other but whose primary goals and daily activities are distinct. Another type of practice-based connection that Wenger describes—peripheries—is the opening of a boundary to peripheral people. Peripherality can range from observation to direct engagement. Allowing multiple levels of engagement with a community of practice, from core membership to extreme peripherality, provides many benefits, according to Wenger (1998): "The interaction of all these levels affords multiple and diverse opportunities for learning. Different participants contribute and benefit differently, depending on their relations to the enterprise and the community" (p. 118). The periphery of a practice is a fertile area for change, and as the community constantly renegotiates the relations between its core and periphery, the practice continually develops (Wenger, 1998, p. 118).

The third way that Wenger (1998) talks about practice as boundary is the complex social landscape of "shared practices, boundaries, peripheries, overlaps, connections, and encounters" (p. 118). Because communities of practice are formed around practices, their

establishment and evolution are separate from the establishment and evolution of institutions. Wenger (1998) elaborates:

> Since the life of a practice as it unfolds is, in essence, produced by its members through their mutual engagement, it evolves in organic ways that tend to escape formal descriptions and control. The landscape of practice is therefore not congruent with the reified structures of institutional affiliations, divisions, and boundaries. It is not independent of these institutional structures, but neither is it reducible to them. (pp. 118-119)

In this complex landscape, boundaries and peripheries are woven together while maintaining distinct possibilities. Boundaries, though they may be subtle and negotiable, remain as discontinuities between "inside and outside, membership and nonmembership, inclusion and exclusion" (Wenger, 1998, p. 120). Peripheries, though they may only be narrow openings, are nevertheless continuities of "overlap and connections,…windows and meeting places, and…organized and casual possibilities for participation offered to outsiders or newcomers" (Wenger, 1998, p. 120). The weaving together of boundaries and peripheries creates ambiguities. At the periphery, "practice can be guarded just as it is made available; membership can seem a daunting process just as it can constitute a welcoming invitation" (Wenger, 1998, p. 120).

Locality. Locality is the final conception of practice that Wenger (1998) offers. It refers to how we determine whether a particular social configuration is a community of practice or is something else. There is no clear-cut metric to use when determining what qualifies as a community of practice. Rather than aiming for a metric, Wenger discusses communities of practice in terms of level of analysis and indicators of existence. He

states that the concept of communities of practice is a midlevel analytical tool: "It is neither a specific, narrowly defined activity or interaction nor a broadly defined aggregate that is abstractly historical and social" (Wenger, 1998, pp. 124-125). On the narrow end of the spectrum, a single conversation, or even a series of conversations that are not in the service of a shared goal or do not lead to increasingly complex relationships, does not qualify as a community of practice. On the broad end of the spectrum, an entire city, culture, or large corporation would not qualify as a community of practice because these are too reliant on "the overarching continuity of a configuration reified by its name" (Wenger, 1998, p. 125). They miss the learning and negotiation of meaning and the shared histories that are created in different localities within. Wenger offers 14 indicators to know whether a community of practice has formed:

1) sustained mutual relationships – harmonious or conflictual
2) shared ways of engaging in doing things together
3) the rapid flow of information and propagation of innovation
4) absence of introductory preambles, as if conversations and interactions were merely the continuation of an ongoing process
5) very quick setup of a problem to be discussed
6) substantial overlap in participants' descriptions of who belongs
7) knowing what others know, what they can do, and how they can contribute to an enterprise
8) mutually defining identities
9) the ability to assess the appropriateness of actions and products
10) specific tools, representations, and other artifacts

11) local lore, shared stories, inside jokes, knowing laughter
12) jargon and shortcuts to communication as well as the ease of producing new ones
13) certain styles recognized as displaying membership
14) a shared discourse reflecting a certain perspective on the world. (Wenger, 1998, pp. 125-126)

The presence of these indicators suggests that the three main characteristics of a community of practice also exist among the social configuration in question: "a community of mutual engagement, a negotiated enterprise, and a repertoire of negotiable resources accumulated over time" (Wenger, 1998, p. 126).

When social configurations are too broad, too diverse, or too diffuse to qualify as communities of practice, it may be more useful to think of them as constellations of practices (Wenger, 1998). For example, in a large university with multiple divisions (e.g., research, public service and outreach, budgeting and finance, student affairs, academic affairs), multiple colleges and schools, and multiple campuses are multiple communities of practice that each have their own practice and specific focus but still contribute in their own way to the overall constellation. The separate communities of practice within a constellation may share historical roots, have related enterprises, serve the same cause, belong to the same institution, face similar conditions, have members in common, share artifacts, have geographical relations of proximity or interaction, have overlapping styles or discourses, or compete for the same resources. However, the participants across the communities of practice in a constellation would be likely to interact less intensely with each other, know each other to a lesser degree, be less

accountable to a joint enterprise, be less able to assess the appropriateness of each other's actions, be less likely to cocreate points of reference and shared artifacts, and be less likely to engage in shared learning than members of a single community of practice would be. The second constitutive element of the theory of communities of practice is identity, which will be discussed next.

Identity in Communities of Practice. Wenger (1998) states that issues of identity are inseparable from issues of practice, community, and meaning (p. 145). Focusing on identity within communities of practice extends the framework in two directions: "it narrows the focus onto the person, but from a social perspective," and "it expands the focus beyond communities of practice, calling attention to broader processes of identification and social structures" (Wenger, 1998, 145). Focusing on identity also brings up issues related to participation and nonparticipation, inclusion and exclusion, and the ability or inability to "shape the meanings that define our communities and our forms of belonging" (Wenger, 1998, p. 145). The concept of identity in communities of practice, as in possible selves, combines aspects of the individual and the social. Wenger emphasizes that neither the individual nor the social is wholly positive, and neither is wholly negative. Nor are the individual and the social fundamentally at odds with each other; they inform and influence each other, converge and mutually constitute each other. Wenger discusses four issues of identity related to communities of practice: (a) how the characteristics of practice can be construed as characteristics of identity, (b) nonparticipation as a central aspect of the formation of identity, (c) three modes of belonging, and (d) identification and negotiability, or the degree to which participants

own the meanings that define their communities. The remainder of this section will describe these four issues.

Identity in practice. The formation of a community of practice involves individual members acknowledging each other as participants and negotiating their identities and behaviors within the group. According to Wenger (1998), identity in practice is a negotiated experience in which we "define who we are by the ways we experience our selves through participation as well as by the ways we and others reify our selves" (p. 149). Identity in this context is not the same as self-image; our thoughts about ourselves are important, but the way we engage in practice is equally important. In communities of practice, we define our identity, but so do the members of the communities of practice we engage with. Our identity in practice is reified through the social categories we belong to and the meanings we and others ascribe to those categories. Who we are is, in part, a projection of these social categories. At the same time, our identity in practice is "produced as a lived experience of participation in specific communities" (Wenger, 1998, p. 151). From this perspective, an identity is thus "a layering of events of participation and reification by which our experience and its social interpretation inform each other" (Wenger, 1998, p. 151).

Another way that Wenger thinks of identity in practice is in terms of community membership, which is indicated by the degree to which we are familiar or unfamiliar with a particular community of practice. When we are a full member, we:

> can handle ourselves competently. We experience competence and we are recognized as competent. We know how to engage with others. We understand why they do what they do because we understand the enterprise to which

> participants are accountable. Moreover, we share the resources they use to communicate and go about their activities. (Wenger, 1998, p. 152)

Our individual identity is partly a function of what we and others know we contribute to the community and the part we play in the relations of engagement. As community members, we are accountable to the enterprise, and this accountability gives us a shared perspective as part of our identity. Not that all members interpret things in the same way, but members of the same community of practice have a tendency "to come up with certain interpretations, to engage in certain actions, to make certain choices, to value certain experiences – all by virtue of participation in certain enterprises" (Wenger, 1998, p. 153). Identity also comes from our ability to make use of the repertoire of a community's practice. Through our personal history of participation, we recognize the history of a practice in the artifacts, actions, and language of the community, and, as Wenger (1998) explains, "we can make use of that history because we have been part of it and it is now part of us" (p. 153). Our individual identity is thus the "personal set of events, references, memories, and experiences that create individual relations of negotiability with respect to the repertoire of a practice" (Wenger, 1998, p. 153). Identity in communities of practice is not a fixed object; it is a constant process of renegotiation throughout our lives. Wenger uses the concept of trajectories to elaborate on the idea of identity as a constant renegotiation. He says that "identity is fundamentally temporal," that "the work of identity is ongoing," that "because it is constructed in social contexts, the temporality of identity is more complex than a linear notion of time," and that "identities are defined with respect to the interaction of multiple convergent and divergent trajectories" (Wenger, 1998, p. 154).

There are five types of trajectories within and across communities of practice: peripheral, inbound, insider, boundary, and outbound. Peripheral trajectories are those that, whether by choice or by necessity, never lead to full participation in a community of practice. A peripheral trajectory can nevertheless provide sufficient access to a community and its practice that they become part of an individual's identity. Inbound trajectories are those of newcomers joining a community of practice with the possibility of becoming a full member. Even though their present participation may be peripheral, they are invested in participating as full members in the future. Insider trajectories are those of full members, but even in this category, negotiation of identity continues as new events, new demands, and new generations are incorporated into the practice. Boundary trajectories are those that span boundaries and link communities of practice. These are the challenging but important trajectories of brokers. Outbound trajectories lead a member out of a community. As members on these trajectories renegotiate their positions with respect to their current community of practice, they are seeing the world and themselves in new ways and developing new relationships that will facilitate their leaving their current community of practice and joining a different community of practice.

The trajectories a member constructs are shaped by their community, its history, and its evolution. Wenger (1998) believes that "any community of practice provides a set of models for negotiating trajectories" (p. 156). These models are called paradigmatic trajectories, and they embody the participation and identities of practitioners throughout the community's history. They may comprise actual people or composite stories. From this perspective, a community of practice is "a field of possible pasts and of possible

futures, which are all there for participants, not only to witness, hear about, and contemplate, but to engage with" (Wenger, 1998, p. 156). Newcomers to a community can imagine their futures as they learn about the experiences of seasoned members. At the same time, seasoned members are exposed to different ways of participating. Paradigmatic trajectories are valuable for the examples they provide for negotiating and renegotiating identities whether the trajectories are adopted, modified, or rejected. Wenger calls interactions between newcomers and seasoned members *generational encounters*. These encounters are more than seasoned members passing on their history to the newcomers; they are complex interactions involving exchanges of views and contributions to practice and identity on both sides. Newcomers are less attached to the history of a community, so they may be more inclined to want to make changes to practices, but at the same time, they may want practices to remain the same as they have been so the newcomers will have a chance to share in the same history as more seasoned members. More seasoned members may be less inclined to reconsider history and make changes for the future, but at the same time, they may not want things to continue as they have been in the practice; they may welcome the new possibilities brought to the practice by newcomers.

Because we all belong to multiple communities of practice (e.g., past, current, as full members, as peripheral members), identity is more than just a single trajectory; it is a nexus of multimembership (Wenger, 1998, p. 159). Our identity comprises our memberships in all of these communities, and yet our memberships in communities of practice are only a part of our identity. It is necessary to reconcile our different forms of membership into one identity. Some of the challenges entailed in this reconciliation are

that (a) "different ways of engaging in practice may reflect different forms of individuality," (b) "different forms of accountability may call for different responses to the same circumstances," and (c) elements of one repertoire may be quite inappropriate, incomprehensible, or even offensive in another community" (Wenger, 1998, p. 160). On the positive side, multimembership brings us multiple perspectives in the negotiation of meanings. On the negative side, reconciliation work is never ending and not always harmonious. This aspect of identity within communities of practice is one instance in which the theory of communities of practice differs from the concept of possible selves. In possible selves, such reconciliation of multiple identities is not necessary.

Communities of practice are at once local and global. As Wenger states, "an important aspect of the work of any community of practice is to create a picture of the broader context in which its practice is located. In this process, much local energy is directed at global issues and relationships" (Wenger, 1998, pp. 161-162). Likewise, identities are neither narrowly local or abstractly global; they are connected to broader constellations. Identity in practice is always "an interplay between the local and the global" because "in our communities of practice we come together not only to engage in pursuing some enterprise but also to figure out how our engagement fits in the broader scheme of things" (Wenger, 1998, pp. 163, 162).

Participation and nonparticipation. Wenger (1998) argues that "we know who we *are* by what is familiar and by what we can negotiate and make use of, and that we know who we are *not* by what is unfamiliar, unwieldy, and out of our purview" (p. 165, emphasis in original). Thus in terms of identity, nonparticipation can be as informative as participation. Participation and nonparticipation interact to define each other; they are

not either-or. Wenger discusses two ways in which they interact: peripherality and marginality. In peripherality, "some degree of non-participation is necessary to enable a kind of participation that is less than full," (Wenger, 1998, p. 165). An example of peripherality is when newcomers, who are on an inbound trajectory, cannot fully participate, but their nonparticipation is considered a learning opportunity. Another example would be peripheral members whose trajectory remains peripheral because full participation is not their goal. Marginality is a form of nonparticipation "that prevents full participation. Here, it is the non-participation aspect that dominates and comes to define a restricted form of participation" (Wenger, 1998, p. 166). Longstanding members of a community may be marginalized within the practice in such a way that they will never be allowed to fully participate despite their desire to. An example of marginality is when someone from a minority group (e.g., gender, ethnicity, religion) finds that the ingrained practices of certain communities continually push them back into identities of nonparticipation (Wenger, 1998, p. 167). Wenger (1998) says that the mix of participation and nonparticipation through which we define our identities "reflects our power as individual and communities to define and affect our relations to the rest of the world" (p. 167). This mix shapes many fundamental aspects of our lives, such as "how we locate ourselves in a social landscape," "what we care about and what we neglect," "what we attempt to know and understand and what we choose to ignore," "with whom we seek connections and whom we avoid," "how we engage and direct our energies," and "how we attempt to steer our trajectories" (Wenger, 1998, pp. 167-168). It is also possible for a community of practice itself to be in a peripheral or marginal position with

respect to a broader constellation or overarching institution. The relative position of a community of practice itself will also contribute to members' identity.

Modes of belonging. Within communities of practice, there are mechanisms, or modes, of belonging other than engagement in practice. Wenger (1998) describes three distinct modes of belonging that help to make sense of identity formation and learning: (a) engagement—"active involvement in mutual processes of negotiation of meaning" (p. 173), (b) imagination—"creating images of the world and seeing connections through time and space by extrapolating from our own experience" (p. 173), and (c) "alignment—"coordinating our energy and activities in order to fit within broader structures and contribute to broader enterprises" (p. 174). Each mode involves a trade-off, each leads to a different kind of community, and each requires a different kind of work.

Engagement is a threefold process that combines the ongoing negotiation of meaning, the formation of trajectories, and the unfolding of histories of practice (Wenger, 1998, p. 174). A defining characteristic of engagement is its boundedness (e.g., the limits of time people can spend on something, their limited ability to be in only one place at one time, the number of people and artifacts someone can sustain a relationship of engagement with). The bounded nature of engagement is both a limitation and a resource that enables the negotiation of identities. Through mutual engagement, we help to define enterprises just as they help us to define ourselves. Wenger (1998) suggests that engagement thus holds an interesting dimension of power: "It affords the power to negotiate our enterprises and thus to shape the context in which we can construct and experience an identity of competence" (p. 175). At the same time, engagement can narrow our focus and serve as an obstacle to learning if our competence becomes so

locally ingrained and socially efficacious that it becomes insular, preventing outside viewpoints from having any influence on the practice.

Imagination "refers to a process of expanding our self by transcending our time and space and creating new images of the world and ourselves" (Wenger, 1998, p. 176). It shapes the stories we tell ourselves and others and thus influences our experience of identity and the learning potential inherent in our activities. The new images and new relations created through imagination transcend mutual engagement, but they are no less real or significant than those based on mutual engagement. On the downside, imagination can be based on stereotypes that project onto the world our own assumptions and, possibly, flawed thinking. Also, the images and realities we create with our imaginations may be so far removed from any lived reality that they leave us disconnected and socially ineffective. Wenger (1998) says that imagination as a mechanism of belonging is therefore "a delicate act of identity because it plays with participation and non-participation, inside and outside, the actual and the possible, the doable and the unreachable, the meaningful and the meaningless" (p. 178). Concern with what is realistic is another way that Wenger's (1998) theory of communities of practice differs from Markus and Nurius's (1986) concept of possible selves. The discrepancy makes sense, however, in that communities of practice are more focused on social relationships, which must be negotiated within the realm of reality, and possible selves are more focused on individuals' ideas of what is hoped for or feared and how these ideas motivate our learning.

Alignment refers to forming broader enterprises beyond the bounds of mutual engagement "so that participants become connected through the coordination of their

energies, actions, and practices" (Wenger, 1998, p. 179). Alignment involves a scope of action on a large scale—something not inherent in engagement or imagination. Through alignment, our individual actions are connected and magnified. We are able to belong to many kinds of broad enterprises, such as "government institutions,…artistic genres, religious faiths,…political and social movements, educational standards, and business enterprises" that "propose broad systems of styles and discourses" by aligning our energies with them (Wenger, 1998, p. 180). Wenger says that alignment involves elements of power in deciding whether to align our own energies with a broader enterprise and in inspiring or demanding the alignment of other members' actions. A trade-off of alignment is that it amplifies the ramifications of our actions on the world for better but also for worse. Alignment can also "be blind and disempowering" because "unquestioning allegiance…makes us vulnerable to all kinds of delusion and abuse" (Wenger, 1998, p. 181).

All three modes of belonging may be found within one community of practice to differing degrees, and the degree to which each mode is found will influence the character of the community. One mode of belonging may affect another, and the relations among the three modes may change over time. No mode is better than another, only different and requiring a different kind of work from the others. Engagement requires the ability of members "to take part in meaningful activities and interactions, in the production of sharable artifacts, in community-building conversations, and in the negotiation of new situations" (Wenger, 1998, p. 184). The work of engagement includes processes such as "the definition of a common enterprise in the process of pursuing it in concert with others," "mutual engagement in shared activities," "the accumulation of a

history of shared experiences," "the production of a local regime of competence," "the development of interpersonal relationships," "a sense of interacting trajectories that shape identities in relation to one another," "the management of boundaries," and "the opening of peripheries that allow for various degrees of engagement" (Wenger, 1998, p. 184). Imagination requires the ability to "explore, take risks, and create unlikely connections. It demands some degree of playfulness" (Wenger, 1998, p. 185). The work of imagination includes processes such as "recognizing our experience in others, knowing what others are doing, being in someone else's shoes;" "defining a trajectory that connects what we are doing to an extended identity, seeing ourselves in new ways;" "locating our engagement in broader systems in time and space, conceiving of the multiple constellations that are contexts for our practices;" "sharing stories, explanations, and descriptions;" "opening access to distant practices through excursions and fleeting contacts—visiting, talking, observing, meeting;" "assuming the meaningfulness of foreign artifacts and actions;" "creating models, reifying patterns, producing representational artifacts;" "documenting historical developments, events, and transitions; reinterpreting histories and trajectories in new terms; using history to see the present as only one of many possibilities and the future as a number of possibilities;" "generating scenarios, exploring other ways of doing what we are doing, other possible worlds, and other identities" (Wenger, 1998, p. 185). Alignment requires the ability to "coordinate perspectives and actions in order to direct energies to a common purpose. The challenge of alignment is to connect local efforts to broader styles and discourses in ways that allow learners to invest their energy in them" (Wenger, 1998, p. 186). The work of alignment involves processes such as "investing energy in a directed way and creating a focus to

coordinate this investment of energy;" "negotiating perspectives, finding common ground;" "imposing one's view, using power and authority;" "convincing, inspiring, uniting;" "defining broad visions and aspirations, proposing stories of identity;" "devising proceduralization, quantification, and control structures that are portable (i.e., usable across boundaries);" and "walking boundaries, creating boundary practices, reconciling diverging perspectives" (Wenger, 1998, pp. 186-187). Engagement, imagination, and alignment work best in combination because they each have different but complementary strengths and weaknesses. When they are combined effectively, they contribute significantly to a community's learning.

Identification and negotiability. Wenger (1998) talks about identities as an interplay between identification and negotiability. In this context, identification refers to "the process through which modes of belonging become constitutive of our identities by creating bonds or distinctions in which we become invested" (Wenger, 1998, p. 191). Negotiability determines "the degree to which we have control over the meanings in which we are invested" (Wenger, 1998, p. 188). The interplay of these concepts involves issues of power as a property of social communities. Wenger discusses identification and negotiability in the context of the modes of belonging: engagement, imagination, and alignment.

Identification through engagement takes place in the doing—in the development of competence, in the negotiation of a trajectory, and in the work of reconciliation across boundaries (Wenger, 1998, p. 193). Identification through engagement is a two-way process through which we experience the mutuality that is characteristic of communities of practice. Through the actions of giving and receiving, we recognize other participants

as members of the community of practice, and they recognize us. When, for whatever reasons, we fail to experience this mutuality, relations of marginality are created which can also affect our identities. Identification through imagination involves using categories to characterize ourselves and others, trying new things, reflecting, envisioning connections across time and space, assuming the existence of relations of mutuality with some people, and dissociating ourselves from other people. Identification through alignment involves "aligning our efforts with the styles and discourses of certain institutions, movements, or systems of thought" (Wenger, 1998, p. 198). Through this process, we adopt the identity and enterprise of large groups as part of our own identity. Given the power dynamics involved (i.e., being inspired to join of our own free will versus being coerced into going along), alignment results in a mix of participation and nonparticipation through a combination of allegiance and compliance. Whatever way in which we align ourselves with a larger enterprise becomes part of our identity as much as the practices of the enterprise itself.

Wenger (1998) describes negotiability of identity as "the ability, facility, and legitimacy to contribute to, take responsibility for, and shape the meanings that matter within a social configuration" (p. 197). Wenger (1998) explains that, "just as identification is defined with respect to communities and forms of membership in them, negotiability is defined with respect to social configurations and our positions in them" (p. 197). Every social configuration can be considered an *economy of meaning* in which "different meanings are produced in different locations and compete for the definition of certain events, actions, or artifacts" (Wenger, 1998, p. 199). The notion of economy emphasizes "a social system of relative values," "the negotiated character of these

relative values," "the possibility of accumulating 'ownership of meaning,'" "the constant possibility of such positions being contested," and "systems of legitimation that to some extent regulate processes of negotiation" (Wenger, 1998, p. 199). A social configuration as an economy of meaning reflects relations of legitimacy and power while at the same time capturing "the inherent fluidity of these relations, which are themselves shaped through the negotiation of meaning" (Wenger, 1998, p. 200). Within an economy of meaning, negotiability is shaped by relations of *ownership of meaning*, or "the degree to which we can make use of, affect, control, modify, or in general, assert as ours the meanings that we negotiate" (Wenger, 1998, p. 200). Although this perspective suggests that meanings are inherently contestable, it does not imply that negotiation of meaning is always divisive, aggressive, or contentious. Ownership of meanings can be shared by multiple people, and more than one meaning can be accepted as valid. Meanings can also be appropriated by other people and the original meaning lost, especially if the appropriator holds a position of greater power within the social configuration than the originator.

In terms of communities of practice, the economy of meaning is primarily based on engagement. In this setting, "mutual engagement in the negotiation of meaning involves both the production of proposals for meaning and the adoption of these proposals" (Wenger, 1998, p. 202). Wenger (1998) cautions that "although mutual engagement can be a vehicle for sharing ownership of meaning, it can also be a vehicle for denying negotiability and can thus result in non-participation" (p. 203). When it happens over a period of time that certain members are always producing meanings and certain members are always adopting meanings, an imbalance of power exists. Those

members who are always adopting meanings develop an identity of nonparticipation and become progressively marginalized. Because "learning depends on our ability to contribute to the collective production of meaning," this kind of marginality leads to an inability to learn (Wenger, 1998, p. 203).

Identification and negotiability are complexly related to each other and to issues of power and belonging. As Wenger (1998) describes:

> identification without negotiability is powerlessness – vulnerability, narrowness, marginality. Conversely, negotiability without identification is empty – it is meaningless power, freedom as isolation and cynicism. Identification gives us material to define our identities; negotiability enables us to use this material to assert our identities as productive of meaning; and we weave these two threads into the social fabric of our identities. (p. 208)

In communities of practice, the duality of identification and negotiability is reflected in the coexistence of the community and the economy of meaning. The definition of the community's joint enterprise and the meanings of the shared practice are negotiated among the participants through the politics of participation and reification; "in other words, the very process that pulls the community together also creates an economy of meaning by generating something to negotiate; the focus of identification becomes the very object whose meaning is contested" (Wenger, 1998, p. 209).

Communities of practice and adult education. Since Wenger (1998) introduced the theory of communities of practice, the theory has framed hundreds of thought pieces and empirical studies in literature related to adult education, with the focus ranging from business, healthcare, and government settings to community-based,

educational, and online settings (see Andrew, Tolson, & Ferguson, 2008; Dillon, 2013; Frativelli, Negri, & Cori, 2015; Iaquinto, Ison, & Faggian, 2011; Pino-Silva & Mayora, 2010; Probst & Borzillo, 2008; and van Laren & Mudaly, 2012 for examples). Particularly relevant to the current study is literature related to adult learners who are engaged in communities of practice while they are going through some kind of transition in their lives. For example, van Laren and Mudaly (2012) researched the value of communities of practice for educators transitioning from teaching undergraduate to postgraduate courses. They found that when communities of practice that were composed of a cross-section of academic disciplines and levels of experience worked together to coteach the postgraduate courses, the nonhomogeneous mix allowed for the development of professional knowledge and skills, the evolution of professional identities, and a smooth transition to the higher-status assignment of postgraduate teaching for the novice educators. Kriner, Coffman, Adkisson, Putman, and Monaghan (2015) studied the role of communities of practice in fostering emerging scholar identities among doctoral students in an adult education program. They found that the learners were initially anxious about the idea of belonging to a community of practice because they were unfamiliar with the concept. As time went on, the participants had mixed reactions, with the more experienced doctoral students having a clearer idea of the learning potential of the community of practice than the less experienced students had. All participants experienced the community of practice as a mentoring opportunity in which members were valued for their potential to contribute knowledge to the group. Participating in the community of practice increased the students' self-efficacy around becoming a scholar, helped them to find their own voices as students and future scholars,

and facilitated their crossing borders between expert and novice and between teacher and student as they took turns playing these different roles depending on the subject matter. Communities of practice also have been studied in the context of older adults and aging well. A brief discussion of this literature follows in the next subsection.

Communities of practice and aging well. The theory of communities of practice has not been studied frequently among older adults. In fact, a search of the literature produced only a few studies that were specifically related to older adult learning in communities of practice. Gau (2011, 2013) studied senior volunteers in Taiwan who were creating communities of practice in Toy Clinic Shops, where they honed their skills for repairing toys for school children. In his initial study, Gau (2011) found that the older adults who participated in the Toy Clinic Shops in the study constituted communities of practice in that they were mutually engaged in the enterprise of learning to fix toys and then fixing them; their identity was influenced in many ways by their interactions with other senior volunteers, by comparing their performance to that of their peers, and by the sense of accomplishment they gained from contributing their efforts for the benefit of school children; the social exchanges among the volunteers provided learning opportunities for them, motivated them, reinforced the mutual engagement within the community of practice; and the community of practice provided a social network that improved the older adults' quality of life. In his subsequent study of behavior that formed a joint enterprise among these same volunteers, Gau (2013) found the necessary internal elements included meaningful interactions and a sense of achievement, and the necessary external elements included a point person to establish mutual accountability, benchmarks to provide a clear picture of the goal(s) and a way to self-assess

performance, and regular interactions to form and strengthen personal networks. In a study of situated learning and identity development in a Korean older adults' computer classroom, Kim and Merriam (2010) found that participants expanded their possible selves as a result of learning in a community of practice. Specifically, the adults in Kim and Merriam's study increased their self-efficacy in using computers, improved their overall self-esteem as a result of their learning, and decreased their feelings of marginalization in Korean society.

The theory of communities of practice and the concept of possible selves complement each other in many ways. When combined, they have the potential to create a synergistic effect that can lead to learning that improves the quality of life for older adults. I will return to the ideas of Wenger (1998) and Markus and Nurius (1986) in the final chapter of the dissertation to further explain their relationship to each other and explore the relationship of the conceptual framework to the results of the current study.

Summary

Most people have the capacity to continue learning into old age, and they can influence aspects of their aging experience through their learning and adaptation. The concept of possible selves and the theory of communities of practice provide a framework to explain how some older adults learn and grow individually and in relation to others. To ensure that academic research is socially relevant, researchers should include multidimensional aspects of aging well that older adults themselves value. Among them, and most relevant to the current study, are learning, social relationships, personal growth, neighborhood, and aging as a process. The older adults who participated in my dissertation research were members of a new kind of housing

community that offered unique opportunities for members to benefit from the people around them. My dissertation research explored whether and how the older adults in the Parkside community used learning as part of their process of aging and making the most of their community.

CHAPTER 3

METHODOLOGY

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

Design of the Study

The design of this study derived from the constructivist interpretive paradigm. This section will explain my interpretive paradigm, the justification for a qualitative study, and how the methods of case study shed light on adult learning in the context of the Parkside community.

Interpretive Paradigm

The interpretive paradigm guiding this study was constructivism. Constructivist research has a democratic focus on participatory and cooperative inquiry with the ultimate goal of human flourishing (Guba & Lincoln, 2005). In this way, it aligns with the humanistic philosophy of adult education on which this dissertation was also based.

Constructivism "assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent cocreate understandings), and a naturalistic (in the natural world) set of methodological procedures" (Denzin & Lincoln, 2005, p. 24). In other words, constructivist research takes place in the natural environment—in this case, the Parkside community. Constructivism was appropriate for this study of individual perceptions of learning, aging, and identity and community-wide effects of learning because this paradigm assumes there are multiple realities stemming from the diverse points of views of individuals and collectives who are connected to what is being examined. The researcher relies "as much as possible on the participants' views of the situation," using open-ended questions and taking into account the historical and cultural contexts the participants are part of (Creswell, 2007, p. 20). The researcher and participants together contribute to the research findings and to the conclusions drawn from them. Constructivists believe there are no standards by which truth can be universally known (Guba & Lincoln, 2005). Rather, agreement regarding what is valid knowledge is subject to dialogue and negotiation among community members (Guba & Lincoln, 2005). The meanings developed in this process are socially and historically bound (Creswell, 2007; Guba & Lincoln, 2005). Constructivist research is context dependent and relies on inductive data analysis (Creswell, 2007). It is evaluated on the basis of trustworthiness, credibility, transferability, and confirmability (Denzin & Lincoln, 2005).

Why Qualitative Research?

The constructivist paradigm leads researchers toward qualitative inquiry as qualitative research emphasizes inductive process and the social construction of reality

(Denzin & Lincoln, 2005; Merriam & Simpson, 2000). Merriam and Simpson (2000) recommend that researchers use a qualitative design if they want to "understand a phenomenon, uncover the meaning a situation has for those involved, or delineate a process" (p. 99). My study aimed to understand the features of Parkside members' learning, how their participation in learning affected their individual identity and experience of aging, and how their learning affected the Parkside community as a whole. To achieve this type of knowledge required detailed accounts from the participants and contextual background of their elder cohousing community. These requirements demanded a qualitative approach. As Creswell (2007) explains, qualitative research gives us a "complex, detailed understanding" that "can only be established by talking directly with people, going to their homes or places of work, and allowing them to tell the stories unencumbered by what we expect to find or what we have read in the literature" (p. 40). Qualitative research also gives us an understanding of the contexts or settings in which participants operate, which is important because "we cannot separate what people say from the context in which they say it—whether this context is their home, family, or work" (Creswell, 2007, p. 40).

From Moustakas's (1994) point of view, qualitative research methodologies share a number of common bonds. These include:

1. recognizing the value of qualitative designs and methodologies, studies of human experiences that are not approachable through quantitative approaches
2. focusing on the wholeness of experience rather than solely on its objects or parts
3. searching for meanings and essences of experience rather than measurements and explanations

4. obtaining descriptions of experience through first-person accounts in informal and formal conversations and interviews
5. regarding the data of experience as imperative in understanding human behavior and as evidence for scientific investigations
6. formulating questions and problems that reflect the interest, involvement, and personal commitment of the researcher
7. viewing experience and behavior as an integrated and inseparable relationship of subject and object and of parts and whole. (Moustakas, 1994, p. 21)

These characteristics fit with the goals of my study. I was concerned with understanding the overall experiences of Parkside members as learners and conduits of knowledge within their community. I was not concerned with measuring quantitative outcomes of knowledge gain and attitude change that may have resulted from participation in learning opportunities. I was interested in the members' first-person accounts, which were transcribed and treated as evidence for analysis. This research reflects my interest in adult learning, aging, and elder cohousing.

Why Case Study?

Case study is "an empirical inquiry that investigates a contemporary phenomenon in depth and within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 2009, p. 18). It is particularly helpful when asking a descriptive question such as, "What is happening or has happened?" (Yin, 2009, p. 5). The goal of case study is "holistic description and interpretation" of a "particular social unit"—in this case, the Parkside community and the members thereof (Merriam & Simpson, 2000, pp. 108, 109). Although case studies can

be adapted to a variety of research questions and fields of study, every qualitative case study can be characterized as:

1. Particularistic. Case studies focus on a particular situation, event, program, or phenomenon.
2. Descriptive. The end product of a case study is a rich description of the phenomenon under study.
3. Heuristic. Case studies illuminate the reader's understanding of the phenomenon under study. They can bring about the discovery of new meaning, extend the reader's experience, or confirm what is known. (Merriam, 1998, pp. 29-31, as cited in Merriam & Simpson, 2000, p. 109)

It is only through study of numerous concrete cases that we become experts in a given subject (Flyvbjerg, 2006). Therefore, if our interest is in building our collective knowledge as a field—in this case, of the learning that takes place among members of this new type of housing community for older adults—it is essential that researchers in gerontology and adult education conduct case studies that add concrete examples and nuanced understanding of this phenomenon. Taking this idea further, some researchers believe that no social science theory is context-independent and that "concrete, context-dependent knowledge is, therefore, more valuable than the vain search for predictive theories and universals," suggesting that case study is an ideal research design for social scientists (Flyvbjerg, 2006, p. 224).

For my study, I conducted an intrinsic, embedded case study of the Parkside community and the members thereof (Stake, 2005; Yin, 2009). An intrinsic case study is undertaken because the researcher wants a better understanding of this particular case,

not because the case is representative of an abstract concept or general theory, although that may also turn out to be true (Stake 2005). In this study, I was drawn to Parkside because of my committee member's and my previous study of it and because of its uniqueness as a housing and community option for older adults. A single-case study may involve more than one unit of analysis when, within a single case, "attention is also given to a subunit or subunits" (Yin, 2009, p. 50). In my study, the case (and primary unit of analysis) was the Parkside community, but within that case, I treated each member I interviewed as a subunit of analysis. As each subunit of analysis (member) was embedded within the primary unit of analysis (the community), the design was considered an embedded case study (Yin, 2009).

Description of the Case

Parkside was an elder cohousing community composed of 46 individual members and a 3.7 acre property on which were built 29 housing units (some single occupancy, some double occupancy) and two common buildings where members could gather. At the time of this study, there were 32 people living on site. In addition, there were 14 offsite members who did not live on the Parkside property. As in other cohousing communities, the physical environment was designed to promote social interaction, with features such as parking lots at either end of the community to promote walking by each other's houses and a pedway in the middle of the property. On one end of the property was a Common House—a two-story structure that contained an office space, a mailbox area, a small lounge area with a sofa and television, a laundry facility, a well-equipped kitchen, a dining room with space to seat the whole community, an all-purpose room where meetings and other activities could be held, a library, an art studio, two bedrooms

with an adjoining full bathroom for guests, and four rental apartments for community members. At the other end of the property was a Spirit House—a round structure that was large enough for almost all community members if they sat in two concentric rings of chairs around the outer wall. The Spirit House was the site of community ceremonies and celebrations, such as goodbye circles; spiritual meetings, such as the weekly Quaker meeting, which was open to people in the surrounding town; and other activities that benefitted from an intimate setting, such as centering prayer.

Parkside was the second elder cohousing community built in the United States, but it was the first designed as mixed-income, mixed-ownership (with 16 of the 29 housing units built as rentals subsidized for low-income residents and the remaining 13 units owned individually), and mixed onsite and offsite membership (Glass, 2012). Most members were single, female, between the ages of 65 and 74, and retired from business or human services (Glass & Vander Plaats, 2013). Members who lived on site at Parkside, as in other cohousing communities, lived in close proximity to each other. All members shared meals each week and worked together to manage their community (Glass, 2014).

The first members to live in Parkside came from all over the United States (Glass, 2012). Research conducted by Glass in 2006 and 2007 revealed the most common reasons people chose to live in Parkside were for a sense of community, mutual support, a simplified lifestyle, and the spiritual component of the community (Glass, 2009). The official values stated on the Parkside website were spirituality, mutual support, service, simple lifestyle and respect for the Earth, arts and recreation, health, care during illness and dying, and mutual assistance. Lifelong learning seemed to be an implicit value as

well, judging by the Goodness of Fit questionnaire on the community's website, which helped potential members determine how well they might like living in Parkside, and included questions such as, "I am interested in learning new things" [Agree/Neutral/Disagree], "I would like to further develop my gifts and talents and encourage others to develop theirs" [Agree/Neutral/Disagree], and "I am open to change" [Agree/Neutral/Disagree] (see Figure 3.1). Willingness to acknowledge and talk about issues related to aging was another implicit value within the Parkside community (Glass, 2013; Glass & Vander Plaats, 2013).

	Agree	Neutral	Disagree
I respect other spiritual paths and do not hold mine as the only one.			
I have or would like to have a regular spiritual practice.			
I try to be as physically active as my health allows.			
I am interested in learning new things.			
I value a sense of community with others.			
I would like to participate in some group activities.			
I am willing to give some time to Parkside work and responsibilities.			
I have a history of volunteer work and might like to continue.			
I would like to give and receive caring support as I age.			
I would like to further develop my gifts and talents and encourage others to develop theirs.			
I am open to change.			
I appreciate diversity in a community.			
I am willing to face the mysteries of aging and death.			

Figure 3.1 Parkside Community "Goodness of Fit" Questionnaire.

The majority of members of Parkside could be considered *creative elders*, a term used by Bianchi (2005) to describe older adults who cultivate their inner resources to move beyond negative stereotypes of aging, engage in reminiscence, live life with humor and gratitude, make a commitment to lifelong learning, and confront death. Creative elders remain engaged with the world around them by identifying a purpose for their later years, welcoming new possibilities, fostering freedom in their lives, sustaining relationships with family and friends, developing communities with people of likeminded purpose, and working to leave the world better for future generations (Bianchi, 2005).

Based on Glass's (2009, 2012) research, we know much about how Parkside initially developed from an idea to reality. Founding members and potential members engaged in courses, retreats, informal get-togethers, and formal planning sessions to build a sense of community while Parkside was being constructed (Glass, 2012). There was a common perception among members that what they were doing was new to themselves and new to society in general. Quotations from members in Glass's research provide evidence for this:

> *I think…we act as neighbors and recognize that we're responsible not just for ourselves, but for the rest of the people in this community. I guess that's different from the sense of community that I've had at any other place that I've ever been because…there wasn't any presumed mutual responsibility.* (Glass, 2013, p. 354)

> *[Other elders are] not doing what we're doing. I think it is pretty rare.* (Glass, 2012, p. 357)

> *We think of this as a good way to retire and to help each other, but it's so strange to most people.* (Glass, 2013, p. 362)

> *I think we're finally to the point where we've stopped having to concentrate totally on the physical aspect and now we're just beginning to do the neighborhood part of it, learning to live with each other and get along together.* (Glass, 2012, p. 355)

Parkside members experienced their share of challenges along the way in financing and constructing the community, building cohesion between renters and owners, and establishing community-wide policies and practices (Glass, 2013). The community overcame these challenges for the most part by 2010, as evidenced by reports of high satisfaction among members (Glass, 2013). One way the members managed the issues was by regularly convening forums in which to voice their opinions (Glass, 2013). Research conducted to date had not looked specifically at how members learned how to become part of this new kind of community, however, and it was unclear whether individual or group learning played a role in overcoming the challenges.

Prior Work That Influenced the Design of My Study

The work most closely related to my dissertation research was an article I published with Dr. Anne Glass in 2013 (see Glass & Vander Plaats, 2013). Based on data collected at Parkside by Glass in 2009 and 2012, we proposed a conceptual model of how members in this community were helping each other to age better together intentionally (see Figure 3.2 for an illustration). [Note: The research was based only on the perspectives of the onsite members and used the term *residents* to refer to them.] The foundation of the model is that the members of Parkside live in an elder-only community, they view aging as a stressor in their lives, they feel solidarity in aging (i.e., they are all in it together), they acknowledge their aging and are willing to discuss it, and they live within close proximity of each other. The process of aging better together intentionally involves frequent interaction among members and communal coping. Communal coping has been described by Lyons, Mickelson, Sullivan, and Coyne (1998) as comprising (1) a communal coping orientation—the belief that "joining together to deal with a particular

problem is beneficial, necessary and/or expected" (p. 584), (2) communication about the stressor—in this case, aging, and (3) cooperative action to develop strategies to deal with the stressor. The benefits of aging better together intentionally include mutual support, increased acceptance of aging, feelings of safety/less worry/less social isolation, an interdependent community, less depression, less loneliness, and fewer and shorter hospital and nursing home stays.

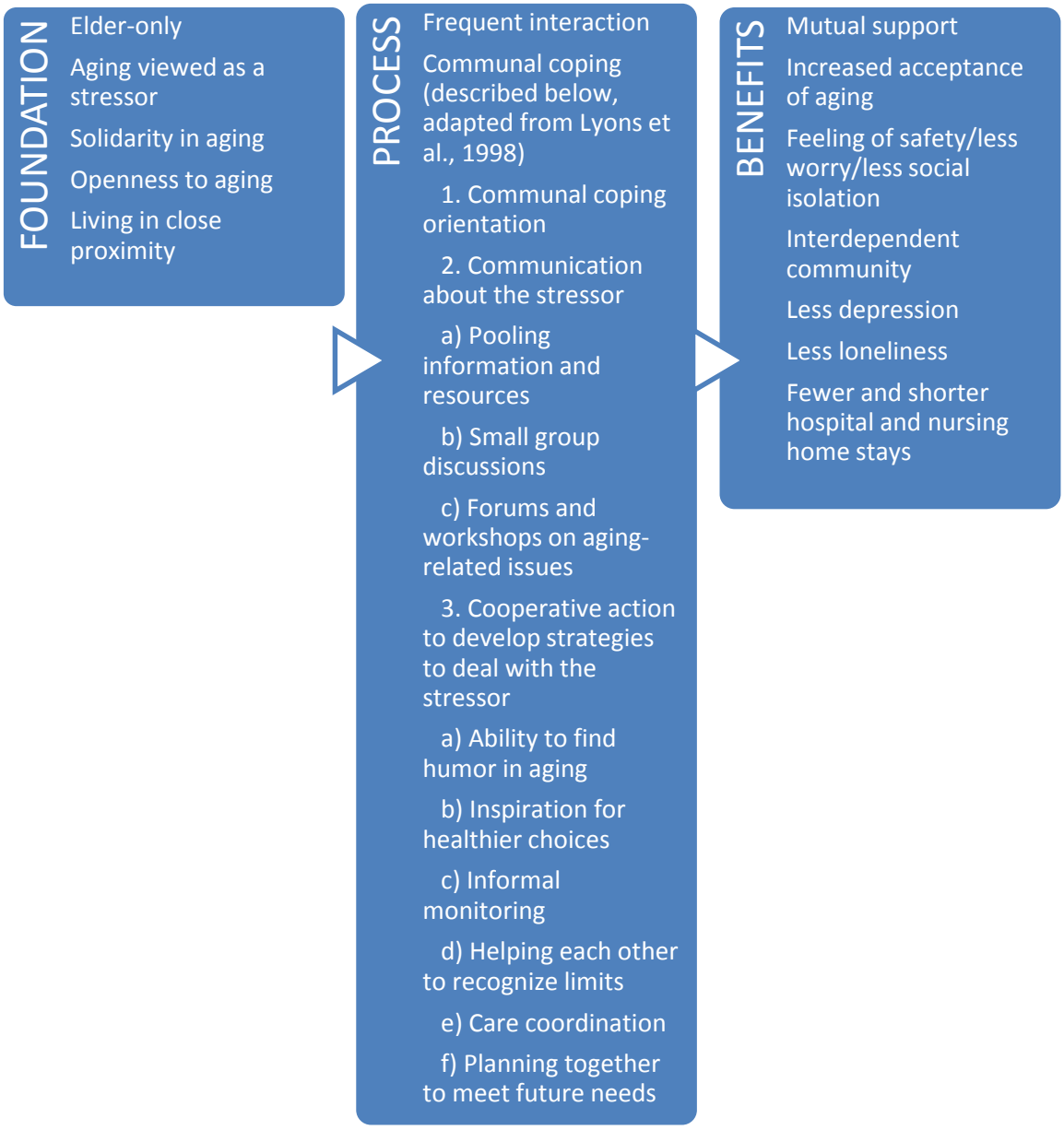

Figure 3.2. Conceptual model of aging better together intentionally. Adapted from Glass and Vander Plaats (2013). Used with permission of the authors.

Most relevant to my research questions was the communication about the stressor of aging that took place among members of Parkside. Our research identified three ways in which this communication occurred—pooling information and resources, small group

discussions, and forums and workshops on aging-related issues. The pooling of information and resources took place frequently and in various ways. One member said she and her neighbors took time *"to sit and just review what all of us knew or have heard or seen in one form or another"* (Glass & Vander Plaats, 2013, p. 435). Another said, *"I really appreciate the attitude that many of us [have about aging], there's a lot of wisdom here on that topic, and I think I've benefited. We seem to talk about aging a lot….I think it has been really helpful to me"* (Glass & Vander Plaats, 2013, p. 435). Small group discussions took place in pods—voluntary meetings held in someone's home in which a small number of members would share personal information to get to know each other better. Members said of the pods: *"In our pod, we talk a lot about aging and how we're doing it and what it all means,"* and, "*I have close friends where we discuss [aging] a lot. I'm in a really good pod where we are able to get into some depth"* (Glass & Vander Plaats, 2013, p. 435). More structured forums were held periodically in which speakers from outside of Parkside were invited to discuss topics ranging from explanations of government benefits to hospice volunteer training. Since 2008, a monthly special interest group called Aging Affirmation was organized by Parkside members. One member described Aging Affirmation this way:

> *The Aging Affirmation…has been a big help to bring some focus on that without it being a downer….Some really wonderful presentations, either videos or books or poems or quotations, whatever, there's a lot that comes through that. There's a wealth of learning, you know, that you can apply to your day-to-day life.* (Glass & Vander Plaats, 2013, p. 436)

In addition, a three-day Positive Aging workshop was held by the same two members and was attended by 25 members. It used writing, journaling, meditating, and small group discussion to help members come to terms with their past and plan for their future. As

stated earlier, one of the main goals of all of this communication was for members to learn how to deal with the realities of aging and to learn how to age well, however that was defined by the members (Glass & Vander Plaats, 2013). The focus of our previous study was on communal coping and aging better together, however, and not specifically on learning. We also did not explore whether and how the members communicated with each other and learned about how to live together in a cohousing community or about their perceptions of learning in general. Finally, previous studies focused only on the onsite members, leaving out one third of the Parkside community membership who lived off site. The current study addressed all of these issues.

Sample Selection

In this study, I selected the Parkside community and the members thereof as my study participants based on my interests and the research previously conducted by Dr. Anne Glass and myself. The target number of participants was 12, but the final number was 21. They were a convenience sample based on who was present during the week I visited Parkside to collect data, who wanted to participate, and how many interviews I was able to fit into my schedule. Participants represented a wide range of community member attributes, including length of time as a member of Parkside, age, gender, and residency (i.e., renter, owner, offsite member).

Data Collection

Consistent with case study methods, the research was based on a variety of data sources, including in-depth interviews, participant observation, field notes, and case documents. The data collection instruments and overall research design were approved by the University of Georgia Institutional Review Board before data collection

commenced. All participation in the research was voluntary. This section describes each category of data collected and the organization of the data into ATLAS.ti, a qualitative data analysis software program.

Semi-Structured, In-Depth Interviews

To obtain such comprehensive descriptions as are required for a case study, I conducted semi-structured, in-depth interviews with 21 Parkside community members in October 2014. Interviews took place in members' own homes or in the Parkside member's home in which I was lodging that week. After providing their informed consent via forms approved by the Institutional Review Board, the members were interviewed one-on-one for approximately one hour each to delve deeper into their experiences as learners in the Parkside community. The interviews were recorded in person on a digital voice recorder. Recordings were uploaded to my personal laptop computer, Google Drive, and Dropbox when the interviews were finished. Interview questions that formed the basis of the study are listed below. Consistent with semi-structured interviews, I used the interview protocol as a guide and asked follow-up questions and probes seeking further description based on the participants' responses (Roulston, 2010).

1. How did you come to belong to the Parkside community?
2. How long have you been a member?
3. Had you ever been part of a community like this before? Where? What was that like?
4. What is it like for you to be a member of Parkside?

5. Take me through a typical day for yourself from the time you get up to the time you go to bed.
6. How often do you participate in activities that you would call “learning”?
7. What kinds of learning activities do you engage in, whether on your own or with other Parkside members? Tell me about those.
8. Have you had to learn anything new or adapt in any way as a result of being a member of Parkside? Tell me about that.
9. Do you consider yourself a learner? What does being a learner mean to you?
10. What role does learning play at this point in your life?
11. How does learning support your experience of aging?
12. How does learning challenge your experience of aging?
13. What is your age?
14. What is your marital status?
15. What is your educational background?
16. In what occupations have you worked during your lifetime?
17. Are you currently working or retired?

Participant Observations

While I visited the Parkside community, I attended and observed as many meetings, classes, meals, and other gatherings as my schedule would allow, which ended up being 12 activities in total. They included a dinner in two offsite members’ house with two additional members, the weekly common meal prepared by a cooking team, the potluck dinner in the Common House, a Courtyard Committee meeting, a Program Committee meeting, a goodbye circle for a member who was moving away, a weekly

exercise class, a weekly centering prayer gathering, the monthly Members' Association meeting, the yearly Owners' Association meeting, a sing-along after dinner in the Common House, and an offsite concert that was a Parkside community fundraiser. I participated in these gatherings to the extent possible and recorded field notes by hand in a notebook during and afterward as seemed appropriate to the context of the event. Field notes focused on members' behaviors, language, interactions, and their meaning (Creswell, 2007).

Case Documents

Case documents included (a) weekly bulletins published by the Parkside community that contained information about meetings, classes, and meals, (b) materials handed out at meetings and other gatherings I attended, and (c) written materials found on the two Parkside websites or in person at Parkside that appeared relevant to my research questions. Case documents are considered valuable sources of data because they provide information about the context of the phenomenon under investigation, and they may offer a more objective perspective than those gained from interviews (Guba & Lincoln, 1981, as cited in Merriam & Simpson, 2000).

Researcher Field Notes

After each interview, meeting, class, meal, or other interaction with members, I recorded field notes. These notes were as detailed as possible, with the goal of reconstructing the events, ideas, and feelings associated with them for ease of recall and analysis.

Case Study Database

Based on the advice of Yin (2009), I constructed a formal database of interview transcripts, case documents, and field notes in a computer-assisted qualitative data analysis software (CAQDAS) program called ATLAS.ti, detailing when and where each was collected, initial interpretations of each, and later thoughts about their significance to the study. The latter two categories are called narratives in Yin's (2009) terminology. The narratives are a way to help a researcher understand the topic by composing open-ended answers to the research questions, based on the evidence to date (Yin, 2009). In ATLAS.ti's terminology, I used the comment feature to record the details of when and where data were collected, and I used the memo feature to write interpretations of the data throughout the course of the study. The database served effectively as a way to organize evidence, facilitate analysis, and it will allow other researchers to evaluate the quality of the study in the future.

Data Analysis

The goal of analysis in a case study is to examine, categorize, tabulate, test, or otherwise recombine evidence to draw empirically based conclusions (Yin, 2009). This section describes the iterative, thematic analysis performed on the interviews, case documents, field notes, and memos collected over the course of the study.

Interviews

After returning home from Parkside, the digital recordings of the interviews were transcribed by a third party. The 21 interviews, combined, equaled approximately 24 hours (23 hours, 58 minutes) of recorded time and 462 pages of transcripts in Microsoft Word (Times New Roman, 12-point font; single-spaced with a blank line between

speakers). I listened to each recording while reviewing the transcripts and making corrections as needed. I created an Excel table of pseudonyms for all people and most organizations mentioned in the transcripts, and then I replaced all of the original names with the pseudonyms in the transcripts. Next I emailed the transcripts to the corresponding study participants and asked for their feedback and corrections. Eight of the participants responded with corrections, clarifications, or elaborations. Ten of the participants responded that the transcripts were acceptable as submitted. Three of the participants did not respond to my request for feedback. The corrected transcripts were uploaded to ATLAS.ti. I followed Moustakas's (1994) procedure for phenomenological reduction in performing an initial analysis of the transcripts. Moustakas (1994) summarizes the steps of phenomenological reduction as follows:

- *Bracketing*, in which the focus of the research is placed in brackets, everything else is set aside so that the entire research process is rooted solely on the topic and question;
- *Horizonalizing*, in which every statement initially is treated as having equal value. Later, statements irrelevant to the topic and question as well as those that are repetitive or overlapping are deleted, leaving only the *Horizons* (the textural meanings and invariant constituents of the phenomenon;
- *Clustering the Horizons Into Themes*; and
- *Organizing the Horizons and Themes Into a Coherent Textural Description* of the phenomenon. (p. 97)

I read through each transcript to see what themes and categories emerged (i.e., bracketing and horizonalizing). Using ATLAS.ti, I then coded the transcripts and selected passages

that exemplified the codes (i.e., clustering the horizons and organizing them into themes with textural description). [Note: I did not take Moustakas's (1994) description of horizonalizing literally by physically deleting the parts of the transcripts that were irrelevant, repetitive, or overlapping; instead, by not coding those passages in ATLAS.ti, they were automatically omitted from the outputs when I searched for single codes or combinations of codes.] I also reviewed my field notes for each interview as well as the Parkside case documents to aid in interpreting the transcripts.

After initial coding all of the transcripts, I used the output feature in ATLAS.ti to help with the second round of coding to see where themes could be combined or refined. The output feature allowed me to select which code or codes I wanted to focus on, and then it allowed me to create a separate document containing all of the quotations associated with a particular code or combination of codes. I could then see how the quotations fit together to create a bigger picture or how they were distinct enough from each other to warrant further clarification of codes. After combining and refining all of the codes, I created an outline that answered the research questions of the study and told a coherent story of participants' experiences. From there, I began drafting the text of the context and results chapters, incorporating text and ideas from memos I had created in ATLAS.ti along the way. Also along the way, following Moustakas's processes of phenomenology, I undertook imaginative variation, in which the researcher seeks "possible meanings through utilization of imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles or functions" to arrive at "structural descriptions of an experience, the underlying and precipitating factors that account for what is being

experienced" (Moustakas, 1994, pp. 97-98). Finally, I synthesized the main features and meanings of Parkside members' experiences as learners by intuitively integrating the "fundamental textural and structural descriptions into a unified statement" (Moustakas, 1994, p. 100).

Case Documents

I analyzed the case documents to look for information that added shape and depth to the findings. The case documents, combined, consisted of 331 pages of information in addition to content on the two Parkside websites. I referred frequently to the two Parkside websites and the 11 case documents stored in ATLAS.ti to ensure I that understood the meaning of participants' statements in transcripts and field notes and to verify the accuracy of participants' and my recollections.

Field Notes

I analyzed my field notes from participant observations and other, personal observations to look for themes related to the research questions, to trace the development of my thinking throughout the data gathering process, and to identify possible biases I may have (Merriam & Simpson, 2000). The field notes, combined, consisted of 26 pages in Microsoft Word (Times New Roman, 12-point font; single-spaced).

Memos

I wrote 24 memos to myself in ATLAS.ti that described my initial interpretations of interview transcripts, case documents, and field notes and their significance to the study as a way to process my thoughts and capture potential explanations of the data. These memos served the same purpose of composing open-ended answers to the research

questions, as Yin's (2009) narratives described earlier. As Maxwell (2005) describes, memos are a way for the researcher to understand the topic, setting, and study, not just a way to record facts or conclusions. Memos included ideas and reflections about readings as well as about the data. The memos relied on "serious reflection, analysis, and self-critique, rather than just mechanically recording events and thoughts" (Maxwell, 2005, p. 13). Within ATLAS.ti, they were organized into a systematic, retrievable form to be easily accessed for subsequent reference and analysis (Maxwell, 2005).

Iterative Analysis

Combining interview analysis with participant observations, case documents, field notes, and memos, I conducted an iterative analysis with the following procedure [Note: "Iterative analysis" is my term, but the description of the procedure comes from Yin, 2009, p. 128.]:

1. Start with a small research question.
2. Identify evidence that addresses the question.
3. Draw a tentative conclusion based on the evidence, also considering how to cite the evidence so that readers can check my assessment.
4. Continue to a larger question and repeat the procedure.
5. Keep going until the main research questions have been addressed.

My goal in presenting the findings of the study was to write a highly descriptive narrative that represented the voices of the participants as well as my own, in accordance with the principles of constructivism and case study (Guba & Lincoln, 2005; Merriam & Simpson, 2000). Following Merriam and Simpson's (2000) recommendation, I provided as much detail about the case as possible (see chapter 4 for additional description) so that

readers would be able to determine how transferable my findings are to their context. I incorporated as much direct evidence from interviews, observations, and case documents as possible to help the reader judge the quality of my conclusions.

Trustworthiness of the Study

In qualitative research, the researcher is the primary instrument of data collection and analysis, and thus to a large extent is responsible for the overall quality of the study. For readers to be able to trust the researcher's results and conclusions, the researcher must demonstrate that she or he has done everything possible to ensure the integrity of the data and the research process as a whole. The researcher must also make explicit his or her positionality (personal background, biases, and assumptions) that could influence the research process so that readers can take this into account when evaluating the study. This section describes my positionality and two other aspects of trustworthiness: reliability and validity.

Statement of Positionality

I am a 39-year-old (38 years old at the time of data collection), White female descended from German and English ancestors who came to the United States more than two generations ago. I grew up in metro Atlanta, Georgia in an upper-middle class neighborhood, although my parents both come from low-income backgrounds. My mother was the first person in her family to attend college and was the first female in her family to attend high school. She graduated with a bachelor's degree in mathematics and a teaching certificate in the late 1960s, having fully supported herself financially with scholarships and part-time work during her time as a college student. My father took some college courses while he was in the Army but did not graduate. I currently hold a

master's degree and am the first person in my family to pursue a doctoral degree. My twin sister and a half-brother hold master's degrees, and another half-brother attended a few years of college but did not graduate. I was raised in a Christian, Republican home, but I have considered myself an atheist since the age of seven and have considered myself a liberal social activist along the lines of the Democratic and Green parties since high school. I have recently become a member of the Unitarian Universalist Fellowship of Athens, and I remain active in the areas of women's rights and social justice.

I consider myself an interdisciplinary scholar with equal footing in adult education and gerontology. As an adult educator, I subscribe to the philosophies of humanism and radicalism. Humanism emphasizes "freedom and autonomy, trust, active cooperation and participation, and self-directed learning" (Elias & Merriam, 2005, p. 13). In this philosophy, the learners are in control of their own destiny, are intrinsically motivated and self-directed, and assume responsibility for their learning (Zinn, 1994). Humanists also believe that humans are naturally good, that humans are complex and should be viewed holistically rather than as a sum of individual parts, and that they have a responsibility to develop their individual potential for the betterment of themselves and society (Elias & Merriam, 2005). Radical educators focus on raising people's consciousness of the contradictions in their society in hopes of bringing about collective action to revolutionize oppressive social, political, and economic systems (Elias & Merriam, 2005). Radical education serves to bring awareness and give voice to people who have been silenced through ignorance or through traditional systems of education (Elias & Merriam, 2005). As a gerontologist, I have an affinity for older adults, and I want my work to make a positive impact on their quality of life (and on my own when I

reach elderhood). I am aware of oppressive forces in our society that hinder older adults' ability to age in a positive way, and I think we should work to change those forces for the better. I assume that older adults want to take an active role in their continued growth and development and that they, too, want to work toward social change once they become aware of forces operating against their best interests.

I was drawn to Parkside because I assumed the members there shared some, if not all, of my humanist and radical leanings since they have chosen a housing and community arrangement that is radically different from, and more empowering than, what most Americans choose. I knew that most of the members were White and female, similar to myself, although, obviously, decades older. I assumed that most members would have come from a more religious background than mine and, possibly, different socioeconomic backgrounds. I knew that most members were highly educated for their age cohort, and I assumed they would have a love of learning, given the values and mission of Parkside. It is possible that my assumptions caused me to believe the Parkside community members had more in common with me than they really did. It is also possible that these assumptions caused me to collect and analyze data in ways that aligned with my beliefs more than reflecting the participants' realities.

Reliability

Because case study research is concerned with unique situations that are by definition not replicable, reliability in these kinds of qualitative studies instead asks the questions, "Are my data what they are 'independent of the accidental circumstances of the data collection process'?" (Anastas, 1999, p. 319) and, "Is my approach consistent throughout the study?" (Creswell, 2007). To increase reliability in this study, I verified

the accuracy of transcripts to make sure there were no errors that could lead to misinterpretation (Creswell, 2007). To do this, I sent each interview participant her or his personal transcript and asked them to read it and offer corrections if necessary. Out of 21 participants, 18 responded to my request. Out of those 18 participants, 10 said their transcript was fine as-is, and eight suggested changes to improve accuracy or provided elaboration on a point they felt might need clarification. After making the necessary changes to the transcripts, I made sure that I stayed consistent in coding the transcripts by "constantly comparing data with the codes and by writing memos about the codes and their definitions" (Creswell, 2007, p. 190). Another way in which I increased reliability was to construct a case study database that other researchers can examine to evaluate the quality of the evidence I collected and determine whether the evidence supports my conclusions (Yin, 2009). The case study database also aided with the logistical task of keeping track of data over the length of the study. Once I had drafted the results chapter, I submitted it (without quotations) to all 21 interview participants and asked for their feedback. Eleven participants responded to this request. Of those 11 participants, five said the results chapter was fine as-is, and six offered suggestions for revisions. I sent a draft of the context chapter in its entirety to the four Parkside members who comprised the Research Committee and asked for their feedback. These members responded as a group with feedback and suggested revisions. All changes recommended by the study participants and the Research Committee to improve accuracy were incorporated into the final draft of the dissertation.

Validity

Validity in constructivist research asks the question, "Are these findings sufficiently authentic (isomorphic to some reality, trustworthy, related to the way others construct their social worlds) that I may trust myself in acting on their implications?" (Guba & Lincoln, 2005, p. 205). Triangulating with multiple sources of data and multiple measures of the phenomenon under investigation is one way to answer the question of validity (Yin, 2009). To achieve this, I collected multiple types of data, including interviews, participant observations, case documents, and field notes. Another way I attempted to ensure the validity of my study was to look for alternative hypotheses to explain the data or other ways in which my conclusions might be wrong (Alvesson, 2003; Maxwell, 2005; Moustakas, 1994). A third way to ensure validity was to use member checking to verify that I correctly interpreted and represented participants' perceptions and the implications (Creswell, 2007). Two possible threats to validity that I identified were researcher bias and reactivity (Maxwell, 2005).

Researcher Bias. I have personally been involved with research at Parkside since 2012. I had conversations about this community with Dr. Anne Glass, read members' interview transcripts, and read accounts of the community in the literature before visiting in person to collect data. Thus I may have had preconceived notions about what was occurring there. As someone who values learning, I may have wanted learning to be more relevant to the members' lives than it was. As someone who sees elder cohousing as a potentially beneficial type of housing for older adults, I may have perceived what was happening at Parkside as more positive than it was. Also, as someone who was significantly younger than the research participants (28 to 55 years

younger than they), I may have been interpreting participants' statements from a vastly different frame of reference.

Reactivity. Reactivity is defined as "the influence of the researcher on the setting or individuals studied," such as in participant observations (Maxwell, 2005, p. 109). Reactivity is also a potential threat during interviews because of leading questions, social desirability of responses, members' concerns about relationships with other members, or numerous other reasons (Maxwell, 2005). Because it is impossible to completely eliminate reactivity, Maxwell (2005) recommends trying to understand how the researcher is influencing what the participants say and do and how this influence could affect the inferences the researcher draws from the data. The participants in this study could have been reacting to my relatively young age, my status as a student, my relationship with Anne Glass (whom most of them also knew), my enthusiasm about their community, or any other number of characteristics about myself or themselves.

Delimitations (Scope of the Study and Limitations Inherent in Its Design)

One delimitation of this study was its small sample size of 21 Parkside members selected for interviews. Although this number was nearly half of the total Parkside population, it was much less than the population of all elder cohousing communities in the United States. The goal of case study research is to describe the experiences of the specific participants in this study, however, and not necessarily to generalize to a broader population. Another delimitation was the short period of time—one week—that I spent at Parkside to conduct interviews, participate in activities, and observe. However, given the focus of the study, the limits of time and financial resources, and the stipulations of

the Parkside Research Committee that approved the study, these parameters were the greatest that were manageable and mutually agreeable.

A third delimitation of the study was that I did not conduct a pilot study. This was a conscious choice based on the study population and the timeline of the study. Given the small number of Parkside members, the same members would likely have self-selected as participants for the pilot study as for the final study. Also, I consider the research conducted by Dr. Anne Glass and myself (Glass & Vander Plaats, 2013)—which found that members of Parkside engaged in the pooling of information and resources, small group discussions, and forums and workshops on aging-related issues—as a kind of pilot study that justified my research questions.

Summary

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. This study was of intrinsic interest to me because of my interest in elder cohousing communities as potential sites for learning, personal development, and social change. This study explored the experiences of Parkside members as individuals and combined them to develop a picture of what was happening in the community as a whole. The research was situated in the constructivist paradigm and used case study methods that sought to describe the features of Parkside members' experiences as learners in the participants' own terms. The next chapter provides further description of the context of the study based on data gathered while I was visiting, including the community's mission, values, and infrastructure, and provides information about the participants in the study, including demographics, how they thought about

learning in general, and the quality they shared of being pioneers in their personal and professional lives.

CHAPTER 4

CONTEXT OF THE STUDY

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

The context in which the dissertation study took place was the Parkside community, an elder cohousing community in the United States. This chapter provides further description of the community based on the data I collected during my time there, and it provides an aggregate profile of the 21 community members who participated in in-depth interviews out of the 46 total community members. Understanding the structure of the community and the ways in which members began learning about the community will become important in subsequent chapters of the dissertation, and thus these aspect of Parkside are described in detail here. An aggregate profile of the participants was chosen instead of individual profiles to protect the confidentiality of participants. Pseudonyms have been used throughout the dissertation to disguise the identities of participants, other

members of the Parkside community, organizations that made up the Parkside community, and organizations outside of Parkside that members interacted with.

Description of Parkside

According to information given to prospective members, the mission of the Parkside community was "to be a participatory community of mutual support in which all spiritual paths are respected and encouraged." The community's stated values, quoted here from the same document, included:

- Spirituality: "Members believe that spiritual growth is the primary work of those in the later stages of life. Members encourage one another in the search for meaning in life and commitment to a spiritual path. Freedom of religion is fundamental."
- Mutual support: "Members develop face-to-face relationships through which they offer and receive support. They express their needs and convictions, listen to each other and strive to act responsibly, considering their good and the good of the other."
- Service: "Support from the Community empowers members to help each other and to contribute service to the wider community according to their abilities, interests and opportunities."
- Simple lifestyle and respect for the Earth: "Conscious that over-consumption by persons in wealthy countries threatens the earth's living systems, members seek a simplified lifestyle that reflects a respectful relationship with the environment."
- Arts and recreation: "Leisure, recreational activities and travel contribute uniquely toward refreshing the mind, body and spirit. The arts form an integral part of the

community. Members share and develop their gifts and talents through such activities as music, dance, theater, storytelling, gardening, crafts, weaving."

- Health: "The word 'health' comes from the same root as 'heal,' 'whole,' and 'holy.' Recognizing this, members pay attention to nutrition, rest, exercise and social interaction."
- Care during illness and dying: "The common goal of the cohousing neighborhood is to offer care to one another in the later years. It affirms home care and dying at home. However, when institutional care occurs, a member of the community stays in touch with the person and closely follows her/his condition. Members recognize that the process of living involves one's desire for tolerable health and a capacity to be generative. Within the community, the process of dying raises one's awareness that all surrender the physical life, not in isolation, but as a sister or brother of the human community."
- Mutual assistance: "Sharing of goods and services is the norm in the cohousing neighborhood. When members have needs beyond the individual and family group, they are encouraged to make their needs known. Community meetings and common meals provide opportunities for open discussion, sharing and mutual assistance."

These values guided the ways in which the Parkside community was organized and the behaviors in which the community members engaged.

Parkside as a Unique Kind of Elder Cohousing

Members were aware that Parkside was unique among elder cohousing communities because of its membership composition and funding sources. One

participant went as far as saying that Parkside was *not* cohousing. Another participant said they were hybrid cohousing. They reasoned that because some of the members were renters while others were owners and because some members lived off site, Parkside was too different from the traditional cohousing model to qualify as such. Participants also discussed the fact that not everyone who lived on site was interested in late-life spirituality or mutual support. Because of fair housing rules, those members who qualified to rent the low-income units could not be turned away regardless of their desire or ability to participate in the community. Parkside differed from Durrett's (2009) definition of cohousing, described earlier, in that it was not entirely managed by the residents and it *did* have a hierarchical structure (see description of the Parkside Development Corporation below). It may be that Parkside expands the definition of cohousing, or perhaps it has moved beyond the boundaries of the term into a hybrid community. Parkside exemplified the complex ways in which we define community, as stated by Means and Evans (2012) when they said that the two types of community—place and interest—are not mutually exclusive. For some members, who were not interested in learning about spirituality in late life, Parkside was merely a community of place. For some members, who lived off site but who were interested in being part of the community of elders there, Parkside was a community of interest. For others, who lived on site and were also interested in the vision of mutual support and exploring spirituality in late life, it was both.

Infrastructure of Parkside

In addition to the members themselves, the Parkside community had a fairly complex infrastructure comprising four separate organizations and several standing

committees. The four organizations included the Parkside Development Corporation, the Owners' Association, the Members' Association, and Parkside Community, Inc. These organizations had much overlap with each other in terms of membership, but each one had a distinct purpose. The standing committees also overlapped in their membership as each member of Parkside was expected to participate in at least one of them to the degree they were able. This section describes the organizations and the committees that comprised the infrastructure of Parkside.

Parkside Development Corporation. The Parkside Development Corporation (PDC) was a 501(c)(3) nonprofit organization that owned and managed the rental properties and the common areas, including the Common House, the Spirit House, and the land (except for the footprint of land under the owners' homes) plus the rental unit buildings. The PDC also financed, designed, and constructed the entire property. The financing was in the form of grants and loans from one federal agency and two state agencies. The PDC itself was composed of a board of directors and a part-time bookkeeper-manager. The board members consisted of a handful of Parkside renters, Parkside owners, and other people from the surrounding town who had expertise in needed areas. Brenda, a local woman with experience in the housing industry, was hired by the PDC as an independent contractor to be the part-time bookkeeper and compliance manager. Her job was to handle the rental process and related paperwork and to ensure that Parkside was meeting housing industry regulations and bank requirements for repaying their loans. [Reminder: All names throughout the dissertation are pseudonyms.] The PDC met quarterly, and its members had differing levels of involvement with the

Parkside community outside of the board meetings. This organization had the greatest decision-making authority with regard to property management.

Owners' Association. The Owners' Association was composed of Parkside community members who owned their units on site. By purchasing their homes, these members also owned the footprint on which the homes were built. Owners paid monthly dues of $160, which included $150 that went to the Parkside Development Corporation for maintenance of common areas and $10 to support the Owners' Association. In addition to purchasing their own homes, each owner contributed approximately $9,500 toward the construction of the Common House when it was built. The Owners' Association was required to exist by state law. It was responsible for paying property taxes and for paying insurance on the common areas and on the Owners' Association itself. The Owners' Association met yearly to elect officers and to discuss the budget, architectural issues, and other issues as necessary.

Members' Association. The Members' Association was made up of all Parkside members, including renters, owners, and offsite members. Offsite members paid monthly dues of $25, including $10 that went to the Parkside Development Corporation for maintenance of common areas and $15 for other community expenses. Renters' monthly rental amount included money for maintenance of common areas and the hiring of staff (e.g., the part-time bookkeeper-manager, a part-time maintenance person). The community's committees (described below) were part of the Members' Association. The Members' Association met monthly to report on the activities of the Parkside Development Corporation, the Owners' Association, committees, special interest groups, and Parkside's philanthropic efforts. They also discussed the budget, community

announcements, upcoming events; reminded members of Parkside's mission and values; and educated members about the community. The Members' Association meeting that I attended was opened with a spiritual reading and closed with a moment of silence, the Happy Birthday Song, and a song about peace.

Parkside Community, Inc. Parkside Community, Inc. was a 501(c)(3) nonprofit organization that served as the outreach arm of the Parkside community. The goals of this organization were to educate people about living in community and to promote the creation of elder cohousing communities elsewhere in the United States. Parkside Community, Inc. maintained its own website separate from the Parkside community. The leadership of Parkside Community, Inc. included some members of Parkside and some other individuals who were longtime acquaintances of the Parkside founders but were not members themselves. Parkside Community, Inc. was responsible for organizing the semi-annual Parkside retreat, a weekend workshop designed to educate people about living in community and about the elder cohousing model.

Parkside Committees. Committees were essential to the function of Parkside, and, as the results and discussion in the upcoming chapters will demonstrate, they were essential to the community members' learning. There were several standing committees in the Parkside community. Each member was expected to serve on at least one committee to the best of their ability. According to the 120-page reference book for members, the standing committees included the Buildings and Grounds Committee, Care Committee, Common Buildings Management Committee, Common Meals Committee, Executive Committee, Finance Committee, Landscape Committee, Membership Committee, Program Committee, Research Committee, and Spiritual Life Committee.

The purposes of these committees are described below, based on information provided in the reference book for members:

- Buildings and Grounds Committee: "Cooperating and participating with the Parkside Development Corporation Board of Directors, the Committee's purpose is to oversee the maintenance of the entire Parkside property except for the interiors of owners' home, to direct the employment and work product of a maintenance worker…, [and] to monitor the budget of this committee."
- Care Committee: "The Mission of the Care Committee is to foster wellness and independence in Parkside. This Committee will encourage health care for members who are in need of assistance: for short term care the committee will encourage the use of Health Care Coordinators and the Volunteer Care teams; for longer term care the Committee will assist in finding appropriate services in the area."
- Common Buildings Management Committee: "The purpose of the Common Buildings Management Committee is to facilitate the internal operations of the Common House and the Spirit House. Within the scope of its budget, the committee may make improvements, purchase furnishings, make policies, initiate minor repairs and maintain paper supplies for each area within the Common House and Spirit House that is not covered by other committees or by the Parkside Development Corporation."
- Common Meals Committee: "The purpose of the Common Meals Committee is to set up and coordinate the Common Meals system."

- Executive Committee: “The purpose of the Executive Committee is to promote the common good of the Parkside community. The Committee is composed of Officers of the Association. The Committee will plan and manage the monthly Member Association meetings and other meetings as needed.”
- Finance Committee: “Committee Purpose: (1) Monitor operating funds and reserve funds; prepare annual budget. (2) Annual Budget Preparation: Selected Committee Chairs shall prepare operating budget requests and submit to the Finance Committee by October 1 at the latest. The Finance Committee shall use these requests as much as possible in the budget preparation and in November will present a draft of the proposed upcoming year’s budget to the Executive Committee for approval. The final budget shall be presented no later than the December Member Meeting for consensus approval. (3) Advise committees and individuals on how to have expenditures approved. (4) Answer financial questions or deal with other community-level financial concerns. (5) Distribute monthly financial reports at Member Meetings.”
- Landscape Committee: “The purpose of the Landscape Committee is to develop and maintain the landscape for the common areas of Parkside.”
- Membership Committee: “The Membership Committee is to receive and review requests for membership in Parkside. The committee also facilitates the processes that lead to and strengthen membership in the community.”
- Program Committee: “The purpose of this committee is to arrange informative or educational programs and forums for the community.”

- Research Committee: “Purpose: to make decisions about requests from individuals who want to do research studies with Parkside and to guide the research process.”
- Spiritual Life Committee: “The purpose of the Spiritual Life Committee is to facilitate the discovery, exploration, practice and sharing of the many paths to a spiritual life. The committee will not meet regularly, but will collaborate with any community member who approaches us with a question or idea. The committee will also prepare vigils in the Spirit House as needed.”

Someone also mentioned an Architecture Committee during the Owners’ Association meeting, but I saw no documentation of it nor met anyone who served on that committee. In addition to the standing committees, ad hoc committees were called together as needed. I was aware of three ad hoc committees at the time of my study—the Courtyard Committee, whose purpose was to maintain and beautify the courtyard outside of the Common House; the Storm Alert Committee, whose purpose was to notify members of severe weather and to establish procedures for responding to severe weather alerts; and the Recycling Committee. There were also special interest groups that met regularly and gave monthly reports at the Members’ Association meetings. These included Aging Affirmation and the Dying at Home group.

Becoming a Member of Parkside

Prospective members learned about Parkside in a number of ways. Once someone learned of Parkside’s existence, either through a newspaper article, the Internet, word of mouth, or another source, and contacted the community, someone from the Membership Committee would orient them to the community and guide them through the

process of deciding whether to become a member. Because Parkside was government-financed through grants and loans, they could not discriminate against anyone who wanted to become a member, except if the person was younger than 55 years old or did not meet the income requirements (for renters only). To increase the chances of a good fit between a prospective member and the rest of the Parkside community, the Membership Committee asked people to visit Parkside's official website (there were two websites related to Parkside, but only one was the official site—the other was for the outreach arm of the community) and read everything there.

On the home page was a link titled "If This Sounds Like You…" that led to a page with seven downloadable documents. The first, Goodness of Fit, asked prospective members to consider statements that described the values of the Parkside community, such as, "I try to be as physically active as my health allows," and asked people to decide whether they agreed, disagreed, or were neutral toward each statement (see Figure 3.1 in the previous chapter). The second, Mission, described the mission and values of the community. The third, The Group Process, described tips on decision making as a group and what to do if people reached a stalemate. The fourth, Late Life Spirituality – A Conceptual Model, described dimensions of late-life spirituality identified as valuable by the founding members of Parkside, including inner work, caring for oneself, mutual support, community service, reverence for creation, and a creative life. The fifth, Description of Parkside Community, described the goals of the community, the physical layout of the community, expectations of members, and contact information for people to learn more. The sixth, Participation Agreement, was a nonbinding document that outlined in detail the expectations of community members for active, continuous

involvement in the management, maintenance, and life of the community. The seventh, Application Process, reminded prospective members to review the aforementioned documents and outlined the rest of the process for communicating with the Parkside community and possibly becoming a member (or getting on the waiting list as numbers dictated).

Prospective members were encouraged to visit Parkside in person and spend as much time as they could on site. There were two guest rooms with a shared bathroom available in the Common House for visitors to stay in for $25 per night. Some prospective members spent a couple of weeks visiting on site, but most people spent a couple of days. The Membership Committee would arrange a tour of the community, introduce the visitors to community members, and spend time getting to know them and answering questions. When speaking with prospective members, the Membership Committee followed the topics listed in a document titled Introductory Conversation. These topics included asking whether the person had looked at the admission materials on the website; emphasizing that Parkside was an independent living community, not assisted living; the consensus decision making process; the expectation that members would participate on committees, help with food preparation and cleanup, and participate in community gatherings; the diversity of spiritual and religious paths and political persuasions of members; and asking about what the person was looking for in community. The prospective member was then given information for prospective homeowners (responsibilities, annual fees, etc.) or renters (income eligibility, rental rates, etc.), information on the importance of downsizing before moving to Parkside, and a description of the different organizations that comprised Parkside (Parkside Development

Corporation, Owners' Association, Members' Association, and Parkside Community, Inc.).

After the visit, prospective members were encouraged to go home and think about what they had learned. Then if they wanted to move forward with membership (or with getting on the waiting list), they were given an application that asked detailed questions about their personal background, previous experiences with community, what at Parkside looked like it would be of interest to them, what skills and talents they would bring to Parkside, and how they saw themselves being involved in Parkside. The application was another part of the discernment process that was intended to help prospective members think about whether Parkside was the right fit for them. The Membership Committee then looked at the submitted application to determine whether it seemed the prospective member might have misunderstood something about Parkside (e.g., that it was an independent living community rather than assisted living) or whether the person had lingering questions or reservations. A Membership Committee member followed up with a phone call or a visit to tie up loose ends, let the person know that they were on the waiting list if that was the case, and what would happen after that. This process was the same for prospective renters, owners, and offsite members, with the exception that renters completed additional paperwork to determine income eligibility.

Once someone was ready to buy or rent a unit or become an offsite member, the Membership Committee assigned a resource person to the new member. They tried to match up people who were the same type of members (i.e., renter with renter, owner with owner, offsite with offsite) because each category of member had its own unique considerations. If she or he had not already received this information, the new member

was given a resource packet that contained information on how the community operated and the different organizations within (described above). The new member was also directed to the reference book for members of Parkside, located in the Common House, which contained Members' Association policies and procedures; Members' Association bylaws; descriptions of the committees; Owners' Association covenants, conditions, and restrictions; Owners' Association bylaws; a sample rental agreement; a description of the Parkside community; the application process; the Goodness of Fit questionnaire; the Parkside mission and values; the model of late-life spirituality; the group process for decision making; information for renters (income eligibility, rental rates, etc.); information for homeowners (responsibilities, annual fees, etc.); the four different organizations within Parkside; the importance of downsizing; the member participation agreement; a community profile and relocation guide for the surrounding town; decisions that had been made by consensus thus far in Parkside's history; training materials on consensus decision making and communication skills; and the history of how the soft structure of the Parkside community was developed.

In addition to Parkside's reference book for members, every committee had its own reference book. The Program Committee book, for example, contained the mission statement of the committee, rules for policy and procedural decisions, the minutes from monthly meetings (January 2008 through September 2014, the month before I visited the community), names of members (the list was from January 2012), and a list of programs held at Parkside from 2008 through 2013 (date and time, guest speaker, topic, number of attendees, and community contact person). These books were also located in the Common House.

Twice a year the Membership Committee held a newcomers' tea hosted by two members. At this event the people who had recently become members were invited to share their experiences at Parkside so far. They were asked questions about what was working and what was not working for them. The Membership Committee members did not write down anything that was said, nor did they identify who attended the tea; they just remembered the gist of the conversations and took that general information back to the rest of the Membership Committee and the Executive Committee to let them know *"what the current is,"* as one member put it. The resource people assigned to the new members used to attend the newcomers' tea as well, but the newcomers were sometimes hesitant to share their opinions honestly when their resource person was there, so the Membership Committee adapted the format to promote candor.

Study Participants

The 21 participants in this study represented diverse membership characteristics within the Parkside community. At the same time, they shared additional characteristics that made them unique among the general population of older adults in the U.S. This section will describe the participants' basic demographics, their views about learning and about themselves as learners, and the quality that many of them shared of being pioneers in their personal and professional lives.

Demographics

Among the 21 Parkside study participants, there were 10 owners, six renters, and five offsite members. Three participants were male, and 18 were female. All were of White/European American ethnicity. Two were born outside of the United States, and the rest were born here. Six were married, and 15 were unmarried (widowed, divorced,

never married, and/or living with a partner). Their average age was 77 years old, with a range of 65 to 92 years old. The length of time they had been members of Parkside ranged from two months to more than eight years (the first members moved onto the Parkside property in January 2006). The participants were more highly educated than most people of their age. Whereas 23% of the general U.S. population of older adults hold a bachelor's degree or higher (Forum, 2012), 95% of the participants in this study held a bachelor's degree or higher. In total, one held a high school diploma and had continued her education through nondegree art classes, one took some bachelor's level coursework and completed one year of law school, seven held bachelor's degrees, one had a bachelor's degree plus a specialization, six held master's degrees, two had completed coursework for a PhD but did not complete the dissertation, and three participants held PhDs. All but two participants were retired. They had worked, or were currently working, in the fields of education, social services, politics, business, art, music, religion, and health care. Most had worked in more than one industry over the course of their lifetime. See Table 4.1 for a summary of participant demographics.

Table 4.1

Summary of Participant Demographic Information

Residency/Membership Type	
Owner	10
Renter	6
Offsite	5
Gender	
Female	18
Male	3

Ethnicity		
	White/European American	21
National Origin		
	United States	19
	Outside of the U.S.	2
Marital Status		
	Unmarried (widowed, divorced, never married, and/or living with a partner)	15
	Married	6
Age		
	Average Age	77 years
	Range	65 to 92 years
Length of Membership		
	Range	2 months to 8+ years
Highest Level of Education		
	High School + nondegree courses	1
	Some college + one year law school	1
	Bachelor's	7
	Bachelor's + specialization	1
	Master's	6
	Doctoral coursework	2
	PhD	3
Employment Status		
	Retired	19
	Working	2

Parkside Participants as Learners

As part of the context of the study, I sought to understand how Parkside members thought about the concept of learning and whether they considered themselves learners. Learning was described by participants as being open to new experiences and new points

of view, building something, taking classes, hearing or seeing something new, growing, similar to breathing, something that is inevitable, the essence of life, part of their routine, something that is presumed, striving, progression in life, and getting experience or knowledge that moves someone beyond where they are now. For some participants, learning played a central role in their lives:

> *I learn something every day, every minute. To me it would be impossible not to learn something. Maybe I'm more aware of it than other people might be.*

For others, the essential nature of learning made it something that was taken for granted, or presumed, and not thought about very much:

> *People are learning all the time….You can't help learning.*
>
> *I haven't ever thought about learning. It seems like it's like air or something. To be alive you have to learn, and so, you breathe. So you'd say, "How much of your life would you say is breathing?"*
>
> *You [ask] about learning, and I think, "Oh, what am I doing? Am I doing anything?" Yeah, I do a ton of stuff. But it's not really in the forefront of my mind.*

When asked how often they felt they were learning something, many participants first mentioned taking classes, as if classes were what they primarily associated with learning. When probed, however, participants revealed that they were learning in a number of other ways:

> *I think of learning as striving. I guess I'm associating it with educational institutions. I'm sort of finished striving. I want to just be and enjoy right now.*
>
> *Learning is kind of, you put it in a box. I mean, <u>this</u> is learning. I haven't been going to the School for Seniors lately.*
>
> *When you asked about learning, I think of academic learning. You know, what programs teach us about aging, and about health, and about politics….But when I think about knowledge, I think about all the informal information that we take in and know, that we didn't know until we lived here.*

Participants had mixed responses about whether they considered themselves learners. One person said intellectual curiosity was the one commonality among all members of Parkside, and several participants identified themselves as lifelong learners. Some participants talked about learning as being part of their lives on a daily basis:

> *Learning is extremely important to me. It's the way you live your life. It's the way you get through.*
>
> *I think I never stop learning. It may be things day to day that…I mean, I look out my window, and I want to learn more about the birds that are here. I've put out feeders so I can see them.*
>
> *I learn something every day. You know, there is something that grabs my mind every day.*

On the other hand, more than one participant indicated before our interview that they would not have much to contribute on the subject of learning and wondered if I would want to include them in the study. Some participants did not identify themselves as learners or make learning new things a top priority in their lives:

> *It's not the main thing that I'm about. There are things that I know how to do, that I have opportunities to do, and even obligations that I've taken on. I put those things before going out to learn new things.*
>
> *I don't always consider myself a learner….I think of more of myself as an educator than a learner….I guess I'm more used to preaching or teaching than absorbing.*
>
> *I describe myself as a lazy learner. I think sometimes I ought to be more ambitious. [If I were an ambitious learner,] I would read more. I would seek out serious discussions. The discussions I get into now are kind of spontaneous. Often serious, but often lighthearted. I think if I were not a lazy learner but an ambitious one, I might even take advantage of being able to take college courses or something.*

All participants did in fact have a lot to say about learning once they started talking, and all participants were in fact learning, even if they did not consider themselves learners or

think at first that they were learning. When the idea of learning was expanded beyond formal settings, participants expanded their estimates of how much they were learning.

Parkside Participants as Pioneers

Many of the participants in this study were pioneers in their personal and professional lives. They had a history of doing something different from the norm, going down an uncharted path, building something new, or challenging traditional roles and structures in society, continuing to present day:

> *My whole life has been a series of pioneering, actually….My parents sent us…to what at the time were called progressive schools. So, that was into pioneering and education. And my whole education has been of that stripe. I went to [a college that] got started in 1934. And I started in '40, so…we were the last of the first 10 years. Graduated in '44. So it's been an education of, I would say, great socialization. And comfortable with diversity. And the joy of creating the way we live. That's been kind of a common denominator throughout. And so, this is the fruition of all those years.*
>
> *[Learning] plays a very important part in my life. It always has. I had to fight for it, in a way, because it wasn't the sort of thing suburban housewives did [in the] 1960s.*
>
> *I was looking for some adventure. We went to a five-church rural parish, which had been looking for a minister for 20 years and hadn't found one. Had a marvelous experience there. Organized, built new structures. Multi-church parishes don't really usually last very long. And this was in a depressed mining and farming area in central Pennsylvania. That one's still going. They've had steady ministry ever since I went there. [The] things we built, 40-some years later, are still good.*
>
> *And they're trying to make it a big arts center. So, I'm sort of excited to be in on the ground floor of that.*
>
> *I got arrested in Atlanta in 1948….I was working that summer with the YWCA, and we had an interracial group visiting, and we were having a gathering, and the police broke us up and arrested us for having a "mixed dance," they said. And we made the front page of <u>The Atlanta Constitution</u> with all our names and addresses.*

> *And [I] became the executive director, eventually. I was one of two in the history of Legal Aid that wasn't a lawyer, that was a director….And it was very rare for a woman to be director, too.*

Whether they were creating new organizations and opportunities or making changes to the social and political landscape of our country, Parkside members were no strangers to being on the leading edge. Creating a new way of living and aging in the Parkside elder cohousing community was consistent with their identity and their behavior throughout their lives.

Summary

Parkside was a unique kind of elder cohousing community with a fairly complex infrastructure. New and prospective members of the community learned about the mission, values, infrastructure, and other aspects of Parkside through a variety of ways. The 21 participants in the current study represented a range of characteristics within Parkside (e.g., type of membership, age, length of time in the community) but shared some unique features among themselves in comparison with the general population of older adults in the U.S. (e.g., high level of education, a history of being pioneers). Not all participants thought of themselves as learners or felt that learning played a central role in their lives, but all participants were in fact learning new things on a regular basis. The research findings presented in the next chapter will describe the features of Parkside members' learning, how participation in learning affected individual members' ability to participate in the Parkside community, and how participation in learning affected their experience of aging.

CHAPTER 5

FINDINGS

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

This chapter provides a synopsis of the answers to the three research questions. Readers should remember that qualitative research presents the perspectives of the individual participants and the researcher, and the quotes from the participants reflect the personality and individual experience of each participant. For the first question (RQ1), What were the features of Parkside members' learning?, the findings showed that participants were engaged in a variety of formal, nonformal, and informal learning centered around understanding the Parkside community itself, new or enhanced ways of being, and hobbies and other personal interests. Members were motivated to learn for a number of reasons and experienced a few different barriers to learning. For the second question (RQ2), How does participation in learning affect individual members' ability to

participate in the Parkside community?, it was found that learning was essential to participants' ability to participate in the Parkside community in terms of creating the community, conforming to the community's values and norms, changing the community, cooperating with others in the community, and contributing their knowledge and skills to the community. For the third question (RQ3), How does participation in learning affect individual members' experience of aging?, learning appeared to provide a number of benefits to participants' experience of aging. Table 5.1 presents the themes, subthemes, and sub-subthemes from the data that aligned with the main research questions. [Reminder: All names of Parkside community members, including those who were and were not interviewed and including those mentioned by other members, are pseudonyms, as are most internal and external organizations mentioned throughout the dissertation. Notable exceptions are the Parkside committees and the nationally known organizations such as Elderhostel, Alcoholics Anonymous, Master Gardeners, the League of Women Voters, and Meals on Wheels.]

Table 5.1

Research Questions and Corresponding Themes from the Data

Research Questions	**Themes**	**Subthemes**	**Sub-Subthemes**
RQ1: What are the features of Parkside members' learning?	Topics they were learning about	The community itself and instrumental aspects of being a community member	Visioning and operationalizing
			Understanding day-to-day operations, organization, and power structure
			Learning what the community is not

			Getting to know people in the community
			Living and working together
		New or enhanced ways of being	Being an older adult
			Being a widow
			Being sober
			Being retired
			Being comfortable with giving and receiving support
			Being spiritual
			Being social
			Taking care of oneself
		Hobbies and other personal interests	Longtime hobbies and personal interests
			New hobbies and personal interests
			Most popular hobbies and personal interests
	Types of learning and corresponding settings	Formal	School for Seniors
			Spirituality Center
			Conferences
			Housing industry trainings

			Elderhostel
			Art classes
			Online courses
			Arts Array
		Nonformal	Parkside retreat
			Alcoholics Anonymous
			Church
			Religious retreats
			Civic groups
			Artist groups
			Gardening group
			Senior Center
			Exercise and physical therapy
			Community activities
		Informal	Self-directed learning
			Incidental learning
			Tacit learning
	Motivations for learning	Motivation for learning in general in this phase of life	
		Motivation for learning about specific topics	

	Barriers to learning	Aging related
		Health related
		Schedule related
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	Creating the community	
	Conforming to community values and norms	
	Changing the community	
	Cooperating with other members of the community	
	Contributing knowledge and skills	
RQ3: How does participation in learning affect individual members' experience of aging?	Embracing aging as a part of life and seeing the positive aspects of it	
	Taking comfort in common experiences	
	Imagining how they will deal with negative outcomes of aging	
	Accepting death	
	Maintaining identity	
	Focusing on inner self	
	Challenging society's views and their personal views of aging	

Features of Parkside Members' Learning

This section answers RQ1, What are the features of Parkside members' learning? It will describe the topics that the participants in this study were learning about, the types

of learning that took place and the corresponding settings, the motivations for participants' learning, and the barriers to learning that participants faced.

What Parkside Members Were Learning About

The learning that was taking place among participants in this study fell into three broad categories: (a) the community itself and instrumental aspects of being a community member, (b) new or enhanced ways of being, and (c) hobbies and other personal interests. These categories are described in detail below.

The community itself and instrumental aspects of being a community member. Participants in this study spent a great deal of time learning about the Parkside community itself, including how to build it, how it was organized, how it functioned, how they fit into it, who the other members were, and how to work effectively with them. Table 5.2 provides a reminder of the sub-subthemes related to this topic of learning.

Table 5.2

Sub-Subthemes Related to Participants' Learning About the Community Itself and Instrumental Aspects of Being a Community Member

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Topics they were learning about	The community itself and instrumental aspects of being a community member	Visioning and operationalizing
			Understanding day-to-day operations, organization, and power structure
			Learning what the community is not
			Getting to know people in the community

			Living and working together

As the participants in this study had been associated with Parkside for varying amounts of time (the shortest time was two months; the longest time was 8+ years) they were all on different parts of the learning curve. Regardless of participants' prior experience with living in community in general (e.g., nuns who lived in a convent, a priest who lived in the seminary, a couple who were missionaries), all of them had to learn and adapt in order to be part of the Parkside community. This type of learning—"learning to control and manipulate the environment or other people, as in task-oriented problem solving to improve performance"—is called instrumental learning (Mezirow & Associates, 2000, p. 8). The topics for learning that fell into this category included visioning and operationalizing the community; understanding day-to-day operations, organization, and power structure; learning what the community is not; getting to know people in the community; and living and working together. These topics are described below.

Visioning and operationalizing. Three of the founding members of Parkside discussed the tremendous amount they had to learn as they were putting the community together. None of them had experience in housing developments or in elder cohousing prior to embarking on the creation of Parkside. Not only that, no one in the United States had done what they were doing—creating a mixed-income, mixed-ownership, mixed-membership cohousing community—so every step of the way involved learning. One participant talked about learning how to create their conceptual model of late-life

spirituality and the Goodness of Fit questionnaire to help themselves envision what they were trying to create and to help other people understand what they were doing:

> *[She] really helped us to develop what we meant by spirituality. She knew about grids and things like that. And then the Goodness of Fit questionnaire, she really helped a lot….We would meet together…and then we'd come back and have a meeting of all those interested. And make changes and stuff like that. So, she really did help us at the beginning to get clear what we were putting out there….and we learned a lot with her.*

Another participant learned about the housing industry and housing developments from the ground up, including permanent financing, construction financing, and other aspects, by attending state trainings for first-time developers and from talking with the president of the Parkside Development Corporation board at the time, who was a former city manager:

> *The president of the board was the former city manager. And he always made sure I knew what I was doing. Because he knew I didn't know what I was doing [laughter]. So, that was huge, just learning the housing industry.*

A third participant was tasked with learning about property law, such as the state laws governing property owners' associations and the covenants, conditions, and restrictions for the Parkside community:

> *We went through a lot in the beginning because we didn't understand why we needed an Owners' Association. So we had to do a lot of research. I learned a lot there, too, during that time….I had to look up in the library where the code citation was that demanded a property association. I got the librarian over there to help me find the code citation. Made copies, and then our committee went over it.*

In more recent years, another participant learned about fair housing practices by attending two conferences. She reported what she learned to the Parkside Development Corporation board upon her return.

Understanding day-to-day operations, organization, and power structure.

Participants talked about learning the day-to-day operations, or *"patterns,"* that had been set up by the founders, such as the times for meals and vespers. Despite the effort put into educating prospective members, it was still possible for people to not have a clear picture of how things were structured or how things worked in the community once they became members. Two participants, who had been members for different lengths of time, said it took them *"a long time"* to understand the way in which the community comprised separate organizations (i.e., Parkside Development Corporation, Owners' Association, Members' Association, and Parkside Community, Inc.), why the separate organizations existed, and how those organizations worked together:

> *When I came here, those distinctions about the different organizations that run this place were hidden. There were secrets. There were things that nobody knows. There were people who've served on the board who could not give a cogent description of the function of the board, or why we had a board and a Members' Association. And certainly nobody even talked about Parkside Community, Inc. These things were not open. And just since I've been here have they opened up more.*

One participant, who was a more recent member, was still not aware of Parkside, Inc. until I informed her of it during our interview. I spoke with another participant who was not aware of the Research Committee.

Participants also talked about the challenges within the community. Participants who hoped to make changes to the day-to-day operations or other aspects of Parkside had to learn the right channels to go through to make things happen. One participant said she now makes it her mission to ensure that newcomers understand the different organizations within Parkside and which one to approach for different kinds of issues.

Another participant talked about discovering what she perceived as the underlying causes of some of the challenges they experienced:

> *We ended up really talking about some problems in structure with the development corporation and with Brenda. That was sort of eye-opening: "Ah! That's what's going on." Because the whole Brenda situation, I don't see it as just a personality thing. I see it as a concentration of power that is dysfunctional. But it's not something that's very openly talked about.*

Some members learned more about the individual organizations within Parkside by participating on the board of the Parkside Development Corporation or by taking on other leadership roles within the community. This learning comprised technical and interpersonal aspects. One member who served on the board spoke of learning the financial aspects of the community as well as the policies and procedures so that the members of Parkside would be equipped to run the community on their own, without the help of Brenda, the part-time bookkeeper and compliance manager, if the need ever arose [Note: Even though the participant describes Brenda as a manager, the Parkside community was self-managed overall, with Brenda assisting with aspects related to the financing and rental units]:

> *We've been very heavily reliant on our bookkeeper-manager. She's very good. But I feel, and others feel, that we need to understand a whole lot more about the dynamics of how these things work, both financially and in terms of the policies and procedures that are set and implemented. If [Brenda] were struck by a bus, we would be in real trouble. We don't want to be in that position. It's both financial and management types of things. We want to have a lot more sophisticated understanding about how this thing works. It's a very complex organization, structurally.*

While I was visiting Parkside, they held their monthly Members' Association meeting, where they discussed the upcoming annual election of the Executive Committee, which was composed of the President, Vice President, Secretary, and Treasurer. During the Members' Association meeting, one of the members explained the purpose of the

Executive Committee, and another member explained the duties of each of the officers. A third member explained the process and time line for electing officers. During our interview later in the week, one of the participants talked about serving as an officer on the Executive Committee and the learning she had gained from that experience. She shared that her biggest learnings included how to channel members' issues to the right people who could help rather than trying to fix everything herself, working with other members, and identifying which people had similar interests to hers.

Learning what Parkside is not. It also happened that what some members had thought they would find at Parkside was not there to the extent they had hoped, or perhaps things worked differently in reality compared to how they had imagined. One participant talked about having a different impression based on the website versus how things were in person. From a photo posted on the website, she thought there would be a hiking group in Parkside that she could go out on excursions with. Such a group did not exist, however. She also thought there would be more coordinated activities for members to go outside of the community and be active together in general. Instead, when she arrived at Parkside, she learned from another member that people were on their own for most things:

> *She said, "Yep, that's pretty widespread. You're on your own." For lots of things. It shows up in different ways. There's a mix of, certain kinds of things are OK to be in touch with each other about and to be helpful with each other about. And all <u>this</u> stuff is untouchable.*

One participant expressed disappointment with the lack of diversity in terms of ethnicity and ability within the Parkside membership. She expected there to be more diversity since Parkside was government-financed through grants and loans. One member talked about hoping to get to know everyone on an intimate level through pods, the small groups

in the community that were designed for that purpose. Achieving that goal proved to be impossible:

> *And that was one of my ideals….I thought, foolishly, you'd be able to meet <u>everybody</u> like that. You can't. First off, half the people don't go to pods at all. And, secondly, the avenues of doing it are not always there. And a lot of people don't move a pod. They just stay there.*

One member believed from looking at Parkside Community, Inc.'s outreach website, which is devoted to helping other people build elder cohousing communities like Parkside, that there was a whole group of people working on that initiative. When she inquired about helping with those efforts, however, she was informed it was not a community-wide effort and there was no way for her to contribute. Another member contemplated the difference between intentional community and neighboring. She was surprised that although people gathered for meetings and meals, there was less visiting among neighbors than she expected:

> *But I kind of have the feeling…there's not as much neighboring….I have not really visited in any other houses much, hardly at all. And I'm still not sure who lives where, and it's been three years. We see each in the other in the Common House. And then we have speakers. It seems to me at times people just rush off as fast as they can to get back home and close their doors.*

One member thought it would be more what she considered *"the new generation"* and was disappointed that *"things were presented in the whole signing-up process in a way that looked like the community was more advanced than it is."*

Getting to know people in the community. Participants frequently talked about learning about the people who belonged to the Parkside community. Participants said their fellow Parkside members were among the smartest, best educated, and most interesting people they had come across. Members regarded each other as valuable

sources of knowledge, whether the knowledge came from their life history or from their educational and professional backgrounds:

> *But what an incredible life she has had. And it is a great learning to hear how someone has chosen to stand up for those causes and give up jobs because [of] the principle. That's a great learning.*
>
> *I've learned to appreciate sharing different backgrounds, what a richness it brings to us as community members. [It] enlarges our real-life experiences. It's a very moving experience.*

Members learned about each other through several means, including one-on-one conversations, common meals, pods, book club, Aging Affirmation, attending activities together off site, and highlighting members' life histories at community gatherings:

> *Another thing we've done is highlight people's life histories. So people have taken turns talking about their own lives. That's been really helpful to get to know each other.*

These activities will be described in greater detail in the section on types of learning.

Living and working together. To be effective members of the Parkside community, participants in this study had to learn a lot about living and working together. One participant summed up a general feeling held by Parkside members:

> *They started with a mission and values. Which was part of the attraction. But then we had to work out ways to live these ideas that were written on paper.*

This section will describe learning related to living in community, working with others, dealing with different points of view, and providing mutual support.

Living in community. Two participants talked about contemplating the definition of community and the desire to clarify the meaning of that idea for themselves. The degree of participation was an adjustment for a few participants. One found the number of meetings she had to attend for committees and other things *"a little trying."* Another jokingly described Parkside as a community made up of *"100 million committees."* In

one of the meetings I observed and in participant interviews, community members talked about having less control over the interior and exterior of their homes and having a higher level of accountability than they were used to:

> *You just don't jump up and go somewhere by yourself. You write on a board where you're going, [laughter] you know, if you're going off on holiday or something. And you could say, "They don't need to know where I'm going." But they do. If people come looking for you or something happens to your stuff, they need to know where you are. So, getting used to that degree of dependence is something you have to learn. You're not completely independent. You can't just suddenly make all these decisions by yourself. And you can't plant something in weird places.*

Other aspects of learning to live in a community included learning to set boundaries with other people, learning the importance of cultivating a life outside of Parkside, and getting used to being in close quarters with nearly 50 people. Two of the male participants joked that they had to get used to living in a matriarchy. Indeed the women outnumbered the men in the community, and many of them had leadership experience from their personal and professional lives before Parkside. This dynamic of having many strong leaders within the community was just one of the aspects of working with others that Parkside members had to learn about. Working with others will be discussed in greater detail next.

Working with others. Much of what the study participants talked about in relation to learning to function in the community fell under the umbrella of learning to work with other people. Participants discussed their learning that was related to the specific committees or work groups they were part of. Most often cited was learning to cook for a large number of people as part of the Common Meals Committee or one of the cooking teams:

> *I never had cooked for this many people before….Sometimes it goes above 35, but [it's] usually around 30 now….And then we have to keep it economical…and come up with recipes that are of interest to a wide group of people. And*

> *increasingly, the last few years, a lot of people have dietary limitations or dietary preferences. And so it's been something to figure out how much we can accommodate those when we're really all amateurs.*

Another aspect of learning to work together in the community included understanding the parliamentary procedures of the meetings:

> *[I've learned about] interacting with people on a social level with a government kind of focus, like with the meetings, where it's run in a certain [way]. That's kind of foreign to me.*

Learning to accept other people's judgment calls and trusting the group process was mentioned by several participants:

> *[I've learned about] listening to and accepting people's opinions and experience and their journeys. We all think that what we know is how it should be. The whole idea of consensus is the ability to sit back about a given proposal and listen to everybody. And go away [laughter]. And digest all that. And see. For me, it's always, "I never thought of that." So it's a huge learning experience.*

> *Even though in my work, I've done a lot of team projects, here I felt like I've had a lot to learn in terms of how to be part of the group and how to make a positive contribution. And how to make my voice known when I feel like I need to. But [also] how to trust the process and let things happen when I really don't need to be interjecting myself. And knowing when which is the better strategy.*

Learning *not* to try to fix things for other people was mentioned by two participants:

> *So, the skills development area with these people, in this place, around cocreating community and not fixing things and not in an authoritarian structure, but in a cocreating structure.*

No matter how much prior experience participants had in working in a team environment, they all had some learning to do in order to be an effective member of their various work groups in Parkside.

Dealing with different points of view. Related to living in community and working with others was dealing with different points of view. Although the ethnic background of Parkside members was primarily White/European American and most

were well educated, their ages, life experiences, and personal views could be fairly diverse:

> *We had to learn, first of all, how to live with people that were different, had a different life experience….Even though people are attracted because of the idea of mutual support and late-life spirituality, we're very diverse not only in our spiritual paths but in our economic and educational backgrounds. People from all over the country, rural or urban. So, a lot of the learning is adapting to a diverse group of people.*

Diverse viewpoints and life experiences brought challenges as community members struggled to see things from other people's perspectives:

> *I'm learning that the next generation is different from my generation [laughter]….I think that we have things to learn from younger people….I think we've learned to listen to each other. That's a good learning [laughter]. And to realize that everybody's not going to be like me, and that's OK.*
>
> *We have grandkids and great-grandkids. Lots of people here weren't married for very long, or never were married, have no children. So it's a totally different life. And it's taken a long time to see that perspective.*

Members also needed to feel as if their own perspective was being heard. At the same time, these struggles were seen as opportunities for personal growth.

In an effort to incorporate everyone's views and come to decisions that all community members could live with, Parkside employed a consensus decision-making process. The process of making decisions by consensus was outlined in the Parkside reference book for members, and community forums were held to train people on the topic. Consensus was a completely new concept to at least one of the study participants. At the other end of the spectrum, another participant was trained in the consensus process through her previous work and taught it to members of Parkside in workshops. Despite the guidelines in the reference book for members and the community forums, participants had differing explanations of the consensus process:

> *We stumbled into consensus, didn't really understand at all at the beginning what it was. We thought it had to be unanimity and discovered real quickly that it wasn't that. That it meant the sense of the meeting.*
>
> *I don't know if they've ever had a red card. Maybe twice. But they then went to the yellow, where it says, "I don't like it, but I'm not going to block it." It will pass with [some yellows] but not with even one red. That's pretty strict. But it makes everybody know that they're valued.*

Another participant disagreed that the decision-making process used in Parkside was actually consensus. This participant felt the style of consensus they were using was outdated and that the members were falling back into voting and majority rule. Conflicts that arose within Parkside that were *not* able to be resolved by consensus provided additional opportunities for learning:

> *I've also learned some about conflict management or resolution. They don't like to call it conflict resolution anymore. [They call it] conflict management. Because there's always conflict. Especially in groups when you're living close to each other and working with each other.*

As part of managing conflict and dealing with different points of view, participants recognized the need to improve their communication skills, such as how to be more honest, how to express their feelings, and how to communicate with people of a different personality type vis-à-vis the Myers-Briggs type indicator:

> *For a while we were doing communication skills because it seemed like we were having a problem talking honestly to each other. And we still do [laughter]. We haven't solved that at all.*
>
> *You'll see over in the [all-purpose] room, we have guidelines about how we behave in meetings and how we try to communicate. And that goes pretty well. Part of that is from this consensus. That we take turns, and we don't speak until everyone who wants to speak has had a turn. It sometimes works, and sometimes it doesn't work.*

Despite the challenges inherent in dealing with the different views of 46 community members, the participants in my study overwhelmingly agreed that learning from the

diversity was worth the effort and was one of the positive aspects of belonging to Parkside.

Providing mutual support. Mutual support was another significant area of learning for several participants. Aspects of this topic included how members could support each other financially during the economic downturn, how to serve as a neighborly support coordinator (renamed from *care coordinator* so as not to confuse prospective community members about the level of support provided in Parkside), and the best way to utilize the neighborly support coordinators:

> *But we've also learned, from another woman who was a little older and who got ill, that you can overuse your care operators. And you really do have to, from here you do have to go into something like assisted living. Or go back to your kids if you've got some, or family who might take care of you.*

Even for participants who came from a professional background in health care, each situation within the Parkside community required new learning. Sometimes the learning was about not becoming overwhelmed by providing support for a fellow community member:

> *No two situations that we've ever dealt with, with people who had surgery or fell or were ill, have been the same. They're all different. So, I kind of always check in and see how they're doing and make some suggestions on stepping back.*

While I was visiting Parkside, a health crisis occurred for one of the members that necessitated neighborly care-related learning on the part of the community. One of the members, named Jane, had been living with Alzheimer's disease for several years and was getting progressively worse, to the point of wandering around the grounds and knocking on people's doors. Although many community members were *not* engaged in this issue, a group of about six were trying to learn about Alzheimer's and figure out how to resolve the issue of Jane living in an environment that was incompatible with the level

of care she needed. During my visit, Jane had an incident that put her into the hospital, and one community member, who was also a study participant, who was serving as the de facto neighborly support coordinator for Jane, went to the hospital to advocate for her. This community member and the hospital staff were trying to get Jane transferred to assisted living, but in order for Medicare to pay for extended care in a residential facility, Jane needed to stay in the hospital for three days. Because Jane was a wanderer, the hospital staff said they were not equipped to care for her for that length of time. The hospital asked the community members to provide 24-hour supervision over the three-day period. Jane's neighborly support coordinator arranged a group of Parkside members to sit in three-hour shifts over the next three days so that Jane could ultimately be transferred to assisted living. This situation included elements of learning about mutual support as well as working with others to coordinate a solution.

New or enhanced ways of being. In response to RQ1,What are the features of Parkside members' learning?, this section addresses the second broad category that Parkside participants were learning about: new or enhanced ways of being. Within this category, participants were learning about being an older adult, being a widow, being sober, being retired, being comfortable with giving and receiving support, being spiritual, being social, and taking care of themselves. Table 5.3 provides a reminder of the sub-subthemes related to this topic of learning.

Table 5.3

Sub-Subthemes Related to Participants' Learning About New or Enhanced Ways of Being

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Topics they were learning about	New or enhanced ways of being	Being an older adult
			Being a widow
			Being sober
			Being retired
			Being comfortable with giving and receiving support
			Being spiritual
			Being social
			Taking care of oneself

Participants often spoke about learning to be different from how they were previously or to think differently about being in relationship with themselves or other people. The most commonly cited topic for learning was aging—what it meant to be older, what some of their common experiences were, what they hoped their lives would be like as they aged, what they hoped to *avoid* being like in old age, the advantages of aging, and other aspects:

> *[Aging Affirmation] pulls together stuff you're experiencing. And people are able to share various issues and problems, and what they're having trouble accepting or not accepting, and how you deal with those.*

> *They talk about different aspects of getting older. And, actually, the focus is on the wisdom of growing old, and not necessarily the deterioration of a person. What are the positive aspects?*

This aspect of what the members of Parkside were learning about will be discussed in greater detail later in the chapter in relation to RQ2, How does participation in learning affect individual members' experience of aging?

Besides learning about transitioning to older adulthood, some participants talked about transitioning to other phases of their lives, including being a widow, being sober, and being retired. Two participants became members of Parkside soon after their husbands died. One of them talked about continuing to grieve for her husband when she first came to Parkside:

> *I guess personally it was difficult for me, coming here….I don't think I had finished grieving for my husband.*

The other talked about learning to take care of things around the house, or to find someone else who could, that her husband would have taken care of when he was alive. Two participants, who were recovering alcoholics, talked about ways in which they were learning things related to that:

> *Everything they say about AA is true. You can't drink after you've had a period of time in AA. It spoils your drinking. But the power of alcohol is exactly that. But here, I've added to my toolbox immeasurably.*

Two participants discussed learning how to be retired from work. One of them saw retirement as a positive thing and an opportunity to develop new interests and skills with her free time. The other participant missed working and had to learn to cope with having free time:

> *To be retired is an education….I really missed working, if you can imagine that.*

Another new or enhanced way of being that came up in several interviews was related to being comfortable with giving and receiving support. Some participants were learning to ask for help:

> *I've had to learn how to be dependent on people, with this ailment. As you get incapacitated, you really have to learn a lot of things you didn't want to learn. So that has been something, of having to ask people for help.*

> *That's something I have to learn to do. To ask for help when I need it….Well, I've made a little bit of a start. I'd never asked anybody to take care of [my dog,] Sunny. And I did go across, there's a lady on the other side who is very happy to look after her. And I went over and asked if she would mind caring for Sunny. And she was overjoyed that I did, I think. And now Sunny has an open invitation to go over. But that to me is a very difficult thing to do.*

Some participants were learning to receive help:

> *We had a forum on the difficulty receiving from other people….[and] another one on how we can support each other during this economic downturn. [We] talked about mutual aid societies.*

Others were learning to give help or just to be present for people who had experienced losses:

> *I've learned a lot about aging, partly by getting sick. There's lots of people that are sick. And, and about being supportive. Do you know what Reiki is? … [Reiki] has something to do with the spiritual idea that you might not heal anybody, but you can support them, and they can experience the warmth and the reaching out….I think it's a big help to me when I can reach out to [another member] through Reiki.*

> *It was clear that there was nothing about problem solving. There really wasn't even any kind of overt expression of sympathy. It was just kind of being present and hearing it. That was a lesson for me.*

Learning about different forms of spirituality, religion, and being more spiritual was mentioned by several participants:

> *Not everybody here is religious, [and] not everybody here is Christian who are religious….But from living with these folks and worshipping and praying with these folks, I learned a great deal about other ways. And when I came here, I always told folks, I was religious but not spiritual. I didn't know much about*

> *spirituality. I'm still learning. I'm still a baby in that practice. But I'm learning from these other folks and their ways of cultivating the spirit.*

A few participants discussed learning how to be more social as a member of the Parkside community:

> *I'm very shy and retiring. I find it very difficult to come out of myself to meet others. If others come to me to meet, I'm very happy. I'm trying to come out of myself a little bit more. And that's for me, in a way, a learning process, I suppose.*

> *I realize that I don't float in the boat by myself. Especially as we age, it's important to have connections….I could be my footloose self, but here I'm allowing myself to form relationships. And you've got to have them.*

At the same time, other participants talked about learning to take care of themselves by knowing and accepting the amount of interaction with other community members they could handle:

> *I've known for decades that I'm an introvert, but always would compare myself with other people, thinking maybe I should work on that. And I've come here to realize that I am an introvert. I need a lot of solo time. And I love to participate for specific amounts of time, that I know when it begins, I know when it ends. And I really enjoy that….But it's helped me to understand how unique we all are, and that it is futile to try to be like somebody else, because there's no way. And everybody is totally themselves. And that's been a long time coming.*

Another way that a few participants were learning to take care of themselves was protecting themselves from conflict:

> *[I've been learning how to be in a group and get along with strong personalities] by zipping my mouth sometimes….I'm not going to change them….I guess it's a manner of making sure I take care of myself psychologically, emotionally. I don't need to be a walking target.*

Participants also talked about learning to prioritize their time so they could find peace and balance instead of feeling overwhelmed:

> *You have to make time and find out what is important for you, and so you have to make decisions. And so I've made a decision about trying to walk [more often].*

> *You do have to learn to take care of yourself, and pace yourself, and not try and do too much.*
>
> *Multi-tasking is out….If I do something, I'm going to be ready to do it. I'm mentally prepared, focused to do it. Then take the time to sort of relax afterwards. So there's more of this cycle. Which also says you don't do too many things. I really enjoy doing something well, but that requires that kind of focus. So that, I suppose, has been true for me for some time, but it gets more true [with age]*.

For participants in this study, learning these new or enhanced ways of being was an ongoing process of personal development. Some of the topics were ones they had been learning about for decades already, while others were new ones made salient by their age or by joining the Parkside community. Similarly, the next broad category of topics that participants were learning about—hobbies and other personal interests—had origins in both previous experience and newfound opportunities or needs.

Hobbies and other personal interests. This section addresses the third broad category of topics that participants were learning about—hobbies and other personal interests. This was a subtheme of RQ1, What are the features of Parkside members' learning? Table 5.4 provides a reminder of the sub-subthemes related to this topic of learning.

Table 5.4

Sub-Subthemes Related to Participants' Learning About Hobbies and Other Personal Interests

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Topics they were learning about	Hobbies and other personal interests	Longtime hobbies and personal interests
			New hobbies and personal interests
			Most popular hobbies and personal interests

Sometimes the hobbies and personal interests that Parkside members were learning about were ones they had been engaged in for decades, such as religion, gardening, meditation, yoga, music, or literature, and they chose to continue learning about them as a member of Parkside:

> *And so anything to do with theatre and music….I was [a] psychology, music, theatre [major in college].*

Other times participants were exploring a new interest for the first time, such as Qigong, poetry, water aerobics, or cultural geography:

> *I learned what water aerobics was. I mean, they still teach me. They said I've been the most improved student [laughter] in water aerobics. I've been going for three years.*

All participants mentioned more than one personal interest they were learning about—from 21 participants emerged a list of 46 topics—and community members often overlapped with each other in their hobbies and personal interests. The most popular

were arts and crafts, health, religion, spirituality, gardening, history, yoga, music, the region surrounding Parkside, nutrition and diet, end-of-life issues, Reiki, and Native Americans. An exhaustive alphabetical list of the hobbies and personal interests that participants were learning about is below:

- Alternative medicine
- Animals
- Arts and crafts
- Civil War
- Clogging
- Computers
- Creativity and innovation
- Cultural geography
- Current events
- Dancing
- Diet and nutrition
- End-of-life issues
- Exercise
- Fly fishing
- Fly tying
- Foreign languages
- Gardening
- Health
- History
- Knitting
- Literature
- Making furniture
- Medical system
- Meditation
- Movies
- Music
- Native Americans
- Nature
- Other countries
- Other cultures
- Poetry
- Politics
- Poverty
- Qigong
- Reiki
- Religion
- Science
- Spirituality

- Surrounding region of the U.S.
- Technology
- Theater
- Theology
- Travel
- Water aerobics
- Writing
- Yoga

From this list it is clear that Parkside members' hobbies and interests were wide-ranging. Some of these topics were ones that participants could explore on their own as self-directed learners. Others required formal classes taught by instructors. The following section describes the types of learning that participants were engaged in and the corresponding settings in which the learning took place.

Types of Learning and Corresponding Settings

Parkside members learned from a variety of sources and in a variety of settings. This section describes the findings from RQ1, What are the features of Parkside members' learning?, in relation to the types of learning that participants engaged in and where they took place. Table 5.5 provides a reminder of the main subthemes and sub-subthemes of this aspect of the research question.

Table 5.5

Subthemes and Sub-Subthemes Related to Types of Learning and Settings in Which Learning Took Place

Research Question	Theme	Subthemes	Sub-subthemes
RQ1: What are the features of Parkside members' learning?	Types of learning and corresponding settings	Formal	School for Seniors
			Spirituality Center
			Conferences
			Housing industry trainings

			Elderhostel
			Art classes
			Online courses
			Arts Array
		Nonformal	Parkside retreat
			Alcoholics Anonymous
			Church
			Religious retreats
			Civic groups
			Artist groups
			Gardening group
			Senior Center
			Exercise and physical therapy
			Community activities
		Informal	Self-directed learning
			Incidental learning
			Tacit learning

The findings in this section will be discussed in terms of three main types of learning: formal, nonformal, and informal. They are distinguished from each other by setting, source, and intention. *Formal learning* is "equated with educational bureaucracies going from preschool to post-graduate studies" (Merriam & Bierema, 2014, p. 16). It takes place in institutions whose primary purpose is to provide education.

In adult learning, those settings may include adult basic education programs, adult high schools, English as a Second Language programs, professional training programs, community colleges, traditional undergraduate and graduate programs, and noncredit classroom settings such as the Osher Lifelong Learning Institute for older adults. *Nonformal learning* is "sponsored by organizations, agencies, and institutions whose primary mission is not education, though education might be a secondary mission employed to carry out the main reason for existence" (Merriam & Bierema, 2014, p. 16). Examples of nonformal learning include a training session at work, a Bible study group at church, a guided nature walk at the state botanical gardens, and a computer class at the public library. Nonformal learning activities are typically short-term, voluntary, and often occur in public places (Merriam & Bierema, 2014, p. 17). *Informal learning* is "everyday learning" that "takes place in all the private and non-organised contexts of everyday life" (Illeris, 2004, p. 151). Informal learning may include looking up a health-related question on the Internet, learning about housing and jobs when relocating to a new area, and interacting with neighbors at the pool or with coworkers in the break room (Merriam & Bierema, 2014, p. 18). Informal learning generally includes three subtypes: self-directed, incidental, and tacit. *Self-directed learning* may sometimes include taking classes (i.e., formal learning), but in the field of adult education, it is considered to be largely informal (Merriam & Bierema, 2014, p. 18). An example would be when someone wants to learn more about healthy eating. She might research recipes and nutrition studies, register for a weekly newsletter related to healthy eating, buy a cookbook with healthy recipes, talk to people at the local health food store, go to the farmers' market to get ideas, and follow some vegan and vegetarian food blogs online.

Incidental learning refers to learning that happens without intentional effort, as a by-product of doing something else (Merriam & Bierema, 2014, p. 19). An example would be someone attending a concert of his favorite band, and the opening act is one he has never heard before. He has incidentally learned of a new band as a result of another activity. The most subtle type of informal learning is *tacit learning*. This type of learning occurs subconsciously but is used quite often in navigating relationships and other aspects of our daily lives. An example would be learning which topics not to bring up around certain people (Merriam & Bierema, 2014, p. 19).

It should be noted that, more than any other source—and spanning formal, nonformal, and informal learning—Parkside community members were learning from *each other*. Members were knowledgeable about many different topics, whether because of personal interest, life experience, educational background, or professional background. Some were former university professors who were renowned scholars in their field; some were Master Gardeners who had trained and worked in different parts of the country; some had unique experiences living and traveling in other countries. Community members were generous with their time and expertise, and they recognized the valuable resource that they and their fellow community members were to each other:

> *I compare it to Truman's Brain Trust.*
>
> *The people here are educated, for the most part. Or they come from real living education….There's all kinds of education and a lot of life experience which I have found. Each person here is a book in and of themselves.*
>
> *There's so much to learn from everybody here. Any conversation you get into is a learning experience.*

The rest of this section describes the many sources and settings of learning discussed by participants in the study. It is organized by formal, nonformal, and informal learning. As

noted above, Parkside members themselves played a significant role in each type of learning.

Formal learning. The various types of formal learning that participants in this study engaged in are listed in Table 5.6.

Table 5.6

Sub-Subthemes Related to Settings in Which Formal Learning Took Place

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Types of learning and corresponding settings	Formal	School for Seniors
			Spirituality Center
			Conferences
			Housing industry trainings
			Elderhostel
			Art classes
			Online courses
			Arts Array

The means of formal learning that the participants in this study took advantage of included classes (Elderhostel, School for Seniors, online, and others), workshops, and conferences. The most commonly mentioned formal learning took place at the School for Seniors located nearby. The School for Seniors had been founded around the same time as the Parkside community. Similar to Osher Lifelong Learning Institutes, it offered noncredit courses of different lengths, taught by various people (many of them older

adults), on a wide range of subjects. In addition to taking classes there, a few of the participants I interviewed were among the teachers. If someone taught a class, he or she could take three classes for free. Otherwise people could pay $40 and take as many classes as they would like in a given term. Approximately 250-300 people took classes there on a regular basis. The participants in this study had taken a variety of classes at the School for Seniors over the years, including a German language class, a social history class, a class in which the professor brought in people of different countries to talk to the students, slide presentations of other countries, a clogging class, a weaving class, a painting class, the secret lives of presidents of the United States, the wives of the presidents, cultural geography, computer classes, landscaping, music, film, world religions, psalms, yoga, health, brain fitness, short stories, poetry, sonnets, travel experiences, field trips to local sites of interest, astronomy, calligraphy, World War II, spiritual development, line dancing, basket weaving, local history, Gestalt therapy, everyday science, political issues, literature, end-of-life issues, memoir writing, housing options for seniors, the Crusades, Native American history, and the legends of King Arthur. Participants had taught courses at the School for Seniors on reflexology, natural cures, awareness, theology, sonnets, and elder intentional community.

In other formal settings, one participant was currently taking a course to become a vocational spiritual director at a spirituality center three hours away. It was a three-year program that met in person once a month. Three participants talked about attending conferences as a means of formal learning. The conferences included the state housing conference, the AARP conference, a positive aging conference, and a fair housing conference. In the process of creating the Parkside community, one of the participants

attended trainings on the housing industry to learn the processes of housing development. Two participants took an Elderhostel course at an outdoor educational camp. Art classes were mentioned by a few of the participants. One participant taught several workshops nearby on various topics, such as pottery, weaving, and felting. Art classes that participants had taken included stained glass, calligraphy, knitting, painting, weaving, pottery, and paper making. Three participants talked about taking classes online in traditional and MOOC (massive open online course) formats. One of the courses was on music, one was on web design, and another was on cooperation. A couple of participants mentioned the Arts Array, a cooperative program of the nearby colleges, as a means of learning about films and music. As part of this program, one participant attended a weekly film series in which they would watch a film on one day and then the next day have a discussion about it with professional actors and directors.

Nonformal learning. Participants engaged in several kinds of nonformal learning. Table 5.7 provides a reminder of the sub-subthemes related to this aspect of Parkside members' learning.

Table 5.7

Sub-Subthemes Related to Settings in Which Nonformal Learning Took Place

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Types of learning and corresponding settings	Nonformal	Parkside retreat
			Alcoholics Anonymous
			Church
			Religious retreats

			Civic groups
			Artist groups
			Gardening group
			Senior Center
			Exercise and physical therapy
			Community activities

One setting in which nonformal learning took place was the Parkside retreat. Twice a year people connected with Parkside, Inc., including one of this study's participants, held a retreat to teach others about living in community and the elder cohousing model. One study participant had attended the retreat in 2014 as a learner. Another type of nonformal learning mentioned by two participants was Alcoholics Anonymous. Church was mentioned by six participants as a source of nonformal learning, whether through classes, small groups, or other means. Religious retreats were mentioned by two participants: they went individually and together three to four times a year for up to four days at a time. Civic groups were mentioned by a few participants, including a local intergenerational group that was being established to explore progressive political issues, a group focused on alternative energy, and the League of Women Voters. Other external community groups that participants mentioned as sources of learning included a basket weaving circle, a knitting circle, a weavers' guild, Master Gardeners, and the Senior Center. Several members participated in exercise classes off site and considered those as sources of learning. Examples included yoga, swimming, and water aerobics. Two members also talked about learning from their physical therapy

sessions. Most commonly mentioned in terms of nonformal learning, however, were the numerous activities that occurred within Parkside. These activities are described below.

Parkside community activities. Parkside facilitated numerous community activities that were ripe with learning. They were organized by members through committees or individually. For example, the Program Committee was responsible for organizing after-dinner programs on Tuesdays and Thursdays as well as additional learning opportunities on the weekends and field trips off site. One member hosted meditation in her home once a week. Other members took turns hosting book club discussions in the all-purpose room of the Common House. Descriptions of the main nonformal learning activities within Parkside, including after-dinner programs, forums, special interest groups, and exercise videos, follow in the rest of this section.

After-dinner programs. The Program Committee was responsible for arranging many of the after-dinner programs, but any community member was welcome to suggest a learning opportunity. An example of the latter was when one member presented an overview of the Myers-Briggs Type Indicator (a personality test and communication tool) at an after-dinner session to see who would be interested in attending a workshop on it in the future. The initial session was attended by 28 people. Five months later, this community member conducted a six-hour workshop on site over a Friday night and Saturday afternoon that was attended by 16 people. Other examples of community members presenting something about their area of expertise included presentations on Reiki, the Jubilee House, natural gardening, and Thai massage. Sometimes the Program Committee would invite an outside speaker to give a presentation. Some examples of this included presentations from the Alzheimer's Association, Red Cross Disaster Relief,

and Faith in Action, as well as individuals who read poetry or spoke about emergency preparedness, elder law, hospice, travel, and health concerns, such as diabetes, cancer, heart disease, and seasonal affective disorder. Documentaries and feature films were shown occasionally, such as *Craft in America*, *Run Granny Run*, *Bill Moyers on 21st Century Populism*, *Love and Death*, *The Power of Forgiveness*, *Wild Parrots of Telegraph Hill*, and *Airplane*. Entertainment, such as piano recitals, classical guitar, sing-alongs, and joke night, was another type of after-dinner programming. When I visited Parkside, they held a sing-along of popular music from the 20th century. One community member played a keyboard while another person served as emcee and the rest of us sang along using handouts with the words of the songs printed on them. (Note: Entertainment can also be considered a kind of informal learning, as will be described later in the chapter.) Community members also took turns sharing their life histories on different nights.

Forums. Forums took place usually on Saturdays or Sundays once or twice a month and were organized by community members. Sometimes they were intended to provide a time for members to communicate their needs with each other and come to consensus about a given issue. Examples of this purpose included forums on the state of the community, the vision for Parkside in five to 10 years, environmental practices, and expectations of care within Parkside. Other forums were primarily educational in purpose, such as the forums on consensus training, compassion and choices, income stream, mutual aid societies, communication skills, and difficulty receiving.

Special interest groups. Community members who were interested in getting to know each other better or in exploring a particular topic together formed special interest

groups. These groups were open to everyone in the community, but they were organized by individual members rather than the Program Committee. Some examples of special interest groups were pods, meditation, Dying at Home, book club, centering prayer, Reiki, and Aging Affirmation.

One of the ways people learned about other community members was through pods, which were small groups (no more than 10; the ideal number was seven) that met weekly for an hour and a half in people's homes for the first few years of Parkside's existence. According to the handout on pods, the stated purpose of the pods was:

> to go to a deeper level of love and care for one another by reporting our current state, sharing deeper concerns for the pod to hear and be able to offer support, having spontaneous or guided conversation, as time permits, [and] learning to be comfortable in silence as we grow in appreciation of each other.

Pod members were asked to stay for at least six months in their group. Some members stayed in their original pod the whole time; others hopped from pod to pod after six or eight months. Participation in pods was voluntary, and about half of the community members participated. Some of the participants mentioned that the pods might be coming back to Parkside. Since so many original members had left and new members had arrived, people had expressed an interest in reviving this method of getting to know each other again.

One of the members who lived on site hosted a weekly meditation session in her home on Wednesday evenings. She would open her windows so the music and ringing of the chimes could be heard throughout Parkside and anyone within earshot could participate even if they did not come to her house (which was true for one of the study

participants, whose knees prevented her from climbing the stairs to the other member's home). A few of the participants I interviewed took part in this activity and mentioned it as a source of learning.

Dying at Home was a group composed of Parkside community members who were interested in learning about and discussing ways to ensure that they would be able to die at home rather than in a hospital or nursing home when the time came. They wanted to make sure the medical model of aging and dying was not the only model that existed at Parkside. The members would share personal stories of their experiences of family members dying, information they had gathered on the topic, and their wishes for their own end-of-life care. They had also invited speakers to talk with them, such as a hospice representative. Five of the participants in this study mentioned that they had attended meetings of that group.

In book club, members would get together once a month in the all-purpose room of the Common House to discuss a book that they had chosen to read. The books were often about spirituality, but they could also be fiction or nonfiction about other topics. People shared their personal experiences and points of view along with their thoughts on the book. One participant shared why she liked book club, and her story captures the intellectual curiosity that characterized many of the Parkside members:

> *I've only been in it two months. The first month was a very Christian book, which doesn't ring my bells. But the discussions were just so good. People's reflections were just really insightful. And then I suggested we read <u>The Power of Now</u>. That's the book we're on now. And I think some of the people had as much trouble with it as I had with the Christian one [laughter]…. But still, the discussions are good. People were really struggling with Eckhart Tolle's approach to being in the now. Because most of them, their background is praying, not meditating. So they had trouble grasping it. But they went for it, you know, tried it.*

The centering prayer group grew out of the book club. The members had read a book on centering prayer, and a few wanted to put into practice what they had learned. A few of the participants I interviewed took part in centering prayer, as did I when I visited. Members gathered once a week in the Spirit House, read a passage of the book they had studied, and spent approximately half an hour in silent prayer.

Reiki was another group that met fairly regularly to learn about this Eastern practice of laying on of hands. As one participant described it, *"it has something to do with the spiritual idea that you might not heal anybody, but you can support them, and they can experience the warmth and the reaching out."* They had a local expert come to talk with them twice, and they taught each other and practiced on their own in addition to that.

Aging Affirmation was a special interest group that met on a monthly basis to discuss issues related to growing older. The group was created by two Parkside members, who had facilitated most of the sessions, but other members facilitated the sessions occasionally as well. Topics were selected by the main facilitators or by the group members who were present:

> *The way we do it is that at the meeting, people talk about what they might want at the next meeting and decide on the topic. And then we…decide who's going to facilitate it, and put it in the bulletin. And if people are interested they come, and if they're not interested they don't come.*

Sometimes the sessions were based on readings of books or articles, such as an article on the advantages of aging or an article about four different models of aging. Other times members presented information on a topic, such as ethical wills. For one session, members who were 80 years old and above talked about their experiences of aging at that

stage of life to educate younger members about what was to come. Some sessions involved writing, and all sessions involved reflection and discussion:

> *This time we're going we're talking about this article about Drew Leder, and we are going to break into small groups and do some exercises. He has four different models of aging….and so we're going to ask people to look at those and say where they are, where they identify themselves. Do that as a writing assignment and then talk in a small group about that, and then come back into the larger group and talk. That's quite often the pattern.*

Whereas Aging Affirmation relied on facilitation by community members, another learning activity—exercise videos—required only a DVD player or VCR. This activity is described next.

Exercise videos. In addition to participating in exercise off site, Parkside members got together in the Common House to watch exercise videos each week. Twice a week members met to do Qigong, an Eastern exercise that was new to most people at Parkside. Once or twice a week members also met to do exercises for people who had Parkinson's disease. I participated in one of these sessions when I visited Parkside. Four members attended, although only one of them had Parkinson's disease. The video we watched taught dance moves that could be done while sitting in a chair. All of the nonformal learning activities in Parkside described above were classified as such because although Parkside sought to facilitate learning among its members, its primary purpose was to provide housing and a community of mutual support, not education. At the same time, these activities were more structured than informal learning opportunities.

Informal learning. In response to RQ1, What are the features of Parkside members' learning?, informal learning was the third type of learning that emerged from the study. Table 5.8 provides a reminder of the sub-subthemes related to this aspect of Parkside members' learning.

Table 5.8

Sub-Subthemes Related to Settings in Which Informal Learning Took Place

Research Question	Theme	Subtheme	Sub-Subthemes
RQ1: What are the features of Parkside members' learning?	Types of learning and corresponding settings	Informal	Self-directed learning
			Incidental learning
			Tacit learning

Much of the participants' learning was informal, both within and outside of the Parkside community. Within Parkside, constant interaction among members with a range of ages, backgrounds, and personalities meant the community was like a learning laboratory. Outside of Parkside, there were plenty of opportunities for members to explore things on their own or with other people. The findings here are presented in relation to the three main subtypes of informal learning—self-directed learning (not including formal classes), incidental learning, and tacit learning.

Self-directed learning. Participants in the study described many instances of self-directed learning, whether about health, the surrounding geographic area, politics, or any number of other topics of personal interest. This subsection divides participants' self-directed learning methods into experience, talking with people, research, observation, and reflection.

Experience. Comprising experiential means of self-directed learning were real-life situations, learning by doing, learning from a new role, learning from mistakes, learning from travel, and learning from experimenting:

> *When I first came here, I did a lot of yard sale-ing….I went to auctions and yard sales. And it was really neat because it taught me how to get around in [town].*

I guess you'd say trial and error.

But that's part of the aging process. And I think, no matter what classes you attend or how much you talk about it, it doesn't count until it happens to you.

In addition to learning from their own experience, participants learned a great deal from the people around them.

Talking with people. Participants in the study sought knowledge and understanding through conversations with people they knew within and outside of Parkside:

There's a couple of people that have knowledge about nontraditional or nonpharmaceutical approaches to health. So we exchange information about that.

We had a plant swap on Saturday, and people bring plants and then tell about their plants. So, that's one way.

One other thing I would say about learning is just individual encounters with people….Around here a lot of people have opinions on diet, and [laughter] I tend to be like, "No! I don't want to hear it anymore!" But you can always pick up some advice or some new learning about what's good for you.

Besides talking with people, participants found information by looking it up in various places. This type of learning is described next.

Research. Whether through the Internet or more traditional means such as books and newspapers, study participants sought information regularly on their own. Some means were more active, such as going to the library, while other means were more passive, such as watching a television program:

I had been part of different common meal efforts, through my life, but I studied some of the cohousing literature on how they did common meals in other places. And then we've created how we wanted to do it here.

> *I like to learn more about prayer. I've been reading some theology books. And more about feminist theology. I learned some of that. Those things are interesting to me. And it's mostly from books.*
>
> *I probably learn something new about Parkinson's disease every day….Both my wife and I are avid users of the computer, and I read and study about Parkinson's.*
>
> *Just this past year, I said, "I don't know anything about the Civil War, don't know anything about the causes, I don't know anything about the…" I got especially interested in the military aspects, the battles. So, I'm reading…a three-volume edition, The History of the Civil War. I've got it on my Kindle [laughter].*

Participants did not have to look far in order to learn things in Parkside. They were able to learn a great deal just by watching their fellow community members, as described below.

Observation. Participants often described observing the behavior of those around them as a source of learning:

> *She's well in her nineties and handles herself with a whole lot of wisdom and grace, I feel. It's really nice to be with her, and to both share and observe. So, there's that kind of learning.*
>
> *And the aging process thing, which we all knew we would do. But here we talk about it a lot. And we watch.*
>
> *Just watching her, and realizing that she says things as they are.*
>
> *And I see those who are active, and I see those who are not, and what a difference in health they have.*

These participants were stepping back and watching other people in order to gain a greater understanding of issues that were both internal and external to themselves. A related type of learning in which participants engaged was reflection, which is described next.

Reflection. Study participants spent a good deal of time reflecting on their own experiences and those of others:

> *First of all, noticing that, and then, seeing what energies I have within myself to connect in places. And sometimes I thought something might connect, and it didn't, and I had to learn that that didn't connect.*
>
> *I think looking at what made me happy and what didn't….As they say in Buddhism, what was skillful and what was unskillful in terms of how I interacted.*
>
> *Because I really, really value mutuality and mutual support, I try to [be] a watchdog over myself, over when I might slip into another pattern.*
>
> *It's kind of helped me pay more attention to what my body is saying. And then feel more easy with resting or not doing as much.*

These reflections were a source of learning. Of course, some participants described self-directed learning that encompassed several methods, as described below.

All of the above. Participants often combined multiple means to accomplish their learning:

> *When I moved here there were two women who were trained as artists….And these two women encouraged me and gave me some tips and loaned me some stuff. They would lend me books and magazines and things. I got hooked, and so I started spending my money buying things, and I guess that's how I got started [as an artist].*
>
> *[I learned by] being involved, being engaged, paying attention, listening, asking questions, making friends.*
>
> *He did some talks here, and we went to other talks. He has a philosophy that I listened to several times, and thought, "Well, that's a good idea." So I've gone more with the organic and the healthy and the less food. I've gotten rid of all my big plates, and I have smaller plates, which makes a difference. And not that I haven't read all those things all the way along. But it's reading them and pondering them, and then actually taking the action on doing them.*

The self-directed learning described above was intentional on the part of the participants. However, it also happened that participants came by learning almost by accident. This kind of informal learning is called incidental learning, and it is described in the next section.

Incidental learning. Life in the Parkside community lent itself to constant learning because many situations in which members found themselves, and the people involved, were novel. Thus as members joined the community, became more adept in their respective roles, and discovered new things about each other in the process, they experienced a great deal of incidental learning. Most members were also actively engaged in activities outside of Parkside that produced incidental learning, such as volunteering and attending cultural arts performances. This subsection is divided into settings in which participants gained incidental learning, including committees and community work teams, meals, Members' Association and Owners' Association meetings, special gatherings, volunteering outside of Parkside, and music and performing arts outside of Parkside.

Committees and community work teams. Participants learned a great deal incidentally from the work they did in committees and work teams at Parkside. Each community member was asked to join at least one committee, and most people belonged to more than one. The 21 participants in my study represented all 10 standing committees, plus ad hoc committees such as the Courtyard Committee, the Storm Alert Committee, and the Recycling Committee. Working together on committees and other activities in Parkside provided a means of incidental learning in which people got to know each other and learned to adapt to diversity:

> *[I've learned to adapt to diversity] by getting to know people, developing friendships and relationships. And oftentimes, for me, that's in work settings.*

Committees also provided significant incidental learning related to the work of the committee, both for committee members and other community members:

> *I visited with, and observed a little bit of, the [Landscape Committee]. And they are incredible. They just do this incredible work together and help manage the people who are not members in terms of what they plant and where they plant. And being helpful to us, teaching us stuff. But the fact that we have to get permission on certain things requires that we also learn some things about what fits and what doesn't fit. And what grows and what doesn't grow. So I've learned about gardening.*

The most often cited source of learning was being part of a cooking team that took turns preparing the common meal for all community members. Each cooking team was composed of three people and would work together to plan the menu, shop, and prepare food for 30 to 35 people. There were multiple cooking teams so that each team would only have to prepare the common meal every eight weeks. Through the cooking teams, people learned about meal preparation for large numbers of people, special dietary constraints, such as those for vegetarians, and other tips of the trade:

> *I've cooked with a lot of people over seven years. And I think I've learned from every one of them, in terms of either actual cooking techniques or time management or an approach to things or, I don't know. Lots of things [laughter].*

While the meals were work for some community members each week, they also provided a time for people to relax and socialize with each other. This incidental learning opportunity is described next.

Meals. Members of Parkside gathered on Tuesdays and Thursdays each week for common meals in the Common House. Approximately two thirds of the community attended any given meal. Round tables sat six to eight people each, with no assigned seats. I joined the community for both meals during the week of my visit and sat with different people each time. At my tables the conversation topics included where the members had grown up, differences between those locations and their current location, the Revolutionary War (both the British and American perspectives since we had people

at the table from both countries), grandchildren who were visiting, stories about learning to ride a bicycle, and the educational and professional backgrounds of the people at the table. One participant described the experience of common meals this way:

> *Hanging out with people and eating with them at dinner time, you learn about where they came from or their background as kids, and different parts of the country, different cultures. Lilith talked about growing up in a German community during the Second World War. Indiana, I think. That was interesting.*

In addition to the weekly common meal and potluck, the male members of Parkside got together every Friday for breakfast off site. Between three to five members usually attended. Usually the breakfasts took place at the Cracker Barrel in town, but occasionally the men ventured farther to a neighboring town 10 miles away or even to a town in the mountains of the neighboring state, an hour away from Parkside. The men's breakfasts were a time of community building among this minority group:

> *It's one of the realities of getting old, is that the women outnumber us….And we try to do it every Friday morning, is the men get together for breakfast. It's our time. We don't often talk about anything serious…but it's an important part of community building for us men.*

Whereas meals were times for informal interactions among community members, Members' Association and Owners' Association meetings were more serious occasions. These settings for incidental learning are described next.

Members' Association and Owners' Association meetings. In addition to committee meetings, work teams, and communal meals, members learned things about Parkside and each other at Members' Association and Owners' Association meetings. I observed both of these meetings when I visited Parkside. The Members' Association meeting—a monthly occurrence—was attended by 30 community members on the day I observed. It opened with a reading of the community's values and mission statement. A

handout was provided with the meeting agenda; a description of the election process; a listing of organizations, projects, and committees within Parkside; and a community expense report. Members provided updates on finances and participation in an Area for Aging meeting where Parkside was showcased as a model for community and rural areas. Next was discussion of upcoming elections for executive officers. The current officers took turns explaining their roles and the election process. One of the members reminded everyone of the reference book for members that contained the bylaws, etc. Reports on the past month's activities, status updates, and upcoming events of the organizations and committees within Parkside followed. Questions were raised and answered about the cost for guests to stay in the Common House and the process for making decisions within committees. The meeting was closed by singing happy birthday to members whose birthday was that month and then standing in a circle, holding hands, and singing, *"Go now in peace…"*

The Owners' Association meeting—a yearly occurrence—was attended on the day I observed by 15 community members and Brenda, the part-time contractor who was responsible for bookkeeping and compliance. Since the meeting occurred only once a year, at least one person there had never attended before. In the course of the meeting, this member asked whom she should address about the railing in front of her house and was advised to save the question for the *"new business"* part of the meeting. Questions from other members were asked and answered, such as why they had a federal credit listed on the financial report, what the purpose of monthly assessments from owners was, what the purpose of insurance was, and whether the Courtyard Committee had authority to change how they were using their money. Next was a lengthy discussion of rain

barrels, including the differing rights of owners and renters, enforcement of rules, and costs. That was followed by new business. The meeting ended with the election of officers for the coming year. Both of these meetings were educational in terms of helping members to understand the inner workings of Parkside, the community's values and norms, and the responsibilities of members and owners.

Special gatherings. The Parkside community gathered fairly often for events recognizing members of the community who had a birthday, were leaving, had experienced the death of a loved one, or had another life event that merited acknowledgment. They also gathered for holiday celebrations, rituals, and ceremonies, such as the St. Patrick's Day dinner and a dedication of the trees in the common areas of the community:

> *We went to the Common House, and I had put out how the Irish celebrate Saint Brigid's day. They have the soda breads, and so I made about five soda breads. The real traditional kind, very heavy wheat. And jams. And they had blackberry wine for those who wanted to. And we had teas out, and cheeses, a big plate. And then I did little demonstration on how to make the Saint Brigid's Crosses.*

While I was there, the community hosted a goodbye circle for a member who was moving away. The program included drumming, candle lighting, sharing memories of the member who was leaving, a poem, a song, and crossing arms/holding hands while saying a prayer. Although these activities were not necessarily designed with learning objectives in mind, they did expose members to new practices, ways of thinking, and to each other:

> *Anything that we've ever had in [the Spirit House], celebrating a season or celebrating a harvest, are phenomenally beautiful. And, then of course we leave, and we start with the humanity part [laughter]. But it's OK because that's just who we are. We're human. But we come together in incredibly beautiful ways, and I love that.*

One participant said he felt that the Parkside community was at its best during those kinds of gatherings—that they were living up to their ideal on those occasions. Another way that Parkside members lived their values was through volunteering outside of the community, which provided additional opportunities for incidental learning.

Volunteering outside of Parkside. Most members of Parkside were engaged in one or more volunteering activities in the surrounding community. Examples included Meals on Wheels, the Senior Center, teaching a class or chairing a committee at church, tutoring children or adults, helping to manage the daily affairs of two fellow church members, and hospice. Though only two members explicitly stated that they learned while volunteering, it is a safe assumption that all members who volunteered off site learned incidentally from these experiences. One member described her learning this way:

> *I found a Randy Travis CD with all Bible songs on it. I mean, I'm Catholic, and Protestant songs are pretty different than Catholic songs. Well, we played this CD and sang and had the best time. So, that's all learning for me. That was one example as a hospice volunteer.*

As was the case for the participant in the story above, music and performing arts played an important part in the lives of a several participants in the study. Incidental learning gained from these occasions is described below.

Music and performing arts outside of Parkside. Parkside was located in an area with six small colleges nearby. These colleges often hosted music performances by their students, faculty, and visiting performers. Tickets for older adults ranged from $4 to $8, and Parkside members attended with some regularity. There was also a local theater in the downtown area that many Parkside members took advantage of. Two of the participants in the study served as ushers so they could watch performances at a

discounted rate. Other participants talked about going to theater performances on a fairly regular basis. These were mentioned as learning opportunities by participants during our interviews. Even more subtle than the incidental learning that was described in the current section, tacit learning was the third subtype of informal learning that emerged from this study. This type of learning is described in the next section.

Tacit learning. Tacit learning is a subtle kind of informal learning that may comprise spoken or unspoken information. Some participants talked about learning Parkside's cultural values and behavioral norms in this way:

> *I'm learning how to make a mattress….[I was inspired by] a big Parkside consciousness as far as the planet and green and saving money and recycling….And a lot it is just by example of other people, what they're doing.*

They also talked about how perceptions of aging were transmitted in tacit ways:

> *Oftentimes, new members will kind of not want to share their age, or they'll kind of make jokes about denying aging, and that sort of thing. But I never hear any of that from the people who've been here longer. They've just kind of settled into a real comfort with it. And a real enjoyment of it.*

As mentioned above in the sub-section on Parkside members learning about the organization and power structure of the community and things that Parkside was *not*, participants talked about tacit learning when they discovered which topics or behaviors were taboo in the community:

> *So, there's a mix of, certain kinds of things are OK to be in touch with each other about and to be helpful with each other about. And all <u>this</u> stuff is untouchable.*

There were also instances of learning which aspects of the community were considered the territory of a particular Parkside member, such as the website or Parkside Community, Inc.

One of the discussions during the Owners' Association meeting contained comments about differences between owners and renters. This topic of the divisions between owners and renters was one that came up a few times in my interviews with community members. Although all members were theoretically equal in the community, in reality each group had distinct rights and responsibilities and was not necessarily viewed as equal by everyone. It was a sore subject exemplified by this exchange from the Owners' Association meeting:

> *Brenda: There are clear-cut differences between owners and renters on this issue.*
>
> *Mabel: I always hope we can avoid unnecessary distinctions between owners and renters.*
>
> *Ella: They're all necessary.*
>
> *Mabel: Not always.*

This aspect of community culture was an example of tacit learning that was transmitted through various interactions with community members. The preceding sections have described the topics that Parkside members were learning about, the types of learning they were engaged in, and the settings in which their learning took place. Participants also talked about their motivations for learning, or why they chose to continue learning in general and why they focused on particular topics. Parkside members' motivations for learning are described next.

Motivations for Learning

In response to RQ1, What are the features of Parkside members' learning, two types of motivation for learning emerged from my interviews with the study participants. These are listed in Table 5.9 below.

Table 5.9

Subthemes Related to Participants' Motivations for Learning

Research Question	Theme	Subthemes
RQ1: What are the features of Parkside members' learning?	Motivations for learning	Motivation for learning in general in this phase of life
		Motivation for learning about specific topics

As listed in the table describing participants' motivations for learning, one type was motivation to continue learning in this phase of their lives in general. The other type was motivation to learn about a particular topic or to take part in specific learning activities that were available. Both of these types of motivation are described in the remainder of this section.

Motivation for learning in general. At the general level, some participants were motivated to learn because they wanted to use their time well in this phase of their lives:

> *It means that I'm growing, that I'm not standing still, but I'm using my time well.*

> *The differences in some people's conditions has just changed dramatically, scarily so. Because it's coming, you know. And I guess that's why I stay busy in a way. I say, "Well, one day I'm not going to have the energy." I just won't. It's obvious I won't [laughter]. And so I might as well do what I can while I can.*

> *[I'm] trying to make the years that I have, a quality time rather a quantity.*

For some participants, learning something new meant that they were still alive:

> *All my life I've felt like if you're not learning something, you're bored to death….I've felt like you just have to keep learning or you're just going to be dead, in the inside anyway.*

> *I feel like I'm always learning. If I weren't learning, I think I'd be dying. It's my motivator, I guess. What keeps me alive and responding to life.*

It keeps one alive, I think, and keeps one awake.

A few participants talked about participating in learning for the sake of maintaining functionality and warding off disease:

When you get a bunch of people that are focused on what's really important, what's happening as we age, and what do we still have to contribute, it just keeps those neurons and synapses greased.

If you step out of life, you die. If you keep yourself engaged and active, you go on living a healthy life.

I think the more you learn, the less chance you have of getting Alzheimer's. And the more you work with, say Scrabble puzzles, crossword puzzles, it helps you.

Participants talked about continuing to learn because it was part of their identity:

I really like [taking classes]. I like learning. I'm good at it.

Also, because every single thing I do, I learn one more bit. And I love that. That's just how I've always been. It's not new.

I've always loved being a learner.

I'll probably always take classes, and always want to learn more, because I've always been like that.

Socializing was an important motivator for many participants. Members talked often about learning with other members, whether people went together to see music off site, went to water aerobics together, went to classes at the School for Seniors together, went to museums together, or participated in group activities on site at Parkside:

I convinced a couple of the other nurses here to go with me to these classes.

[Aging Affirmation] serves two or three purposes, I think. First, gathering together….But with the aging, it's just fun sharing our experiences of it and how we notice the changes that take place. And, again, just the socialization and interchange.

There were a bunch of us going.

> *It's a different crowd….Someone who just put out a book, somebody who teaches chemistry, somebody who teaches English. So, it's a different population. And they're also interesting people….Sue really wants to do it. And so, I think I'll go with her and then we'll see.*

A couple of participants talked about learning for the sake of fun and relaxation:

> *I had been chair of Buildings and Grounds and secretary of the Members' Association. And those things ended in December last year. So I decided to do some fun things. So I took this music course. I really enjoyed that.*

> *Stuff I did [at the School for Seniors] was frivolous. I mean, most of it wasn't helpful in your daily life….It was a way to relax.*

The participants above were describing their motivations for participating in learning regardless of the topic. Participants in the next section will describe their motivations for learning about specific subjects.

Motivation for learning about specific topics. In terms of learning specific things, participants had a variety of motivators. Some participants took part in specific learning activities, or chose not to, based primarily on their interest, or disinterest, in the content:

> *I'm helping a friend who lives in California to redo his Constant Contact dealie. I've actually not worked on that before. But I'll figure it out. I was on the phone last night with tech support. And you know, I just love to learn things like that. Technical things.*

> *I was in the book group, and then lately the books they've been reading don't interest me. So. I think I'll have to get back to that.*

> *Music played a big part in my life. My mother was a musician. And we were all playing instruments, and I've had music all my life. And so anything that had to do with music, I was interested in.*

> *You've probably heard about some of our after-dinner programs here. Most of those are narrowly focused on some aspect of nutrition or exercise or something else that's good for us. So, I'm not finding I'm very interested in those. And I don't always stay for them.*

> *I like foreign languages. I like to think that if and when I go to some place, that I can really say hello and tell them my name in their language….My great-grandfather came from Germany to this country. And I wanted to learn something about the language.*

Another factor in deciding whether to participate in a specific learning activity was interest, or disinterest, in the format:

> *I'll get restless in a group discussion pretty quickly. And my temptation is to put out my view too strongly. Or maybe not listen enough to other people's views. I just don't feel comfortable. I've been to some meetings of that kind, but I'm trying to do what works for me.*

> *I have read most of what they're talking about. I think that aging, the physical and mental losses of aging, are very hard to deal with. But I learn about that in my own being, in my own life, and through friends I have seen grow older. Not so much, I don't go to [Aging Affirmation].*

The quality of the instructor was an additional factor in deciding which courses to take and which topics to learn about:

> *Or [I would decide to take a class] if I have some reason to think that's a good teacher [laughter].*

> *One thing I just can't abide for myself is a lousy teacher. And [laughter] there are more lousy teachers than good ones, and so I'm real picky about what I study and with whom.*

Some participants talked about learning so they could effect changes, both within Parkside and outside of the community on a larger scale:

> *To be able to learn to live in community as a personal growth issue, but also as a much larger social issue, was important. So, personally learning, and also making a contribution….I consider an experiment like this to be a kind of microcosm of things that need to go on, on a much larger scale.*

Another motivator for specific learning was necessity. Within that category, several participants talked about having to learn things to create the Parkside community or to function effectively within it:

> *So I learned a lot about property law, which I really don't enjoy. But it was a necessity. A lot of what I learned here was out of necessity. Because what we're doing here has never been done before.*
>
> *When I was developing [Parkside], I had to be able to understand the finances of housing and be able to do pro formas and things like that.*
>
> *But this brings it to the forefront because I've never had so many people in front of me. I'm an only child, and I haven't been in big groups much at all. So, having all these people in your face, so to speak, so often, it becomes more…needed here.*
>
> *It's constant learning. Trying to figure out what we're doing here and why this is the way it is.*

Another type of necessity that motivated several participants to learn was health—either their own or someone else's. Sometimes the participants were trying to ensure continued good health:

> *She's moved back to Chicago because she was getting Alzheimer's. And I guess that's another reason why I'm more conscious about Alzheimer's too.*

At other times participants were learning about a health condition they were already dealing with:

> *The reason I read it was, I was about 170-something pounds. I just didn't bother about weight. But I saw the doctor one day, and he said, "You have moved from overweight to obese." And I said, "What?!" I never thought about being obese. But then I thought about all the dangers, heart dangers and all that, of being obese. So, I said to Paula, "You know, I think I'd better lose some weight." And she bought me this book.*
>
> *I found out that I [have Attention Deficit Disorder], and that has helped me understand myself a lot better….I've read books, and there's things on the Internet which I have done some cursory work with.*
>
> *[Parkinson's is] an unusual disease because it manifests itself in so very many ways. So, every bit of that has caused me to be a learner.*

Numerous other situations that demanded learning were also described by participants:

> *And then I learn here just by, you know, if there's a bug or problem [related to gardening] I just start researching it.*

> *I took a couple courses in computer. Of course, that was because I felt that I needed to learn more about it.*
>
> *I've learned how to run microphones and PA systems. I don't think of myself as a techie at all. But the person that was, went away to Florida.*

Whether the participants chose to learn about things or were compelled to, they had many reasons for engaging in learning. Occasionally, however, Parkside members were not able to participate in learning despite their desire to do so. Some of the barriers they experienced are described in the next section.

Barriers to Learning

Despite their desire to learn, Parkside members were not always able to participate in learning. This section addresses the final aspect of RQ1, What are the features of Parkside members' learning? Table 5.10 lists the three main types of barriers that participants experienced.

Table 5.10

Subthemes Related to Participants' Barriers Learning

Research Question	Theme	Subthemes
RQ1: What are the features of Parkside members' learning?	Barriers to learning	Aging related
		Health related
		Schedule related

As listed above, barriers encountered by study participants were related to aging, health, and schedule. One participant felt that her inability to stay awake when she read was a consequence of growing older, even though she had no specific health problems:

> *I read, some. Not as much as I could. I go to sleep when I read now. It's a handicap of age.*

Health issues, such as those related to arthritis, Parkinson's disease, illness, injury, and the inability to drive, kept a few participants from engaging in the learning activities they would have liked to:

> *I did yoga until my knees got too bad to do it.*
>
> *But it's difficult for me to read because I'm tremoring, so I can only do it for so long [laughter].*
>
> *Lately I haven't taken any classes. Well, I was sick last year.*
>
> *I can't be out for very long until I'm just exhausted and I've got to come home and rest.*

Schedule-related barriers were mentioned by most of the participants. Sometimes more than one activity was scheduled for the same time, so the participants would have to choose between them:

> *I wish I'd taken it, but it interfered….I don't do any exercise except this water aerobics twice a week. So, I have to do that. And so if something interferes with that, I just don't do it.*
>
> *It's always on Wednesday. That's the only night I usually go to church with Daphne, if I go to church.*

For other participants, life obligations got in the way:

> *I signed up for yoga class, and I haven't been able to make that, either. So, that's the story of my life, being too busy in other ways.*
>
> *Unfortunately, I've had to miss a couple of classes, and I'm going to have to miss another one this this coming week.*
>
> *So it's great, and I love it, but my schedule is somehow busy….I think when I get off the board, I will feel like I have more time.*

Some participants talked about their schedules becoming overwhelming with the number of activities in which they were participating in Parkside and the surrounding town, and they felt a need to cut back to a more manageable amount:

> *I almost always go to a School for Seniors class. The first time around, it was like a kid in a candy store. I signed up for seven classes. Well, seven classes in three days. That's like a full load in college….So that dropped back. And then, last year, I signed up for a couple and didn't even go.*

> *I just dropped out of the Program Committee, and I had earlier dropped out of the Building and Grounds. So, I'm pretty much down to a small amount of time that I actually commit.*

> *I'm learning that I just don't want to pack in everything. And I used to, if I had 15 minutes, I'd say, "Well, let's see, what can I do?"*

The findings presented thus far in the chapter answered RQ1, What are the features of Parkside members' learning? I described the topics they were learning about, the types of learning they engaged in and the corresponding settings, their motivations for learning, and barriers to learning. The next research question, RQ2, asked, How does participation in learning affect individual members' ability to participate in the Parkside community? The findings for this question are presented in the section below.

How Participation in Learning Affected Individual Members' Ability to Participate in the Parkside Community

This section describes the findings related to RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community? Participants' responses fell into several categories that captured different types of behavior found within the community. They included creating, conforming, changing, cooperating, and contributing. These categories are described in greater detail below.

Creating the Community

Creating refers to the initial establishment of the Parkside community. As described earlier in the chapter, members' learning enabled them to transform their initial idea for the Parkside community into reality. Table 5.11 highlights this theme from the data that corresponded with RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community?

Table 5.11

Themes Related to RQ2, How Does Participation in Learning Affect Individual Members' Ability to Participate in the Parkside Community?

Research Question	Themes
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	**Creating the community**
	Conforming to community values and norms
	Changing the community
	Cooperating with other members of the community
	Contributing knowledge and skills

All participants in the interviews, and especially those who had been members since the early years, talked about the tremendous amount of learning that was needed to establish the community:

> *And then we had to create our organizational setup….So, we had to put an organizational hat on. You have to learn to be really adaptable here….As far as new learning, I always liked organization, but this was totally different. I didn't know anything about owner associations.*

> *The challenges here, which were tremendous, pushed me and others. Some people left. They couldn't take it. But it was a challenge to me to try and understand it and make the best of it. Because unless I have a family crisis or I*

> *get real sick, I don't intend to move again. So, I really want to make it work. For everybody concerned. So, it's really been a tremendous learning curve in that way.*

By taking steps to learn what they needed to know, they were able to bring their dream to fruition:

> *But finally it was livable. And we moved in. And it didn't resemble what it does now in the least. It was raw, unpaved. They were still building. The Common House was not built at the time. But we lived on the site, and it kind of developed. And we developed with it [laughter].*

> *It's been a long, slow gradual process for me, going through all the different stages [of Parkside's evolution]. And they were all very different. When we all moved in here, everything was new. We had to scrabble to start planning what this community is going to be. How we're going to do it. We were all serving on three or four committees and building it conceptually as well as physically, because the physical stuff was still going on. And then gradually the physical stuff calmed down a little bit. But then there was the upkeep. And deciding how many committees, and what committees covered what. So, there was a whole a series of different rhythms. And it's like, [laughter] a symphony has many movements. And they're very, very different, but they make a whole. And I think we're in the final [laughter] movement of this stage. Now, what's going to come down the pipe another 10 years, who knows? I don't.*

Once the community and its ways of life were established, learning helped Parkside members to live in accordance with these ways. This theme is described in the next section.

Conforming to Community Values and Norms

Conforming refers to learning the cultural values and norms of the Parkside community and participants' living their lives in concert with them. Table 5.12 provides a reminder of how this theme fit into RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community?

Table 5.12

Themes Related to RQ2, How Does Participation in Learning Affect Individual Members' Ability to Participate in the Parkside Community?

Research Question	Themes
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	Creating the community
	Conforming to community values and norms
	Changing the community
	Cooperating with other members of the community
	Contributing knowledge and skills

Sometimes conforming was related to the tacit learning of norms for belonging to a close-knit community in general. Learning was a big part of helping new members adapt to an environment that was unfamiliar. Regardless of whether members had lived in communal settings before, every participant had to adjust in one way or another to feel comfortable being a member of Parkside:

> *I think I was a little like, "ah ah" [sound of nervousness], thinking there was a right way to be and to do. And then I discovered that everything that I was feeling, everyone else was feeling or had felt. I guess I just started to realize it was a common experience. A human experience of how you adapt.*

> *[I had to learn] to be more friendly, to help other people, [laughter] for people to just walk in your house and say, "I brought you dessert," or, "I brought [laughter] you a cup of sugar." [Where I lived before,] people didn't even borrow a cup of sugar or anything like that. And most of the neighbors will walk in and out. Some knock [laughter]. But that was another thing to get used to.*

> *I didn't really get it, about living in community. And I see it in people who come now. You just crash around. You're like an atom or something. Until you kind of settle down, it can be really hard. And it took me about a year to even feel comfortable.*

Other times conforming was related to the similarities between Parkside's stated values, the ways in which members lived their daily lives, and the topics they chose to learn about. Recall that the mission of Parkside was "to be a participatory community of mutual support in which all spiritual paths are respected and encouraged." The community's stated values included spirituality, mutual support, service, simple lifestyle and respect for the Earth, arts and recreation, health, care during illness and dying, and mutual assistance. This quote from one participant exemplifies the theme:

> *Then also, for me, it's offered opportunities to practice what we say is our mission: mutual support and encourage each other in late-life spirituality. So, being here, that becomes figural for me, to pay attention to how to do those things. So the learning is ongoing about that.*

Two participants said they felt the Parkside community was not yet living up to the potential described in its mission and values. Therefore a more conservative assessment would be that learning is helping Parkside members make progress toward their mission and values, but they still have room for improvement. I think that most participants would agree with that statement, although some would think they were farther along than others.

Becoming more comfortable asking for help, being more comfortable receiving help, learning to set boundaries and take care of oneself, and learning about mutual aid societies, were all examples of learning that helped members to live the values of mutual support and mutual assistance:

> *I still think [mutual support is] one of the hardest concepts, and we don't have any models for it. And it's a learning.*

> *It's been very supportive. Their system of a support coordinator really is amazing.*

Learning helped other participants to live the value of simple lifestyle and respect for the Earth. One member became a citizen scientist through a local organization that provided naturalist training. Another member learned how to make furniture using recycled materials:

> *I'm learning how to make a mattress….[I was inspired by] a big Parkside consciousness as far as the planet and green and saving money and recycling….I got a wool blanket from an Army/Navy surplus store that I was going to wrap, one layer, for the insulation. And it was a beautiful Swiss Army blanket that had been in mothballs probably for 50 years. And Pam goes, "I got an old wool rug that you can use on your mattress. Save that."*

Much of the learning activities organized by the Program Committee helped members to live the value of arts and recreation, which referred to members' participation in leisure, recreational activities, travel, gardening, and visual and performing arts. After-dinner speakers, conversations with other members, and learning from experts contributed greatly to participants' ability to live the value of health in terms of paying attention to nutrition. Participants' reflections on how tired their bodies felt or how overwhelmed their minds felt contributed to their awareness of needing to rest. The members' participation in water aerobics, dance, Qigong, and other forms of exercise tapped into the exercise aspect of the health value. All forms of learning that involved other people contributed to the social interaction aspect of this value. Moreover, learning interpersonal skills facilitated members' comfort with social interaction. Learning helped participants to be more accepting of the wide range of spiritual beliefs among members. It also helped them to examine their own beliefs:

> *Listening to people's journeys has reinforced how important mine is for me….It helps me realize what I really believe today, in my elder years that's important in following a spiritual path and my relationship with God….[It] more clearly defines who I am, and who I want to be, and what I need to pursue, by listening to the variations and all the ways that people have gone. Or aren't going*

> *[laughter], seemingly not going. Because there's all that, too. So, it's really interesting.*
>
> *I would still say that Parkside has done more for me in kind of personal spirituality and personal growth than, I think, the congregation has.*

Learning helped participants understand and conform to the external regulations and community rules for renters, owners, and offsite members:

> *The only thing that I really had to adapt to, reluctantly, is having less control about the inside of my apartment.*
>
> *That was probably the biggest learning here, was understanding the loans. And we really did not understand that until…Brenda discovered that a woman who was living here had too much money. She had been allowed in by a different person who was then…seeing if people qualified. And Joan had…like $120 a year too much or something, and so…Brenda evicted her. And that was quite traumatic for the community. And in that process, then, we began to understand that it was the federal home loan bank that required that. They're one of the agencies that support this place, but essentially support the rentals.*
>
> *The structure makes it frustrating. The development corporation is hard to live with, hard to understand. It took us a long time to figure it out, but we finally did. And it just makes a big difference in how we live.*

This is not to say that everyone at Parkside conformed to all of the community's values and ways of doing things. In fact, as was mentioned earlier in this chapter, some of the participants' learning involved coming to understand the degree to which members did *not* conform:

> *We liked the idea of this being a spirit-based place. It's probably not as spirit-based as it would be if you read the brochure and you listen to the sales pitch. Because a lot of people don't seem to have any practice. There's a pretty good sized number of people that don't seem to do that.*

Some members who found they could not or did not want to conform chose to leave:

> *This is not a place for everybody, by a long shot. And I think it would be just, sort of, the hardy ones [laughter] that would survive. And, of course, we've had a tremendous turnover, which was to be expected. But I think it's mainly because some people maybe had pre-ideas of what it was going to be like and then found that, "Oh, well, this isn't really my cup of tea." Of course, a lot of people have*

> *left because of personal situations that arose. But I think, some people, it was just they thought this was going to be OK, but, "No, this isn't really right for me," and had to move on.*
>
> *My ability to change didn't surprise me, but I was happy about it. I was happy that I could learn to adapt. So, I think this place forces you to adapt. You either adapt or you move out.*

One participant talked about a perceived shift in generational values from the Traditionalist generation (born between 1925 and 1945) that founded Parkside to the Baby Boomers (born between 1946 and 1964) who were moving in now:

> *What our biggest change lately is that our newer people…are in their sixties, and they are Baby Boomers, and they don't look at taking care of people in the same way we do. They're hands-off. They are, "I don't want to do that for a month. I didn't come here to take care of people." And there's a lot of that different change in attitude. So, it will be interesting how we proceed. And I'm not sure we know.*

When participants did not want to conform to the norms of the community but they did not want to leave it either, they had to learn how to make the changes they desired. This theme is described in the section below.

Changing the Community

Changing refers to participants' identifying changes they wanted to make in the community and determining the best way to go about them. Table 5.13 provides a reminder of how this theme answered RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community?

Table 5.13

Themes Related to RQ2, How Does Participation in Learning Affect Individual Members' Ability to Participate in the Parkside Community?

Research Question	Themes
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	Creating the community
	Conforming to community values and norms
	Changing the community
	Cooperating with other members of the community
	Contributing knowledge and skills

The community was constantly evolving as new members with new ideas were added to the mix. Some seasoned members looked upon this situation favorably as a chance to evaluate how well the community was functioning and determine whether changes should be made:

> *We also have the ideal situation of having people coming in and bringing their… it's like adding yeast, so we don't get set in our ways. "Well, we've always done it this way." Well, is it appropriate for now? "Well, this is the way we've always done it." Well, are you ready to change? [laughter] And so it keeps us readjusting to what is present now.*

Because establishing the community required so much learning and effort at the beginning, however, some community members who had been there the longest were sometimes less willing to examine how things were done in Parkside than newcomers hoped. One participant, who had joined Parkside more recently, said that she had heard statements such as, *"That was decided a long time ago,"* or, *"We've already dealt with that,"* from longtime members. I heard similar statements from some participants during

our interviews and in a committee meeting I attended during my visit. The more seasoned members were aware of the conflict, but they did not discuss any specific plans to address it. Some of the participants talked about it in terms of more-seasoned community members versus newcomers:

> *The last time [we held a newcomers' tea], people were really upset about an event that we had here, which was a Highland Festival. And somehow they felt left out, and not included. It was a high-energy organizing effort. And it seemed to crop up a lot of things in some of the new people. [The new people felt] their ideas didn't seem to be accepted.*

> *We're still not real good at integrating new members, although we get a lot of new members. I was at a cooks' meeting, and I was a little perturbed because these three new people were there, and they made suggestions, and they said, "Well, we don't do it like that here." And I go, "That isn't the answer. They don't care whether you do it or not, they just want to make, they just want to belong, in some way. And so, just listen to them." And then, that can be handled gently instead of curtly. So, that's something I see is something we still need.*

Other participants talked about it in terms of the older generation (Traditionalists) versus the newer generation (Baby Boomers) as most of the newer members were below the median age of the community:

> *I'm not the only one that I've talked to who has experienced this as not in what I consider the new generation. Pam and I are talking about this particularly, that things were presented in the whole signing-up process in a way that looked like the community was more advanced than it is.*

Learning enabled participants to understand the power structure of Parkside so that they could determine how they wanted to navigate it or change it. It also helped them to identify who shared their concerns, what the decision-making channels were, and where potential conflicts lay:

> *I realized I had to be really careful in how I suggested any changes.*

> *She thinks about it as, they put all these values down, and they're not living them out. And she has a particular interest in sustainability, so that's one of the ways that we actually share attitudes.*

Sometimes participants chose to pursue the changes they wanted, but other times they decided to leave things as they were:

> *It's not heaven. But it's the best I've found so far. And I am a critical person. My brain just works that way. And I try to be constructive. But there is the old brick wall. And when you're not getting anywhere, you're not going to fight that one anymore.*
>
> *She was protecting her investment, her turf. It's important to her. And I understand that better now than I did at first. I understand her position.*

Whether working with others to make changes or working to make the weekly meal, learning enabled members to cooperate more effectively with each other. This theme is described next.

Cooperating with Other Members of the Community

Cooperating refers to participants' ability to get along with one another and work together toward common goals. Table 5.14 provides a reminder of this theme in relation to RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community?

Table 5.14

Themes Related to RQ2, How Does Participation in Learning Affect Individual Members' Ability to Participate in the Parkside Community?

Research Question	Themes
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	Creating the community
	Conforming to community values and norms
	Changing the community
	Cooperating with other members of the community

	Contributing knowledge and skills

Being part of the Parkside community was challenging no matter how committed the members were to the idea of cohousing or to this community in particular. Working with 45 other people to agree on common goals and then to accomplish them required the acquisition and maintenance of numerous interpersonal skills. Learning helped participants to deal with diversity, accept other people's points of view, be more understanding of each other, and overcome some of the potential and actual conflicts among groups within Parkside:

> *That can cause strain, sometimes, the fact that some people don't have any money and other people do. It changes your experience of your life. Or what you presume is available or not available [laughter]. But they've worked it out, I think. Because that consensus building is so much a part of it.*
>
> *I think we've learned to listen to each other. That's a good learning [laughter]. And to realize that everybody's not going to be like me, and that's OK.*
>
> *And I found [pod] really interesting because, being who I am, I could find plenty of people I could fuss about. And if I went to pod with them and saw how they saw themselves, who they thought they were…I mean, we're all good people. It just seemed ridiculous to be fussing about anybody, actually.*
>
> *When I was an offsite member, I had an experience with a person here that really put me off. And I thought, "Oh, I'll never be friends with that person. They're terrible." It's my best friend [laughter]. I just misunderstood….She was just saying what it was, and why it was like it was. She wasn't arguing with me. She was just saying how it was. And so you just learn people's different ways of expressing themselves.*

Learning helped participants to address some of their personal habits that they identified as needing improvement in order to feel more comfortable or to cooperate better with community members. Some examples included people learning not to try to

fix things for others, learning consensus, and learning to wait and see what happens instead of fretting over potentialities:

> *I practice on a one-to-one level that being there and holding a space but not fixing things. So, here [in my leadership role in the] community, there were times people would call on me, and I had to learn not to fix things again for a community. And learn, in this particular bunch of people, how, do you rechannel things?*
>
> *[To learn consensus, a member] gave a workshop on it. And I did that. And then we had issues, and we practiced….We practiced it and found that it worked really well….It was anything but what I did in my family [laughter]. I was pretty much dictator in my family. And so this, I could see where that would really make a beautiful difference.*
>
> *I myself, in my whole life, have come to a place to mind my own business and take care of my life instead of always dwelling on how I could help, or improve, or suggest, or [laughter] all those action words, for someone else. So, I'm stepping back and dropping back and letting people live their life. Unless they ask.*

In addition to improving participants' ability to cooperate with other members, learning helped them to contribute their own knowledge and skills to whatever instrumental tasks were in front of them. This theme is described below.

Contributing Knowledge and Skills

Contributing refers to individuals' efforts to contribute their talents to accomplishing various tasks in the community. Table 5.15 provides a reminder of this theme in relation to RQ2, How does participation in learning affect individual members' ability to participate in the Parkside community?

Table 5.15

Themes Related to RQ2, How Does Participation in Learning Affect Individual Members' Ability to Participate in the Parkside Community?

Research Question	Themes
RQ2: How does participation in learning affect individual members' ability to participate in the Parkside community?	Creating the community
	Conforming to community values and norms
	Changing the community
	Cooperating with other members of the community
	Contributing knowledge and skills

The learning that members did to improve their technical skills was essential to this type of participation in the Parkside community. Examples included learning about cooking, gardening, finances, emergency preparedness, and how to operate the microphone and speaker system in the Common House:

> *Well, learning how to cook for multiple people….Just the very idea of working out a recipe that might be for four people and adapting it to 34 people.*

> *Well, I've learned how to be a better composter [laughter]….We have this woman who is a really top-notch horticulturist now, who does not live on site, but I've learned a lot about plants and pruning and stuff from her.*

By members learning to take care of themselves, they were better able to contribute to the community and to feel good about doing so. This was especially true of the professed introverts I interviewed. They learned that they did not have to fear being overwhelmed by the amount of interaction with other community members. They could socialize and work in groups when needed and then retreat to their homes to reenergize.

Learning also helped members to take on leadership roles within the community. Most members had previous leadership experience—so much so that one participant stated, *"We've got a lot of leaders here. In fact I always say, everybody here is a chief and we don't have any Indians."* Parkside was such a unique environment, however, that new skills were still required:

> *And then two years ago, after I'd been here a year, being elected the president of the group. And that was a learning [laughter]. And just what that meant. It called on different skills I have, and then called me to new skills.*

Learning enabled members to contribute to each other's needs for care during illness. One member's learning about the Medicare system enabled her to serve as the healthcare power of attorney for her neighbor. Other members' learning about dementia enabled them to understand and provide assistance to two other people in the community. Learning about Reiki helped community members provide this type of healing to each other.

Learning off site gave members new knowledge and skills to share with the Parkside community. One participant I interviewed belonged to a group called Energy, which promoted solar energy. Three participants belonged to a group called Intergenerational Progressives that discussed political issues of import to progressively minded people of different generations. Other people belonged to religious or spiritual groups that were based off site, such as the Lutheran church, the Catholic church, the Presbyterian church, a home-based church, the Christian Science church, and the Quakers (who met in the Spirit House on site) and brought those teachings back to the community. Two participants were active in offsite arts and crafts groups. Two study participants

were active in Alcoholics Anonymous and used what they were learning in that venue in their Parkside activities.

The current section described the themes related to ways in which learning affected Parkside members' ability to participate in their community. Study participants overwhelmingly said that learning was required for them to function as effective members of Parkside. The behaviors impacted most by learning were related to creating the community, conforming to its values and norms, changing the community, cooperating with other members of the community, and contributing their personal knowledge and skills. Participants also reported that learning impacted their experience of aging. The themes related to this aspect of the study are described in the next section.

How Participation in Learning Affected Individual Members' Experience of Aging

This section describes the findings related to RQ3, How does participation in learning affect individual members' experience of aging? The learning that the study participants engaged in—formal, nonformal, and informal, both within and outside of the Parkside community—helped them to explore the meaning of aging for themselves and in relation to society at large. They were thinking critically about their own experiences and perceptions, and they were asking questions such as, What does being older look like? What could it look like? What should it look like? What do I want it to look like? What do I *not* want it to look like? What can we make it look like if we work together? Table 5.16 provides a reminder of the themes that emerged from participants' responses related to how learning was impacting their experience of aging.

Table 5.16

Themes Related to RQ3, How Does Participation in Learning Affect Individual Members' Experience of Aging?

Research Question	Themes
RQ3: How does participation in learning affect individual members' experience of aging?	Embracing aging as a part of life and seeing the positive aspects of it
	Taking comfort in common experiences
	Imagining how they will deal with negative outcomes of aging
	Accepting death
	Maintaining identity
	Challenging society's views and their personal views of aging

In the remainder of this section, I will describe the themes that participants discussed in relation to how learning affected their experience of aging, including embracing aging as a part of life and seeing the positive aspects of it, taking comfort in common experiences, imagining how they will deal with negative outcomes of aging, accepting death, maintaining identity, and challenging society's views and their personal views of aging.

Embracing Aging as a Part of Life and Seeing the Positive Aspects of It

Although one participant said that talking and thinking about aging brought on additional anxiety, for most members, the learning they did in relation to aging was seen as a positive thing and something they valued about Parkside. Much of what participants talked about revolved around embracing aging as a part of life. They tried to focus on the

positive aspects of aging and what they could gain from this phase of their lives rather than focusing on the negative aspects of growing older:

> *[Aging] doesn't have to be a downhill thing in many ways…. Saint Paul said his body is going downhill but his spirit is building up all the time. So the notion that we can help each other to find the good things about this period of life is a good thing.*
>
> *I can't say that I go to every one of the Aging Affirmation sessions, but the ones that I've gone to really lifted me up.*
>
> *I think one of the really unique features of Parkside and an aspect that maybe defines us, who we are as a community, is that we don't hide from, we don't deny our aging and what it's doing to our bodies, to our minds. But we affirm our aging. We rejoice in our aging, even, in the difficulties of getting old.*

The effects of this learning were to see late life as a positive time in their lives, to feel empowered, to be more comfortable with the aging process, and to look for things to celebrate about this time in their lives:

> *I am out to be the best human being I can be, on the planet. And I think that that energy goes out there, and it has an effect. But I never got that before. I never got the positives of aging.*
>
> *Having community members from the sixties to the nineties, and then mixing and bumping in that kind of world, has helped me learn and be more comfortable with aging.*
>
> *I had heard about croning from other members in the community that had been croned. And I thought, "Neat. I want a passage. I want to celebrate this." I don't want to go, "Oh, I'm really old." I want to go, "I'm old! I made it. I survived."…I'm liking who I'm becoming.*

Part of what participants were learning about was how common their experiences of aging were. Comparing their experiences with others' brought them a source of comfort, as is described in the next section.

Taking Comfort in Common Experiences

It was not that Parkside members thought everything about aging was positive; participants acknowledged that aging was *"not for wimps,"* and they freely talked about the difficulties that come with old age, such as memory loss, joint pain, decreased stamina, lessened physical abilities, lack of opportunities for income, and other negative consequences:

> *[We had] a forum on loss. We were all invited to just share without any kind of problem solving or resolution. But just kind of to share what loss we've experienced through aging. I know that sounds like a negative aspect of aging, but it's a positive thing to acknowledge it and to own it and talk about it….And it was just very moving to hear people talk about what had changed in their lives. Mostly it was losses like mobility or hearing or something, but it was other things, too. Losses in terms of the kind of experiences that they have now in their lives.*

They took comfort, however, in knowing their experience was shared with a group of understanding community members and that there were commonalities among their experiences:

> *I think everything I do is more geared towards enhancing my familiarity with aging, or trying to understand what's going on. Or finding that commonality of like, my experience isn't just my experience of aging. It's like a lot of people here….I had this idea to do a forum with 80-and-above-year-olds, just to have them talk about what it's like. And I loved that because I'm 74, and it's starting to… So, stuff like that really is helpful for me.*
>
> *When I was living in [my previous location] everybody I knew, everybody, all my friends, everybody was younger than me. I didn't know anybody older than me. And if I had some ache or a pain or something healthwise going on with me, my memory, for example, I would think, "It's me." But I realize, living here, there are older people, people older than me, which is amazing. They also have the same problems. So I've learned that it's not me, it's general. It's how life is, getting older.*
>
> *I've learned that other people have more pain than I do. Not that they talk about it all the time, though.*

> *Sharing among each other, and what it feels like to have the aging process go the way it is, it's very enlightening. And it helps to be able to not be so worried about it.*

They also were able to talk about the challenges of aging with a sense of humor as a result:

> *Sometimes I'll be feeling sorry for myself. And I'll look out the window and see somebody who's worse off than I am [laughter]. I'll say, "Bonnie, get a grip." So it's that kind of experiential learning….Or, hearing how people experience something, and thinking, "Wow. I never looked at it that way." And just seeing how people cope.*
>
> *Just learning to get old and decrepit is [laughter] the learning part that you've got to get into when you get my age.*
>
> *Who was it that said aging isn't for sissies? But I'm a sissy and I'm aging! [laughter]*

Seeing how other people were dealing with negative issues related to aging helped participants to think ahead about their own lives and imagine what they would do if they were in similar situations. This effect of learning is described below.

Imagining How They Will Deal with Negative Outcomes of Aging

Through observation, conversation, and communal effort, Parkside members were compelled to imagine possible negative outcomes in their lives and how they would deal with those. They were most often talking about health concerns and what the possible consequences would be on their experience of late life:

> *But here we talk about [aging] a lot. And we watch. The differences in some people's conditions has just changed dramatically, scarily so.*
>
> *We've had one person leave here under her own power who could go into assisted living….And she, fortunately, had enough money to be able to do that. But a lot of the people here don't….Because it costs oodles of money to live in assisted living. You end up ultimately being in a nursing home. That's terrible!*

Jane, the resident who had Alzheimer's disease, spurred some discussion about the appropriate time for a member to depart from Parkside if their health became too much for the other members to bear. Since Parkside was an independent living community, this was an issue that everyone needed to consider for themselves and work through together as a community:

> *There's going to be some folks that are going to have a very difficult time if they get to the point they can't take care of themselves on a sustained basis. I mean, what would have happened to Jane if she'd lived by herself [rather than with her husband]? She'd have been long gone by now.*

Their imagination also extended into thinking about what they would want the end of their lives to look like:

> *I have been able to participate in [laughter] the care system they have here….So I've learned about how neighbors take care of each other….But we've also learned from another woman who was a little older and who got ill, that you can overuse your care operators. And you really do have to, from here you do have to go into something like assisted living. Or go back to your kids if you've got some, or family who might take care of you.*

> *I was an intimate in [Lynn's aging] process as she shared her thinking and feeling and finally decided that she needed more help than she wanted to call on the community to provide. Although we all loved her and were willing to do a lot. And then, moved herself to a nursing home. I visited her regularly when she was there. And then she died a year later. But she did all of that with enormous, both thought and grace. And that was a profound experience to share.*

Relatedly, participants in this study talked about the benefit of learning to accept death, as described below.

Accepting Death

Accepting death was the fourth theme that emerged in relation to RQ3, How does participation in learning affect individual members' experience of aging? One member talked about an article she had read recently that caused her to think of death in a new

way, and she appreciated being in a community in which she could explore this topic with other members:

> *Ezekiel Emmanuel has an article in The Atlantic about, once he's 75, he's not going to do anything in terms of health. He's not going to have his prostate tests. He's not going to have this, he's not going to have that. And that he thinks after 75, he is just going to let life do what it wants to do with him. And that really resonates with me because I don't have any children….I'm not plugged into children or that whole aspect of life. And it's occurred to me, I've never liked doctors or hospitals, and I'm in pretty good health….If I get cancer or whatever, why do I need to go through a lot of extraordinary stuff? I mean, it's the natural thing. So, anyway, that's his argument. And I found that really compelling and interesting and exciting. And I'd like to talk to some people here about that.*

Learning did not necessarily change their views on death, however. It often happened that participants' existing views were strengthened or validated by what they learned:

> *We all process our own progress in that way. I've had convictions, they've changed slightly, but mostly strengthened, about not overdoing medical interventions. Just staying as active, as engaged as I can. But letting things happen. I'm not afraid to die.*

> *We live until we die, which was Kübler-Ross's whole thing. Even if you're terminally ill, you can live until you die. And I've always believed that. I guess as I get older, I see how that can be more than it was. It's not something to fear, and it's not something to be afraid, to push away. Because it's real. And so, go with it.*

In the same way that learning confirmed some members' existing views about death, learning confirmed some members' existing views of themselves. This effect of learning on Parkside members' experience of aging is described below.

Maintaining Identity

For those who considered themselves lifelong learners or for whom learning was an integral part of their identity, another effect of learning, regardless of the topic, was that the participants were able to maintain a sense of identity that was consistent with their life up to that point:

> *I really like [taking classes]. I like learning. I'm good at it.*
>
> *Also, because every single thing I do, I learn one more bit. And I love that. That's just how I've always been. It's not new.*
>
> *[Learning] plays a very important part in my life. It always has. I had to fight for it, in a way, because it wasn't the sort of thing suburban housewives did [in the] 1960s.*
>
> *I'll probably always take classes, and always want to learn more, because I've always been like that.*
>
> *I've always loved being a learner.*

While participating in learning provided participants with a way to see themselves as they always had, at the same time, learning also provided participants with opportunities to expand their vision of themselves and of society as a whole.

Challenging Society's Views and Their Personal Views of Aging

The final theme related to RQ3, How does participation in learning affect individual members' experience of aging?, was challenging views of what was possible in late life. Participating in learning helped Parkside members to challenge their personal views of the meaning of aging and what was possible at different ages:

> *I have learned that you don't need to give things up….The old picture of an older person as somebody who sits around and doesn't do much, is not true. At all. I mean, I've never been like that myself. But I've often thought maybe I'm abnormal because of it [laughter]. But I see I'm not. Everybody here is engaged in life.*
>
> *I guess I never thought I would be participating as actively as I am at this age.*
>
> *I thought these would be the worst years of my life. And they are absolutely the best, in terms of inner peace, joy, creativity….I thought I was creative before, but it gets affirmed, and it seems to grow.*
>
> *It's just to have those choices [about what to spend time learning about and by what means], to be able to focus on new things. Who knew that things would be new at a later age?*

Learning also helped Parkside members to recognize negative stereotypes of aging in American society and prepared them to challenge our society's views:

> *One of the things that I find really interesting is that aging becomes something really different in the community than it is out in the mainstream society. I think mainstream society looks at aging as a health problem. And I think we who are aging look at it as a time of our lives where we can do what we want to. We're free, we're smart enough not to make quite as many mistakes, maybe. And so, aging for the individual is certainly very different than it is for the public, for what the stereotype in the culture is.*

> *[Aging Affirmation is about] the wisdom of growing old, and not necessarily the deterioration of a person. What are the positive aspects? Because in other countries around the world, there is a focus on that. And the way it's presented in each situation is the way it comes down. So, we have to be careful because in this country there is too much a focus on the bad news of getting older and not enough on the good.*

As described in the previous section, participation in learning impacted Parkside members' experience of aging in several ways: it conferred the benefits of helping Parkside members to embrace aging as a part of life and see the positive aspects of it, to take comfort in common experiences, to imagine how they will deal with negative outcomes of aging, to accept death, to maintain their identity, and to challenge society's views and their own personal views of aging.

Summary

Participants in this study were learning on a regular basis about a variety of topics in many different formal, nonformal, and informal settings. The learning that participants were doing, whether about Parkside itself, new or enhanced ways of being, or hobbies and personal interests, generally had a positive effect on members' ability to participate in the Parkside community and on their experience of aging. Parkside community members played a significant role in each other's learning, particularly with regard to learning to be a member of the Parkside community and learning about aging. The next

chapter will discuss what the findings suggest about the influence of learning and being part of an elder cohousing community on individuals' experiences of aging and the implications of these findings for adult education theory and practice and for housing options for older adults.

CHAPTER 6

CONCLUSIONS

The purpose of this study was to understand what role, if any, participating in individual and community learning activities played in members' experience of aging in the context of the Parkside community. The study was guided by the following questions:

1. What are the features of Parkside members' learning?
2. How does participation in learning affect individual members' ability to participate in the Parkside community?
3. How does participation in learning affect individual members' experience of aging?

The findings from the study suggested that the elder cohousing environment contributed to participants' learning and enhanced their experience of aging as a result. I would like to focus on two main conclusions, drawn from the findings, that seem the most significant:

1. When older adults take action as learners to maintain and expand the scope of their identities, their experience of aging is enhanced.
2. Elder cohousing offers communities of practice that facilitate the exploration of identity.

This chapter will elaborate upon each of these conclusions and discuss them in relation to the concept of possible selves, the theory of communities of practice, and existing

literature on aging well. I will explain the implications of the study's conclusions for theory and practice in adult education and gerontology. Finally, I will offer ideas for future research on this topic and provide closing remarks.

Conclusion 1: When Older Adults Take Action as Learners to Maintain and Expand the Scope of Their Identities, Their Experience of Aging Is Enhanced

The first main conclusion of the current study is that when older adults take action as learners to maintain and expand the scope of their identities, their experience of aging is enhanced. This conclusion is closely related to the concept of possible selves, which was described in chapter two. Recall that the concept of possible selves derives from the psychological construct of self-concept (Markus & Nurius, 1986). From a sociological perspective, it most closely resembles self-images (Markus & Nurius, 1986) and the concept that one person may possess a pluralism of identities (Baltes & Carstensen, 1991). From the perspective of communities of practice, the concept of possible selves most closely resembles identities that are constantly renegotiated (Wenger, 1998). The influence of social experiences on possible selves and the concept's salience for people who are in a transition within their lives are what makes possible selves especially meaningful in the context of the current study. The participants of the Parkside study were transitioning to the next stage of their lives—some were transitioning to retirement, some to widowhood, some to sobriety, and all were transitioning to older adulthood and to membership within the Parkside community. Parkside members were also involved in a community that fostered social interaction on a regular, if not daily, basis. The influence of the social milieu on members' possible selves makes elder cohousing

communities like Parkside ideal places in which to influence possible selves of older adults.

When older adults incorporate new, positive possible selves into their identity because of their activities or the influence of other members in the community (e.g., "I can cook for large groups of people," "I can contribute meaningful skills to a community," "I can be vibrant and engaged in late life"), their self-concept is improved, which enhances their experience of aging (Hess et al., 2003; Horton et al., 2007). Cross and Markus (1991) further explained: "The elaboration of positive images of the self, with the attendant steps and strategies for realizing these selves, may be instrumental in helping" older adults to successfully avoid the self-fulfilling nature of negative stereotypes (p. 242). Elder cohousing communities, such as Parkside, provide sustained positive feedback to members and enable them to maintain more consistently positive possible selves because the members reinforce each other's beneficial self-concepts. The sustained nature of the positive influence is important because positive selves are more likely to be achieved if they are kept front and center within an individual's self-concept (Lee & Oyserman, 2007; Markus & Ruvolo, 1989).

Recall that the concept of possible selves is not inherently positive or negative, however. Possible selves provide an explanation for individuals' motivation and behavior, but the possible self that serves as a motivator may be a feared possible self, such as, "I will get Alzheimer's disease." To the extent that this feared possible self motivates positive behavior, such as engaging in brain games and other learning activities, it can still serve a positive function and enhance that person's experience of aging. Another benefit for members of Parkside is that when they imagined dreaded

possible selves (e.g., “I will be isolated,” “I will be sedentary,”) there were examples right in front of them to counter those fears (i.e., other members of Parkside), and there were resources with which to take action to dispel the fears and create more positive self-images (i.e., formal, nonformal, and informal learning available within Parkside and outside of Parkside). In some cases, a dreaded possible self (e.g., “I will get a debilitating disease”) was also right in front of them in the form of members who had Parkinson’s or Alzheimer’s disease, but even in those cases, having a real person there to observe and learn from could mitigate the fear because they could see how people for whom this possible self was a reality were dealing with it.

Based on the results of the current study, I named four types of possible selves that members experienced at Parkside. These possible selves were acquired through learning, and they in turn inspired further learning and enhancement of participants’ experience of aging. They included:

1. Possible Self Type 1 (PS1): Consistent Self
2. Possible Self Type 2 (PS2): Adaptable Self
3. Possible Self Type 3 (PS3): Feared Self
4. Possible Self Type 4 (PS4): Expanded Self

These four types of possible selves are described below.

Possible Self Type 1 (PS1): Consistent Self

Study participants engaged in learning that helped them to maintain a sense of identity that was consistent with their past selves. For some participants, being around other people who were intellectually curious like they were and engaging in any type of learning reminded them that they were still alive and awake and could still call

themselves learners. For participants who had been interested in a particular hobby or subject area, such as spirituality, politics, gardening, meditation, art, literature, or music, for many years already, learning provided continuity, comfort, and enjoyment. For participants who had been pioneers throughout their lives by doing things that were new and different from the mainstream, being a part of Parkside, which was forging a new type of housing and community for older adults, enabled them to maintain this aspect of their identity.

Possible Self Type 2 (PS2): Adaptable Self

The adaptable self is related to adapting to losses and planning ahead for anticipated limitations, not just reacting to limitations after they become apparent. Several participants described adaptations they had made in order to stay involved with something they enjoyed doing. One participant who liked fly fishing learned how to tie the flies and gave them out as gifts after Parkinson's disease made it unsafe, and then impossible, for him to stand and fish in a river. Another participant, who liked to exercise, traded yoga for swimming after arthritis made the former too painful. A third participant learned to prioritize his activities, devote his full attention to one thing at a time, and allow himself time to rest in between as he noticed his abilities to multitask had diminished. In terms of preparing for possible limitations in the future, participants observed and talked with other Parkside members to get glimpses of what the future could hold for them. By talking with members who were 80 years and older, for example, younger members learned what kinds of losses to expect from the normal aging process and could anticipate decreases in ability they may experience. Thus they could plan ahead for the adaptations they would need to make and the learning required to

make those changes. Parkside facilitated engagement in an optimization process because it put members in touch with peers who provided examples and resources to learn from (Baltes & Carstensen, 1991). Participants' anxieties could also be lessened because they understood what was a normal part of aging versus what was pathological that would be cause for concern.

Possible Self Type 3 (PS3): Feared Self

Some of the feared selves that study participants talked about included "the isolated self," "the destitute self," "the helpless self," "the unhealthy self," "the alcoholic self," "the long-term illness self," "the dying in a nursing home self," "the sedentary self," and "the demented self." Feared possible selves served as motivators for learning. Some Parkside members participated in brain games or other learning activities to keep their brains active in hopes of preventing Alzheimer's disease. Other members were compelled to learn about this feared possible self so they could help Jane, the member with Alzheimer's disease whose condition was making it unfeasible for her to live at Parkside anymore. For two members who had Parkinson's disease, learning took on another meaning. One of these participants talked about trying to reduce her tremors by looking into alternative medicine. Several members learned about diet and nutrition to avoid becoming their feared "unhealthy self" or "obese self." Other members engaged in exercise, such as Qigong, water aerobics, swimming, or walking, in order to avoid becoming their "unhealthy self" or "sedentary self." Community forums on mutual support and mutual aid societies, special interest groups, after-dinner speakers, other learning opportunities within Parkside, as well as the structure of the elder cohousing community in general, helped participants to address their fears of isolation, poverty,

helplessness, and having no control over the end of their lives. Belonging to the Parkside community and learning enabled them to take steps to prevent their feared selves from becoming reality and eased some of their anxieties as a result.

Possible Self Type 4 (PS4): Expanded Self

Through various forms of learning, Parkside members expanded their notions of what selves were possible in late life on a personal level and a societal level. Participants commonly mentioned that their experiences at Parkside had given them a much more positive picture of what late life could look like for themselves and for other older adults. Some examples of expanded positive selves were "the engaged self," "the active self," "the survivor self," "the joyful self," "the creative self," "the wise self," and "the continuously developing self." For example, one participant expanded his vision of late life to include being a vocational spiritual director and was engaged in a formal educational program to achieve that goal. One participant expanded his identity to include being an artist—something he had never tried before coming to Parkside. Another participant expanded her identity to include "normal for my age" because she had never before been around a group of older adults who were as vibrant and engaged in life as she was—and as others at Parkside were.

Some members expanded their notion of what was possible in their interpersonal relationships. Two participants said they were pleased to realize that they could shed the identity of being "a fixer" and instead adopt a new identity along the lines of "I can let people fix their own problems" or "I am someone who does not have to get involved in every issue." One participant expanded her self-concept to include being an integral part of *any* community rather than being disconnected. Another participant expanded her

identity to include being able to ask others for help. A couple of participants expanded their identities to include being more social than they had been in the past.

Engagement in the creation and maintenance of the community also expanded the scope of participants' identities, starting from the time when this elder cohousing community was just an idea in some of the participants' minds more than a decade ago. Just the notion of belonging to an elder cohousing community like the one they envisioned expanded their ideas of what late life could hold. One participant expanded her identity to include acting as a housing developer. Another participant expanded her identity to include understanding the legal complexities of what they were doing. Several participants expanded their identities to include being cooks. Other participants expanded their identities to include being advocates for elder cohousing and aging in community.

All four types of possible selves were influenced by participants' learning experiences within Parkside. These learning experiences took place in various contexts and with various combinations of members. In the language of education, many of these groups could be considered communities of practice. The next section of this chapter will illustrate how Parkside was a constellation of communities of practice and will explain how the communities of practice within Parkside facilitated the exploration of participants' identity through possible selves.

Conclusion 2: Elder Cohousing Offers Communities of Practice That Facilitate Exploration of Identity

The relationship between the theory of communities of practice and the concept of possible selves is central to Parkside members' enhanced experience of aging. Based on

the results of the current study, I believe that Parkside was the setting of multiple communities of practice or, in Wenger's (1998) terminology, a constellation of practices. Recall that Wenger (1998) offered 14 indicators to know whether a community of practice has formed:

1) sustained mutual relationships – harmonious or conflictual
2) shared ways of engaging in doing things together
3) the rapid flow of information and propagation of innovation
4) absence of introductory preambles, as if conversations and interactions were merely the continuation of an ongoing process
5) very quick setup of a problem to be discussed
6) substantial overlap in participants' descriptions of who belongs
7) knowing what others know, what they can do, and how they can contribute to an enterprise
8) mutually defining identities
9) the ability to assess the appropriateness of actions and products
10) specific tools, representations, and other artifacts
11) local lore, shared stories, inside jokes, knowing laughter
12) jargon and shortcuts to communication as well as the ease of producing new ones
13) certain styles recognized as displaying membership
14) a shared discourse reflecting a certain perspective on the world. (pp. 125-126)

These indicators support the notion that the founding members of Parkside constituted a community of practice long before the physical structures were built. They also support the idea that Parkside was a constellation of communities of practice.

Wenger (1998) explained that "within an organization with its charter, its vision, its strategies, and its institutional structure, each community of practice has its own indigenous enterprise, its own vision, its own strategies" (p. 244). Organizations and institutions define roles, qualifications, and the distribution of authority; they establish relations of accountability; and they provide a repertoire of procedures, rules, processes, and policies (Wenger, 1998). Each community of practice must decide how to interpret and incorporate these things on their own, however. Although throughout the dissertation thus far I have discussed Parkside as one community with one mission statement, one set of values, and one way of operating, in reality, members of Parkside did not subscribe equally to these things, nor did all members of Parkside participate equally in the community or incorporate their membership into their identity. Because Parkside's rental units were open to individuals who did not necessarily share the mission and values of the community, it was possible that some residents did not consider themselves members of the communities of practice there if they were unwilling or unable to participate to the extent described by Wenger or if they did not identify with the other members of Parkside. In addition, each committee, such as the Building and Grounds Committee, the Care Committee, or the Research Committee, had its own practice and identity within the larger sphere of Parkside. The owners constituted another community of practice, as did the Parkside Development Corporation and Parkside Community, Inc. Beyond formal structures, members with shared interests constituted communities of practice. For

example, members who engaged with each other in the enterprise of gardening and landscaping, whether or not they belonged to the Landscape Committee, comprised one community of practice. Each pod could be considered a community of practice because the members were engaged in the enterprise of getting to know one another over a sustained period of time. Likewise, the common meal cooks and the participants of book club, meditation, centering prayer, and Aging Affirmation all comprised separate communities of practice. Founding members were a community of practice because of their pursuit of the shared enterprise of bringing Parkside to life and their continued identification with each other as founders. At the other end of the time line, newcomers to the community, particularly those who belonged to the Baby Boom generation, constituted a distinct community of practice because they shared a vision for changing Parkside. All members of Parkside who engaged in the shared enterprise of maintaining their elder cohousing community were a community of practice. Also, the members of Parkside whose enterprise was learning how to live as older adults in ways that would lead to the highest quality of life possible were a community of practice. While most members of Parkside were simultaneously members of multiple communities of practice, and there was significant overlap among some of the communities in terms of means and ends, each community within the constellation had its own practice and identity. The next two sections will describe how the two constitutive elements of communities of practice—practice and identity—were manifested at Parkside.

Practice in Parkside Communities of Practice

Recall that Wenger (1998) conceptualized practice in four ways: practice as meaning, practice as community, practice as learning, and practice as boundary. This section will provide examples from Parkside of each conceptualization.

Practice as meaning. Practice as meaning involved the negotiation of meaning through the dual processes of participation and reification (Wenger, 1998). In the context of Parkside, members of the various communities of practice negotiated meaning through participation and reification on an ongoing basis. As a community of practice formed around the creation and maintenance of their elder cohousing community, the practices of Parkside were reified into mission and values statements, the Goodness of Fit questionnaire, the model of late-life spirituality, and other things. It could be argued that the Parkside community itself was the reification of the dreams of the community of practice that was originally formed by the founders of Parkside who were interested in the shared enterprise of creating an environment where they could age in place among peers who would provide mutual support and opportunities to explore late-life spiritualty while providing an affordable housing option for themselves and other older adults.

The community of practice related to common meals provides another example. The members of this community of practice negotiated the meaning of the common meal, including why members gathered for a common meal, what constituted a good meal, what constituted a healthy meal, what constituted an affordable meal, and what accommodations should be made for members with restricted diets. They collaborated with each other, but they also had contrary opinions. Their views shaped the decisions made by their community of practice, but other members also influenced their

perspectives. They reified their practice by creating a schedule of cooking teams and checkers (checkers were members who cleaned up after common meals), creating guidelines for checkers and posting them on a bulletin board in the Common House, posting a sign in the Common House reminding Parkside members that coffee was free with meals and $1 per cup at other times, and including a page in the reference book for members that outlined decisions they had made about days and times for common meals, costs, payment system, and other aspects of their practice.

Practice as community. Looking at practice through the lens of community, Wenger (1998) said that a community of practice could be viewed as a unit made coherent through mutual engagement, a joint enterprise, and a shared repertoire, even while the unit was made up of diverse members. From interviews of the current study's participants, it was clear that Parkside communities of practice were diverse in terms of personal characteristics and competencies, and there was a range of interpersonal dynamics at play among the members. Study participants engaged in learning to help them conform to Parkside's values and norms, and they expressed awareness of tacit expectations within the community for topics that were appropriate to bring up with other members and for behaviors that were taboo. They also had a shared discourse which they used to talk about themselves as older adults in positive ways. Some of the participants of the study expressed a desire to examine the shared repertoire of the Parkside communities of practice (e.g., ways of doing the common meals, ways of making decisions through consensus) to determine whether they still represented the views of the members and whether they provided the best ways of accomplishing their goals. There

was a fear among some participants of stagnating or, in Wenger's terms, of being prevented from responding to new situations or from moving forward.

Practice as learning. Looking at practice as shared learning, Wenger (1998) stated that there was no minimum amount of time required before a group of people could be considered a community of practice, provided that they had been together long enough to share in significant learning. This shared history of learning could be seen as a combination of participation and reification over time, as an emergent structure, and as a way to incorporate new members into the practice. The participants of the current study engaged in shared learning in all communities of practice to which they belonged within the Parkside community. They were learning about each other as individuals, about the topics they were interested in together, and about ways to maintain their communities of practice. For some of the participants, Parkside was a central part of their identity, while for others, Parkside was consistently, or was transitioning to becoming, more ancillary to their identity. Some participants questioned whether the reifications of Parkside, such as the mission statement, values, and rules for decision making had become outdated. With the turnover among members, Parkside was in a constant state of flux, as is true for any community of practice, and the members experienced the corresponding processes of continually evolving forms of mutual engagement; understanding and tuning their enterprise; and developing their repertoire, styles, and discourses. In the study's results, these phenomena were captured in the categories of learning about the community itself and instrumental aspects of being a community member, cooperating with other members of the community, contributing knowledge and skills, and changing the community. Parkside had ways of introducing potential members to the community and of helping

newcomers gain peripherality and legitimacy to become full participants (e.g., the Membership Committee, pods). To some extent it was impossible to fully integrate all members into the community because Parkside was open to residents who did not *want* to participate, but it is also the case that some members who wanted to fully participate felt marginalized at times.

Practice as boundary. In thinking of practice as boundary, Wenger (1998) believed that the shared histories of learning in communities of practice created discontinuities—called boundaries—between those who had been participating over time and those who had not. There were several ways to distinguish someone as belonging to a community of practice or not, and it was possible for people to span the boundaries of multiple communities of practice. There also were boundary objects that could be used by multiple communities of practice. In Parkside, participants talked about the ways in which participating in more than one community of practice with other members helped them to get to know each other better and to see each other in more forgiving ways. Through overlapping committees, book club, pods, and other communities of practice, members crossed boundaries and became brokers for increased understanding. Participants also belonged to communities of practice outside of Parkside, such as Alcoholics Anonymous, an artist community, religious groups, and a yoga practice. These separate communities of practice provided opportunities for members to span the boundaries of Parkside and external communities, increasing opportunities for learning. Some reifications of the Parkside community became boundary objects that were used by multiple communities of practice. For example, the reference book for members was used by the Membership Committee to educate new members about the practices within

Parkside, and it was used by members who wanted to propose changes to the community for understanding how Parkside operated and where the changes should be made. In terms of a practice itself creating boundaries, the Parkside Development Corporation and Parkside Community, Inc. were examples of this as they were hard for outsiders and new members to understand. Parkside opened itself to peripheries through the weekend retreats facilitated by Parkside Community, Inc. that were designed to introduce outsiders to the concepts of elder cohousing and mutual support in aging. At the same time, Parkside Community, Inc. served as a boundary within the Parkside community, maintaining an air of mystery (whether on purpose or not) and remaining closed to people who were not already part of their practice. The notion of practices forming and evolving without regard to institutions or other formalities was also true for Parkside. Although the first members of Parkside moved into their houses in 2006, their community of practice as older adults who wanted to explore spirituality in late life in a mutually supportive environment formed years earlier when a handful of the members began meeting on a regular basis to discuss this idea.

Identity in Parkside Communities of Practice

Negotiation of identity is a central aspect of communities of practice and, in my opinion, what makes communities of practice ideal settings in which to explore identity through possible selves. Wenger (1998) discussed four issues of identity related to communities of practice: the relationship between characteristics of practice and characteristics of identity (including trajectories of membership), implications of participation and nonparticipation for formation of identity, three modes of belonging (engagement, imagination, and alignment), and the degree to which participants owned

the meanings within their community of practice. Examples of these four issues in Parkside will be provided in this section.

Identity in practice. In Parkside, the participants of the study identified themselves partly in terms of their competence within the community, whether through understanding how the community operated, contributing a particular skill, or relating to other members. The participants I interviewed represented the inbound, insider, and boundary trajectories. Karen, who had joined the community two months earlier, was on an inbound trajectory. She had chosen Parkside as the setting for the next chapter of her life and was invested in making the necessary changes to its practices that would help her fulfill the vision she had created for herself. I believe none of the participants I interviewed was on a peripheral trajectory, but it is possible that some of the members who lived on site would have considered themselves as such. Their perceived lack of connection may have been one of the reasons they chose not to participate in the study. None of the participants I interviewed for the current study was on an outbound trajectory, but the member for whom the goodbye circle was held, Tracy, unquestionably was. Tracy was planning to move in the coming days to a senior living community in another state to be closer to her family. She was in the process of renegotiating her identity with respect to the communities of practice within Parkside, and she declined to be interviewed for this study because, in her words, she was already thinking of herself as not representing the community anymore. In the context of Parkside, generational encounters between newcomers and more seasoned members took on the additional significance of the historical generations of Traditionalists and Baby Boomers encountering each other. They brought not only their personal histories of the Parkside

communities of practice but also the social history of their respective birth cohorts. Parkside members were aware that their communities of practice were unique within the larger U.S. society. In constructing a mixed-income, mixed-ownership, mixed-membership elder cohousing community, they were pioneering a new way to live and be in community with older adults. This uniqueness was part of the identity of being pioneers that some of the participants in the study expressed.

Participation and nonparticipation. Two participants of the current study talked about feeling marginalized within the Parkside community. Whereas some participants felt it was easy to make friends with other Parkside members, these two participants felt it was difficult to develop close relationships with other members or engage in spontaneous activities with people despite their desire to. I refer to marginality instead of peripherality here because the members had been experiencing this feeling for some time and did not express optimism that it would change. Other participants, who were newcomers, expressed feelings of peripherality, such as not being familiar with the format of Members' Association meetings or not knowing how the infrastructure of the Parkside community was organized, but these participants expressed an expectation that their degree of participation would increase over time with learning.

Modes of belonging. Comparing Wenger's (1998) descriptions of engagement ("active involvement in mutual processes of negotiation of meaning," p. 173), imagination ("creating images of the world and seeing connections through time and space by extrapolating from our own experience," p. 173), and alignment ("coordinating our energy and activities in order to fit within broader structures and contribute to broader enterprises," p. 174) with the results of the current study, engagement is similar to

Parkside members' creating the community, changing the community, cooperating with other members, and contributing knowledge and skills. Imagination shares many similarities with learning about new or enhanced ways of being, contributing knowledge and skills, taking comfort in common experiences, imagining how members will deal with negative outcomes of aging, and challenging society's views and members' personal views of aging. Alignment is similar to conforming to community values and norms, contributing knowledge and skills, and challenging society's views and members' personal views of aging. Through the work of Parkside Community, Inc., members' presentations at conferences, classes taught at the School for Seniors, and other attempts to disseminate information about the experience of Parkside, some participants were also engaged in aligning their practice with a larger elder cohousing movement. The potential for engagement, imagination, and alignment abounded within Parkside. The extent to which these phenomena took place in the past, and will continue taking place in the future, was determined by the members of the community, their interest in pursuing these modes of belonging, and their willingness to make opportunities available for themselves and others.

Identification and negotiation of meaning. In relation to identification and negotiability, I saw that some of the participants felt excluded from certain aspects of the practices at Parkside, whether because they did not understand how the Parkside Development Corporation worked, they felt there were unnecessary distinctions between renters and owners, they felt there was too much emphasis on a particular religion, they were unable to influence a particular aspect of the practice, or other reasons. At the same time, when I attended community gatherings, the members who attended were engaged in

behavior that recognized each other as belonging to the same community of practice (e.g., holding hands, singing "Happy Birthday," sharing stories, eating together). Members identified with each other through imagining they had positive characteristics in common, such as intellectual curiosity, a pioneering spirit, and interesting backgrounds. I believe members also dissociated themselves from each other when faced with negative characteristics. In particular, it seemed that some members tried to distance themselves from Jane, the member with Alzheimer's disease, by not opening their door to her when she wandered around the property or not assisting with the coordination of her care and transition out of Parkside.

Reflecting the coexistence of community and economy of meaning, the founding Parkside members, who had originally come together in part to establish a community of mutual support, had to negotiate what mutual support meant and how it would be operationalized at Parkside. The meaning, or at least the reification of the meaning in Parkside documents and discourse, evolved over time, as evidenced by the changed wording from *care coordinator* to *neighborly support coordinator*, indicating a lessened expectation of support. Parkside members also changed the term of belonging to the community from *resident* to *member* to include individuals who lived off site. One member talked about revisiting the intention of the community in regard to the meaning of *elder*. This member wanted to influence the community's direction toward becoming one of older adults who eldered (as in the active verb) and had a sense of responsibility to the larger community outside of Parkside and to younger generations. She felt that Parkside's focus was currently more individual and insular. She was uncertain how much

influence she would have, however, as a relative newcomer to the community and given the present economy of meaning.

Relationship Between Communities of Practice and Exploration of Identity in Parkside

Identity plays a central role in communities of practice, and there are many overlaps in the theory of communities of practice and the concept of possible selves. In Wenger's (1998) theory of communities of practice, learning "is not just an accumulation of skills and information, but a process of becoming – to become a certain person or, conversely, to avoid becoming a certain person" (p. 215). Similarly, through the exploration of possible selves, learners can try on possible identities, imagine the paths these identities would lead to, and take action either to prepare themselves to succeed on these paths or take action to avoid going down a certain path. According to Wenger (1998), education that has an effect on the formation of learners' identities requires places of engagement, materials and experiences with which to build an image of the world and themselves, and ways of having an effect on the world and making their actions matter (Wenger, 1998, p. 271). Parkside, and possibly other elder cohousing communities, meets these requirements.

Communities of practice are not just vehicles for newcomers to gain competence; they are sites of continuous learning and exploration of possibilities for all members. As Wenger (1998) explained:

> On the one hand, a community of practice is a living context that can give newcomers access to competence and also invite a personal experience of engagement by which to incorporate that competence into an identity of

> participation. When these conditions are in place, communities of practice are a privileged locus for the *acquisition* of knowledge. On the other hand, a well-functioning community of practice is a good context to explore radically new insights without becoming fools or stuck in some dead end. A history of mutual engagement around a joint enterprise is an ideal context for this kind of leading-edge learning, which requires a strong bond of communal competence along with a deep respect for the particularity of experience. When these conditions are in place, communities of practice are a privileged locus of *creation* of knowledge. (p. 214)

By interacting with other members and engaging in new behaviors in communities of practice, older adults in elder cohousing communities can expand the available possible selves they can choose from. Whether the selves are positive or negative, the exposure to them enhances the aging experience because it allows individuals to plan ahead and to learn how they will adapt to, achieve, or avoid a possible self.

Combining the modes of belonging in communities of practice—engagement, imagination, and alignment—yields learning that parallels the exploration of possible selves. Wenger (1998) said that engagement with imagination results in reflective practice in which imagination "allows us to include history in our sense of the present and to explore possible futures" (i.e., consistent self, adaptable self) while engagement "provides a place for imagination to land, to be negotiated in practice and realized into identities of participation" (p. 217). Imagination combined with alignment helps us to "situate what we are doing and make it effective. We have a big picture and we do something about it in concert with others" (Wenger, 1998, p. 218). With imagination and

alignment, “we can therefore embrace that big picture as part of our identity because it reflects the scope of our imagination as well as the scope of effects of our actions” (i.e., expanded self) (Wenger, 1998, p. 218). In Parkside, members of Aging Affirmation, the Program Committee, and other communities of practice negotiated the meaning of being older adults in the United Sates at this time in their lives and at this time in history. In the process of creating a picture of the broader context in which Parkside was located, members reflected upon global issues and relationships, such as the issue of aging within the United States; the cultural feelings toward older adults; their relationship to the surrounding town, their state, and the rest of the country; and their relationship to other elder cohousing communities. In reflecting upon these global issues and relationships, Parkside members considered alternate realities experienced by people outside of Parkside. For example, in comparing the ways in which Parkside members provided mutual support for one another to communities of older adults that were less supportive, Parkside members could imagine how it might be to live *without* the mutual support of Parkside (i.e., feared self). In considering how they thought about aging, Parkside members compared their views to those of other cultures within the U.S. and around the world (i.e., feared self, expanded self). They had the opportunity to consider which cultures treated older adults better and what changes they wanted to make in their own community or in the larger society as a result.

Engagement and alignment combine to bring diverse perspectives together for the sake of coordinated action. Wenger (1998) explained the unique benefits of this combination for learning:

> The need to coordinate practices through mutual engagement translates into an exploration of boundaries that can serve to expand the possibilities for learning and identity on both sides. In negotiating alignment across discontinuities, we can be forced to perceive our own positions in new ways, to have new questions, to see things we had never seen before, and to derive new criteria of competence that reflect the alignment of practices. We may have to redefine our enterprises and see our own participation in a broader context. (p. 218)

Membership in multiple communities of practice is valuable in part because it "forces an alignment of perspectives in the negotiation of an engaged identity" and thus produces learning of its own (Wenger, 1998, p. 218). In Parkside, when newcomers joined the community, they brought with them the perspectives of all of their previous (and perhaps ongoing) communities of practice and were forced to reconcile these perspectives with those found in Parkside. Similarly, seasoned members who maintained membership in communities of practice outside of Parkside gained this type of learning. In both cases, these members contributed to the learning of other members of Parkside by imparting the perspectives of external communities of practice to members of Parkside.

Trajectories in communities of practice are closely linked to possible selves. Wenger (1998) stated that, "as trajectories, our identities incorporate the past and the future in the very process of negotiating the present" (p. 155). The same is true for possible selves. As Wenger (1998) explained, "a sense of trajectory gives us a way of sorting out what matters and what does not, what contributes to our identity and what remains marginal" (p. 155). The paradigmatic trajectories available within a community of practice offer a range of possible futures for newcomers to explore, and watching the

way newcomers negotiate the paradigmatic trajectories can be a source of learning and exploration of possible selves on the part of seasoned members. Exploring possible selves helped participants in this study to determine what trajectory they wanted to be on and therefore what learning would be most beneficial to them. Learning also provided a means of exploring possible selves to help participants decide which trajectory was appropriate at the moment versus what would be appropriate for the future (e.g., planning ahead for when they would require more care than could be provided by the neighborly support coordinators).

In sum, much of the work within a community of practice is essentially the work of exploring identity through possible selves. Recognizing our experience in others, learning about what others are doing, connecting what we are doing to an extended identity, seeing ourselves in new ways, thinking about how we fit into a bigger picture, sharing stories and descriptions, exposing ourselves to new practices, reinterpreting histories and trajectories in new terms, seeing the future as a number of possibilities, exploring other ways of doing things, and exploring other identities are all part of exploring possible selves. Elder cohousing members' mutual engagement with each other in communities of practice creates opportunities to learn from each other and to add to the possible selves they are able to explore. A model to depict the learning at Parkside and possibly other elder cohousing communities, as has been described in this chapter, is below.

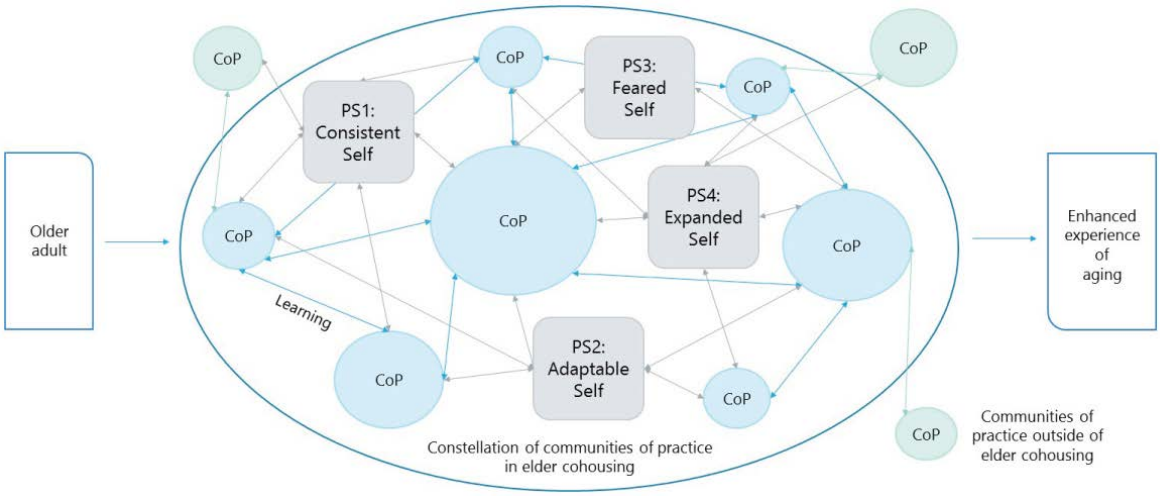

Figure 6.1. A model of learning in elder cohousing. Communities of practice in elder cohousing facilitate older adults' exploration of identity through possible selves and lead to an enhanced experience of aging.

Moving from left to right in the model, an older adult joins the constellation of communities of practice in an elder cohousing community while maintaining former communities of practice or joining new ones outside of elder cohousing. As in real life, the communities of practice in the model may be of different sizes. In Parkside, the largest community of practice was the Members' Association, for example. The arrows within the constellation represent the learning that occurs in both directions among communities of practice within the elder cohousing community, communities of practice outside of elder cohousing, and the four types of possible selves that exist within each member of the community. As a result of the learning gained through participation in communities of practice and exploration of possible selves, the older adult's experience of aging is enhanced. This model of learning in elder cohousing adds to the literature by

combining in a novel way the concepts of older adult learning, elder cohousing, communities of practice, possible selves, and aging well. The next section in this chapter will discuss the implications of the findings and conclusions of the current study for theory related to adult education and aging well.

Implications for Theory

The current study adds to the literature on social cognitive theory, which focuses on observing and modeling behaviors in a social context (Merriam & Bierema, 2014). Social cognitive theory includes communities of practice, situated cognition, and cognitive apprenticeships. This study's design and conclusions satisfied the exhortations of Hansman and Wilson (2002) for adult educators to study the theories of situated cognition (among them, communities of practice) in ways that provide adequate focus on the social context of learning and address issues of power within the learning environment. It also corroborated previous research that found communities of practice, especially those composed of individuals with varying levels of knowledge and experience, helped people to transition to a new phase of their life and career by facilitating changes in their knowledge, skills, identity, and self-efficacy (Kriner et al., 2015; van Laren and Mudaly, 2012). The findings of the current study also supported those of Kim and Merriam (2010), who studied situated learning and identity development in a Korean older adults' computer classroom. Similar to the experiences of the participants in their study, Parkside participants expanded their possible selves as a result of learning in communities of practice.

The conclusions of this study supported the findings of additional adult education and gerontology studies related to possible selves. Similar to Hamman et al.'s (2013)

findings in their study of the influence of possible selves on teacher candidates' formation of professional identity, exploration of possible selves helped the older adults at Parkside to respond to contextual demands they had not previously considered before becoming a community member—or before reaching that stage in their life. Another study supported by the findings was Rossiter's (2004, as cited in Rossiter, 2007a) exploration of the impact of teachers, mentors, and advisors on returning adult college students and possible selves. In the Parkside communities of practice, members served as educational helpers to help each other imagine new possible selves, elaborate upon existing possible selves, evaluate their likelihood of realizing a possible self, and plan ahead to adapt to likely scenarios. This dissertation also supported studies of the influence of "socially constructed roles, the existence of contextual cues, levels of self-efficacy, and the availability of role models" in shaping the repertoire of possible selves that an individual can envision (Rossiter, 2007b; Lips, 2007). The older adults in Parkside were able to expand their possible selves by being around role models in the community who were trying to experience aging as something positive, expand the notion of what was possible in late life, and challenge the negative stereotypes of older adults in American society. Similar to the findings of Waid and Frazier's (2003) study of meaning making in late life, the current study supported the notion that culture shapes older adults' possible selves. Whereas Waid and Frazier's (2003) study was framed in terms of ethnic cultures (Hispanic and non-Hispanic European American), the current study demonstrated that the culture of someone's immediate community (e.g., the older adults surrounding them in an elder cohousing community) could also influence older adults' possible selves.

This study adds to our understanding of the relationship among communities of practice, possible selves, and aging well. Engagement in communities of practice increased the number and complexity of participants' available identities, which serves as a protective factor in aging well because it increases older adults' options for selective optimization with compensation (Baltes & Carstensen, 1991). Communities of practice also promoted effortful social, cognitive, and physical (potentially) activities that von Humboldt et al. (2014) recommended for enhancing older adults' adjustment to aging. While Baltes and Carstensen (1991) said that older adults reduce their number of possible selves partly based on what they feel is appropriate for someone their age, I believe that participating in the communities of practice within Parkside mitigated participants' reduction of possible selves because they were able to expand the scope of their identities. The expansion of participants' views of what was possible or appropriate in old age led to Parkside participants' maintaining possible selves they might have previously considered discarding. The next section will discuss the current study's implications for practice in the areas of older adult learning, communities of practice in elder cohousing, and elder housing in general.

Implications for Practice

Because communities of practice create opportunities for older adults to maintain and expand the scope of their identities and thus enhance their experience of aging, communities of practice for older adults should be encouraged. To create the kind of learning environment that encourages this type of learning necessitates "activities requiring mutual engagement, both among [learners] and with other people involved," "challenges and responsibilities that call upon the knowledgeability of [learners] yet

encourage them to explore new territories," and "enough continuity for participants to develop shared practices and a long-term commitment to their enterprise and each other" (Wenger, 1998, p. 272). Older adults should seek out, or design for themselves, learning opportunities that enable them to use their imaginations in the service of identity formation and create communities around exploring what is possible for older adults as individuals and as part of a larger society. In the language of communities of practice, this kind of learning would engage all three aspects of educational imagination—orientation, reflection, and exploration—described as:

- *Orientation.* Educational imagination is about locating ourselves – getting a panoramic view of the landscape and of our place in it. It is about other meanings, other places, other times. It is about directions and trajectories. In this sense, it is about identity formation as an expanding image of the world.
- *Reflection.* Educational imagination is about looking at ourselves and our situations with new eyes. It is about taking a distance and seeing the obvious anew. It is about being aware of the multiple ways we can interpret our lives. In this sense, it is about identity as self-consciousness.
- *Exploration.* Educational imagination is also about not accepting things the way they are, about experimenting and exploring possibilities, reinventing the self, and in the process reinventing the world. It is daring to try on something really different, to open new trajectories, to seek different experiences, and to conceive of different futures. In this sense, it is about identity as a creation. (Wenger, 1998, pp. 272-273)

The goal is for older adults to become an active force in expanding the scope of possibilities they see for themselves and society.

Parkside expanded the concepts of elder housing and elder communities. For residents, it offered a housing option that was more affordable than traditional cohousing communities. By being open to members off site, Parkside enabled people who needed to or chose to live in another location to participate meaningfully in a supportive community of elders. The openness of this model requires a willingness on the part of the community's residents to be inclusive and to share the government of the community with people who did not have as great a financial commitment. Going forward, being aware of the characteristics of communities of practice (e.g., boundaries, trajectories, economies of meaning) would help members to understand what is happening within their community and to address any issues that arise that may contribute to the marginality of members or other dysfunctional dynamics that inhibit learning. Members should be encouraged to belong to multiple communities of practice within and outside of their elder cohousing community to promote the exploration and inclusion of diverse perspectives. Communities of practice should encourage the incorporation of knowledge from all members, including those on the periphery and those on the margins, and they should allow members to take risks to explore new areas of learning at the margins of the community without the risk of exclusion (Wenger, 1998, p. 216).

People in elder cohousing are aware of the need to continually recruit younger members to balance out the average age of the community. The idea, called future-proofing, is to ensure that not everyone will need assistance with health care or other aspects of their daily lives at the same time. Although mixing the young old with the old

old makes sense for the long-term sustainability of a community, it brings additional challenges in terms of communities of practice. Within elder cohousing, it is critical for members of different generations—newcomers to the community and seasoned members—to be in close contact with each other in one or more communities of practice. In elder cohousing at this moment in time, the different generations also equate to Baby Boomers and Traditionalists. Generational encounters involve not only the transmission of a cultural heritage but also the mutual negotiation of identities and the reexamination of participation and reification within the communities of practice. Because of cultural differences and elapsed time between joining an elder cohousing community (i.e., older members have probably been there longer), the younger/newcomer generation may tend to isolate itself from the older/seasoned generation. This is an unfortunate circumstance, however, because when members of the different generations "are engaged in separate practices, they lose the benefit of their interaction" (Wenger, 1998, p. 275). It is the responsibility of seasoned members to invite newcomers into a community of practice and provide them with full access to the practice and identity of the community in order to start the learning process for everyone involved. Having members of both generations work together on projects is another way to facilitate this important interaction, as evidenced by the experiences of the current study's participants as well as the results of previous research (van Laren & Mudaly, 2012). Additional suggestions for dealing with the generational divide of Baby Boomers and Traditionalists include community members learning about each other's generational stereotypes, reflecting on and discussing the cultural experiences and values that shaped the lives of each generation,

and creating a kind of buddy system to pair a member of each generation with the other as a resource for asking questions and discussing concerns.

Parkside is one option for elder cohousing in the U.S., but many more need to be built in order to accommodate the rising population of older adults. To encourage the construction of new elder cohousing communities, the U.S. government should offer tax incentives for individuals to purchase homes as part of a cohousing development. A tax incentive for individuals would encourage people to work together to plan and build a cohousing community for themselves. I would *not* suggest tax incentives for for-profit housing developers because that scenario might encourage corporations to build communities that look like cohousing in some respects but are in fact just taking advantage of the cachet of the term. As Durrett (2009) says, cohousing is as much about the process of developing housing as it is about the housing itself, and:

> if the resident group does not participate in a meaningful way to build the community; if the common house is poorly designed such that it thwarts community; if cars creep into the spaces that should be reserved for people; if residents don't have anything real in common; then please do not call it *cohousing.* Because it isn't. It is something else entirely. (p. 249)

Any tax incentive would have to be designed to promote the real cohousing model of housing development for older adults rather than the typical retirement community.

Another policy recommendation would be for the U.S. Department of Housing and Urban Development, the U.S. Administration on Aging, or state area agencies on aging to provide funding for speakers to attend gatherings of older adults and educate the public about the benefits of elder cohousing and the nuts and bolts of establishing this

type of community. A third policy recommendation is for the U.S. government to provide incentives to banks to fund the types of loans needed to build elder cohousing communities. The aforementioned policy recommendations do not address the needs of low-income older adults, however. A fourth policy recommendation, therefore, is for the U.S. government to reinstate the types of programs for construction financing and housing subsidization that enabled Parkside members to create their community as a destination for people with limited incomes who wanted to rent their unit rather than own it. The implications for theory and practice must be considered in conjunction with the limitations of the study. These limitations are described below.

Limitations of the Study

Results from the current study were based on participants who were actively engaged in communities of practice within Parkside. It is possible that responses would have been qualitatively different from members of Parkside who were not part of the communities of practice there. It is also possible that the type of person who belonged to Parkside and participated in this study—primarily well-educated, White/European American females who were pioneers in their personal and professional lives—had as much influence on the results as did the cohousing setting itself. Finally, because Parkside was a unique, hybrid elder cohousing community that differed from other elder cohousing communities in the United States because of mixed income, mixed ownership, and mixed residency, the results from the current study may not be applicable to more traditional elder cohousing models. In the next section, I will discuss directions for future research to address some of the limitations and to further our knowledge on related topics.

Directions for Future Research

The Parkside community was so complex, and the theory of communities of practice is so rich, that much remains to be studied in order to fully understand the value of both and their relationship to each other. The current study focused mainly on the role of learning in members' experience of aging. Much more remains to be understood about the dynamics of the communities of practice within Parkside, such as the power dynamics, negotiation of meaning, trajectories of membership, relations of participation and nonparticipation, members' experiences of marginality within Parkside, the effects of these conditions on members' ability to learn, and other possible effects. Much of this research, such as analyzing the power dynamics or trajectories of membership, could use existing data from the current study as a starting point.

It is possible that the values of the Parkside community influenced the results of the study either through self-selection of members or through shaping their thoughts and behavior. Although the Parkside community was not explicitly founded with the goal of making meaning of aging, its values of spirituality, mutual support, service, simple lifestyle and respect for the Earth, arts and recreation, health, care during illness and dying, and mutual assistance may have contributed to the shared enterprise of exploring possible selves more than would be true at another elder cohousing community. Therefore, it would be beneficial to carry out a similar study in another elder cohousing community with different values, or no stated values, to shed some light on the relative influence of Parkside's reified values compared with the traditional model of elder cohousing.

The findings of this study suggested that older adults in Parkside were expanding their identities and increasing their number of possible selves to include new roles within their communities of practice and new ideas about what was possible in late life. However, it is unclear whether this finding contradicts findings reported by Cross and Markus (1991), Frazier and Hooker (2006), and others in which the number of possible selves for older adults decreased over time. Further research should compare the number of possible selves, as well as the number of domains (e.g., health-related, lifestyle-related, family-related, generativity-related) to which the possible selves belonged, reported by members of elder cohousing communities with previous studies of older adults.

Closing Remarks

Wenger (1998) stated that "learning is a lifelong process that is not limited to educational settings but *is* limited by the scope of our identities" (p. 273). The results of this dissertation suggested that (a) when older adults take action as learners to expand the scope of their identities, their experience of aging is enhanced and that (b) communities of practice within elder cohousing offer an ideal setting for this type of learning. By exploring possible selves, the older adults at Parkside were enhancing their experience of aging because they had the opportunity to reflect on their current reality and how they wanted their future reality to be. They could expand their notion of what was possible for themselves and for society in general, and they could prepare for potential futures by learning about ways to adapt.

Becoming a member of an elder cohousing community requires a great deal of learning, but for those who decide this type of community is the right fit for them and who are willing to put forth the effort, the benefits are worthwhile. Elder cohousing is

not a utopia, nor does it need to be. While some participants in the study were apologetic or embarrassed about the conflicts within Parkside, Wenger's (1998) description of communities of practice makes it clear that conflict and negotiation are par for the course.

The current study was only a snapshot in time. As would be expected, the participants and the Parkside community as a whole have continued to evolve since I collected data more than a year ago. One member passed away, other members have moved on, the Membership Committee and Parkside Development Corporation have changed some of their practices, Brenda is no longer helping to manage the property, some community members have begun a dialogue about the gentrifying effects of the Parkside housing development on the surrounding neighborhood, and probably many other changes have occurred. Nevertheless, my hope is that this study has provided a greater understanding of the immense learning and personal growth that can take place in elder cohousing communities and perhaps any community of older adults who want to live by their own design.

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