Running head: UNPACKING SOCIAL ISOLATION

Unpacking the Phenomenon of Social Isolation through the Unique Experiences of Autonomous Older Adults Living in Social Housing

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Abstract

Policies and programs aimed at combating social isolation for community residing older adults are commonplace. Strikingly, these policies and programs are based on a body of literature that largely excludes the voices of older adults. Understanding how older adults perceive, experience and respond to social isolation is important if current policies and programs aim to better meet their needs. This qualitative phenomenological study sought to fill this gap in the literature by exploring how six older adults perceived and managed their social isolation. All participants resided in a rent-geared-to income complex in Montreal and all were identified as socially isolated by their service providers. The study revealed that older adults actively protect themselves from social isolation by engaging in purposeful activities within their homes and housing communities, and by engaging in low-risk social interactions. Policy and practice implications emerging from these findings include the significance of critically examining notions of aging well and the potential importance of fostering safe common spaces within housing facilities.

Résumé

Nous pouvons constater une augmentation des politiques et programmes qui ont pour mission de briser l'isolement social. La plupart de ces programmes sont centrés sur des études qui n'incluent pas le point de vue des personnes âgées. Il est primordial de considérer la perspective unique des aînés pour s'assurer que les besoins de cette population soient répondus. En utilisant une approche phénoménologique, cette étude qualitative a comme but de remplir cette lacune méthodologique, en explorant la façon dont six personnes âgées gèrent leur isolement social. Tous les participants résident en logement social à Montréal et ont été identifiés comme personnes isolées par leurs fournisseurs de services. L'étude effectuée a démontré que les aînés s'auto protègent de l'isolement social par le biais des activités ciblées, surtout à l'intérieur de leurs logements ou bâtisses, et aussi par la rétention des relations sociales à bas risques. Les résultats rapportés possèdent des implications politiques et pratiques, tels que le besoin de porter un regard critique ses les notions de bien vieillir et d'accommoder les personnes âgées dans leur milieu de vie avec des espaces accueillants et sécuritaires.

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RESEARCH PROBLEM AND QUESTIONS

My first attempt to analyze the phenomenon of social isolation began informally through my social work experience as an intervenante de milieu (IM). Since 2007, I have been working as an IM with older adults at the *tours Frontenac*, a 784-unit apartment complex in Montreal, Quebec, where approximately 650 of the tenants are 65 years of age and over. As an IM, my mandate is to combat social isolation in order to promote autonomous living. Using an outreach approach, I meet with older adults in their homes, assess their needs, and ensure that adequate home care services are in place for this population. What appeared to be a relatively straightforward task became more complex than I had originally anticipated. As my work progressed, I found myself in a constant state of questioning: "What does a socially isolated person look like?" "Am I doing a good job at 'combating' a person's social isolation?" "How can I effectively help a person to combat their social isolation if I am unsure of what it is?" I began to realize, the social isolation "risk factors" I had read about in academic literature, such as gender (Russell, 2007; Victor, Scambler, Bowling, & Bond, 2005), age (Tijhuis, De Jong-Gierveld, Feskens, & Kromhout, 1999), childlessness (Sykorova, 2008), living alone (Havens, Hall, Sylvestre & Jivan, 2004; Victor, Scambler, Bond, & Bowling, 2000), marital status (Wenger, Davies, Ahmasebi, & Scott, 1996), poor health (Crooks, Lubben, Petitti, Little, & Chiu, 2008; Cornwell & Waite, 2009; Havens & Hall, 2001), culture (Keefe, Andrew, Fancey, & Hall, 2006) and poverty (Scharf, Phillipson, Kingston & Smith 2001; Scharf, Phillipson, & Smith, 2004) were not accurate indicators of my clients' social isolation. For instance, I have encountered older adults who live alone, have minimal social networks, and are of low-socioeconomic status, yet are highly functional, content "non-isolated" individuals. In contrast, I

have worked with other older adults who suffer from intense feelings of social isolation and loneliness, despite being financially privileged, and surrounded by extensive social networks.

Through my practice, I also began to question the assumption that social isolation is inherently "bad" and that because it is "bad," it must be eliminated in order for an older person to have an optimal quality of life. My initial uncertainties led to further questions regarding the effectiveness and appropriateness of programs geared to combat social isolation. I also experienced pressure from my organization's administrators and funders to prove that older adults became less socially isolated because of the IM program. This is not surprising considering the number of authors who call for more research documenting programs and services that best address social isolation (Cattan, White, Bond, & Learmouth, 2005; Mima, Martin, John, & Alison, 2005). Bearing in mind this gap in the literature, and the pressure I felt from my administrators, I had originally planned to conduct a program evaluation for my MSW Master's thesis, hoping to document how programs such as mine combat social isolation. As I began to reflect on social isolation as an outcome, however, I realized that I could not make sense of the phenomenon I was planning to evaluate. Evaluating a program based on a concept that I did not fully understand seemed misguided. Consequently, my need to explore and make sense of the phenomenon of social isolation inspired the following overarching research questions that guide this qualitative inquiry:

1) What are older adults (aged 60 years and above) everyday experiences with the phenomenon of social isolation?
2) How do older adults make sense and view social isolation?
3) What types of strategies (if any) are adopted by older people to protect them from experiencing the ill effects (if any) of social isolation?

PURPOSE OF THE STUDY

This study aims to bring forth and understand the subjective experiences of social isolation among older adults living in an age segregated rent-geared-to-income apartment complex in Montreal, Quebec. The main objectives of this study are as follows:

1) To examine how men and women over the age of 60 years define, understand, perceive and experience social isolation in the context of their everyday lives.
2) To develop an understanding of strategies (if any) used that safeguard older people from the negative effects (if any) of social isolation.
3) To propose policy and program recommendations that may address social isolation among older adults.
4) To add to the existing conceptual and theoretical frameworks of social isolation.

CHAPTER ONE: LITERATURE REVIEW

Both in research and in practice, determining the individual causes, consequences and risks of social isolation takes precedence over obtaining a deeper understanding of the complex lived experience of social isolation. Although a plethora of social isolation aging studies have been published over the past fifty years, little definitional consensus has yet been achieved, and the opinions and views of older adults continues to be neglected. By excluding the unique perspective of how older adults' understand, perceive and experience social isolation in their everyday lives, the social isolation research tradition has perpetuated ageist stereotypes, led to widespread standard programming for older adults, and reinforced the "age as a social problem" discourse that focuses on deterioration and decline (Victor, Scambler,& Bond, 2009).

Social isolation research is broad and extensive; it has been studied from diverse disciplines ranging from philosophy to sociology to psychology. The following section introduces major debates emerging from earlier understandings of social isolation, which serve as a starting point for more contemporary social work research. However, as the following section unveils, despite its best efforts, the body of literature has not yet yielded an adequate understanding of social isolation.

1.1 Conceptualizing Social Isolation

Social isolation research emerges mainly from psychological (Peplau & Perlman, 1982; Perlman, 2004) and sociological perspectives (Weiss, 1973; Delisle, 1987, 1999, 2007; de Jong-Gierveld & Havens, 2004; Havens, Hall, Sylvestre, & Jivan, 2004; Pitaud & Redonet, 2004). Psychological research prioritizes the examination of causes, the associated consequences and the development of instruments to measure social isolation at the individual level (Peplau & Perlman, 1982; Lubben, 1988; Lubben, et al. 2006). For psychologists, social isolation is

conceptualized using a psychodynamic lens: a tradition that relies almost entirely on abnormal clinical case studies (Liebert & Liebert, 1998; Victor, et al., 2009). Psychodynamic influence leads to pathologizing ideas of social isolation as a deviant and abnormal state (idem, 1998).

The sociological perspective generates two main debates (Delisle, 2007). The first is influenced by Marx's notion of *alienation* (Bottomore & Rubel, 1965) suggesting that modernization intensifies older peoples' experiences of social isolation, and that social isolation becomes more problematic with age (de Jong-Gierveld & Havens, 2004). This argument postulates that social structures perpetuate social isolation and that older adults are more vulnerable to social isolation because they are undervalued in the modern world (e.g., retired and therefore not productive citizens, potentially frail and therefore not completely independent). The second sociological debate resonates with Elder's life course perspective (Elder, 1975, 1978) and posits that social isolation is not age specific, rather that it remains constant across the stages of one's life. This argument suggests that there is an individual element to social isolation; people can be isolated at any stage of the life course, and being isolated at one life stage is the best predictor of remaining isolated at another (Victor et al., 2009).

Social isolation research also emerges from the field of social work. Although social work research has effectively expanded upon earlier conceptualizations by incorporating both individual and environmental factors, the research does little to improve the understanding of older peoples' personal experiences of social isolation. Australian researchers Russell and Schofield (1999) provide one of the few exploratory qualitative studies of social isolation; the authors explore 18 service providers' perceptions of their clients' social isolation. Although this study is unique as it utilizes qualitative methods, it relies exclusively on the service providers' perspectives and neglects the voices of the older adults themselves.

American social work scholars Rathbone-McCuan and Hashimi integrate individual and environmental elements of social isolation. In their text, *Isolated Elders: Health and Social Intervention* (1982), written to provide service providers with a framework for thinking about social isolation among their aging clients, Rathbone-McCuan and Hashimi's multi-dimensional Ecological Model of Elder Isolation (idem, 1982) distinguishes social isolation from society at large and social isolation from more immediate contacts such as family, friends and neighbours. The ecological approach to the study of aging considers individual changes as being nested in the broader socio-environmental context (Bronfenbrenner, 1979). Moreover, the model separates the individual and environmental levels into four arenas: biophysical (poor physical health), psycho- emotional (sadness, fear, depression), social (loss of relationships) and economic (financial difficulties limiting activities). Rathbone-McCuan & Hashimi's (1982) model also distinguishes between subjective and objective components of social isolation. As the following section reveals, the objective and subjective components of social isolation have also been a cause for debate. Consequently, a review of the conceptualization of social isolation over time would be incomplete without also considering how its subjective counterpart, often referred to as *loneliness,* has been conceptualized, and distinguished from social isolation.

1.2 Objective and Subjective Components of Social Isolation

Loneliness is experienced when a person perceives his or her social networks to be inadequate (Weiss, 1973, 1987; Havens et al., 2004; Hall & Havens, 1999; Victor et al., 2009. In his text *Loneliness: The experience of emotional and social isolation*, sociologist Robert Weiss (1973) developed an original conceptualization of loneliness. For Weiss there are two forms of loneliness: loneliness of social isolation and loneliness of emotional isolation. The former results from the absence of an engaging social network whereas the latter is due to an absence of

intimate relationships. Weiss posits that both types of loneliness are distinct, yet both demonstrate similar "symptoms" such as a driving restlessness and yearning to fill the relational void (idem, 1973). Drawing on earlier work, Townsend (1957), in *The Family Life of Old People* (1957), distinguishes between social isolation and loneliness, writing,

> A distinction is made between the two: to be socially isolated is to have few contacts with family and community; to be lonely is to have an unwelcome feeling of lack or loss of companionship. The one is objective, the other subjective and, as we shall see, the two do not coincide (p. 166).

Empirical evidence, such as the Aging in Manitoba (AIM) study (1971-2007), one of gerontology's richest research infrastructures, provides fundamental data sets to further elucidate the concepts of social isolation and loneliness. The AIM longitudinal study now includes over 30 years of data on older Manitobans (N = 8, 947) and provides data sets which have been used in an array of aging studies and policy developments (Hall & Havens, 1999; Tyas, Manfreda, Strain, & Montgomery, 2001). The study has undergone several waves of data collection: 1971 (N = 4 803, aged 65 years and older), 1976 (N = 1 302, aged 60 years and older) and 1983 (N = 2 877, aged 60 years and older). Follow-up surveys were conducted in 1990 and in 1996 (N = 1 868, age range 72 to 104 years). In 2001, survivors (N = 1 012) from all cross-sections were interviewed again (Chipperfield, Havens, & Doig, 1997). All waves of the study included interviews in the older adults' homes or care facilities and collected information on objective and subjective levels of social isolation and loneliness as well as socio-demographic information, physical and mental health status, health care utilization (doctors, hospital visits and home care) economics, leisure activities and prescription drug use. Using the AIM data sets, Havens, et al. (2004) came to a similar conclusion as Townsend (1957), asserting that social isolation and

loneliness are related but are distinctly different concepts. Specifically, Havens, et al. (2004) discuss social isolation and loneliness between older rural and urban Manitobans and state, "Social isolation is an objective measure of contacts with other people, while loneliness is considered to be the subjective expression of dissatisfaction with the level of social contact" (idem, 2004, p. 130).

Cornwell and Waite (2009) suggest there are two forms of social isolation: social disconnectedness and perceived isolation. Social disconnectedness refers to the physical separation or lack of contact with others, while perceived isolation is similar to loneliness, where a person's subjective experience regarding their social relations is deemed inadequate (idem, 2009). Wenger et al. (1996) also make the distinction between social isolation and loneliness, writing,

> Social isolation refers to the objective state of having minimal contact with other people: while loneliness refers to the subjective state of negative feelings associated with perceived social isolation, a lower level of contact than that desired or the absence of a specific desired companion (p. 333).

Havens, et al. (2004), Cornwell and Waite (2009) and Wenger et al.'s (1996) definitions resonate with Rathbone-McCuan & Hashimi's (1982) objective and subjective dimensional split but do not distinguish between the objective and subjective dimensions of social isolation (perceived feelings of being disconnected from others) which were effectively captured by the Rathbone-McCuan & Hashimi (1982) ecological model of elder isolation.

Overall, the body of literature focusing on the relationship between loneliness and social isolation is overwhelmingly vast, overlapping, and inconsistent. In reviewing the studies, one must question the pertinence of understanding whether loneliness and social isolation are unique

or distinct concepts. What seems more important, rather, is to understand the broader context behind the decision to prioritize the phenomenon of social isolation, in both research and practice.

1.3 The Emergence of the Social Isolation "Problem" and "Risk"

The broader political and research context that emphasizes the "problems" and "risks" associated with old age (Katz, 1996), has influenced the current gerontological social isolation research tradition. The "age as a social problem" discourse has increasingly gained momentum since the 1980s, with the dismantling of western welfare states. Prior to the Second World War, neither old age nor social isolation were considered as particularly problematic because industrialized nations adhered to a residual model of care. Under the residual model, families typically cared for aging dependents; as such, older people were not considered a governmental economic burden (Graham, Swift, & Delaney, 2000). Until western governments became accountable for the care of their aging population (post-WWII), problems related to social isolation were less a political issue or a research priority (McPherson & Wister, 2008).

The "age as a social problem" discourse has been fuelled by rhetoric forecasting a financial crisis (England, 2002) brought on by a rapidly aging population (Hébert & Landry, 2000). In response to this "crisis," during the 1980s and 1990s, a cost-saving "community care" service delivery model was introduced, to replace the more costly institutional care (Armstrong & Armstrong, 1996). Introducing terms such as "efficiency," "effectiveness," and "risk," the community care model prioritized economic, biomedical, and professional determinants of care (Grenier & Guberman, 2009) as well as technocratic practices as a means to distribute limited resources (Epsing-Anderson, 1999; Ritzer, 2002). During this period, terms such as "social integration" and "social networks" also emerged out of the United Kingdom (Griffiths Report,

1988), and became fashionable in social policy circles. Overall, against this managerial backdrop, social isolation became identified as a "problem" and "risk," and consequently a research priority because it could lead to other "risks," thereby requiring extra costs.

1.3.1Ageist Stereotypes Reinforced by Social Isolation Research Tradition

Although groundbreaking and innovative, early studies of social isolation among aging populations have also contributed to contemporary negative stereotypes such as the "needy," "dependent," and "at risk" older person who poses a burden to society. These stereotypes can be traced back to the early study of gerontology**.** For instance, Sheldon's (1948) surveys in Wolverhampton, UK (N = +400) suggest that social isolation and loneliness are the cause of mental impairment, and when severe enough, can be the cause of mental breakdown. More recently, social isolation has been described as an important a health risk factor as are smoking and obesity (House, 2001). In a study of 430 patients with chronic coronary heart disease, it was found that social isolation was a predictor of mortality and that patients with small social networks were at increased risk of premature death (Brummett, et al., 2001). In the text *Old and Alone: a Sociological Study of Old People* (N= 538, aged 65 and over), Tunstall (1966) claims that loneliness should be treated like any disease where a diagnosis is necessary before the "problem" may be improved or alleviated.

The 33 British community surveys conducted in the 1940s and 1950s placed social isolation as a top gerontological research, policy and political priority yet the findings did little to counter growing ageist stereotypes (Victor, et al., 2009). Notably, as part of the programme of the Institute of Community Studies, the work of Townsend (1957) highlights the importance of kinship and family in later life as well as the material and social exclusion of aging populations. Specifically, using a random sample (N = 203) of pensioners, through intensive interviews,

Townsend (1957) provides a monograph of the family life of older people in a working-class borough of East London. A key finding of his study is that only a small portion (approximately 10%) of the sample was considered "isolates" (i.e., an average of only three social contacts per day). More recently, in the United States, during the 1970s, the largest national poll on loneliness conducted by Harris and Associates found that loneliness was rated only as the fourth concern for older adults, followed by concern for finances, fear of crime, and poor health (Harris, 1974). Despite these findings, the prejudice that loneliness and social isolation are an inevitable part of aging continues to thrive. For example, in a 2002 British survey, 90 per cent of the general population in Britain felt that loneliness was a problem associated with growing old (Victor, Scambler, Shah, & Cook, Harris, et al., 2002). Evidence continues to show that only a minority of older people are suffering from social isolation, yet the results fail to combat growing stereotypes of the ubiquitous "isolated" and "lonely" older person. This is not to refute that being socially isolated is problematic for some older people; however, it should not be considered an inevitable and hopeless aspect of old age.

1.3.2 "Risk factors" of Social Isolation

The majority of social isolation research has focused on the associated risk factors of social isolation. This is not surprising considering the study of social isolation has adopted the values and discourse of a problem and risk focused paradigm. As the following section highlights, the risk factors remain ambiguous and inconclusive.

Gender

Women have often been identified as more socially isolated compared to men (Qureshi & Walker, 1989). However, in their American study, Mullins and Mushel (1992) found that men were more socially isolated than women were. Similarly, Del Bono, Sala, Hancock, Gunnell, &

Parisi (2007) report that never married men or divorced or separated men suffer more from social isolation and loneliness than never married or divorced or separated women. Using data from their 1996 Aging in Manitoba (AIM) Study (N = 1,868; age range 72-104 years), Havens et al. (2004) found that gender did not predict either social isolation or loneliness for either the rural or urban sub-samples. Moreover, Victor et al. (2005), in a study exploring rates of loneliness among older men and women in contemporary Britain, found that there was little difference in self-reported prevalence of loneliness between the two genders. These studies highlight how little consensus concerning gender as a social isolation risk factor has yet to be reached.

Age

Hawthorne (2008), in a large-scale study of randomly sampled Australian older adults (N = 3 015) found that younger adults had higher probabilities of being classified as isolated or very isolated than did older participants. This study suggests that relationships become more satisfying as people age. This finding contradicts a number of other studies that suggest the risk of social isolation increases with age (Ellaway, Wood, & MacIntyre, 1999; Routasalo, Savikko, Tilvis, Strandberg, & Pitkala, 2006).

Culture

Social isolation may have different meanings and experiences in different cultures (Keefe, et al. 2006). It may be more difficult for older ethnic elders to integrate into society, thereby increasing their risk of social isolation and exclusion (idem, 2006). Perlman (2004) suggests that the perceived discrepancy between desired social contacts and actual social contacts may be influenced by an individual's culture. For instance, in collectivist cultures such as China, the importance of family connections takes precedence over friends, whereas a person residing in an individualistic culture such as Canada or the United States may consider friends

are more important (idem, 2004). Lavoie, et al., (2007) point out that structural constraint, especially language barriers, may also lead to a heightened sense of social isolation. According to Victor, et al., (2009) it is difficult to accurately determine the degree to which levels of social isolation vary across cultures because definitions, terms, and the instruments used to measure social isolation have not been consistent. Overall, it appears that culture plays a role in a person's perception, and experience of social isolation but the research is inconclusive.

"Risk Factors" of Social Isolation and Loneliness

Although the concepts of social isolation and loneliness have been used interchangeably, the associated risk factors have differed. For instance, Wenger et al.'s (1996) extensive review of the empirical literature on social isolation and loneliness found risk factors associated with social isolation to be marital status, social class, and network type, whereas those for loneliness were network type, household composition and health. In a large-scale, British study on the prevalence and risk factors of loneliness (N = 999, aged 65 years and older who were living in their homes), six independent vulnerability factors for loneliness were identified: marital status, increases in loneliness over the previous decade, increases in time alone over the previous decade, elevated mental morbidity, poor current health, and poorer health in old age than expected (Victor, et al., 2005). Kobayashi, Cloutier-Fisher, & Roth (2009), in a study in small town and small city British Columbia found that income, gender, marital status, self-rated health, length of residence, and home ownership were the strongest indicators of social isolation. Overlapping risk factors of the two concepts have also been identified. For instance, Grenade and Boldy (2008), in their study on community and residential older adults found that widowhood, no (surviving) children, living alone, deteriorating health, and life events (e.g., loss and bereavement) were the main risks of social isolation and of loneliness.

Despite the number of studies concentrating on the associated risk factors for both phenomena, an agreed upon definition or risk factors has yet to be achieved. Moreover, due to the circular nature of the risk factors, it is difficult to determine a cause and effect relationship. For example, did the person's social isolation lead to poor health? Or did the person's poor health lead to social isolation? Was the person lonely or isolated as a child? Or is the loneliness and social isolation a result of losing a spouse? Research has yet to clarify these questions yet the assumption remains that social isolation is problematic and must be combated to reduce risk. Considering the recent emphasis on technocratic practices, several studies have focused on improving psychometric properties of the instruments used to evaluate a person's risk of social isolation.

1.3.3 Instruments to Evaluate "Risk"

Over the past few decades, psychologists have developed a battery of instruments to measure social isolation and loneliness (Cumming, Henry, & Newell, 1961; Lubben, 1988; Lubben, et al., 2006; Russell, Peplau, & Ferguson, 1978). Studies suggest there is a need to develop scales that screen for social isolation and loneliness among older adults (Lubben, et al., 2006). Although improving the psychometric properties of scales has become a major research priority, the relevance of using the instruments on aging populations is a question of debate. The following section provides a review and critique of the instruments that have been developed to screen for the risk of social isolation and loneliness.

Measuring Social Isolation

Social isolation has generally been measured by counting social contacts, social activities and by describing social networks (Victor et al., 2009). For example, the Life Space Index (LSI) (Cumming, Henry, & Newell, 1961) is a multi-item scale often used to determine levels of social

isolation by measuring overt social interaction. This measure is based on an estimate of social interactions with family (both living in the same household and elsewhere) as well as interactions with friends, neighbours, co-workers, and others in the community. The LSI involves a complex scoring technique that produces a scale with five ordered categories ranging from one (*low isolation*) to five (*extreme isolation*). Scoring first involves calculating the life space score (LSS), a weighted sum of number of friends and/or relatives and/or neighbours and/or co-workers and the number of interactions a person has per month. Using the LSI, in their study examining the effects of social isolation and loneliness on older people's health, Hall and Havens (1999) found that that 12.1% of older men and 19.1% of older women were described as "extremely isolated." The accuracy of these classifications is questionable considering responses rely on the ability to recall the number of interactions a person has in a month; an ambitious task regardless of a person's age. Moreover, by relying strictly on the objective number of contacts, the measure neglects the subjective components of isolation, which as Rathbone-McCuan and Hashimi (1982) pointed out are integral to understanding the phenomenon.

The subjective experience of social isolation among older adults is captured by the 10-item Lubben Social Network Scale (Lubben, 1988), its 6-item short form, as well as its expanded 18-item version (Lubben, et al. 2006). The original 10-item measure requires respondents to answer objective questions (e.g., Do you live alone or with other people?) Response: (live with spouse, live with other friends, live with other relatives or friends, live with other unrelated individuals, paid help etc. live alone) as well as three family network questions (e.g., "How many relatives do you see or hear from at least once a month?" Response: (0, 1, 2, 3 or 4, 5 to 8, >=9), three friend networks questions (e.g., "Do you have any close friends? That is do you have any friends with whom you feel at ease can talk to about private matters or can call on for help?

If so, how many?") Response: (0, 1, 2, 3 or 4, 5 to 8, >=9). The scale also attempts to capture the reciprocal nature of social isolation by asking a two-part helping others question (e.g., "Do you help anybody with something each day?") Response: "very often," "often," "sometimes," "seldom," "never." Each respondent receives a score of 0-50. A score of less than 20 is interpreted as being "isolated," a score greater than or equal to 31 is considered as low risk of isolation.

The Lubben Scale has been used in a number of gerontological studies to predict social isolation and health outcomes. Crooks et al. (2008) used the (LSNS-6) in their study which assessed the link between dementia and social isolation (N = 2249, aged 78 years and older). The study revealed that lower scores on the LSNS-6 are associated with an increased risk of dementia (idem, 2008). However, this scale's validity is questionable as it is based on a variety of assumptions; for instance, that living alone and having fewer friends and family are indicators of increased social isolation.

Measuring Loneliness

The University of California Los Angeles Loneliness Scale (UCLA Loneliness Scale; Russell, Peplau, & Ferguson, 1978) is the most common measure of loneliness and is used in approximately 80% of all studies exploring loneliness (Victor, et al., 2009). Interestingly, even though loneliness is usually associated with old age, the single-dimensional UCLA scale has not been tested on older adults; rather, the loneliness scale was developed and tested on university students (idem, 2009). The 20-item revised version (R-UCLA; Russell, Peplau, & Cutrona, 1980) of the UCLA scale has been further reduced to three questions (Russell, 1996). Respondents are required to answer "Hardly ever," "Some of the time," or "Never" to questions such as, "How often do you feel isolated from others?" Hughes, Waite, Hawkley, & Cacioppo

(2004) used the three-question version in a large- scale telephone survey assessing levels of loneliness and concluded that despite its short length the scale was able to effectively measure loneliness. Concluding that a three-item measure "effectively" measures loneliness is surprising considering the complexity of the phenomenon.

The 11-item De Jong-Gierveld Loneliness Scale (de Jong-Gierveld, 1987) and its 6-item short form (de Jong-Gierveld & Tilberg, 2006) incorporates characteristics of the social network, background variables, personality characteristics, and evaluative aspects without using the word "loneliness." The scale captures three dimensions of loneliness (current feelings about loneliness, the range of emotional experiences associated with loneliness, and emotional deprivation). The items on the social subscale are phrased positively and respondents are required to answer "yes!" "yes," "more or less," "no," and "no!" or "yes," "more or less," and "no" to statements such as "There are plenty of people I can rely on when I have problems." This statement is ambiguous as it is unclear whether people are referring to close relationships or a broader social network. Items on the emotional subscale are phrased negatively (e.g., "I often feel rejected"). Due to the stigma associated with rejection, it is unlikely a person would admit to "often feeling rejected." Moreover, it does not seem plausible that an 11-item or its 6-item version could capture the complexity of a person's experience with loneliness. This point relates back to my initial questions surrounding the circular nature of isolation and loneliness: a "yes!" response to the statement, "I often feel rejected" may not be related to the absence of a significant attachment figure but due to a variety of possible factors, such as a recent diagnosis of a severe illness.

Whether social isolation and loneliness scales are effective remains a moot question because they have measured generic forms of the concepts and have been developed in a climate

where the voices of older adult themselves are often excluded (Victor, et al., 2009). The social isolation research tradition is paradoxical in nature; on one hand, social isolation has consistently been identified as a highly complex, elusive, and idiosyncratic phenomenon. On the other hand, conceptualizations continue to adhere to a reductionist approach that prioritizes quantitative methods. The aim of the scales is to determine the risk factors that will effectively screen for the "social isolation problem." However, as the literature demonstrates, the risk factors are vague, ambiguous, often contradictory and inconclusive. Overall, additional theories and constructs of social isolation have only added to the conceptual confusion of a "common sense" phenomenon (Victor, et al. 2009). Despite the conceptual confusion, social isolation is viewed as problematic because it may lead to additional risks, thereby leading to extra costs. Ascertaining social isolation is negative without a clear consensus on its meaning is problematic because it leads to standard programming, inappropriate interventions, and policies designed for older adults to combat an intangible concept "tangled by fiction and fact" (Rathbone-McCuan & Hashimi, 1982, p. 1). This study embraces the qualitative tradition and is unique in that it enables older adults to explain their experiences and views of social isolation in their everyday lives. My overall hope is that the reader will come away from this thesis with a feeling similar to what Polkinghorne (1989) described as the central objective of a phenomenological study: "I understand better what it is like for someone to experience that" (p. 46).

CHAPTER 2: SOCIAL EXCLUSION AS A THEORETICAL FRAMEWORK

Social exclusion is the chosen theoretical framework for this study because it is a policy-based concept that will allow for critical understanding of social isolation that extends beyond the common frames of poverty and marginalization (Grenier & Guberman, 2009; Paugman, 1996; Berghman, 1995; Tsakloglou & Papadopoulos, 2002). Social exclusion has roots as a sociological concept, emerging from European policy circles with specific reference to exclusion of young people from the labour market (Berghman, 1995). The concept of social exclusion has extended into gerontological research and public policy debates, especially within the context of the United Kingdom (UK) (Bickel & Cavalli, 2002; Byrne, 1999). In the UK policy context, the British Social Exclusion Unit defines social exclusion as "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown" (March, 2001, p.10).

A number of scholars have identified interrelated dimensions of social exclusion (Aronson & Neysmith, 2001; Billette, Lavoie, & Guberman, 2008; Guberman & Lavoie, 2004; Littlewood & Herkommer, 1999; Room, 1995; Scharf, et al., 2001; Tsakloglou & Papadopoulos, 2002). For Room (1995), the concept of social exclusion encompasses distributional dimensions of poverty (lack of material resources) and a relational dimension (lack of social ties). Littlewood and Herommer (1999) define social exclusion across four dimensions: exclusion through isolation, spatial exclusion, institutional exclusion and cultural social exclusion. Scharf, Phillipson and Smith (2005) conceptualize social exclusion as a multi-dimensional phenomenon comprising of: exclusion from material resources; exclusion from social relations; exclusion from civic activities; exclusion from basic services; and neighbourhood exclusion. Canadian

scholars, Guberman & Lavoie (2004) present seven dimensions of social exclusion: (1) symbolic (2) identity (3) social network (4) territorial exclusion (5) economic (6) socio-political (7) institutional with Grenier and Guberman (2009) illustrating how these occur in practice. For example, an older person may experience identity exclusion when multiple identities are dismissed, and a person's identity is reduced to belonging to one singular group (e.g., "old," "frail" and "dependent," (Grenier & Guberman, 2009). Symbolic exclusion may occur through the negative representation of a particular group of people (e.g., "burden to society"). Symbolic and identity exclusion are of particular relevance to this analysis as they can occur when a person is exposed to and/or internalizes ageist stereotypes. Attention to social network exclusion may also unveil the nature of the participants' social networks, the types of relationships that are most valued and what makes a person feel socially isolated or connected to society. The dimension of territorial exclusion or "spatial segregation" (Scharf, et al., 2001) is also of interest because space becomes more significant as people age, and their mobility becomes increasingly limited. This dimension, along with the economic dimension is relevant to this inquiry because the participants are of low-socioeconomic status. Specifically, the LIAC, is an age segregated (aged 55 years and above) rent-geared-to-income apartment complex located in an economically deprived area (Montreal's red light district), with a number of social problems, such as poverty and high crime rates. Guberman and Lavoie's (2004) socio-political dimension can also be applied to analyze participant involvement within his or her social housing complex (e.g., resident's committee), as can institutional exclusion or "disengagement" (Scharf, et al., 2001) which is defined as a decrease and difficulty is accessing public services and care. Since there are multiple dimensions of social exclusion, a person may experience social exclusion in one aspect of his or

her life but not in another (Billette and Lavoie, 2009) For example, a man may be financially secure yet may experience social exclusion from society because he is homosexual (idem, 2009).

Social exclusion is an appropriate framework for this inquiry because its multiple-dimensions will allow for a comprehensive analysis of the findings. Moreover, a social exclusion framework is timely and relevant for this study considering the current managerial climate of care and research, which makes older people more vulnerable to social exclusion (Grenier & Guberman, 2009; Rice & Prince, 2000). This framework is significant to this Canadian study because although the concept of social exclusion has been widely discussed in the UK, its use in North America is limited. Overall, a social exclusion framework will allow for a critical analysis of the participants' experiences with social isolation. This analysis will give older adults the opportunity to articulate their diverse needs and also provide policy, and practice recommendations.

CHAPTER 3: THE PHENOMENOLOGICAL APPROACH: A BRIEF HISTORY AND OVERVIEW

Phenomenology is the chosen approach for this study. Within the phenomenological tradition there are a number of philosophers, several types of phenomenological methodologies, as well as differing ways to collect and analyze data (Beck, 1994). The term phenomenology can be traced back as early as 1765 in philosophy (Moustakas, 1994). For Hegel, phenomenology referred to "knowledge as it appears to consciousness, the science of describing what one perceives, senses, and knows in one's immediate awareness and experience" (as quoted in Moustakas, 1994, p. 26). Many psychological writings have incorporated the phenomenological approach (Dukes, 1984; Giorgi, 1985, 1994; Moustakas, 1994). Of the three main phenomenological approaches used in health science research (hermeneutic, empirical and transcendental), American psychologist Carl Moustakas' (1994) transcendental phenomenological approach is best fit for this study because it provides a structured approach with systematic steps that are utilized for the data analysis. The transcendental approach also focuses less on the interpretations of the researcher and more on the experiences of the research participants (Creswell, 2007). Idem, (2007) writes,

> The type of problem best suited for this form of research is one in which it is important to understand several individuals' common or shared experiences of a phenomenon. It would be important to understand these common experiences in order to develop practices or policies or to develop a deeper understanding about the features of the phenomenon (p. 60).

Since the two central objectives of this study are to examine how older adults make sense of social isolation in the context of their everyday lives and consequently provide policy

recommendations addressing this end, the phenomenological approach is deemed best fit to obtain a deep understanding of their experiences.

The phenomenological approach is also appropriate when the researcher is "close" to the research problem (Creswell, 2007). According to Moustakas (1994) "in phenomenological research, the question grows out of an intense interest in a particular problem or topic; the researcher's excitement and curiosity inspire the research" (p.104). As outlined in Chapter 1, my work as an IM with older adults provides the closeness and inspiration to conduct this study. Furthermore, the researcher's closeness to the research problem requires him or her to engage in the process of what Moustakas (1994) refers to as *epoche*; where the researcher brackets out his or her own experience with the phenomenon. Creswell (2007) points out this process is rarely perfectly achieved however it is useful for researchers to describe their experiences with the phenomenon and bracket out as much as possible. It is for this reason I feel it is necessary to expand on the information I provided in Chapter 1 regarding my work as an IM and discuss my social location and my personal experiences with the phenomenon of social isolation.

3.1 Positioning Myself

My professional interest in working with older people stemmed from my work as a home care case manager at a Montreal Centre Local de Services Sociaux (CLSC) and continued to grow through my social work experiences as an IM. On a more personal level, from a very early age, I have been most at ease around older people. Often referred to as an "old soul," a reference I was once uncomfortable with, I have learned to embrace and view this as a strength. As a young white, woman who is in her late 20's, I now realize that being an "old soul," has allowed me to establish rapport and relationships with older people. This connection has inspired my passion for gerontological research and facilitated the multiple processes of this inquiry.

Growing up in a tightly knit rural Anglophone community in New Brunswick has also largely shaped who I am today. Although in my late adolescence and early 20's I had the opportunity to study in France for two years where I learned to speak French fluently, my mother tongue is English and I have an accent when I speak French. This language detail is noted because it influenced the interview process, which will be later discussed in this thesis.

The middle child of three girls, I grew up in a working-class family where luxuries were rare and money always seemed to be a major cause of stress and conflict. These experiences have allowed me to empathize with older people who are disproportionately an impoverished population. I also understand how having limited income can limit one's opportunities, liberties and freedoms. As a student, I realize my socio-economic status will likely fluctuate throughout the course of my adult life. This makes me question how an older adult of low socio-economic status with a fixed income affects their experiences of social isolation.

From an early age, after my father was in a severe car accident, I began to understand the consequences loss and trauma can have on family dynamics. My experiences makes me wonder about the effect trauma has on one's social isolation. I am curious how consecutive losses across a lifetime affect an older person's social isolation. I am also fascinated by how certain people are better able to cope with loss and trauma while others withdraw themselves from society and become profoundly isolated.

My extensive travel experiences have also influenced my questioning surrounding the concept of social isolation. I have led somewhat of a peripatetic lifestyle over the past 10 years; and have lived in China, Europe and various cities across Canada. Although my travels allowed opportunities to discover new, exciting places and people, being separated from my social networks and family of origin in a foreign land brought forth feelings of isolation and loneliness.

I now realize that my experiences of social isolation and loneliness were not related to my number of contacts or the number of activities in which I was participating, nor related to my age nor my gender. These feelings run deep and are complex. My experiences make me wonder if I was going to hear different elements regarding social isolation from older people than I had gone through myself.

It is also necessary to point out that the majority of my travel experiences have been by choice solitary ones. I preferred travelling alone because it allowed me the freedom to go where I wanted to go, eat where I wanted to eat and sleep where I wanted to sleep. The experiences I acquired through my travels helped me to understand why some of my older clients choose to lead solitary lives, with few if any social contacts or activities. Objectively, these individuals would be classified as socially isolated yet their chosen lifestyle is not causing any associated problems or risks which I have discussed in the above sections.

In terms of differentiating between the two phenomena of social isolation and loneliness, my position is that there are relatively easy ways to remedy social isolation whereas alleviating loneliness is less apparent. I realize that during certain times of my life I need to make more of an effort to participate and integrate through socializing, joining activities and building relationships with other people, whereas at other times I may be more content in my solitude. Overall, I feel I have a certain amount of control over my level of social isolation. However, I recognize this attitude is my bias. I am unsure whether at the stage in my life it is easier to master the active process of breaking social isolation than it would be for an older person.

CHAPTER 4: RESEARCH DESIGN AND METHODOLOGY

4.1 Data Gathering Methods

Participants for this research project were recruited from an autonomous-living low-income apartment complex (LIAC) for older adults in Montreal, Quebec. This residence has received funding to offer IM services to the residents of the building. Services offered through the IM program include outreach, one on one psychosocial support, advocacy, psychosocial education and case management. Although I had access to participants from my place of work, the LIAC was the chosen site because selecting a sample from a sister organization allowed the research questions to be addressed while ensuring a complete separation between the role as service provider and researcher (Creswell, 2007). In addition, interviewing clients who do not associate me with service delivery enhances the ability to research and understand the participants' views, opinions and lived experiences of social isolation.

The study was first presented and discussed at an IM clinical round meeting held in March 2009. Two IMs from the largest low-income residence (i.e., the LIAC) agreed to collaborate on the project. The sample was recruited from only one site because when using a phenomenological approach one site recruitment facilitates obtaining a common understanding of the phenomenon (Creswell, 2007). Since this is a phenomenological study, it was crucial that the participants referred were classified as "socially isolated" by their IMs. I was confident the referrals would represent a profile of individuals many social service providers would consider to be socially isolated.

The two colleagues who agreed to collaborate were initially apprehensive about their level of participation with the study as their heavy workloads created time restraints. To save time, it was suggested to put up a poster on the LIAC's bulletin board to recruit participants. I

explained that this approach would not be effective for a phenomenological study because of the social stigma associated with social isolation. Moreover, those who are indeed socially isolated would be less likely to leave their homes and therefore would not see the recruitment poster. Also, because the recruitment site was a low-income apartment complex, the monetary compensation of twenty dollars may have enticed people to participate who do not fit the desired profile. In the end, the IM's agreed they would refer me clients from their caseload who they considered socially isolated.

Once ascertaining ethics approval from McGill ethics (REB-II), the director of the LIAC was contacted via email and provided with an information sheet (appendix A) describing the study in detail. Shortly after, the director responded in writing that she approved the project and was interested in obtaining a copy of the results. The IMs were then provided a formal letter of invitation to participate (appendix B) along with copies of a letter of invitation to relay to prospective for prospective participants (appendix C). The IMs were also provided with information sheets for themselves as well as for the prospective participants (appendix D).

4.1.1 Sample

A purposeful sample was used for this study. The sampling criteria stipulated the following: men and women aged 65 years and over, English and French speaking who were deemed physically and cognitively able to participate in a 60-90 minute interview and were classified as socially isolated by their IM.

The IMs contacted potential participants by phone and reviewed the information sheet with the residents. At this point, the IMs asked the residents if they would be willing to have me contact them with further information about the study. The first three participants accepted immediately and interviews were set up at a convenient time and place for the participants. The

IMs provided the telephone numbers of two other participants who they classified as socially isolated and expressed an interest in the study. These participants were contacted by telephone using the attached script (see appendix E). It was explained to the older adults in the information sheet as well as the initial telephone call that their participation, or otherwise, would not affect the relationship with their service providers. The residents also accepted without hesitation and interviews were scheduled. The final participant interviewed learned about the study through word of mouth and called to volunteer himself for the study. Prior to interviewing him, the service providers were asked whether they classified him as socially isolated. They said they did not know him well, but that he had several health problems. After conducting a short interview to screen for certain demographic characteristics (e.g., age, marital status, children) I decided to include his case for the study because as an older man with limited mobility (wheel chair bound) who had a same sex younger lover, he had an interesting and unique profile that would add to the study's richness. Two additional residents who had heard about the study through neighbours called to volunteer for the study. They informed them that they would be re-contacted once a first analysis of the data was obtained to determine whether their participation was necessary. The initial analysis revealed that the information obtained from the six interviews was sufficient to saturate and provide the desired richness of data. Most phenomenological studies include between five to 25 interviews (Moustakas, 1994). Considering these guidelines, I was comfortable ending with the six interviews. As such, the two additional participants were called and thanked for their interest in the study. A thank you letter was sent to all of the participants (appendix F).

4.1.2 Interview

All interviews took place in May 2009. At the time of the interview, written consent was obtained (appendix G). Two copies of the consent form were signed, one for the researcher and the other for the participant. One out of the six participants requested a copy of the interview transcript. During the interview, participants were reminded that their anonymity would be protected, that all information they shared would be kept confidential, that whatever they said would have no impact on their care and that identifying information would be removed from all oral and written presentations of the study findings.

A semi-structured interview guide (appendix H) was utilized. When adhering to the phenomenological approach Moustakas (1994) recommends asking two broad general questions "What have you experienced in terms of the phenomenon? What contexts or situations have typically influenced or affected your experiences of the phenomenon." It was determined that asking these questions directly would likely not get to the essence of the phenomenon as answering these questions requires the participant to think conceptually and necessitates a keen sense of reflexivity and introspection. Moreover, it was determined that asking outright what the participants experiences were with social isolation would likely not provide rich, honest responses because of the powerful social stigma attached to social isolation. The interview guide was broken down into three main sections. The first section included general questions about the participants' personal histories, views about the neighbourhood and their everyday experiences. For example, "Could you describe a typical day to me?" "What would a typical good day look like?" "What about a typical bad day?" The second section focused on general questions related to social isolation; for example, "What would a socially isolated person look like to you?" The final section included "wish list" or "fantasy" questions, for example, "If I had a magic wand and

could change one aspect of your life today, what would you change?" A series of probes were used throughout the interview to obtain further depth and clarity.

Interviews lasted between 50 minutes to 1 h 30 minutes. All six interviews were conducted in the participants' homes. A $20 honorarium was given to participants for their time. Within 30 to 60 minutes following each interview, field notes were transcribed and the initial thoughts and first impressions were written out (e.g., level of cooperation, whether there were parts of the interview where it appeared the participant felt uncomfortable, moments during the interview where information was doubted, etc.).

The interviews were promptly transferred from the digital voice recorder to a personal password protected desktop computer. A back-up copy of the interview files was copied onto the principal investigator's student file on the secured McGill University network. Once transferred to the computer's hard-drive, the interview file was immediately erased from the digital voice recorder. All participants were assigned pseudonyms and the six interviews were transcribed into Microsoft Word documents.

4.2 Analysis of the Data

The analysis employed both an inductive and deductive approach in identifying themes to generate an understanding of how social isolation was experienced in the everyday lives of older adults. The inductive process of identifying these themes was as follows: the interviews were transcribed into a Microsoft Word document, printed off and read thoroughly by both the principal investigator and the thesis supervisor. Moustakas' (1994) transcendental phenomenological approach inspired the organization of the data: First, the individual experiences of social isolation were identified. In a second step, the collective themes of social isolation were identified to obtain a common understanding of the phenomenon. Specifically,

key terms and statements were identified and organized into a series of six columned tables. A cell was allotted to each participant (e.g., Table 1: Typical day/good day/bad day; Table 2: Difference between social isolation and loneliness; Table 3: Gender differences in social isolation; Table 4: Thoughts on how older adults can break social isolation; Table 5; Perceptions of neighbourhood). Important individual statements were later collapsed into common themes and subthemes. To assure the validity and reliability of the findings, the process of organizing the data and coding was performed by both the principal investigator and the thesis supervisor. Once the themes were identified by both parties, a meeting was scheduled and findings were compared and agreed upon themes were retained.

Once the transcripts were read through thoroughly and the inductive process was underway, the principal investigator and the thesis supervisor agreed that a social exclusion framework was an appropriate and valid lens for the deductive analysis. There was consensus that the framework tied the findings to a solid body of literature, which in turn brought forth a deeper understanding of how social isolation was experienced. A social exclusion lens also provided an interesting opportunity to consider practice and policy implications for this inquiry.

The findings are presented in two sections. First, case rich information including a summary of each of the six interviews, sub-sections describing the participants social networks, their “typical day,” how each of the participants “made sense of isolation” and what “strategies were adopted to overcome social isolation” are presented. The second section of findings presents common themes that were determined between the six cases.

CHAPTER 5: STUDY FINDINGS

5.1 Demographics

Four women and two men participated in this study. The participants' age ranged from 62 to 91 years; the mean age was 73.5 years. The original inclusion criteria stipulated participants be 65 years and older; however, because the 62 year old participant was able to provide a rich interview, the age requirement was lowered to 60 years. All of the participants lived alone in one-bedroom apartments. The number of years living in the LIAC ranged from four and a half to 51 years. All six of the participants' were of low-socioeconomic status, as this is a requirement to live in the LIAC. Five out of the six interviews were conducted in French. Four of the interviewees were native French speakers who were born in Quebec. One of the participants was of Polish origin and one an Anglophone from British Colombia. Three of the four women were divorcees and one was widowed. All four women were single. One of the men was divorced. The other male participant was never married, and at the time of the interview, was in a relationship with a same-sex partner, over 30 years his junior. Three of the women had children, whom they had raised as single mothers. Both men were fathers and had no contact with their children. Three of the women and both men worked outside of the home during their adult lives. Two of the women had pets.

5.2 Individual Experiences of Social Isolation

Gertrude

Gertrude was a 76- year old, white, well spoken, Anglophone woman who was born and raised in the province of British Colombia. She was thrilled to be part of a McGill University study, the "Harvard of Canada." After separating from her husband in 1977, Gertrude relocated to Toronto for a relationship that failed soon after her arrival. She moved to the LIAC in 1999.

All four of her children were living in British Colombia and she regrettably had no grandchildren. *I do worry that they don't want children because they look back to a cold home. (703).* After her children left home, Gertrude attended college and worked for many years as a book keeper and stenographer. Never learning to speak French created several challenges for her new life in Montreal. *If you work in Quebec for a wage, you gotta know French and I had such a headache trying to learn it in Montreal and in Quebec [sic]. (271-272).* Gertrude was in relatively good health yet suffered from osteoporosis, arthritis and high blood pressure. Although she admitted to abusing alcohol during her married life, she became increasingly health conscious in her old age. *I don't touch a drop of liquor I haven't for 25 years... my husband and I we drank too much. (244). You know when you get old you've got to watch what you put in your stomach, it has to be enough, it has to be right, but not too much. (238).*

Social Network

Gertrude had little contact with her family. *They come and go. They have all come and gone to see me but you know they are working and they all have real lives there. (102).* She had very few friends and preferred to keep it that way. For Gertrude, important people did not need to be friends. For instance, she spoke fondly of a former social worker who she "trusted" and "appreciated." *You know we never developed a friendship, or a pal relationship or anything, but*

I have faith in her. (1008-1010). The importance of this relationship was brought forth when she admitted that her previous social worker would be the person she would call in the case of an emergency. *She'd be a very good one because she does live close and she wrote on her business card to call "in cas d'urgence." I thought she was a very steady good girl (982-984).* Gertrude did not have any close relationships with neighbours in the LIAC, "only to say hi," but she was content with this level of intimacy.

Typical Day

Gertrude described her routine as one of solitude, but said it did not bother her.

> *Solitude but I enjoy that. The floors, I have to keep washing those white cupboards, but you know that suits me to a "T." (820-821). A typical day... watch the TV, CTV news that is a good show and I guess then I turn that off and I will listen to the music on the radio, and then just get on because I do like to keep busy with projects. I like the things I do. I wash the floors once a week those are routine things I enjoy. I like to go out shopping, I love to go and buy groceries with my big basket, but I also love the Complexe Desjardins, they've got fabulous things there, right from the Dollarama to the drugstore, but also gift shops. (824-826).... I go and wash the clothes, dry them, bring them up. I iron everything except sheets, darned if I am going to do that, but I enjoy that. (815-816).*

She said her bad days were mainly health related.

> *Well, I have some bad days… I get up and I'm tired, my bones are sore, and I feel blue but on those days the only thing I can do to help myself is go out and sit on those benches in the summer. If it's winter I'll go down and see if one of those people I know is in the laundry room. (876-879).*

Making Sense of Social Isolation

Although she did not openly admit to being "socially isolated", she described herself as "cold" and "frigid" woman, who could not tolerate being touched. She desired to be alone, and attributed her limited social network to her personality. *He didn't like me, people didn't like me either as far as I was told, or there is something wrong with you to be that cold. (462-463).* She described her "coldness" as being present from an early age.

> *...But I am basically kind of frigid and that goes right through your system… I don't want anyone to ever hug me, or anything like that, that is why we had no marriage I was quite cold, it's just me, I don't care as long as I am alone and I'm not forcing. (561-563).*

Gertrude had never felt comfortable with romantic intimacy and it was not something she was seeking out in her old age.

> *Yeah, some women here have romances which is fine by me as long as they don't bring it to me because I cannot warm up to someone touching me really, I live with it. I mean it is not the best condition to be in [sic]. (575-577).*

However, it was evident that having a guest (the interviewer) was important to her. *If I had any feigning idea that someone would be here on Monday I would have worn better clothes. (404-406).* She took responsibility for her social isolation. Although she accepted being socially isolated, she realized her isolation and consequent loneliness made her feel at times "blue."

> *There are bad days where I just feel lonely and blue but at those times I think this is the lifestyle I've built for myself but I do not want to have close friendships, I just can't, I don't think that anything I can do about it now, as long as I feel fit and healthy enough to look after the jobs I have here and also look after any responsibilities I take on [sic]. (883-887).*

Being far away from her family contributed to her social isolation, but at her advanced age, the stress of moving back to British Columbia was not worth the increased social contact it would bring. *In my case I am so far away from my family. I thought of going back but it's too fatiguing but if your family's ok as far as you know and they are happy with their lives. (701-703).*

For Gertrude, social isolation was similar to an illness. *Isolation is like an illness similar to depression. What would make someone lean that way? I think kind of a built in depression that I don't think goes as far a psychotic despair. I've gone very blue myself and I think it is too much isolation and I'm not that far from being psychotic because I think that is when people upset others, they are not safe to be around. In Vancouver a woman was let out of the psychiatric ward at St. Paul's and she wasn't ready for this at all, she got combative, slapped faces; those are things that horrify me [sic]. (691-696).*

Strategies to Overcome Social Isolation

Gertrude admitted to feeling socially isolated but believed the negative effects of social isolation could easily be remedied by engaging in purposeful activities.

> *You can remedy that in a hurry is you find the ways, either get something you're reading and like, which is rare with me, I'm not a great reader or else a show I really like on television, well they are quite limited, well at least for me...nature shows, there are two very good nature shows, there are two very good travel shows, and there is one other which is spectacular , just about oceans and seas and waterways, it describes everything there is and one very fascinating thing is that the ocean and the sea and 2 entirely different things. (80-86).* It was interesting that Gertrude's activities appeared

goal-oriented. Even watching television was purposeful; she watched the television programs to learn.

Susan

Susan was a 91- year old, white woman, who was born in Poland. She spoke broken French with a thick Polish accent. She immigrated to New York from Poland in 1956, and she has been living in the LIAC since 1958. Susan prided herself on her independence and strong work ethic. She did not want to be placed in a long-term care facility because she could not tolerate having people tell her what to do.

> *Ma fille voulait que je sois placé dans une maison....mais j'ai dis je vais pas là...parce que ma maison, c'est mon paradis c'est tout, chez moi dans la maison vous voulez coucher, coucher, vous voulez debout, debout, voulez partir, partir, debout... [sic]. (184-186).*

As a single mother, she raised her two children in the LIAC and worked outside of the home in various clothing factories for little money. *Avant j'ai travaillé, certain j'ai travaillé! J'ai travaillé 10 cents à l'heure! [sic]. (205-207).* She is in relatively good health considering her advanced age. However, since suffering from a stroke ten years ago, she has found it difficult adjusting to her limited mobility.

Throughout the interview, she continually referred to how "life has changed," people are "different," and how "difficult" life has become. *C'est la vie qui a changé, il vient méchant, c'est encore plus pire que ça la, je vous dis franchement [sic]. (215-216). C'est difficile, aujourd'hui c'est la vie difficile. (123).* During the interview, she made reference to how Europeans are different than North Americans, and how she preferred living in Europe. *Grande différence manger, grande différence habiller et grande différence prendre soins d'eux autres [sic]. (198-199).* As a Polish woman, she thought she would feel excluded if she were placed in

a Canadian long-term care facility. *Ce n'est pas pareil comme ça là, parce que les français et les canadiens sont déjà habitué comme ça là, moi je ne suis pas habituée [sic]. (187-188).*

Social Network

Outliving her family and friends, Susan had a very limited social network. She spoke of one daughter who lived locally, and a son, who had died three years ago from cancer. She was upset her daughter did not come visit her more often. *Vous êtes toute seule à la maison, avant mes enfants habitaient là bas au 71 parce qu'ici là...ils sont partis...souvent je suis fâchée avec les enfants, souvent fâchée [sic]. (222-224).* Susan often complained of her neighbours and that she did not want any contact with them. She did not currently receive any home care services and was critical of her experiences with the Centre Local de Services Sociaux (CLSC).

> *Une fois le social sont venus ici...Le CLSC...je vous dis franchement...la fille vient ici, pas capable de laver plancher, elle ne voulait pas pousser les meubles, pas capable...voulais pas travailler...il voulait juste parler comme ça...ce n'est pas pareil [sic]. (303-305).*

Susan also had a disapproving opinion of her doctor. She was convinced the health care provided in Europe was superior to Canadian care.

> *La mon docteur de famille est au Complexe Desjardins, c'est la même chose, elle ne prend pas ma pression...rien du tout là, juste prend le dossier là, rien du tout, c'est ça un docteur? En Europe les docteurs regardent tout, il faut déshabiller, et pourquoi je m'en vais là-bas là? [sic](330-333).*

Typical Day

Susan's routine consisted of her self-care and domestic activities. She said she had more bad days than good days. *Oh, souvent, souvent c'est des mauvaises journées [sic]. (189).* Due to her age and failing health, Susan tired easily.

Je n'ai pas capable de beaucoup. Je commence avec ma chambre à toilette...juste ça là parce que je ne suis pas capable. Je prends du repos. (164-166). La journée est finie pour moi, je lave ma chambre de toilette et c'est fini là [sic]. (327).

Making Sense of Social Isolation

Susan attributed her limited social network to her failing health and outliving her family and her friends. When she was younger, she participated in activities at the community center across the street from the LIAC, but lost interest because the people who used to attend died. *J'habite longtemps ici, beaucoup sont mortes et beaucoup sont parties. (140). Une femme morte, l'autre morte, c'est fini là, c'est encore resté un peu du groupe [sic]. (441).*

Since suffering from her stroke, she has reduced mobility, which has made accomplishing daily tasks more challenging. *C'est difficile pour moi....depuis un mois je n'ai pas passé le vacuum ici [sic]. (479-480).* Susan's activities were limited because she was not comfortable receiving help from others. *C'est juste comme au cinéma il faut qu'il y a quelqu'un, quand me suis assise je ne suis pas capable de me mettre debout, ce n'est plus pareil [sic]. (166-168).*

Strategies to Overcome Social Isolation

If she could change one aspect of her life, she said she would want improved health, because if "she has her health she is capable of doing anything."

Santé, c'est tout, si j'ai ma santé je suis capable, comme ça maintenant je ne suis pas capable de rien là, faut faire attention parce que vous tomber, je marche avec la canne, j'ai peur de perdre la balance (457-459) ...quand vous avez santé vous avez courage à tout, avant j'ai fait tout ça la [sic]. (540-541).

Despite Susan's failing health and advanced age, her routine full of purposeful activities, such as cleaning, cooking, and going to church, appeared to protect her from the ill effects of social isolation.

George

George was an energetic, optimistic, 62- year old, white, French Canadian man who enjoyed being in the company of others. *Moi j'aime bien être social, plus qu'il y a du monde, plus que je suis mieux [sic]. (403).* He was born and raised in Montreal and moved into the LIAC in 2000. Prior to the interview, he was waiting in the hallway for me to arrive, eager to show me a variety of small luxuries he had collected over the years (e.g., kitchen utensils, flat screen television, travel mugs, special diabetic food, etc.). A divorced father of three and grandfather of seven, he had no contact with his family. *Ça fait 12 ans que je n'ai pas pris un coup, vous n'êtes pas à me féliciter je mourrais, donc j'ai arrêté.* (*135-136). Ben, c'est moi qui est coupable là, je suis jamais occupé [sic]. (69).* George suffered most of his life with a mental illness. A self-described manic-depressive, he is now "cured" because of intense psychological treatment. *Moi j'étais toujours maniaco-dépressif, ils m'ont dit que j'étais guéri là, j'ai été soigné pas mal, puis j'ai appris beaucoup (183-184).* He also suffered from urinary incontinence, diabetes and arthritis; but said he did not like to complain about his problems to other people.

Social Network

George blamed himself and his past alcohol abuse for losing contact with his family. Although George's sobriety left him with few social contacts, he said he is happier today, but that "being alone is not a real life." *Oui je me dis que oui mais je peux dire que moi mais tout seul ce n'est pas une vie, en tout cas, un jour [sic]. (191-192).* He does not have any friends in the building but he helps out a couple of neighbours whom he refers to as "clients."

> *Non, je n'ai aucune personne dans les blocs qui est mon ami. Ils sont des clients….ben des clients, je vais les aider. (871-873). En plus j'ai des accompagnements des noms de*

temps en temps, je vais faire des petits ménages au moins, je peux me payer mes affaires de diète ou des choses. (229-230).

Although he did not consider anyone in the LIAC his friends, he considered store clerks, and restaurant owners at a local shopping center his friends. *Puis j'ai tellement d'amis là, j'ai des propriétaires de magasins qui sont mes amis, propriétaires de restaurant puis tout. (159-160).* George's story is unique because he was dissatisfied with the level of his social relationships; he desired more intimacy with others.

Typical day

There was little variation in George's routine. *Une journée a moi? Ça ne varie pas ben ben [sic]. (118).* He went to his Alcoholics Anonymous (AA) meetings five days per week. He mentioned that attending this activity paid for his monthly public transit card. George had more good days than bad days. His bad days were mainly health related. *Oui j'ai pas mal de bonnes journées, non ce n'est pas pareil, j'ai des bonnes journées, ça dépend comment je suis. (158).* When he had a bad day, it was related to his health and interpersonal problems with his previous group of friends. *Oui ma santé, puis les amis que je fréquentais avant, j'étais obligé de me tasser, ou de les tasser. (178-179).* He kept himself busy by visiting a female neighbour and doing odd jobs (e.g., painting, accompaniment) for other neighbours in the building.

Making Sense of Social Isolation

Similar to Gertrude, George viewed social isolation as an illness. Comparing social isolation to manic-depression, he believed social isolation could also cause an array of other illnesses. *Ça peut causer le cancer, ça peut causer qu'est-ce que tu veux...le fait de toujours avoir la pensée d'isolement ça peut causer des maladies. (305-306).*

Because social isolation is an illness, it had nothing to do with a person's number of contacts or activities.

> *L'isolement ça peut être de renfermer toi même, que les autres ne sais pas là, toi même si tu t'isole toi même, il peut avoir 500 personnes et tu es toute seule, autant que tu peux être, avoir 500 et être avec les gens, parce que ça, ça devient un maladie. (351-353).*

George linked his social isolation to his traumatic childhood experiences, which included alcoholic parents and child abuse.

> *...Puis ça vient de la naissance aussi ou ça vient de la famille qu'on a vécu, comme nous autres on était battu quand j'étais jeune, j'en veux pas ma mère là, mais des fois on courrait après mais c'est sa maladie aussi, la boisson puis toute...elle a resté avec un monsieur qui buvait...puis mon père s'occupait pas de nous autres il a fait la même chose que j'ai fais avec mes enfants, mais... j'hais mon père mais je ne le juge plus [sic]. (743-748).*

George's social isolation was also linked to his personal lifestyle choices and illnesses. *L'isolement social je peux dire c'est la maladie, c'était la boisson peut-être. (594).* He took full responsibility for losing contact with his family because of his alcoholism and poor parenting. However, he was not going to reach out to his family; he was waiting for them to reconnect with him. When asked the wish list question, "What he would do if I had a magic wand and could change one aspect of his life?" He said he would like to have more contact with his children but that it was not up to him to decide; it is in God's hands. *Oui, un jour. C'est le jour où ils vont décider. Pourquoi je ferais ça pour rien? Puis de faire de la merde, j'attends que ça arrive. Je vais demander à lui en haut, c'est lui qui décide. (724-726).*

George's current health ailments also contributed to his social isolation. Recently diagnosed with diabetes, he also suffered from arthritis and urinary incontinence. He admitted his urinary incontinence limited his activities and social relationships.

> *Oui, ma maladie oui, parce que regarde en plus j'ai des problèmes avec ma vessie, puis il y a des fois je suis souvent à la toilette puis ça des boutes, puis d'autres boutes c'est d'autres choses, je fais de l'arthrose aigue en plus [sic]. (207-210).*

Strategies to Overcome Social Isolation

Being around positive people who are "doing well" helped George manage his social isolation. *Oui, ça brise mon isolement, quand je vois mon intervenant de milieu quand je te vois toi, ou quand je mois du monde qui vont bien, ça brise mon isolement. (843-844).* Since George considered social isolation an illness, he believed a person needed to "get treatment" for their illness, as one would do for any disease. George's treatment was his volunteer work. He admitted he was bored with his current volunteer jobs, and realized he would need to find a new activity to manage his social isolation.

> *C'est sure, mais il faut briser ton chose, comment tu t'appelles ca? Ton isolement, en faisant des sorties, des activités, comme moi je suis tanné de faire du bénévolat donc je vais faire d'autres choses. (396-398).*

Rhonda

Rhonda was a resourceful, 72- year old, white, Francophone woman with an optimistic view of life and a good sense of humour. For her 9 am interview, she was in full make-up, her hair was done, and her over-sized costume jewellery matched her outfit. She was born and raised in Montreal and has worked most of her adult life as a barmaid in various taverns across the province of Quebec. After being on the waiting list for eight years, she moved into the LIAC in 2005. Appearing younger than her chronological age, she said her health was "not what it used to be" but she did not let her failing health get in the way of her daily routine and activities.

Social Network

Rhonda was married for three years during her 20s. She did not have any children and she was not in contact with her ex- husband. *Mon ex-mari est peut-être mort, je ne sais pas. J'étais trois ans avec puis j'ai "flyé" puis ça fini là [sic]. (28-29).* Rhonda lived in her one-bedroom apartment with her "three children" (i.e., her dog, cat and bird). She said that she appreciated having her pets because they "keep her company when she is feeling lonely." *Oui, je demeure seule, ben des fois je m'ennuie, mais par contre, je suis contente d'eux autres parce qu'ils me tiennent occupée. (77).*

She admitted that she has never had any close friends, only acquaintances. She distinguished between a "friend" and an "acquaintance": a friend is a person who you arrange to go out with, whereas an acquaintance is a person you see without any obligation. *Ben pas dans le bloc en tout cas, j'en ai pas et on peut dire que j'en ai jamais eu. J'ai des connaissances, mais amis, je n'en ai pas. (298-299).* She was not interested in getting to know her neighbours; rather, it was important for her to keep a distance because she was not interested in "gossip." The only

family contact she had was an occasional visit from her sister and handicapped niece over the Christmas holiday.

Typical Day

Rain or shine, Rhonda took her dog out five to six times per day. *Tu as besoin de la sortir 5, 6 fois par jour, je suis obligée de m'habiller, beau temps, mauvais temps, moins 40, plus 40, je sors. (116-118).* She prided herself on being a good caregiver to her pets. She prepared special food for her dog and they eat their meals together. During the interview she was boiling pieces of chicken for her and her dog's lunch.

> *Elle mange qu'est-ce que je mange, quand je mange, elle mange, et pour avoir la paix, je sais que c'est pas correct mais de toute façon elle mourra pas là, je ne lui donne pas des os, je vais pas donner des gros os parce qu'elle a une petite bouche, mais eh, c'est pour le chien, c'est pas drôle elle ne mange pas les restants de table, j'achète spécialement pour elle, elle est nourrie au T-bone Madame. (169-173).*

Television was also an important aspect of Rhonda's daily routine, "it is on from morning until night." For Rhonda, cable television was very important for older people because it provides company.

> *C'est important pour nous d 'avoir le câble, pour moi en tout cas parce que j'écoute ça du matin au soir, même j'ai une dans la chambre et j'ai une dans le salon, en me levant, j'ouvre la télé, ça reste ouvert toute la journée, même quand je m'en vais, pour les animaux, parce les animaux ils entendent, puis ça bouge eh, la télévision ça bouge. (439-443).*

Rhonda said her days do not vary, but she recognized that she was responsible for whether she had a good day or a bad day.

Si je passe une bonne journée c'est de ma faute, si je passe une mauvaise journée c'est encore de ma faute. Il faut que je prenne des choses du bon coté, il faut que je m'arrête, que je ne pense pas à la mort, à la maladie, eh. Il ne faut pas que je pense à ça, mais je pense forcément à tous les jours mais je change d'idées. (253-257).

Making Sense of Social Isolation

Rhonda preferred to be alone because she spent much of her adult life working as a barmaid. *Oui j'ai fais tout avec le public, aujourd'hui je préfère être seule. Quand je m'ennuie je sort, je vais au restaurant. (215-216).* She did not mind going to restaurants alone; she did neither invite anyone nor did she get invited. For Rhonda, it was lonelier being in the company of others who were "together" than being at home by herself. She felt excluded at family events because she did not have a spouse or any children. For this reason, she no longer attended family gatherings; she preferred to stay at home with her pets.

Mais moi je vais pas là, parce que c'est plein d'enfants, je les connais même pas, parce qu'elle n'a pas juste ce fille la ma sœur, elle a une autre fille puis elle a un garçon, mon neveu il a 4 enfants, puis ma nièce elle a 2 enfants, ça fait 6 enfants, ils ont leurs chums puis en tout cas c'est du monde que je connais pas, puis ma sœur, ben son mari et ses enfants. Moi j'arrive là toute seule, fait que j'aime autant être toute seule icitte. Être toute seule avec du monde que je ne connais pas qui parle pas, ben je parle mais je ne les connais pas, puis ça me dérange…ca me dérange d'être toute seule quand eux autres sont tous accompagnés, donc je préfère être toute seule icitte avec mes petits bébés. Je ne m'ennuie pas avec eux autres [sic]. (336-334).

Rhonda did not contribute her social isolation to her declining health. She had always had health problems (an enlarged heart), and in her old age, she simply did everything at a slower pace.

> *Ce n'est pas à cause de ça que ça va m'empêcher de sortir, je vais aller plus tranquillement, je vais plus tranquillement, c'est tout, puis la balance c'est pareil, j'ai la misère à laver mon plancher par exemple, je vais en faire un bout puis je vais m'asseoir, je vais prendre la mop avec mon bras sur l'autre bord la (rire). Petit bout et j'arrive à le faire [sic]. (242-246).*

Strategies to Overcome Social Isolation

Rhonda kept herself busy with her household routine, taking care of herself (for herself) and her pet-care responsibilities. She enjoyed going on outings, but it was essential they were inexpensive or free. For example, at a recent outing to a sugar shack, meeting people was in no way part of the agenda; rather, it was to enjoy an inexpensive day trip with good food. She also enjoyed affordable luxuries, such as inexpensive foot care and eating out at restaurants. For her, happiness was freedom from negative thoughts and interactions. She was optimistic and maintained a positive attitude regardless of life's challenges. Rhonda had chosen a life of solitude. Her positive attitude, coupled with her chosen solitary routine protected her from the ill effects of social isolation.

> *D'être heureuse, de ne pas avoir des problèmes, de ne pas se casser la tête, eh....de ne pas me chicaner avec personne, d'avoir ni de regrets, ni de remords, d'avoir fait telle et telle chose et d'être mal avec moi même, le bonheur c'est de trouver la liberté pour moi, le bonheur c'est d'être libre… Libre de tout…c'est ça. (262-265).*

Janine

Janine was a 72- year old, white, Francophone, Quebecois woman who moved to Montreal in 1962 from the Quebec Laurentides region. She raised her two sons as a single-mother in the LIAC. Her eldest son lived in a neighbouring low-income apartment complex in Montreal, and her youngest lived in a city northeast of Montreal. Janine had several health ailments, which included depression and a thyroid problem. The number and cost of the prescription drugs she was required to take preoccupied her.

> *Ah oui, ah oui, j'ai eu bien des problèmes de santé. Ma glande thyroïdienne est bien malade, mais ils ne peuvent pas me soigner parce que je suis allergique à l'iode. Donc je fais souvent des infections avec ça. Regarde mes pilules... ça c'est une pilule pour la douleur, ça c'est du calcium, ça c'est pour le cholestérol, puis les autres c'est pour la dépression...ben être malade comme je suis je n'ai pas le temps d'être déprimée. Puis à part de ça, l'hiver je ne suis pas capable de sortir. (150-155).*

Social Network

Janine had a strained relationship with her eldest son. She said they only saw each other when it was "convenient for him." *Il vient de temps en temps quand il a affaire à venir mais il n'est pas là longtemps… Bonjour j'arrive et puis bonjour j'm'en vais. (75-76).* She appreciated her relationship with her youngest son, but because he often travelled for work, she did not get to see him as often as she would like. Her sister and brother also lived in Montreal. She saw her sister on occasion but found it increasingly difficult to see her sister, because she too was very ill. She had a strained relationship with her brother, whom she said had been and continued to be verbally, sexually and physically abusive toward her during their childhood. *Dernier fois que je suis allée, il a presque donné un coup de poing dans la face. (636-637).*

Several of her friends have died. *Mais là elle est morte la Madame, mais cette Mme la on allait des fois au restaurant, on allait magasiner. (526-527).* She had regular visits from two friends (both men), who lived in her building. Janine has had conflicts with neighbours whom she referred to as "detestable people." Her neighbours' behaviour led to Janine changing her routine; she used to go down to the laundry room weekly but stopped because she felt unsafe and threatened by her neighbours' behaviour.

> *... Je lave mon linge, je fais laver, je lave dans lavabo, je n'aime pas aller en bas, il y a toujours des gens puis ça parle, ils parlent contrent les autres et je n'aime pas ça. Je suis mieux chez nous. (119-122). C'est du monde haïssable tu sais. J'aime ça aller m'asseoir en-bas là et ils sont toujours en train de parler contre l'un et contre l'autre puis moi là, je n'aime pas ça, c'est pas le fun, tout le monde a des défauts et tout le monde a des qualité, arrêter donc mépriser les autres, ce n'est pas correct ça. (488-491).*

Typical Day

Janine's days had little variation: she watched television, smoked cigarettes and admitted she often felt "lonely."

> *Dans le moment là… les journées, depuis la semaine passée, les journées sont toutes pareilles. (191-192). Je regarde la télévision, je ne fais pas grand chose, je ne suis pas capable de grande chose, des fois je m'ennuie bien gros. (201-202).*

Her poor eyesight made it difficult for her to read. *Mes yeux, je ne vois pas de loin, ni de proche, c'est un problème (208).* When asked to describe a "typical good day" and a "typical bad day" she said she has "better days" since she has lost weight, because her bones hurt less.

Il y a des fois où les journées ne sont pas trop mal, il y a d'autres journées c'est comme ci comme ça tu sais (rire). Mais là depuis que j'ai perdu du poids là, mes os là, ça fait beaucoup moins mal. (253-255).

Since 1981, Janine has had volunteer services from the Centre Local de Services Sociaux (CLSC). Specifically, a meals-on-wheels volunteer delivers her meals and a "friendly visitor" visits with her on a weekly basis. This social contact was important to Janine. *Nous autres ça nous fait du bien et puis eux autres ben. (46).* She also appreciated having a neighbour visit her two to three times per week. This neighbour delivered her meals at no charge, and occasionally stayed to eat with her. She spoke fondly of another neighbour who visited her during the winter months to play cards. *Ben des fois, l'hiver il venait faire son tour, on jouait aux cartes, on jouait aux cartes des fois jusqu'à 2h de la nuit! (rire). Il aime ça jouer aux cartes lui aussi. (317-318).* Her two cats were also identified as being "good company."

Making Sense of Social Isolation

Janine admitted to being "lonely" and "isolated." Leading a life of solitude was not easy, but Janine believed she did not have a choice. M*ais c'est dur de s'habituer à ça la solitude...ce n'est pas facile, il faut l'accepter on n'a pas le choix, mais ce n'est pas facile, c'est bien dur. (270-273).* Although she admitted to always being a "homebody" she said her failing health was responsible for her social isolation because she is not able to get out as much as she would like. *Oui, comme moi là...des fois j'aimerais sortir mais je ne me sens pas capable. (222).* For instance, due to her limited mobility and fear of falling she was not able to attend activities at the community center across the street from the LIAC.

Je pourrais tomber ou me faire mal. Je n'ai pas le goût de casser une autre hanche, ça ne

me tente pas! Comme à « CC » ils en font des loisirs eux autres...ce n'est pas « CC » mais quand tu n'es pas capable, des fois ca prend quelqu'un...comme hiver je ne pourrais pas aller toute seule. (386-389). Ça serait bon ici d'avoir un local de rencontre, comme café ici je veux dire, l'après midi et puis de parler et puis avoir des places pour faire des puzzles, pour jouer au dames, jouer au cartes, tout ça [sic]. (690-692).

She also found it difficult to leave her home during the winter months. *L'hiver je ne sors pas beaucoup parce que la marchette dans la neige, ça ne marche pas bien bien (rire) (234).*

Janine has had a traumatic past. During her marriage, she was a victim of domestic violence. Her older brother also sexually abused her throughout her childhood. These traumatic experiences have affected her experiences with social isolation.

J'étais agressée sexuellement plusieurs fois...ça, ça me fait peur un peu...j'étais agressée jeune, après ça plus tard aussi, ça ma marqué, et j'étais même obligée de me faire opérer pour ça...une opération pour ça...la j'étais opérée et je n'étais pas supposée d'avoir d'enfants, mais j'ai eu deux mais ça m'a marqué beaucoup, bien gros [sic]. (599-602).

Janine's social isolation was also related to loss and fear of abandonment. Several of her friends and family members had died over the years; she feared getting close to people because she may lose them. Feelings related to abandonment were evident when her meals-on-wheels volunteer arrived to drop off her lunch. It was the last day of her student volunteer's internship and she explained to Janine she would no longer be delivering her lunches. Janine was obviously disappointed by this news. When the volunteer left, she said how it was "difficult to get used to someone and have them leave." *Elle est bien gentille cette demoiselle la ...c'est de valeur câline, câline on s'habitue a quelqu'un et ils s'en vont. (421-422). Ben oui là, quand tu perds un ami là. Il y en avait une qui venait me voir quand je demeurais sur la rue « SS », je la*

voyais à toutes les semaines, après ça je suis venue icitte et elle a tombé malade, elle s'est retrouvée à l'hôpital puis elle n'était plus capable marcher fait que je la voyais plus. Après ça j'ai su qu'elle était morte. C'est ça, je dis on connaît du monde, on s'habitue au monde et après c'est bonjour ils sont va...les autres sont mortes mais c'est normale à 82 ans tu sais, mais quand je connais du monde et je m'entends bien avec et ils s'en vont, je m'ennuie, c'est plate! Ça me fait de la peine tu sais, on s'habitue à quelqu'un...ce n'est pas facile de s'habituer à quelqu'un, il y en a que c'est facile de s'habituer avec mais d'autre là...le monde n'est pas tous pareil [sic]. (551-559).

Strategies to Overcome Social Isolation

Janine avoided leaving her house as much as possible but unlike the other five participants, she stayed socially connected through her visitors. She also relied on formal services, such as meals-on-wheels and her friendly visitor volunteer. Her case was unique because she was in regular contact with her two sons, her grandchildren and her siblings.

Roger

Although Roger was the only participant who was not referred by the IMs, I decided to include his case because his experiences living as a homosexual older adult provided a unique perspective. However, he is considered a negative case because he did not self-identify as a socially isolated person, and the intimacy he obtained from his partner and other friends sets him apart from the other five participants.

Roger was a 68 year old, white, jovial, Francophone man who was born in a rural community outside of Montreal. He arrived to Montreal in 1958, and moved to the LIAC in 1991. Although he said he had dated several women, he was never married and has a same-sex partner over 30 years his junior. Working for many years as a pharmaceutical technician and in several Montreal gay bars, his financial situation was a major stress for him. As such, he earned extra income selling Native cigarettes. Roger described his health as "poor" but he did not let it get in his way of enjoying life. He suffered from depression, liver failure as well as limited mobility due to a car accident. Roger was preoccupied by the cost of the 29 prescription drugs he took daily. Despite his health problems, he commuted around the city of Montreal year round using his electric wheelchair.

Social Network

Roger had no contact with his six children or other family members. *J'en ai des enfants, mais je n'ai aucunes responsabilités. (547). Ils ne veulent rien savoir de moi. (213).* Roger had a rich social network that consisted of several friends. He also "took care" of three neighbours by voluntarily cooking and delivering their meals. He also socialized at local bars in the Montreal gay village. Roger enjoyed going out the gay bars because he felt "more comfortable"

with a younger crowd. *Moi les personnes de mon âge, ça « fitte » pas [sic]. (398).* He has been with his romantic partner for the past four years and referred to him as his "confident."

Typical Day

When Roger was asked to describe a "typical day", he described an "ideal day",

> *Une bonne journée je dirais quand qu'il fait très beau et tout ça, et je suis en forme, là je me prépare un lunch, un petit lunch avec le « ice pack » tout ça, et puis avec mon quatre-porteur je m'en vais dans le vieux port, là je m'emporte un livre, des fois je lis 4, 5 pages et à un moment donné il y a des gens qui passent, il y en a qui viennent s'asseoir, puis tu sais des jeunes, des fois ils sont très jeunes, des fois c'est des itinérants commerciaux, mais je discute quand même, puis là ils commencent à me parler [sic]. (421-426).*

Roger obtained great pleasure by people watching and having casual conversations with people passing by. When asked what he does when he is feeling "blue" he replied that he seeks comfort by being in the company of others. If his lover is busy, he will go to a local bar where he is "known." *Si mon copain est occupé....je l'appelle je dis il faut que je sorte, ça fait que là je vais faire un tour au bar, je suis connu parce que j'ai travaillé le soir dans les bars dans l'est. (578-580).*

Making Sense of Social Isolation

Roger admitted to feeling lonely at times but not socially isolated. When he felt lonely, he wanted someone else around who had a positive energy and could motivate him. Compared to the other five participants, he spoke less of his experiences with social isolation as he felt he did not have much understanding of the phenomenon.

Strategies to Overcome Social Isolation

Contrary to the other five cases, Roger obtained a lot of support from his romantic partner. He considered himself fortunate to be his age and have a young successful man in his life. His days were spent mainly planning, cooking and delivering meals to three female neighbours (one of whom was Janine). Roger also kept busy at the community center across the street from the LIAC, where he ate lunch on occasion. According to Roger, there were not enough places for the residents' of the LIAC to socialize. Similar to Janine, he was upset by the decision to implement a day care within the LIAC. He could not understand why the space was not being utilized for a common room for the older people who resided in the building.

In sum, each participant had unique experiences and views of social isolation. Some were content with their solitude while others desired increased intimacy and/or relationships. However, all six cases provided both distinctive and common strategies that protected them from the ill effects of social isolation and exclusion. Specifically, all participants engaged in purposeful activities in low-risk social relationships. Their stories highlight how natural abilities to strategize, cope, and manage social isolation juxtaposes the commonly held ageist stereotypes of the helpless and needy older person.

5.3 Recognizing Common Themes of Social Isolation

5.3.1 Combating Social Isolation with Purpose

All six of the participants were engaged in purposeful, routine, activities that helped them manage the ill effects of social isolation. A retired bookkeeper, Gertrude continued to keep busy with stenography "assignments" which she did on a voluntary basis. *I do it now but just strictly assignments except I don't get paid. (522).* She also watched educational television programs. Susan's routine involved taking care of herself and her home to the best of her ability. *Ma journée, oh, je me tiens debout, me laver, faire à manger, donner de l'eau à ma plante. (184).* George referred to himself as a "chef cuisinier" and spent time maintaining a tidy apartment. He also did volunteer work and small jobs at the LIAC to help his neighbours. The extra income he earned doing small jobs allowed him to purchase small luxuries.

> *Je fais souvent du bénévole, ce n'est pas l'argent je vais chercher, des fois je vais en faire comme, comme ça là, ça coute 60$, donc je n'ai pas eu le choix ben, ben, je vais m'en chercher de l'argent, un petit peu, mais pas des affaires pour eh...garde j'ai mon thermos, je vais me promener partout avec [sic]. (247-250).*

Rhonda structured her day around activities that involved caring for herself and her pets. She took care of herself for herself; even if she was not going out, she took the time to do her hair, her make-up, and chose a matching outfit and jewellery ("a new look").

> *Je change souvent, à tous les jours je change de vêtement, de look aussi, les bijoux ça rentre en ligne de compte. Ça fait que j'aime ça, ce n'est pas pour les autres, c'est pour moi. Je ne sortirai même pas puis je me maquillerais. Je me lave, je prends mon bain, je me maquille puis je m'habille [sic]. (123-126).*

Janine's case differed because she obtained a sense of purpose through her role as a mother and grandmother. For three years, she took care of one of her grandchildren in her home. *Mais avant ça je lui ai gardé plusieurs années, après que j'étais opérée pour ma hanche, je l'ai gardé pendant trois ans [sic]. (83-85).* She spent the majority of her time at home, doing routine domestic activities, receiving visitors and caring for her two cats.

Roger spent a significant amount of his time cooking for himself and his neighbours. He prided himself on "spoiling" three female neighbours with his home-cooked meals. *Des fois je prépare tout pour qu'il faille juste chauffer dans la micro-onde [sic]. (351).* He also kept himself busy with volunteer work. *Oui et j'ai fait 10 ans de bénévole, presque 4 à 5 fois par semaine, des fois c'était trois à quatre heures, quand j'avais rien je rentrais à 10 h puis je sortais à 5h. J'ai donné beaucoup à la fripperie. (281-282).*

5.3.2 *Negotiating the "Risk" of Relationships: Setting "Safe" Social Boundaries*

The participants were ambivalent about their desired level of intimacy with other people. For instance, despite describing herself as a "cold" and "frigid" woman who "preferred to be alone," casual relationships were important to Gertrude. She remedied her bad days by watching people pass and by having casual conversations with her neighbours. Moreover, having her neighbours simply say "hello" was of great value to her.

> *Well, I have some bad days I get up and I'm tired my bones are sore and I feel blue but on those days the only thing I can do to help myself is go out and sit on those benches in the summer. If it's winter I'll go down and see if one of those people I know is in the laundry room. (876-879). No, I feel fairly reclusive and I feel very comfortable being alone and with what little entertainment ...as long as these people say hello and they look fine, happy but also friendly that's what matters to me, is that you're showing a type of*

friendship, well actually that helps better because these people don't want me or someone like me going to visit them. (553-557).

Gertrude also kept in touch with a retired dietician whose services she greatly appreciated. *I've kept in touch with the retired dietician about once a year if I want to know something, we don't have friendship but she is a very good connection for me because I can check. (231-233).* Although the relationship with her previous dietician was important to Gertrude, she did not consider it a "friendship." Not classifying the relationship as a "friendship" set a "safe" boundary for Gertrude. Similarly, George also distanced himself from his neighbours by referring to them as "clients." Roger enjoyed the contact he had with the three neighbours for whom he provided a service (meals), however he did not appreciate other neighbours whom considers "too nosy." *Avec mes voisins, il y a certains voisins que je m'entends très bien, mais il y a d'autres voisins c'est qu'ils questionnent, ils questionnent [sic]. (248-249).*

Rhonda did not want to form intimate relationships with her neighbours because she was fearful of what people would do with the personal information she disclosed about herself. It was for this reason she preferred to maintain casual relationships with other dog-walkers in the LIAC.

C'est ça je parle avec les gens que je rencontre parce que eux aussi ont des chiens puis eux autres aussi ils sortent a peut près la même heure, c'est drôle à dire eh, à peut près la même heure, on se rencontre, on se parle, 'comment ca va?', titi, tata, mais je parle pas de ma vie personnelle, ou non, au moins que quelque me pose une question, mais je répondrais pas parce que je sais qu'il y a beaucoup de personnes malheureusement qui n'ont rien à faire, qui sont seules, qui s'ennuie, et tous qu'ils ont a faire c'est cancaner

sur l'un et sur l'autre, puis mais inventer des histoires fait que ça fait de la chicane la, tu sais, tu es poigné la dedans la, tu essaie de mener ça la, et ca devient gros gros ça fait que personne se parle, je suis polis mais eh, je ne veux pas rentrer dans la vie privé des autres non plus, ça ne me regarde pas si je te vois avec un homme ou avec une femme ça ne me regarde pas. (89-99).

Janine was more social in the past, but because of the conflicts she has had with neighbours, she preferred to stay in the safety of her home. She set a safe physical boundary for herself by no longer going down to the laundry room in the LIAC.

Je ne descends pas souvent, pour les gros morceaux, mais a part de ça, je lave mon linge, je fais laver, je lave dans lavabo, je n'aime pas aller en bas, il y a toujours des gens puis ça parle, ils parlent contrent les autres et j'aime pas ca. Je suis mieux chez nous. (119-122).

Rhonda was ambivalent about her desired romantic intimacy. Although she did not want any close relationships and said, she was "better off alone," when asked, "If I could change one aspect of her life today what would she change?" She said she would "like to be 30 years younger and have a decent man who could take care of her." Even though she craved intimacy and wanted to be taken care of, getting close to someone, needing to please them, and live up to their sexual expectations was too great a risk; therefore she preferred to live her life "safely" and alone.

Avoir 30 ans de moins, avoir...j'aimerais faire des voyages, rencontrer quelqu'un... un homme, un homme qui...je ne veux pas qu'il m'achale avec le sex. Mais moi c'est surtout ça la...tu sais si tu ne donne pas de sex il va s'en aller, eh, ça fait que, mais non j'aimerais avoir un compagnon pour sortir, me fait payer la « treat », me fait payer, au

lieu de moi payer, fait payer le restaurant, mais des fois du rencontre quelqu'un c'est aimable, a parler avec, il est gentil, intelligent, connaissant, tu apprends des choses. (449-455).

Janine was not interested in pursuing an intimate relationship because of her health problems. She preferred to endure her misery alone rather than render another person unhappy with her suffering,

Oui, je n'ai pas d'homme dans ma vie, et je n'en veux pas non plus. Quand tu n'es pas en santé, j'aime mieux endurer mon malheur toute seule qu'avoir un autre avec moi qui vit ça aussi. C'est mieux des fois être seule, ce n'est pas drôle mais c'est mieux que de rendre quelqu'un malheureux. (161-164).

However, similar to Rhonda, she also had mixed feeling about her desired level of intimacy. On one hand she wanted to be able to count on a person to go out to restaurants, shopping, etc., however, she recognized that maintaining close relationships involved a significant amount of risk. She feared her problems (e.g., poor health) would be disappointing to the person.

Ben des fois oui, j'aimais ça, mais tu sais aller manger seule au restaurant, c'est pas mal ennuyant. Aller toute seule au magasin, comme là il faut que je m'en vais acheter du linge là parce que tout mon linge est trop grand, mais là quand qu'on est deux, l'idée d'un autre ça aide [sic]. (533-536).

Fear of Unreciprocated Relationships

The participants' relationships were also limited because they negotiated the risk of not having their efforts reciprocated. For instance, George would have enjoyed having visitors over

for dinner to socialize but due to experiences of not being invited, he feared the invitation would not be reciprocated.

> *Oui, il viendrait manger mais moi il ne m'invite jamais, je vais essayer de prendre des vrais amis, mais au moins je veux manger une fois chez eux. Un gars qui est venu 7 fois manger ici et j'ai jamais mangé chez eux. Il disait c'est trop sale chez eux. Ça n'a pas de rapport avec ça. (1122-1125).*

Roger also used to have friends visit his apartment but stopped because he felt they took advantage of him.

> *...la il arrive et il dit "as-tu une bière", moi je dis "comme je ne vois pas beaucoup j'ai pas je n'ai pas grand chose" fait que la 2e bière et la 3e bière, mais des fois je voyais qu'il profitait de moi la en tout cas [sic]. (504-506).*

5.3.3 Social Isolation Viewed as an Illness

Some of the participants conceptualized social isolation as an illness. For example, George believed people needed to "treat" their social isolation as if it were any other disease requiring treatment. If a person did not treat their social isolation, they would turn nasty, judgmental and resentful.

> *Oui, mais il faut prendre avec des amis quand même, il faut pas vivre l'isolement sinon on devient méchant quand on est isolé, on hait tout le monde, on juge tout le monde et la seule chose qui nous reste à faire c'est de parler des autres, parce que moi je m'isole là, je vais parler avec ma voisine à coté, je vais parler avec tout le monde la, ils m'arrivent sur la rue je parle a tout le monde, tu comprends tu? Ça devient une maladie mais il faut que tu travailles ta maladie quand même, si tu signes des conneries mais il faut vivre*

avec ça. Il y a du monde tu ne peux pas même les glisser un mot, tu es toujours coupable, t'es pas capable, tu es toujours coupable [sic]. (861-868).

Furthermore, similar to other diseases, the participants identified levels of severity of the "social isolation illness." George described the nuance between "social isolation" and "complete social isolation."

L'isolement complet c'est comme ma femme a vécu aussi, j'étais conscient, elle était enfermée, elle sortait plus, elle était avec sa bière et sa cigarette là, puis elle ne prenait pas trop de la bière c'est juste parce que quand elle voyait le monde elle fallait qu'elle prend sa bière puis sa cigarette [sic]. (576-579).

Gertrude thought that if social isolation became severe enough, a person could lose touch with reality. *Well you cross the line to basic rationality or lunacy or complete detachment from lucid sanity. (749-750).*

5.3.4 Social Isolation and Financial Restraint

Poverty and material deprivation affected the participants' experiences of social isolation because material resources facilitated opportunities to socialize, such as social outings, going to restaurants and shopping. Material luxuries were identified as important to the participants. Throughout the interview, George referred to various items he had purchased for his home and mentioned the cost of these items. When Gertrude was asked "if she could change one aspect of her life today what would she change?" She said she wished she had a car and would be able to drive; because to her, driving symbolized freedom; she could go visit people she had not seen for a long time. A car is an unattainable luxury for the majority of low-income older adults and yet was considered key to enabling social interaction.

Rhonda also brought up the issue of money and how it affected a person's social situation, and that lack of money limited activities (e.g., going out to a restaurant).

> *Oui, l'argent c'est un problème. Parce qu'on n'a pas d'argent. Le monde qui sont icitte, c'est bien rare qu'ils vont aller au restaurant, oui, ils vont dépenser leur argent sur d'autres choses, oui, mais...ils ne vont pas au restaurant [sic]. (489-491).*

When asked about the relationship between a person's financial situation and their social isolation George replied, "Everything in life revolves around money, without money you have nothing."

> *Mais ça je ne veux pas parler mal de ça la, c'est normal la vie est faite de même, la vie aujourd'hui est faite de matériel, de boisson et de l'argent. Si tu n'a pas ça t'a rien. Je ne dis pas que je ne suis pas spirituelle là, mais tu as rien parce que tu ne peux pas vivre, tu comprends, tu vas manger au restaurant, ça prend de l'argent. (771-776).*

Susan identified money as a stressor that impacted a person's social isolation. *Yeah, a lack of money? I think it does. Certainly worrying about money. (627).*

Being able to afford basic needs such as medications was a struggle for both Janine and Roger.

> *Là ce qui me fait le plus souffrir c'est mes poignets puis mes mains…ça la ça fait très mal, des gros élancements, oh ça fait mal...mais ça, ça me soulage...un peu…mais il faut payer ça et ce n'est pas bon marché, c'est cher. (258-260).*

Roger said his health care needs also left him struggling to make ends meet at the end of the month.

> *Moi je suis seule, comme j'ai une franchise à payer mais il y a certains médicaments qui ne sont pas payés par la franchise et puis en plus de ça je suis diabète et ça prend des*

chaussures sur mesure et ça coute 1000 dollars et quelque chose mais je paye une autre franchise de 75$ et toutes les prothèses ce n'est pas payé c'est moi que les paye, ça fait que au fin il me restait 100 dollars. (217-221)… si j'avais plus d'argent, je ne suis pas riche, tu sais ça prend de l'argent, dans un mois je calcule, mais des fois c'est tight, bonne chance j'ai arrêté à fumer, je fumais 3.5 paquets par jour [sic]. (251-253).

The participants also identified food security as a major concern. For instance when asked, "What would improve the quality of older adults' lives who are living in the LIAC?" Gertrude replied, *Well I think a lot of seniors have trouble getting their food in. (1090).* George also pointed out many older people do not eat balanced diets. *Tu sais le mangé qui manque ce n'est pas nécessairement bon, puis si on ne nourrit pas bien, ce n'est pas tout le monde qui mange des légumes là [sic]. (1015-1017).*

5.3.5 Social Isolation and Perceived Unsafe Environment

The participants generally had unfavourable opinions about their neighbourhood but remained because "they have nowhere else to go." For example Susan stated,

Oui, ou moi vient la et ou moi trouver une maison? Ceci c'est une maison avec un ascenseur en bas et en haut là... Tout le monde dit Susan pourquoi tu n'as pas déménagé? Ou moi aujourd'hui je vais trouver une maison? Avec un ascenseur…allez ou? Aucune personne vient, tu partes toute seule…je suis obligée de rester [sic]. (575-579).

Despite spending the past 50 years in the LIAC, Susan considered the neighbourhood "dangerous" with "high rates of drugs and vandalism." She also had strong prejudices against the high number of ethnic minority residents in her neighbourhood who caused her "trouble."

> *J'ai beaucoup trouble, c'est tout le monde le trouble (19-20)… ici c'est beaucoup de espagnols. Ohhhh ça c'est difficile! (24-26). Je n'aime pas l'atmosphère comme ça la…parce que c'est partout « la pauvre », « la pauvre », je suis vieille, j'ai ma pension de vieillesse, j'habille, je suis bien coiffée, je vais à l'église, eux autres vont jamais à l'église Madame [sic]. (590-592).*

Along similar lines, George thought his neighbourhood was "rough" and "dangerous" and said "people who end up here do not have a choice." *C'est un quartier abominable, excusez je vous dis ça de même, c'est un quartier très, très dur, il faut faire attention. (79-80).* He would rather live somewhere else but he feels he is "trapped." *C'est un quartier de même on n'a pas de choix la. On est obligé de vivre. (85-86). Oui, il est dangereux le quartier, il ne faut pas promener seul, tu peux te faire tirer, tu peux te faire poignarder, ça dépend des cas là, parce qu'il y a beaucoup de drogues là, si tu arrives avec des personnes qui sont bizarres, puis tu essayes de défendre, ça devient dangereux quand même. Une femme seule qui sort le soir c'est dangereux [sic]. (898-901).*

Roger pointed out the high number of drug users in the neighbourhood as well as in the building itself. *Ce que j'apprécie le moins ici dans LIAC, c'est une piquerie, c'est de la drogue, des échanges même ici là. Oui une piquerie, de la drogue et tout ça jour et nuit.* He often feared for his safety because "young people jump out of bushes and attack older residents."

> *... tu ne sais pas là, ça sort des arbustes tout ça, les gens aujourd'hui là, puis ici la il y a des gens de 13, 14 ans, qui vendent la drogues, les gros bosses ne le fait pas, il se sert des enfants. (607-609).*

Although Rhonda went out during the day, she refused to go out after dark because she felt unsafe. George believed that people should not wander alone in the neighbourhood, especially women.

Gertrude was considered a negative case regarding her views of the neighbourhood. She had the most favourable opinion about the LIAC and the neighbourhood, which is surprising because the LIAC is primarily a Francophone residence situated in a predominantly French speaking neighbourhood. She spoke fondly of the neighbourhood. *I came here because first of all, it's the cleanest part in town. I love it. (309).* When asked if she could change one aspect of her living environment, she said she would not change anything. *My environment here? The building? Nothing. I like it. It's clean well run, smells good because I've been in some bad smelling places, I like it the cleanliness. (923-924).* Unlike the other participants, Gertrude felt safe in the neighbourhood because it is situated in the gay village. *Yeah the gay village up there. No I love the atmosphere there because for one you know the guys are not going to touch you and the women won't because you're standing off a little [sic]. (632-634).* Her positive view of the LIAC and the neighbourhood was unexpected considering she felt ostracised and persecuted by other tenants and the apartment administration because she was unable to speak French. *Because I know there are people who can speak English but French is their first language and they simply do not want a non-French speaking person taking a valuable space here. (1154-1155).*

5.3.6 Social Isolation versus Loneliness

Participants recognized there was a difference between the concepts of social isolation and loneliness. According to Rhonda, an isolated person was someone who chose not to see people whereas loneliness was not a choice.

> *Il y a des personnes qui veulent s'isoler qui ne veux pas voir personne, la porte est fermée. Mais si le téléphone…ils ne répondent même pas au téléphone, ils parlent a personne. Ils veulent vivre toute seule, renfermée. Eh, ca c'est. Il veut vraiment être isolé. S'ennuyer c'est quelqu'un qui voudrait …bah il n'y a pas de téléphone sonne pas, puis la porte sonne pas puis il y a personne qui vient les voir, elles s'ennuient [sic]. (276-281).*

Similarly, Gertrude also considered more problematic than social isolation because social isolation was a personal choice whereas loneliness was not. She did not believe that social isolation was problematic, because it could be a safe option, if it was indeed a choice.

> *Loneliness is a recurrence of social isolation and yet I'd still choose isolation, moderate where you have a sense you are being left alone when you want it. On the other hand, no one is openly hostile and no one has abandoned you. (715-716).*

Furthermore, being socially isolated was not problematic for her. Her daily activities were solitary ones by choice, and she enjoyed them that way. *Solitude but I enjoy that. The floors, I have to keep washing those white cupboards, but you know that suits me to a 'T'. (820-821).* Interestingly, although Gertrude self-identified as being socially isolated and would choose social isolation over loneliness, she negatively personified what a socially isolated person would look like,

> *They would probably look dower, not warm not friendly and thinking too much about themselves, it's ok if they are thinking about money too much or if there is a death or bad will in the family you can feel. But these people who are dower all the time I get a feeling that they had an outburst in some kind of combativeness. (683-686).*

Rhonda did not view herself as socially isolated, but she admitted to being lonely, which was why she had pets.

> *Oui, ben oui! Je m'ennuie! Mais je m'isole pas la. Je ne me rends pas pour une quarantaine. Des fois je m'ennuie, c'est pour ca que j'ai des animaux. C'est pour ça que j'ai un chien, un chat, un oiseau, je peux plus avoir d'autre chose (rire) (283-285).*

Janine said that a person is socially isolated when they do not have anyone come to visit them. *L'isolement c'est quand on est seul puis qu'il y a personne qui vient nous voir, ça ben c'est ennuyant. (262).* She was dissatisfied with the amount of time her sons' spent with her, which made her feel lonely. Loneliness was her response to when she felt dissatisfied, segregated or set apart from a desired contact (i.e., her sons).

Roger recognized there was a difference between social isolation and loneliness but was unable to explain the dissimilarity. George was also not able to verbalize the difference between the two concepts; he used the terms interchangeably. Due to the language barrier, the nuances of these two concepts were not discussed during the interview with Susan.

5.4 Common Identified "Risk" Factors of Social Isolation

When adhering to a phenomenological approach, understanding common experiences of a phenomenon is of central importance. Although there were similarities in the participants' responses, no consensus was obtained. This finding is of interest as it highlights the complex, idiosyncratic, and elusive nature of social isolation. The following section presents how the participants' understood and experienced a number of social isolation risk factors. The risk factors section is followed by a presentation of how the participants' made sense and experienced the social isolation phenomenon, versus the phenomenon of loneliness.

5.4.1 Social Isolation and Age

Gertrude admitted to "always" having being isolated, whereas Susan disclosed that she had become more isolated due to age-related losses of autonomy. Rhonda chose to lead a more solitary life in her old age because she had worked her entire adult life with the public. Janine was more social when she was younger and had better health. She now preferred to be solitary because many of her friends had died and her poor health limited her activities. For George, social isolation did not have anything to do with a person's age or stage of life.

> *C'est quelque chose, non ça rien d'affaire avec la vieillesse il y a des jeunes qui vivent ca, tu as des jeunes qui devient fou avec ces choses la, ça ça va pas avec la vieillesse. L'isolement ça va aller chez le coté, il y a des personnes qui sont toujours toutes seules c'est sur qu'elles s'isolent, ça commence bizarre la, si t'a plus d'amis t'a rien, puis tu t'isoles, tu t'isoles, tu t'isoles [sic]. (917-921).*

Roger was the negative case regarding this theme because he had maintained a rich social network throughout his life.

5.4.2 Social Isolation and Gender

For Rhonda, women were better able to cope with social isolation because they were more competent in their domestic duties.

> *Je pense que pour une femme c'est plus facile a être toute seule, elle peut s'occuper de toutes sortes de choses, tandis que pour un homme il ne sait pas quoi faire, il va prendre un coup, tu sais il va...non...une femme elle va s'occuper à faire le ménage, a faire la vaisselle, a...les...regarde ça traine, ça traine...moi ça ne me dérange pas. Je pense que c'est d'après moi c'est plus difficile c'est plus plate pour un homme, ils veulent tous avoir*

des femmes, eh...puis une femme elle ne veut pas d'avoir d'homme, après un certain âge [sic]. (348-354).

Gertrude also believed women were better able to cope with social isolation because they knew more about maintaining a home.

Well I think it's very, very difficult for woman too, but most women have learned enough of the basic's in the home to do those things, which sounds…it's fairly important, a lot of people think that's trivial but I think women do know more about… cooking … of course not all women stay home to cook but when they're all home it's the woman who has to stay home and do that work mostly I don't think there're too many men who want to stand and peel potatoes and make gravy and whatnot. (1015).

Contrarily, Roger believed men were better able to handle social isolation because women were "weaker."

Oui la femme est plus faible je pense. La femme est plus faible et puis des fois...qu'est-ce qui arrive quand les enfants ont un certain âge, et ils viennent pas la visiter, ils passent, ils appellent sur le cellulaire, elle est obligée de descendre en bas, aller parler à la voiture un 5-10 minutes, la je suis pressé, il faut que j'y ait ici, il faut que j'y ait là [sic]. (447).

5.4.3 Social Isolation and Living Alone

At the time of the interview, all six participants lived alone. However, they did not express a relationship between living alone and their experiences of social isolation. Rather, living alone was viewed positively because it permitted a heightened sense of control and comfort in their home environment. The participants' perception of living alone is of interest because of the contradictory conclusions found within the existing research (Wenger, et al.,

2006). For example, although some studies equate social isolation with living alone, others suggests loneliness is not directly related to living alone (idem, 2006).

CHAPTER 6: DISCUSSION OF THE SIGNIFICANT FINDINGS

The purpose of this study was to bring forth a deeper understanding of the phenomenon of social isolation experienced in the everyday lives of older men and women living in low-income apartment complexes in Montreal, Quebec. Moustakas' (1994) phenomenological approach and a social exclusion framework were employed to analyze the data for this qualitative inquiry. The multi-dimensionality of a social exclusion framework allowed for a comprehensive analysis leading to an improved understanding of the participants' experiences of social isolation. Employing the policy-based concept of social exclusion also provided an interesting lens to consider policy and practice implications.

6.1 Preserving Purpose and a Sense of Identity

The older adults in this study remained active citizens by creating their own sense of purpose. Younger people integrate into society mainly through the formal participation in the labour market; however, this is not the experience for older people (Sevenhuijsen, 1998). Once paid labour is no longer an option, opportunities to remain active and participate socially are limited, thereby leading to feelings of social exclusion (Billette, et al., 2008). Writings dating back over 50 years posit that an individual's self-concept is directly related to participating in social roles (Havighurst & Albrecht, 1953) yet our society has done little to provide substitutes for older people whose roles are lost or reduced. Although none of the participants were gainfully employed, all of them engaged in a number of purposeful activities. For instance, three of the participants continued to feel integrated through unpaid labour; the two men provided services to their neighbours and Gertrude did book keeping for local executives. Susan felt integrated into society by being an "active church-goer," Rhonda took part in organized trips

through a local organization and Janine received formal volunteer services. Overall, the participants' level of activities was impressive, especially considering they were classified as "socially isolated" by their service providers.

6.1.1 Maintaining Purpose in the Home

The home provided a safe place where purpose and identity could be preserved. This is not surprising considering the vast majority of older adults' time is spent inside the home (Gitlin, 2003). This finding is similar to Peace and Holland (2001) who claims that older peoples' environments provide the context to maintain their activities, social interactions and personal identities. All six cases obtained a sense of identity through their diverse activities, which occurred primarily in their homes. For instance, Gertrude's routine domestic activities allowed her to maintain her identity as "bookkeeper," "cook," and "cleaner." Susan preserved her identity of an "independent woman," and prided herself of being well groomed and maintaining a neat and tidy home. Small luxuries found in George's apartment, such as a flat-screen television and cooking accessories clearly played a role in his sense of pride and self-esteem. For Janine, the home provided a safe place for her to host visitors and stay socially connected. The home also allowed a comfortable space for Janine and Rhonda to assume the role of "caregiver" to their pets. Interestingly, although for both genders, the majority of purposeful activities took place inside the home; the men obtained their sense of purpose and identity of "helper" outside of the home, mainly through caring for others.

6.2 Fear of Intimacy and Importance of Casual Relationships

All six cases had experienced an absence, loss or rejection within their social networks, thereby influencing their social isolation. However, despite their losses, absences or rejection of social ties, the participants managed to connect to society through their informal, casual

interactions. For instance, Gertrude and Rhonda saying "hi" was important and denoted a connection with others. Moreover, Rhonda and Janine craved emotional intimacy but not sexual intimacy and were closed to the idea of pursuing a romantic relationship because it would involve too great a risk. These findings resonate with Phillipson, Bernard, Phillips, & Ogg (2000) who found that older people may well regard "loose ties" (such as being able to say "hello" to neighbours) as being more important than "close ties." This informal contact was their way of participating socially thereby making them feel less isolated. Loose ties did not have a high risk, yet they provided a connection with others that made the participants feel part of the world. Their struggles with ambivalence regarding the formation and maintenance of close ties may have led an outsider to label them as "socially isolated," yet the ties they maintained provided an adequate level of social connectedness that protected them from the ill effects of social isolation. Overall, the participants had negotiated with themselves a level of intimacy and participation in which they felt comfortable.

Susan's experience with loose ties was unique. As a 91-year old woman of Polish origin, she felt she could not relate to her neighbours, who were significantly younger, who did not share her native language, and who were not European. She rejected her neighbours (the "other") because she did not share a common understanding. According to Cattell & Evans (1999) this is not uncommon for older people who derive an important part of their identity from recognizing similarities in other people. Moreover, feelings of "sameness" and sharing a common history with others makes people feel protected and included in society (idem, 1999). Outliving her family and friends, working hard her entire life, and living as a Polish woman in a predominantly French speaking neighbourhood, she struggled because she could no longer find

the "sameness" she desired. Consequently, she protected herself by rejecting the "other" which in turn contributed significantly to her level of social isolation and exclusion.

6.3 Internalizing the Social Isolation Problem Discourse

The participants' internalized the problem discourse surrounding social isolation; they spontaneously described social isolation as an illness. Classifying social isolation as an illness can be traced back to the early works of Sheldon (1948) who concluded that social isolation and loneliness are the cause of mental impairment, and when severe enough, can be the cause of mental breakdown. Tunstall (1966) also claimed that loneliness needed to be treated like any disease**,** where a diagnosis was necessary before the "problem" could be improved or alleviated. Feeling ashamed of having a limited social network did not come as a surprise considering the current gerontological research paradigm that focuses on the problems associated with social isolation and old age (Victor et al., 2004).

The participants' experiences demonstrate Guberman and Lavoie's (2004) dimension of symbolic exclusion. Self-identifying as an "isolated person" meant also identifying as a "boring person," with whom people would not want to associate. For some of the participants, it was shameful to admit they had few contacts. For instance, when Gertrude was asked whom she would call in the case of emergency, she had a difficult time answering this question, and she ended up feeling bad for not immediately being able to identify a friend or family member.

6.3.1 Challenging Existing Stereotypes of "Aging Well"

A problem-focused research tradition has also led to narrow perceptions of what constitutes aging well. For this reason, some of the participants in this study felt embarrassed about their limited social lives. Rowe & Kahn (1998) suggest that "aging well" involves remaining active, socially engaged, and having a positive outlook on the future. Older people

may feel they are not aging well because they do not fit this definition (Delisle, 2007). Delisle (2007) also points out that older people feel inadequate because of the way seniors are portrayed in the media. For example, the majority of retirement home advertisements exclusively depict images of older couples. This portrayal does not reflect the reality of older people, who for the majority are single and live alone (idem, 2007). Older people who do not fit this homogeneous mould risk believing they have somehow "failed" the aging process, thereby leading to feelings of social exclusion. The participants' experiences bring forth dimension of symbolic exclusion (Guberman & Lavoie, 2004); those who do not fit the idealized image of "aging well" are left feeling invisible (Grenier & Guberman, 2009). The image of aging well must be adapted to reflect the heterogeneity of a contemporary ageing population.

6.4 Social Isolation Affected by Lack of Material Resources

The participants unanimously identified social isolation as being linked to financial problems. The finding resonates with Guberman & Lavoie's (2004) dimension of economic exclusion as well as Rathbone-McCuan & Hashimi's (1982) ecological model of elder isolation, which posits that financial difficulties limit a person's social activities. Room (2005) and Scharf et al. (2004) also support this finding and points out that lack of material resources increased a person's risk of social exclusion. However, it is important to recognize that the participants lived in a geared-to-income apartment complex, where only 25% of their income went toward their rent. The participants felt fortunate to be living in the LIAC, because it permitted them to afford small luxuries (e.g., going out to restaurants, buying a flat-screen television, etc.). Nonetheless, the participants were impressively resourceful. For example, George did small jobs for his neighbours, and Roger sold Native cigarettes to supplement his income. Rhonda sought out reduced cost services (e.g., nail care), inexpensive meals at restaurants and free social outings.

The participants had adopted strategies to maximize their meager budgets which in turn protected themselves from the economic dimension of social exclusion.

6.5 Social Isolation Influenced by Perceived Unsafe Environment

The participants spontaneously referred to how crime and fear of crime affected their everyday lives, and consequently their experiences with social isolation. This finding demonstrates a clear example of Scharf et al.'s (2004) dimension of neighbourhood social exclusion. This finding is also similar to Sharf et al. (2002), where three out of four of older people in their sample (N = 595) commented negatively about their neighbourhood. In this study, all participants except for Gertrude had negative comments and felt unsafe in their neighbourhood. Bowling and Stafford (2007) (N = 1598) found that older adults living in less affluent areas tended to have negative perceptions of their neighbourhood, and were more likely to have low levels of social activities. Moreover, positive perceptions of the neighbourhood (i.e., neighbourly and having good facilities) was significantly associated increased levels of social activities (idem, 2007). Considering the LIAC is situated in a disadvantaged neighbourhood, it does not come as a surprise that the participants' had a negative perception of their neighbourhood. The participants' expressed that safe common spaces within the LIAC were lacking. They were frustrated that a day-care was being implemented within their building, rather than a common room for LIAC residents to socialize. The participants were not consulted in this decision, which left them feeling frustrated and powerless.

Not only did the participants feel unsafe in their neighbourhood, they felt threatened within the walls of their building. For instance, because neighbours had harassed Janine, she no longer went down to the lobby or the laundry room. Gertrude also felt persecuted by neighbours because she was not francophone; she feared the neighbours thought she was "taking up valuable

space." However, although the experiences affected the participants' involvement in social activities, relationships and hence social isolation, they had developed strategies to protect themselves. For example, Roger always took a taxi home when he went to bars at night, and called a friend upon his arrival. Janine had visitors come to visit her in her home and Gertrude focused on in-home activities and felt satisfied with the casual ties she maintained with her neighbours.

6.6 Social Isolation is a Voluntary State while Loneliness is Involuntary

The responses received during the interviews reflect the dominant theme in the social isolation literature; those who insist on the conceptual distinction between social isolation and loneliness generally view loneliness as the subjective element of social isolation (Havens et al., 2004; Wenger, et al., 1996). Participants differentiated between self-imposed versus involuntary states of loneliness. For the participants, loneliness was a negative state because it occurred when a person was unsatisfied with their level or quality of social contacts, or when they felt rejected. On the other hand, social isolation was viewed more positively, because it could be a choice.

6.7 Making Sense of the Social Isolation "Risk Factors"

6.7.1 Social Isolation as both Lifelong and Age Specific

As this thesis is inspired by Elder's (1975; 1978) life course perspective, it was necessary to analyze whether the participants' felt they had become increasingly socially isolated with age. No consensus was attained regarding this question. For instance, contrary to the existing literature (Brumett et al., 2001; Hall & Havens, 1999; House, 2001), Rhonda did not consider her failing health an obstacle to participating in her regular activities; she simply went at a slower pace. Janine was less isolated when she was younger, but due to health problems and the death

of loved ones, she had become increasingly isolated. Susan also valued the relationships she had developed through her social activities when she was younger; however, due to multiple losses, she no longer has the desire or energy to reach out and develop new relationships.

6.6.2 Gender Differences in Talking about Social Isolation

Similar to the literature (Hall & Havens, 1999; Mullins & Mushel, 1992; Qureshi & Walker, 1989; Victor et al., 2005) the participants had differing views and opinions regarding the relationship between social isolation and gender. For Rhonda and Gertrude, women were better able to cope with social isolation, because they were more competent in household tasks, whereas isolated men were more likely to turn to maladaptive behaviours, such as alcohol abuse. Contrarily, Roger believed men were better able to cope with social isolation because women were "weaker."

The women used the words "isolated" and "lonely" more often in direct reference to themselves, whereas the men spoke of the concepts in a more general, hypothetical way. Borys & Perlman (1985) assert that the stigma of being lonely is more severe for men than for women. In their study, which required participants to rate a prototypical lonely person, Borys & Perlman (1985) found that judges rated the prototypical person more harshly if it were a man. The stigma may have influenced the men's comfort to discuss their personal experiences of social isolation and/or loneliness.

CHAPTER 7: CONCLUSIONS, LIMITATIONS, IMPLICATIONS AND FUTURE DIRECTIONS

7.1 Conclusions

The purpose of this study was to bring forth an improved understanding of how social isolation is experienced in the everyday lives of older adults living in low-income autonomous apartment complexes in Montreal, Quebec. This study advances gerontological knowledge as it is one of the first to explore the phenomenon of social isolation from the perspective of older adults, using qualitative methods, and a social exclusion analytical framework.

A social exclusion framework unveiled that multiple dimensions of social exclusion (Guberman & Lavoie, 2004) influenced older peoples' experiences with social isolation. The participants' were susceptible to social exclusion in the following ways:

(1) Economic exclusion: their social activities were limited because of financial restraints.

(2) Symbolic exclusion: opportunities to engage in social roles were limited (e.g., retired, therefore, no longer able to integrate into the work force). They also felt inadequate because they did not fit the narrow mould of what constitutes "aging well."

(3) Identity Exclusion: participants had internalized ageist attitudes (e.g., "boring person not worth getting to know").

(4) Neighbourhood exclusion (Scharf, et al., 2004): participants' felt unsafe in the LIAC and the surrounding neighbourhood; this limited their opportunities to socialize.

(5) Territorial exclusion: poor health and limited mobility led to geographic isolation, which limited the participants' opportunities for social involvement.

(6) Socio-political exclusion: The participants did not feel they were being included in decisions that affected them directly (e.g., a new day care was being implemented in the LIAC rather than a common room for the residents).

(7) Social network exclusion: loss, rejection and/or maintenance of meaningful relationships influenced the participants' experiences with social isolation.

However, although the participants in this study were classified by their service providers as socially isolated, their ability to manage their social isolation was remarkable. The participants had a great sense of self-initiated purpose in their everyday lives, which protected them from the ill effects of social isolation. The six older adults also valued their informal, casual relationships. However, they also expressed ambivalence regarding how much they were willing to invest in forging these relationships. Intimacy was desired by some yet they realized attaining this level of closeness required a risk they were not willing to take. Overall, their strategies and natural abilities to cope with social isolation challenges the widespread stereotypes of social isolation: that it is an inevitable, hopeless and problematic part of aging.

7.2 Limitations

Being a woman

I found my social location of being a woman hindered one of the interviews. A comment by one of the participants regarding how "risky" it was for me to conduct interviews in a "male stranger's" home led me to question my safety. My malaise influenced the quality of the interview, as I was more reluctant to probe at certain times. However, I decided to retain the interview because regardless of my anxiety, the interview provided rich descriptions of social isolation.

Stigma of Social Isolation

There is a powerful social stigma attached social isolation and/or loneliness. People fear admitting they have felt, or presently feel lonely and isolated because admission implies inadequacy. The perception of social isolation may have led to participants responding in a socially desirable way. However, this did not appear to be the case for the participants in this study. They were all very open about their experiences with social isolation and generally did not hesitate to admit to feeling socially isolated and/or lonely. However, the women were more open discussing intimate details of their individual experiences than were the men.

Language Barrier

Although I am fluent in both English and French, I am more comfortable speaking English, which made conducting five out of the six interviews in French challenging. This was especially the case with the Polish woman who spoke broken French with a thick Polish accent as well as one of the men who spoke very quickly with a thick Quebecois accent. Although parts of the interviews were at times unclear, I felt uncomfortable asking the participants to repeat if I did not understand what they were saying because I wanted to portray myself as a competent researcher. I thought asking to repeat too often may hinder the image I wanted to achieve. Transcribing in French was an arduous and challenging process, as it required more time and effort than it would in English. However, all of the participants provided me with their telephone numbers in the case of confusion or misunderstanding during the transcription or if a second interview was required. In the end, it was not necessary to re-contact any of the participants.

7.3 Implications

7.3.1 Practice Implications

This study unveiled different profiles of older adults' experiences of social isolation. Social isolation does not necessarily reduce to particular characteristics or risk factors; rather it is an ensemble of a person's profile and experiences. Social workers need to accept that certain older people will want to participate while others will not. It is also fundamental to recognize that coming into contact with socially isolated people is a feat, and that multiple intervention approaches and styles are required. Furthermore, older people who choose to be socially isolated should not be forced to participate, because they may isolate themselves voluntarily as a protective-strategy.

On the micro level, service providers need to change the questions asked to older adults. Specifically, when conducting a psychosocial assessment it is natural to focus on the number of intimate relationships, such as family and friends, as well as participation in activities. If a person has few or no close social contacts, the service provider would typically find ways to enrich their social networks. A common strategy is to have the older person integrate into an activity or pair them with a volunteer. Although this approach is effective for some older adults, these types of relationships involve risk and many people are cautious with whom they get to know and share intimate information. Rather than counting a person's number of contacts and activities, perhaps asking "Where do you go to feel to feel connected to the world?" or "Where are the places you enjoy going to feel integrated into society?" May bring forth a better understanding of what is important to an older person. This thesis demonstrates the importance for clinicians to ask, "What do people value in their life?" The wish list questions in this inquiry

tapped into these "wants," which are often dismissed in the current risk-reduction focused health care environment (Grenier & Guberman, 2009).

The findings of this thesis make me question my own clinical approach and interventions with older adults. As I reflect on the nuances identified by the participants regarding the social isolation "risk factors," I recognize the older adults spoke more about the importance to preserve and maximize purpose, and to minimize rejection and feeling out of place. This brings me back to my initial questions regarding my job as an IM: "What does a socially isolated person look like?" "Am I doing a good job at 'breaking' a person's social isolation?" "How can I be effectively helping a person break their social isolation if I am unsure of what it is?" There is no simple answer to these questions however; I now have a better understanding the multi-dimensionality of the phenomenon of social isolation, the importance of informal relationships and the need for improved social spaces. It makes me think that some of my programming should be around advocating for better spaces that would encourage informal, casual relationships rather than encouraging the formation of intimate ties.

7.3.2 Policy Implications

Providing a voice

The impact of providing a voice to the older adults was striking. Shortly after the interviews were complete, my supervisor received a telephone call from two of the participants' social worker. The social worker called to inform us that his clients had been "thrilled" to be part of the study. As a young researcher, I found this news to be very encouraging. More importantly, I found the participants' reaction interesting because it provided evidence of the significance of allowing older people to participate in real-world projects.

Need for Safe Common Spaces

The study showed that more resources and safe spaces are needed to promote social activity and foster the informal relationships, which were highly valued by the participants. I question whether the majority of the participants' activities took place within the home because safe, common spaces were lacking. For instance, the participants felt "unsafe" going to common spaces such as the laundry room and lobby. The participants were also upset about the new day care within their building. A common gathering space within the residence was desired, yet it was unclear to the participants why an available space would be granted to children.

Scharf et al. (2002) found that older adults expressed a deficit in having safe, common places such as community centers. However, this study differed because the participants' expressed the importance for this common space to be within the walls of the residence. Proximity and easy access to safe common spaces is significant to older people with limited mobility, especially during the harsh Canadian winters. The participants' responses demonstrate that the absence of common spaces hinders older people's levels of social activity and opportunities to engage in safe social activities outside the home.

Opportunities to Create Purpose

Macro level changes are necessary to reframe what is considered a purposeful citizen. As a society, we have created so many barriers that have led to the failure of allowing older people feel purposeful. There is a need to challenge the idea that purpose is only attached to the paid labour market. More opportunities are necessary so that older people have spaces where purpose can be preserved other than in the safety of their own homes. Although the participants recognized they needed to remedy their isolation through engaging in purposeful activities, the scope of their activities was limited. Older people who are no longer actively participating in the

job market are restrained, because our society has created barriers to creating purpose in their lives. The overwhelming positive reaction received from the participants regarding their participation in the study demonstrates the importance of providing opportunities for older people to feel they are still able to participate in society as they age.

In sum, this exploratory study brought forth an improved understanding of what is important to older adults: preserving purpose, informal casual relationships and a safe environment. Based on the participants' responses, there is a need to improve urban designs to better accommodate the number of older adults who are aging in place. This could be achieved by increasing green spaces and having safe common spaces to sit within age-segregated apartment complexes. Safe common spaces promote the formation and maintenance of low-risk informal relationships thereby breaking social isolation and potentially improving the overall quality of life of older adults. As a society, we also need to create opportunities for the diversity of our citizens and consequently take down the barrier of what it means to be a productive member of society. Moreover, perceptions of what constitutes "aging well" must be adapted to reflect the heterogeneity of older peoples' experiences. These changes are vital to ensuring older people feel included in society, and that those suffering from social isolation have a solid backdrop to exercise their natural protective strategies.

7.4 Future Directions

Older Ethnic Minorities

Exploring the subjective experiences of social exclusion among ethnic minority older adults residing in low-income social housing complexes in Montreal, Quebec is a worthy area of study. Susan, a Polish immigrant, had a unique experience with social isolation and inspired this future research direction.

Although studies focusing on ethnic minority older adults' experiences with social exclusion has become a popular area of research (Bachmann, 1994; House, 1995; Samers, 1998), little has been written from a gerontological perspective, especially from the unique standpoint of ethnic minority older adults themselves. Keefe et al. (2006) have identified that social isolation may have different meanings and experiences in different cultures; that it may be more difficult for older ethnic older adults to integrate into society, thereby increasing their risk of social isolation and exclusion. Moreover, although there is a growing body of literature on the importance of environment, space and place for aging populations (Andrews & Phillips, 2003; Peace & Holland, 2001) exploring the experience of ethnic minority elders residing in social housing has not been a research priority. Taken together, exploring the experiences of social exclusion among ethnic minority older adults who live what seems to be a closed environment is a timely and relevant area of research.

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Appendix A: Information Sheet for Service Providers (French version)

Titre : Explorer le phénomène de l'isolement social à travers l'expérience unique des ainés autonome vivant en logement social

But de l'étude

- L'isolement social des ainés-es vivants en logement social reste un phénomène sous exploré dans la recherche de gérontologie sociale. Cette recherche qualitative comblera une lacune méthodologique qui amènera une meilleure compréhension des facteurs de risques associés à l'isolement social.

Participation:

- Les résidents que vous référé participeront dans une entrevue unique de 60 à 90 minutes avec l'enquêtrice principale, Victoria Burns et répondront à des questions générales (parlant de leurs vie quotidienne et expériences en logement social) ainsi que leurs perceptions de l'isolement social.

Participation volontaire:

- Participer à cette étude est complètement volontaire. Les résidents sont libres de retirer en tout temps, et/ou refuser de répondre à certaines questions, sans subir de conséquences négatives.

Confidentialité et anonymat:

- Avec la permission des résidents, l'entrevue serait enregistrée.
- Nous ferons tout notre possible pour protéger les renseignements concernant et relatifs à la participation des résidents. Le nom du résident ainsi que le nom du logement social ne seront cités dans aucun rapport.

Conservation des données:

- Les données recueillies seront conservées de façon sécuritaire dans un bureau à McGill fermé à clé. Toutes les données seront détruites après 2 ans.

Compensation:

- Les participants seront payés $20 pour leurs temps.

Merci d'avance pour votre intérêt dans cette étude de recherche.

Appendix B: Service Providers' Invitation to Participate

Université McGill, École de Travail Social
Wilson Hall, 3506 rue Université, suite 302
Montréal, Québec, Canada H3A 2A7
Téléphone: 514-398-7070
Fax:(514) 398-4760

Cher (es) collègues,

Je vous écris pour inviter votre organisme à participer à une étude dénommée:

Explorer le phénomène de l'isolement social à travers l'expérience unique des ainés autonome vivant en logement social

Suivant notre discussion durant le soutien clinique du mercredi 4 mars 2009, je vous envoie l'information au sujet de mon étude ainsi que les critères pour l'échantillon désiré. Non seulement cette étude pourrait bénéficier directement à votre organisme et ses pratiques, les implications politiques pourraient être importantes.

Sous la supervision du Dr. Tamara Sussman, je conduis l'étude à l'Université McGill dans le cadre de ma maîtrise en travail social. Le but de cette étude est de mieux comprendre les expériences vécues et perceptions associées de l'isolement social des ainés vivants en logement social. Le but ultime de la recherche est de mieux comprendre les indications et facteurs de risque aussi bien que les stratégies pour réduire l'isolement social parmi les ainés.

Je compte conduire un total de 6 à 10 entrevues avec des ainés-es de 65 ans et plus qui résident actuellement en logement social. Je suis intéressée par l'obtention d'échantillons hétérogènes qui peuvent être identifiés comme «personnes isolées.»

Si vous êtes en contact avec des ainés qui répondent au profil désiré et que vous pensez serait capables de participer à une entrevue unique de 60 à 90 minutes avec moi, une référence serait

grandement appréciée. J'ai attaché ci-dessous une feuille d'information décrivant l'étude. J'ai également attaché une lettre d'invitation ainsi qu'une feuille d'information pour transférer aux participants perspectifs. Je vous demande de d'écrire brièvement l'étude à vos clients et leur demander s'ils acceptent que je les contacte par téléphone pour plus d'information, et éventuellement planifier une entrevue.

Pour tout renseignement additionnel concernant cette étude vous pouvez communiquer avec moi par courriel à victoria.burns@mail.mcgill.ca ou ma superviseure Dr. Tamara Sussman au (514) 398-2265. Pour tout renseignement sur les aspects éthiques de cette recherche, vous pouvez adresser au responsable de l'éthique en recherche, Lynda McNeil au (514) 398-6831 ou par courriel lynda.mcneil@mcgill.ca

Merci d'avance pour votre collaboration qui est grandement appréciée.

Victoria Burns

Appendix C: Participants' Invitation to Participate

McGill University, School of Social Work
Wilson Hall, 3506 University Avenue, suite 302
Montreal, Quebec, Canada H3A 2A7
Telephone: 514-398-7070
Fax: 514- 398-4760

Dear resident,

I am writing to invite you to participate in a study titled:

Unpacking the Phenomenon of Social Isolation through the Unique Experiences of Autonomous Older Adults Living in Social Housing

Under the supervision of Dr. Tamara Sussman, I am conducting this study in partial fulfillment of my Master of Social Work degree at McGill University. The purpose of this study is to understand the lived experiences and associated views of social isolation among older adults living in social housing.

Your participation would include taking part in a 60-90 minute interview with me. If you decide to participate in this study, I will ask you to sign a consent form prior to conducting the interview. Your participation is voluntary and you may choose to decline participation at any time, with no negative consequences. Your health and social services will not be affected in any way, now or in the future, if you decide not to participate.

If you are interested in participating, please notify your primary worker and I will contact you soon. Should you have any questions about this study, please contact my supervisor, Dr. Tamara Sussman, Assistant Professor, School of Social Work, McGill University (514) 398-2265. Thank you for your interest and consideration to participate in this study.

Appendix C: Participants` Invitation to Participate (French version)

Université McGill, École de Travail Social

Wilson Hall, 3506 rue Université, suite 302
Montréal, Québec, Canada H3A 2A7
Téléphone: 514-398-7070
Fax:(514) 398-4760

Chère(e) résident(e),

Je vous écris pour vous inviter à participer à une étude universitaire dénommée: *Explorer le phénomène de l'isolement social à travers l'expérience unique des ainés vivants logement social.* Sous la supervision du Dr Tamara Sussman, l'étude est conduite par Victoria Burns, intervenante de milieu et candidate en maîtrise de Travail Social à l'Université McGill. Le but de cette étude est de mieux comprendre les expériences vécues et perceptions associées à l'isolement social pour pouvoir adopter des meilleures stratégies pour réduire l'isolement social auprès les personnes âgées.

Participer à cette étude est complètement volontaire. Si vous décidé de participer dans cette recherche vous seriez demander de participer dans une entrevue de 60-90 minutes avec Victoria Burns pour répondre à des questions générales (ex. parlant de votre vie quotidienne et expériences en HLM) ainsi que vos perceptions de l'isolement social.

Votre intervenante de milieu communiquera bientôt avec vous pour apprendre si vous êtes intéressée a participer dans l'étude. A ce moment je communiquerais avec vous pour répondre à vos questions et éventuellement fixer un rendez-vous pour passer l'entrevue.
Pour tout renseignement additionnel concernant cette étude vous pouvez communiquer avec la chercheuse Victoria Burns ou son superviseure, Tamara Sussman au 514-398-2265.
Merci d'avance pour votre intérêt dans cette étude de recherche.

Appendix D: Information Sheet for Participants (English version)

Victoria Burns and her supervisor, Dr. Tamara Sussman at McGill University would like to invite you to participate in a new research study titled:

Unpacking the Phenomenon of Social Isolation through the Unique Experiences of Autonomous Older Adults Living in Social Housing

Why is this study being done?

- Social isolation remains an underexplored phenomenon within gerontological research, especially from the unique perspectives of older adults.
- We hope that by providing a voice to a population that is often silenced, this qualitative study will not only fill a methodological gap, but will lead to a better understanding of the risk factors and indicators associated with social isolation.
- Ultimately, we are aiming to offer policy and practice recommendations that support the rapidly increasing number of seniors who are aging in place.

What will be asked of you as a participant in the study?

- Take part in one interview lasting between 60 and 90 minutes.
- Answer general questions about your personal history and experiences (e.g., to describe a typical day).
- Discuss your views and experiences with social isolation.

What should you know about your participation in this study?

- Participation in this study is voluntary. You are under no obligation to participate in the process.
- You may withdraw participation in this study at any time.

- Your care and services will not be affected in any way now, or in the future, if you decide not to participate.
- You may decline to answer specific questions.
- If you get tired during the interview, a break can be taken or the interview can be resumed at another time.
- The interviewer will be sensitive to the emotional aspects of the situation and will remind you that you can choose to end the interview at any time.
- All information provided is strictly confidential. Your name will never appear in any report, publication, or presentation resulting from this study.
- With your permission, your interviews will be recorded using a digital voice recorder.
- With your permission, quotes from the interview may be included in presentations and reports but your name and the name of your HLM will not be used to identify the quotations.
- All information gathered will be stored indefinitely in a locked research office at McGill University, with the exception of recordings, which will be erased after two years.
- You will be awarded a $20 honorarium to compensate for your time.

Who to contact should you have any questions about the study?

- Should you have any questions or concerns, please contact Victoria Burns or her supervisor Dr. Tamara Sussman at (514) 398-2265
    - E-mail victoria.burns@mail.mcgill.ca. or tamara.sussman@mcgill.ca

- As with all McGill University projects involving human participants, this study has been reviewed by, and received ethics clearance through the Office of Research Ethics McGill University. Any comments or concerns with participation in this study can be addressed to the Research Ethics Officer, Lynda McNeil at (514) 398-6831 or at lynda.mcneil@mcgill.ca.

Thanking you in advance for your interest in this study!

Information Sheet (French Version)

Victoria Burns et son superviseure Dr. Tamara Sussman de l'Université McGill vous invitent à participer à une étude de recherche dénommée :

Explorer le phénomène de l'isolement social à travers l'expérience unique des ainés vivants en logement social

But de l'étude:

L'isolement social des ainés-es vivants en HLM reste un phénomène sous explorés dans la recherche de gérontologie sociale. Cette recherche qualitative comblera une lacune méthodologique qui amènera une meilleure compréhension des facteurs de risques associés à l'isolement social.

Participation:

- Participer a une entrevue unique de 60 à 90 minutes avec l'enquêtrice principale, Victoria Burns (à un endroit qui vous convient).
- Répondre à des questions générales (parlant de votre vie quotidienne et expériences en HLM) ainsi que vos perceptions de l'isolement social.

Participation volontaire:

- Participer à cette étude est complètement volontaire. Vous êtes libre de vous retirer en tout temps, et/ou refuser de répondre à certaines questions, sans subir de conséquences négatives.

Confidentialité et anonymat:

- Avec votre permission l'entrevue serait enregistrée sur cassette.

- Nous ferons tout notre possible pour protéger les renseignements concernant et relatifs à votre participation à cette étude. Votre nom ainsi que le nom du votre HLM ne seront cités dans aucun rapport.

Conservation des données:

- Les données recueillies seront conservées de façon sécuritaire dans un bureau à McGill fermé à clé. Toutes les données seront détruites après 2 ans.

Compensation:

- Vous serez payé $20 pour votre temps.

Contact :

Si vous aimeriez obtenir plus ample information sur ce projet, je vous prie d'informer votre intervenante de milieu qui communiquera ensuite avec moi. Aussitôt que j'ai la réponse de votre intervenante je vous contacterai par téléphone pour répondre à vos questions et fixer une date pour l'entrevue.

Merci d'avance pour votre intérêt dans cette étude de recherche!

Appendix E: Recruitment Script for Participants

Hello [name]. My name is Victoria Burns. I am a Masters student at the School of Social Work at McGill University. (Name of service provider who referred resident) has given you some written information on a study that I am doing here at your social housing complex. I am phoning to tell you a little bit more about the study so that you can decide whether you would like to participate or not.

If you choose to participate, we will set up a time and location for an interview. The interview lasts about 60-90 minutes and with your permission, it will be taped using a digital voice recorder. The questions will focus on your day-to-day experiences living in social housing, your perception of social isolation, as well as your insights on how to further improve policy and practice in this area. I hope that by talking to you I can begin to understand what improvements need to be made to better support older adults living in social housing complexes. If there are any questions that you do not want to answer you can simply tell me and we can move on to the next question.

It is important that you understand that your participation is completely voluntary. If you don't want to participate you don't have to. Your care and service will not be affected in any way, now or in the future. To ensure that your care is not compromised, your service providers will not be informed of your final decision regarding study participation.

We want to reassure you that all information you and others share will be anonymous and your name or the name of your long-term care home will not be attached to any report or presentation on the study. This study has been reviewed and received ethics approval through the Office of Research Ethics at McGill University.

If you are interested in participating, I will arrange a meeting with you at a time and place that is convenient to you. At that time, I can have you read over the consent form and if you still agree, we can proceed with the interview.

Would you be willing to participate in this study and agree to meet with me to talk about your move?

If resident says no say “thank you for taking the time to hear more about this study.”

If resident says yes say “thank you for taking the time to hear more about this study. Can we set up a time and place to meet?”

Appendix F: Thank You Letter

Exploring the Phenomenon of Social isolation through the Unique Experiences of Autonomous Older Adults Living in Social Housing

Dear _____

I would like to thank you for agreeing to meet with me on [put date] to talk about your experiences and thoughts regarding social isolation. The information you shared with me is invaluable. We hope this study will provide a better understanding of social isolation in order to improve the services for older adults living in social housing. Your participation also helped me to complete the research requirements for my Master's Degree in Social Work at McGill University.

If you are interested in receiving a summary of the results of this study, or if you have any further questions, please do not hesitate to contact me at 514-488-3673, ext. 1563 or my supervisor, Dr. Tamara Sussman, at 514- 398-2265.

As with all McGill University projects involving participants, this study was reviewed and approved ethics clearance by the Office of Research Ethics at McGill University. If you have any concerns or questions about your participation, you can also contact the Research Ethics Officer, Lynda McNeil at (514) 398-6831 or at lynda.mcneil@mcgill.ca.

Thank you again for all of your time and your insights.

Sincerely,

_____

Victoria Burns, Master of Social Work Candidate

_____

Dr. Tamara Sussman

Associate Professor, McGill School of Social Work

Appendix G: Declaration of Informed Consent

Project title: Unpacking the Phenomenon of Social Isolation among Autonomous Older Adults Living in Social Housing

I have read the **Information Sheet** provided by the principal investigator Victoria Burns describing the purpose of the project. I understand that my participation will involve a face-to-face interview with Victoria Burns who will be being asking questions about my experiences of daily life living in a social housing complex as well as my perceptions of social isolation. The interview will last between 60 and 90 minutes and will recorded using a digital voice recorder with my permission. I also understand that quotes from the interviews may be included in publications and presentation to come from this, with the understanding that my name/name of my social housing complex will not be used to identify the quotations.

My consent to participate in this research project is made under the following conditions:

1. Participation is voluntary and all data collected will be used only for teaching and research purposes.
2. All information will be kept strictly confidential, accessed only by members of the research team. Pseudonyms for the facility and all participants involved will be used on all documents pertaining to the study and in all oral and written reports of the project.
3. I may decline to answer any questions at any time.
4. I may withdraw my participation in this study at any time.

This study has been reviewed through the Office of Research Ethics at McGill University and has received ethics clearance. Any comments or concerns with participation in this study can be addressed to research Ethics Officer, Lynda McNeil, (514) 398-6831 or at lynda.mcneil@mcgill university.

I (insert your name) _____ agree to participate in the research study titled: Unpacking the Phenomenon of Social Isolation through the Unique Experiences Autonomous Older Adults Living in Social Housing

I agree to have an interview with Victoria Burns.

_____ YES _____ NO

I agree to have my interview recorded.

_____ YES _____ NO

I agree to the use of anonymous quotations in presentations and publications.

_____ YES _____ NO

Name of Participant (print): _____

Signature of Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____

Appendix H: Interview Guide

I would like to start the interview with a few general questions about your personal history and experiences living in low-income housing (the LIAC):

- How long have you been living in the LIAC?
- What types of services are offered in your LIAC? (e.g., on-site intervenante, activities, laundry facility, janitor, etc.).
- Can you describe your neighbourhood to me (i.e., services that are in walking distance, demographics, etc?)
- Can you describe a typical day to me? What would a typical "good day" look like? What about a typical "bad day?"

General questions about social isolation:

- What would a socially isolated person look like to you? What about a lonely person?
- What are the characteristics of an older person that make them socially isolated? What about lonely?
- What ideas do you have on the best ways for older people to break their social isolation?

Wish list questions:

- If you could change one aspect of your current living environment, what would it be?
- If I had a magic wand with me, and could change one aspect of your life today, what would it be?
- If you could change one aspect of your neighbourhood, what would you change?
- Is there anything you can think of that would improve the quality of seniors' lives that are living in low-income housing?