

WIDOWHOOD: CHANGE AND WELL-BEING IN A FLORIDA LEISURE-
ORIENTED RETIREMENT COMMUNITY

By

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A THESIS PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF
FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF MASTER OF ARTS

UNIVERSITY OF FLORIDA

2005

ACKNOWLEDGEMENTS

First, I would like to thank the members of my supervisory committee, Dr. Tanya Koropecyj-Cox and Dr. Barbara A. Zsembik, for their assistance and guidance. Without their helpful comments, suggestions, and (perhaps most of all) their encouragement, the project might never have been completed. A special thank you is extended to Dr. Koropecyj-Cox, who spent countless hours helping to design (and refine) both the project and the manuscript; her knowledge of the subject area and sharp editorial eye ensured that the final product was a quality one. Dr. John C. Henretta, too, deserves thanks for allowing the first phase of this project to fulfill the final paper requirement in his Fall 2003 Aging and the Life Course seminar. And to the committee who chose that paper as the winner of the 2004 graduate Leighton E. Cluff Award for Research in Aging, I also extend a thank you. That decision was just the encouragement I needed to expand and continue the project, the end result of which is this thesis.

To all of the participants in this study—the widows who so generously gave their time to help a fledgling graduate student—I extend a very special thank you. Not only were their personal narratives used to create the very heart of this manuscript, but they themselves were a genuine pleasure to meet and talk to. I would also like to thank Ms. Monica Andersen, Assistant Deputy Director of The Villages, for her assistance and support throughout the project, and for generously supplying a location where focus groups and interviews could be conducted.

Finally, I would like to thank my family. They have never faltered in their faith in my work, even when it took so much of my time from them. First, there are my parents, Thomas and Victoria Youngblood, who provided a childhood home full of love and books, and who created in their children a hunger for learning and knowledge. Without them, graduate education would have been an impossibility. Most of all, I would like to thank my husband, Olivier Renaud Gandou, for his attention, love, and unwavering support. During the researching and writing of this manuscript, entire days would go by when I saw him only three short times—the times he knocked on the door to the room where I was working in order to tell me that my breakfast, lunch, and then dinner were ready. His care of both me and our son, Antoine, was what I needed to see this project through to completion. A very special “thank you” goes to him. Nothing on earth could replace him in my life.

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May 2005

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Major Department: Sociology

This study explores the social networks and well-being of older women who have become widowed while living in a leisure-oriented retirement community (LORC) in North Central Florida. Because relocation to an LORC often implies leaving behind established social networks, it is important to study how retirees re-form networks and adjust to their new environment after becoming widowed. Identifying the ways in which social networks do or do not change following the death of a spouse in a retirement community may help families and institutions facilitate well-being for retired persons, particularly during times of stress. This paper draws on in-depth interview data obtained from 20 widowed residents of a large LORC in Florida. Qualitative analyses reveal that social networks and leisure activities did change somewhat following the death of a spouse. Ample social outlets and activities, however, have meant that these widows have had little difficulty finding ways to remain active and socially engaged once widowed.

This process was facilitated by the involvement of LORC activities directors as well as informal networks. Interestingly, despite the range of housing and supportive services available in the LORC, most of these widows expected to migrate back North to live near their adult children when they could no longer live independently. The research fills an important gap in our knowledge of what it means to be widowed within the context of a leisure-oriented retirement community.

CHAPTER 1 INTRODUCTION TO PROJECT AND RESEARCH GOALS

Introduction

In the past, retirees were presented with very few options when it came to finding an ideal place to live out their “Golden Years.” Because retirement tended to occur at age 65 or later (or not at all), relocation upon retirement was often not even considered as an option. Indeed, many chose to age in place and eventually moved only when faced with infirmity (often to a nursing home or to live with grown children). Despite the waves of retirees relocating to the Sunbelt or elsewhere since the 1950s, the general trend has been for retirees to attempt to age in place if at all possible.

In fact, Golant (1992) notes that the majority of older individuals tended to move locally or to congregate housing in areas where they formerly lived. Burley (1982) noted that “return migration” to rural areas, often after having worked for years in large cities, was an occasional phenomenon in retirement and occurred after the accumulation of assets. Unfortunately, rural areas tended to be both less equipped medically than larger cities and to offer fewer activities and amenities overall; retirees in these areas thus sometimes found themselves lacking in necessities as they aged.

For those retirees who did migrate to new places, the choice of location was usually a town or city (often in the South) where other retirees had congregated—St. Petersburg, Florida or Phoenix, Arizona, for example. A much smaller number chose to relocate to retirement communities; however, the pull to this type of living arrangement (sometimes

no more than a mobile home park with a few amenities) was not as strong as the pull to move to a larger city where-although the residents would not be guaranteed an environment made up exclusively of retirees-all manner of cultural activities could be found (Monk 1985). These cities served as suitable new homes for many retirees, especially those who were healthy and active, but were not especially desirable once infirmity began to set in, as Vesperi found in her 1985 study of St. Petersburg, *City of Green Benches: Growing Old in a New Downtown*. For many, in fact, the “perfect” place to grow old and die did not yet exist.

More recent research, however, indicates that a growing number of retirees are now relocating to new “Leisure-Oriented Retirement Communities” (LORCs), whose very structures are designed to take into account *all* of retirees’ needs—from those who are yet healthy and active to those facing end of life issues and in need of hospice care. Studies done after the year 2000, for example, indicate that this new type of retirement community is gaining greater acceptance among both the elderly and the population as a whole. In their book *Generations*, Strauss and Howe divide all of American history into 18 generations. Of interest to current researchers on aging are the GI Generation (born 1901-1924), the Silent Generation (born 1925-1942), and the Boomer Generation (born 1943-1960) (Strauss and Howe 1992). A recent article published in *Managed Care Quarterly* indicates that 83% of GIs, 85% of Silents, and 87% of Boomers would now consider living in a retirement community (Brooks 2001).

Currently, it is still a small-but growing-number of retirees who choose to relocate to retirement communities of any type, but the trend is likely to continue or increase as the new leisure-oriented communities become better known. Moreover, the leading edge of

the Baby Boom generation is currently within a decade of the traditional retirement age, and it is anticipated that they will have the resources to experience the same “Golden Age of Retirement” that their parents experienced (Haas W.H. III and Serow W.J. 2002). Furthermore, studies indicate that many of these “Boomers” will relocate to an area that they consider more suitable for living out their retirement expectations, such as one of the new all-inclusive LORCs.

Prior studies, however, have indicated that leaving behind formal, established networks of friends and family may contribute to depression or even the suicide of those who find themselves far away from family and friends when trauma strikes (Bock 1972; Maples and Browning 1994). These prior findings are especially pertinent for elderly people who have relocated to an unfamiliar environment and later find themselves in need of assistance or facing the death of a friend or spouse. Since an increasing number of people are now relocating (or considering relocating) to a LORC upon retirement, the chances are good that large numbers of retirees will eventually find themselves widowed in a relatively new environment. This research seeks to examine the ways in which residents of this type of community are able to manage their lives and ensure social support after the death of a spouse.

Specific Aims

This study will examine the lives of older women widowed while living in The Villages in North Central Florida. Widowhood is a traumatic–potentially devastating–time in a person’s life, and prior studies conducted in retirement communities indicate that the transition from married person to widow(er) often has the effect of marginalization from one’s peers and social groups (van den Hoonaard 1994; van den

Hoonard 2002). The Villages, however, does not fit the traditional definition of *retirement community* (see Appendix A), and is in fact a new town created and designed specifically with the needs of leisure-oriented retirees in mind. With a current (and continuously growing) population of over 45,000, The Villages is one of the largest LORCs in the United States and draws thousands of new retirees each year.

In addition to providing various outlets for married couples, the town advertises itself as hosting multiple activities that cater specifically to singles and widowed persons. Although an earlier pilot study conducted at The Villages indicated a general sense of well-being and happiness for married retirees, the study did not include those who had been widowed while living there. Balkwell (1981) informs us that three out of every four American wives may expect to become widows at some point in their lives. Therefore, it is important to study social network dynamics surrounding widowhood in this new type of community. Doing so will help families and institutions facilitate well-being for retired persons, particularly during times of stress. The following specific aims have guided the research:

- To examine the factors influencing the decision to relocate to The Villages;
- To examine the ways in which social networks do or do not change following the death of a spouse;
- To assess the future outlook of those widowed while living in The Villages.

CHAPTER 2 LITERATURE REVIEW

In this section, the available literature on both the demographics of an aging society and on retirement community living in general is reviewed, along with the available literature on widowhood, both in the general population and within the context of a retirement community. Research questions emerging from these literatures are identified. I conclude with a description of the theoretical and practical significance of the project.

Aging Society

According to the U.S. Census Bureau (2002), older Americans currently represent the fastest growing segment of the population in the United States; more and more people are living longer lives. As Cattell (1996) points out, “the processes of individual aging and population aging are intertwined. The aging of many individuals shifts population structures into an “aging” mode, the current world trend.” (p. 90) This increase in individual longevity, combined with stable or dropping birthrates, has resulted in increasing proportions of older people in many industrialized nations. References to this phenomenon abound in the media, and it is rare to encounter someone who isn’t aware that they are today part of a rapidly aging society. It is estimated that by 2010, there will be more than 40 million people aged 65 and older, with the “oldest-old” segment—adults aged 85 and older—growing the most rapidly (U.S. Census Bureau 2002).

As more people live longer, patterns of work, leisure, and retirement change (Riley 1992; Henretta 2001; Guillemard and Rein 1993). This rings particularly true in the state of Florida, long recognized as the “place to go” when one approaches retirement age. As a result, Florida now has one of the highest proportions of older adults in the United States. In fact, the authors of *Florida’s Megatrends* point out that Florida’s retirement community in 1998 was larger than the entire populations of 17 of the states in the U.S. (Colburn and deHaven-Smith 2002). In *Returning From the Sunbelt*, Monk posits that by the year 2030, the traditional population pyramid will be reversed in Florida, with those aged 65 and over outnumbering those under 14 years of age (p. 5). Currently, more than eighteen percent of Florida’s residents are aged 65 and older (U.S. Census Bureau 2002), providing Florida researchers with a “preview” of the social consequences of an aging society.

Retirement Trends

Florida itself can be considered something of a living laboratory, and is an ideal vantage point from which to study trends that could eventually characterize our nation as a whole. An important trend is that of relocation to planned leisure-oriented retirement communities, and nowhere is this phenomenon more evident than in Florida. Until fairly recently, the planned retirement community living arrangement didn’t exist. Before its invention, very few alternatives between total independence and total dependence existed. Older Americans were generally forced to choose between continuing to live in the houses where they had lived throughout their years in the work force (“aging in place”), moving to a nursing home or, at best, a senior housing facility when illness or disability made living independently no longer an option (Krout et al. 2002). As Barer

(1994) indicates, assisted living-type housing developments were seen as the “end of the line” by many elders, and those who are healthy enough to avoid them tend to do so as long as possible. Although some retirees relocated—most notably to the “Sunbelt”—the trend was to remain at home as long as possible.

In recent years, however, retirement pathways have begun to diverge (Henretta 2001). Armed with the security of a pension, younger and younger people are beginning to retire while still in excellent health and are looking for ways to creatively spend their time. Those with higher socio-economic status tend to enjoy greater longevity and better health in old age than those from economically disadvantaged backgrounds (Smith and Kington 1997; Smith 1998). Anticipating the needs of large numbers of these healthy and mentally alert older adults who neither want to age in place nor relocate to a special care facility (and who have the financial means to consider other options), real estate developers began to consider the idea of creating specialized communities to fill this gap. The concept of self-contained leisure-oriented retirement communities (also referred to in the literature as retirement “villages” or “new towns”) soon came into being, and it is this definition of *retirement community* that will be used here.

In relocating to a community of this type, the retired person or persons must generally make a conscious choice to leave behind their old city of residence. Because the community of focus for this study, *The Villages*, is located in North Central Florida, and because many retirees choose to move to Florida from places throughout the United States (most notably, the Northeast and Midwest), it would seem that the choice to relocate to The Villages would result in leaving behind an established social network of

family and friends in order to join a new group of people at the very time when the likelihood of needing to rely on that network is increasing.

Social Support in Time of Need

As people approach old age, the likelihood of needing assistance in daily life activities tends to increase. However, the people who choose to relocate to retirement communities such as The Villages tend to fit into the above-mentioned “gap” in that they do not wish to age in place nor are they to be considered disabled to the point that they would need nursing home care. Laslett (1989) refers to this stage between economically productive middle adulthood and the declines associated with very old age as the “Third Age.” In fact, although officially retired, the people in their “Third Age” of life are often in their mid-50s or early 60s and are mentally and physically fit at the time of relocation. Consistent with more than a third of the cultures recorded in the Human Relations Area Files, American society has more than one category of older person: young-old (or intact old) in contrast to the old-old (or decrepit old) (Glascock and Feinman 1981).

It is generally the group of people in the first category—the “young old”—who choose to relocate to a leisure-oriented community such as the one in this study. This phenomenon of relocating to a place far from family and friends at a potentially vulnerable time in life is of central interest here; although, in general, these people don’t yet require daily living assistance or emotional support related to spousal loss, for example, it is likely that many of them will in the relatively near future.

Prior studies indicate that supportive relationships are affected by the marital status and gender of the recipient (Bock and Webber 1972; Longino and Lipman 1981), with women being more likely to maintain a couple’s social ties throughout marriage.

Therefore, if one of the partners should die, research suggests that widows are better able than widowers to develop and sustain social relationships (Keith 1986; Kohen 1983). Studies also indicate that women adapt emotionally to widowhood more easily than do men (van Grootheest et. al. 1999), and that levels of depression following widowhood are greater for men than for women (Umberson et al. 1992). Nevertheless, van den Hoonaard found that widows in retirement communities have a somewhat marginal status compared to married couples (1994), since planned activities in traditional retirement communities tend to have a “couples’ focus”, and that along with snowbirds and newcomers, widows and widowers live on the margins in these mini-societies (2002). She indicates that even among those widowed women who had previously active social lives, there is a shift in networks as they are invited out less and less by their friends who are still part of a couple.

In addition, the widowed—especially males—tend to be more likely both to become depressed and to commit suicide than are the married, and retirement and relocation to an unfamiliar setting leaves those who are dependent on their spouse for social ties in a particularly vulnerable position should the spouse die (Maples 1994; Marshall 1975). Death, in general, is a relatively common occurrence in communities of this type, a function of the older age of the residents. Marshall (1975) demonstrates that a social network, by providing a means for continued integration within the community, is an important ingredient if one is to effectively handle these deaths.

Transitions in Widowhood

Today’s older persons are far more likely to experience widowhood than divorce (Connidis 2001). Women are affected by widowhood disproportionately when compared

to men-not only because of gender differences in longevity, but also the higher remarriage rates found among widowed men. In fact, three of every four women can now expect to become widowed at some point in their lives (Balkwell 1981), and many will remain so indefinitely. Past research in the area of widowhood has uncovered factors which predict greater or lesser success in making the transition from married person to widowed person, and on problems encountered by those who are widowed. One area of difficulty frequently faced by widowed persons that was studied extensively in past decades is related to economic subsistence and the management of resources (Balkwell 1981). Berardo (1968) reported that the median income for the widowed aged was less than half that for the married aged; women, who often did not work outside the home and who relied on their husbands for income tended to be much more economically disadvantaged than widowers.

Non-economic problems have also been associated with widowhood. The widowed typically have higher death rates (especially the young widowed) than their married counterparts (Berardo 1968). Balkwell (1981) demonstrates that the greatest excess over expected age-specific mortality rates occur during the first six months of bereavement, often a result of degenerative diseases of the heart and/or arteries, and that the psychological stress of becoming widowed is believed to precipitate many of these deaths by altering biochemical processes. Marital status has a greater impact on the mortality rates of men than of women (Longino and Lipman 1981; Maples 1994), suggesting that marital roles are more beneficial to males with respect to the sheer ability to survive. Furthermore, widowed men show much higher rates of depression and loneliness than do widowed women (Lopata 1969; Umberson et al. 1992; van Grootheest et al. 1999).

Anomie, a condition associated with the absence of social norms to guide behavior, has long been believed to be associated with suicide (Durkheim 1951). In modern societies, the role of the widowed person tends to be a “roleless” role—that is, it lacks norms or prescriptions for behavior (Arling 1976; Bock 1972; Bock and Webber 1972; Hiltz 1978; Lopata 1975) and tends to be somewhat flexible and ambiguous (Cowgill and Holmes 1972). Thus, one would expect suicide rates to be higher among the widowed than among their married counterparts; such is indeed the case, the discrepancy between the two marital categories being greater for men than for women (Gove 1972; Kraft and Babigan 1976; Rico-Velasco and Mynko 1973). However, other social ties (i.e. membership in formal organizations or living near one’s relatives) may mitigate some of the isolation associated with widowhood and may provide protection against the forces which impel individuals toward suicide (Bock 1972; Bock and Webber 1972).

Most of the known studies on widowhood have focused on widows who were aging in place (either in rural or metropolitan areas), and few studies have been done specifically on widowhood in the context of a retirement community; those that have were conducted in traditional retirement communities and tended to find widows in a somewhat marginal status compared to their married peers (van den Hoonaard 1994; van den Hoonaard 2002). This sets up the question of whether people widowed while living in a leisure-oriented retirement community are more or less vulnerable than widows living elsewhere.

Preliminary Studies

Phase I—Pilot Study: Social Network Formation and Maintenance

The researcher conducted a Pilot Study at The Villages in October/November 2003. The Study was the first step in a two-phase independent research project designed to

assess the well-being of a small group of relatively affluent adults who have chosen to relocate to a self-contained leisure-oriented retirement community. Using the focus group method, this study examined the manner in which social networks are maintained “back home” and new networks are formed in the new environment. Prior studies indicate that removing oneself from established social ties can lead to potential problems as a person ages, particularly during times of extreme stress or loss. Because the choice to relocate to a retirement community in Florida often means leaving behind family and friends, it is important to study the ways in which the retirees arrange their lives to ensure future social support and integration.

The pilot study contained only a small qualitative sample (n=14) and is therefore in no way representative of the entire retired population, nor even of the small segment of the retired population that chooses to relocate to a community such as The Villages. Some interesting findings were noted, however, that potentially point to future trends in the area of retirement. A combination of factors, including availability of age-appropriate activities, well-equipped medical facilities, availability of services (from banks to travel agents), freedom from worry about personal safety, warm and sunny climate, and the possibility of using a golf cart as a primary source of transportation were cited as the most important reasons for relocating to The Villages. In short, unlike the first generation of Retirement Communities, the new wave of LORCs are equipped to address all of a retiree’s present and future needs; The Villages falls into this category.

Also, a central hypothesis of the pilot study was that residents might express some concern or worry about the fact that they would be far from help and support should they need it. The opposite, however, was found to be true. Even the oldest participants (those

in their 70s) did not express worry, as their siblings were now also living at The Villages, and chain migration of family and friends to The Villages appears to be somewhat the norm. Although some of the residents of The Villages may be too young and healthy to have considered a future with disability or loss, the participants in this study all indicated that they had considered personal infirmity and/or the death of a spouse as a possible future situation. However, all emphasized that not only do they consider themselves to be well-connected within the community (either with “old” friends who now live there as well, or with new networks), but they have no regrets whatsoever about choosing to move to The Villages. On the contrary, they tended to be convinced that the atmosphere there has added and will continue to add years to their lives.

All participants were married at the time of the focus groups, with the exception of one respondent, who had been widowed for 37 years (long before moving to The Villages). Therefore, it is important to examine the lives of older men and women widowed while living in The Villages. Widowhood is a traumatic–potentially devastating–time in a person’s life, and prior studies indicate that the transition from married person to widow(er) often has the effect of marginalization from one’s peers and social groups. Although respondents in Phase I of the study indicated a general sense of well-being and happiness within the context of their new environment at The Villages, it is important to identify the ways in which social networks do or do not change following the death of a spouse. Doing so will help families and institutions facilitate well-being for retired persons, particularly during times of stress.

CHAPTER 3 DATA AND DESIGN

Research Methods

Research site. The community described in this study is a family-operated leisure-oriented retirement community whose original design was for people older than 65 who are in relatively good physical and mental health. Beginning more than forty years ago as simply a residential complex for retirees, Orange Blossom Hills consisted mainly of a cluster of housing, open green spaces, and a recreation center located on a small tract of land on the East side of Highway 441 near Ocala, Florida. Conceptualized by Harold Schwartz as a quaint old-fashioned town where retirees could come to relax and enjoy life, Orange Blossom Hills began to grow quickly and soon a large tract of land to the West of Highway 441 was purchased and developed. Recreation centers, golf courses, and shopping facilities were added.

Today, the entire complex—renamed as The Villages, Florida—consists of a large tract of land in North Central Florida. Now officially a town in its own right which spans three counties—Sumter, Lake, and Marion—The Villages has grown exponentially in size and population, and currently has more than 45,000 residents and two zip codes. Within the town itself are five large grocery stores, a full-service hospital, two developed downtown areas with turn-of-the-century architecture—consisting of elegant shops, an Internet café/bookstore, multiple restaurants, a cinema with eight movie screens, a ballroom, a microbrewery, and an art gallery, among other things. A large water tower

painted with the town's name can be seen from a distance, and currently The Villages is in the process of acquiring its own utilities company. Furthermore, the town now controls its own radio station, TV station, quarterly magazine (*Lifestyle*) and daily newspaper (*The Daily Sun*) in both print and on-line format. The downtown areas each include a town square where one can participate in events of all kinds; kiosks appear in the late-afternoon/evenings and dispense drinks for Happy Hour, and when the sun goes down, free entertainment (music and dancing) around the gazebo is available every evening.

There are now eleven recreation centers where an exceptionally diverse number of activities are scheduled. Residents may take part in any of a large number of card and board games, craft programs, exercise classes, hobby and special interest groups, sports, state clubs (for all those who hail from New Jersey, for example), or support groups. The Villages also sponsors the *Lifelong Learning College*, an extensive program of courses in continuing education and personal enrichment; offering, as Streib and Folts (2003) found in their study of the Community College in Sun City Center (another leisure-oriented retirement community in Florida), a contribution to the "overall well-being of the residents by providing meaningful choices" (p. 808).

In addition to intellectual activities and hobbies, there are multiple golf courses, tennis courts, lakes, pools, country clubs, fitness trails and even a Polo Club. Two of the golf courses were designed by famous golfers—Nancy Lopez and Chi Chi Rodriguez—and bear their names. For the religious, many large and elegantly designed churches as well as a synagogue dot the landscape, and many denominations are represented; in addition, an All-Faiths center exists which caters to those whose religious faith may not be

represented within the town itself. Although not located within The Villages itself, there is a mosque nearby.

The Villages is a planned golf cart community. Although cars are allowed on the property, most residents own at least one golf cart and use it as their main source of transportation unless they have a need to leave the town. Connecting the newer portion of the community with the original Orange Blossom Hills residential complex is a golf cart-only bridge that crosses over Highway 441. In addition to these amenities, there are also pharmacies, a hardware store, a travel agency, an insurance agency, dental offices, optometry care, a furniture store, hair salons and video stores, all of which can be easily reached by golf cart. The Villages is a controlled-access community with either automatic gates or manned welcome centers at all entrances. All residents must carry a current identification card, and it is not uncommon to be asked to show this card, particularly when using the town's recreational facilities.

A resident of The Villages may choose from among many types of available housing. Prices for a single-family, free-standing home generally range between \$100,000-\$350,000. Villas can be purchased for approximately \$99,000, and various rental possibilities exist, although it is generally difficult to find a rental agreement, as rental units are scarce and many couples choose this option while waiting for their own home to be built. A limited number of previously-owned homes are also available for purchase. Although The Villages began as a community for those in good physical and mental health, there are now assisted-living homes available in addition to the others, and skilled nursing care is available. Recently, a nursing home and Hospice center were added.

Racial composition of the residents is currently as follows: White Non-Hispanic (98.2%), Hispanic (1.3%), Black (0.5%) (The Villages Statistics 2003). More than eighty percent of those who buy (and live) in The Villages are 55 years of age or older; the remainder vary in age, but may be younger than 55 and tend to purchase homes for investment purposes (rental units, for example) and do not actually live there. The community is growing rapidly, and more than 8,000 homes have been added since the year 2000. For the past three months running, more than 300 homes have been moved into *per month*.

There are restrictions on people younger than nineteen; none are allowed to live in The Villages and residents are allowed to have children or teenagers visit up to a maximum of thirty calendar days per year per child. While visiting a resident of The Villages, the visitor is allowed to participate in many activities (although not all) upon obtaining a visitor's pass, and there are specially-designed "family swimming pools" (separate from the adult pools) for those who are accompanied by children, although other amenities are shared by all. Strong emphasis is placed on the importance grandchildren, however, and recently (Summer 2004) the town hosted the Intergenerational Games, an Olympic-style sporting event for residents and their visiting grandchildren.

Recruitment of participants. Because of the size and age composition of the community, locating a sample of adequate size for the current research was not difficult. After obtaining permission from the community director(s), a sample of 20 mentally alert retired widows/widowers was selected. Respondents were eligible for the study if they were widowed *after* relocating to The Villages and have not remarried. Because women

tend to outlive their spouses, and because those men who do become widowed tend to remarry quickly, it was recognized that the proportion of female respondents was likely to be higher than the proportion of male respondents. However, every effort was made to secure a sample of male respondents.

Potential participants were alerted to the study by fliers posted in local supermarkets and recreation centers. In addition, approximately half of the respondents were recruited using snowball sampling, and heard of the study by word of mouth. Interested persons were provided with the phone number, address, and e-mail address of the investigator for ease of self-referral, and had the option of contacting the principal investigator directly or signing up with a local community contact. After eligibility of each respondent was determined, the purpose of the study and the interview procedure was explained and interview appointments were set.

Each respondent was informed as to his or her rights as a study participant, and was provided with the appropriate and approved informed consent forms and procedures of the University of Florida. Respondents were offered a choice of standard print or large print for the Informed Consent Form. Interviews all took place in The Villages, either at the participants' own homes or another convenient private location. If a respondent appeared to tire during the conversation, the interviewer planned to interrupt the session and provide the option of scheduling another session at the participant's convenience; fortunately, this step was unnecessary, as all 20 participants had no trouble completing the interview as planned.

Sample. This study consisted of a relatively small sample of retired widows (n=20), all of whom were widowed *after* relocating to The Villages. All of the participants were

female, and ranged from 58 to 79 years of age. Sixteen of the respondents had grown children, one had step-children (biologically belonging to her now-deceased husband), and the remaining three had no children at all. All twenty respondents had been widowed for a minimum of one year and a maximum of six years. Approximately half (n=11) of the respondents had attended university, and while one of those attending did not complete a B.A., B.S., or B.B.A. degree, the remaining participants had an average of sixteen years of education, with several having completed degrees at the Master level. The remainder (n=9) all indicated receipt of a high school diploma or G.E.D. All twenty participants indicated a racial or ethnic background of “white” or “Caucasian.” The majority of the participants had lived either in the Northeast or Midwest before moving to The Villages; however, two relocated from other towns within Florida (although they were originally from the Northeast), and one was originally from Ocala, Florida. One moved directly to The Villages from another smaller retirement community in Florida. It is unknown how the individuals who chose to participate in the study differ from those residents who did not.

Sample selection rationale. Although every effort was made to secure a sample of male respondents, none responded to the posted fliers. Contacting the administration at The Villages did not improve the situation, as no one could remember off-hand the names or contact information of any men who had been widowed after moving to The Villages, but who had chosen to continue living there. Many of the female respondents were found using a snowball technique of sampling, and the researcher was informed that although men who had been widowed after moving to The Villages in fact *existed*, most had indeed remarried, thus making them ineligible for the study. Although the researcher was

assured that men fitting the study's selection criteria did indeed live at The Villages, it was recognized that the recruitment process to obtain these participants would involve a longer time frame than was possible for the current study, as well as perhaps a slightly different approach than the one used to recruit the female respondents. Therefore, it was decided that the current study would consist of widows, and that a sample of widowers would be located for a comparable future project. A small sample was intentionally selected; the objective for this study is to generate in-depth qualitative data about the social realities of being widowed while living in a leisure-oriented retirement community, and to analyze this reality in relation to available sociological data. For this purpose, a relatively small sample enabled the researcher to delve deeply into each widow's personal experience. Only retired widowed adults were surveyed.

Design

Data were gathered in three components: observation; a structured, self-administered questionnaire; and a semi-structured personal interview with the researcher. A total of 20 respondents were interviewed.

Observation. Because the researcher had conducted a previous study at The Villages, many days of observation preceded the beginning of the study related to widowhood; i.e. the researcher had visited The Villages on several occasions in the past in order to observe the setting, the residents in general, and to get a feel for the atmosphere of the community. Several of the recreation centers were visited, the trolley tour taken, and several of the restaurants sampled. During these visits, a large number of residents initiated contact, and the researcher asked general questions such as, "How do you like living here?" and "What made you decide to move to The Villages?" during the course of

a normal unplanned conversation. As a result of the researcher's familiarity with the overall setting, observation for the current study related to widowhood consisted only of one day spent observing a group outing organized by the widows' club at The Villages.

Self-Administered Questionnaire. Each respondent was given a self-administered questionnaire to complete prior to the personal interview. The questionnaire gathered data on basic demographic characteristics: age, race, marital status, length of time in community, level of education, occupational history (respondent and deceased spouse), current health status, current mental health status, and general economic situation.

Semi-Structured Personal Interview. The semi-structured personal interviews took approximately 60-90 minutes to complete. After collecting the respondent's completed questionnaire and checking it for missing or ambiguous responses and answering any questions the respondent had, the interviews began. Respondents were asked a series of questions concerning their current well-being. Interview questions were divided into three general categories: The Move, Transitions and Responses, and Future Outlook. Questions pertaining to The Move focused on life before widowhood; i.e. reasons for relocating to a retirement community, the couples' social lives and activities at The Villages, and general perceptions of retirement community living. Questions pertaining to Transitions and Responses focused on life *after* becoming widowed; i.e. the ways in which social life changed (or did not change) following the spouse's death, activities currently engaged in, opportunities for socializing for single persons/widows, and the general culture surrounding widowhood at The Villages. Questions pertaining to Future Outlook focused on the respondents' general level of satisfaction with current situation,

concern about the future, and whether they anticipate remaining in The Villages vs. whether they have considered relocating again.

The data obtained during the interviews were coded and analyzed by the researcher. Specifically, the responses were scrutinized for information concerning the period of adjustment following the death of a spouse. Factors contributing to ease or difficulty of adaptation were identified. Because relocation to a retirement community often implies leaving behind established social networks, it is important to study how retirees form new networks and re-adjust to their environment after becoming widowed. Identifying the ways in which social networks do or do not change following the death of a spouse in a retirement community may help families and institutions facilitate well-being for retired persons, particularly during times of stress.

Data analysis. All interviews were transcribed by the researcher and, after the transcriptions were checked for errors, the original tapes were erased. Because the sample of participants (n=20) was only a small qualitative sample, there were not enough data collected to do a formal statistical analysis, even of the demographic information. Therefore, the transcriptions of the interviews were read and coded by the researcher; in particular, note was taken of statements given during the interviews that concerned (1) motivations and expectations before the move to The Villages, (2) the reality of living in The Villages once the couple had settled there, (3) the reality of living in The Villages now that the participant was widowed, and (4) the participants' future outlook. In addition, although not included as a question in the original Interview Guide, comments related to natural disasters (specifically, hurricanes) surfaced in many of the respondents' commentaries concerning their future outlook. Therefore, hurricane references were

noted in the transcripts and were included in the analysis. Some items on the demographic questionnaire are of interest in the analysis of the data and are included in the discussion and conclusion portions of the study. In particular, questions concerning the general physical and mental health of the participants are discussed.

CHAPTER 4 STUDY RESULTS

An in-depth personal interview, lasting 60-90 minutes, was conducted with each widowed participant. Respondents were asked a series of questions concerning their current well-being. The interview questions were divided into three general categories: The Move, Transitions and Responses, and Future Outlook. Analysis and coding of the data revealed four areas of interest; specifically, the widows were asked about their (and their husbands') motivations and expectations before the initial move to The Villages, the realities they encountered once living there, whether and how things changed after becoming widowed, and whether they expected to remain in The Villages or relocate again in the future. The following results were of particular interest:

Motivations and Expectations Before the Move

Interestingly, none of the widows who were interviewed claimed to have been the one who initiated their couples' move to The Villages. In fact, most stressed that although the final decision was indeed a joint one, it was nevertheless their husbands who had come up with the idea in the first place. Most frequently, the unlimited availability of particular activities—especially golf—were mentioned as being a main reason for the move to The Villages. In fact, several respondents indicated that their husbands had been made aware of The Villages through commercial advertisements on the golfing channel, which they had watched regularly in their previous place of residence. Others saw print

advertisements in magazines such as *Modern Maturity*, or heard of The Villages simply by word of mouth. A few had friends already living in The Villages, and made the decision to relocate after visiting these friends and becoming familiar with the town. Most, however, did not visit for the first time until the decision to move to The Villages had been made and housing options were being discussed.

When asked about the decision process, one respondent had this to say:

Well, it was Jim's thing at first, you know, to move to a retirement community . . . I mean, he always said how much he would like to play golf every day, you know, when he was working all the time. He was convinced that if he only had enough time to play, he could shoot in the low 70s! (laughs). Well, of course, *that* never happened!

She added:

So we started looking around, first on the Internet, and then asking people we knew. Someone mentioned The Villages, and we looked it up (on the Internet) and ordered the DVD. We called the sales office later, and everyone was just so . . . I don't know . . . *nice*. So we went back and forth on the phone like that for about a year, and then we came and had a look. They just have so much more stuff than the others. It wasn't long before we'd sold our house and moved down.

[Sarah, 69, widowed 3 years]

Another resident made a similar statement:

The Villages has *everything*, you know, anything you could ask for, and everything we were looking for.

[Beatrice, 58, widowed 1 year]

When asked to be specific about the reasons for choosing The Villages as a place to retire-in other words, what it is, exactly, that The Villages *has*-the widowed respondents offered answers that were similar to those of the married respondents in the pilot study: namely, availability of age-appropriate activities, well-equipped medical facilities,

freedom from worry about personal safety, a year-round temperate and sunny climate, and the possibility of using a golf cart as a primary source of transportation were cited as the most important reasons for relocating to The Villages. In addition, availability of services such as banking, hair salons, shops, restaurants, and travel agencies within the town itself were seen as important. Furthermore, it was agreed that The Villages had everything necessary to take a person from “retirement to grave”, as one person put it. In other words, skilled nursing facilities are available within the town, as are hospice services. Several respondents also mentioned that the atmosphere at The Villages was open and friendly, and that the residents tended to share their own values.

Nearly all of the respondents indicated that both they and their husbands had envisioned life at The Villages to be much more relaxed than their old lives had been. Even the three couples who moved to The Villages directly from other retirement communities in Florida anticipated less stress (related to mobility) than they had encountered at their old residences. One respondent had this to say:

At The Villages we knew we wouldn't have to leave (the town) for anything, so we were happy about that. Back in Miami, we lived in a condo, but we always had to take our car out to go shopping, and what *maniacs!*

[Belle, 72, widowed 4 years]

In short, the widows in this study indicated that they, along with their husbands, had chosen The Villages specifically for the lifestyle it offered, and that their expectations concerning the living environment before moving there had been high.

Realities Once Living in The Villages

Although the decision to move to The Villages was initially based on the desires of the husbands, most of the widows in this study indicated that it was they themselves who

ended up being the happiest there. The husbands had indeed been happy with the town—especially with the unlimited amenities and access to golf courses—but it was the wives who became enmeshed in the community and who created and maintained an extensive social network in their new homes. Several respondents commented that their husbands had moved to The Villages specifically to be a part of the golfing lifestyle, and were thrilled with the unlimited golfing that was available to them, as well as with being able to navigate the entire town by golf cart. In fact, one of the widows found herself left with a recent acquisition of her husband’s when he died last year:

Can you believe he went out and bought a golf cart that looks like a BMW? That thing is *fancy*, let me tell you! (laughs) Even has a drink cooler in the trunk. Paid \$20,000 for it. I didn’t say much, ‘cause it’s his money...besides, we would have paid more for a new car. That’s the way I look at it.

[Loretta, 65, widowed 3 years]

When asked whether she intended to keep the fancy golf cart, she replied, “Oh, I don’t know . . . why not?”

When talking about their husbands and golf, however, several widows indicated that after a year or two of being able to play golf whenever they pleased, the novelty of it appeared to have worn off. Although there are many activities available to the residents besides golf—and, to be sure, their husbands were involved in some of them—several of the widows noted that their husbands had begun to complain somewhat after a few years of living at The Villages. One respondent put it this way:

He started to sort of get on my nerves after a while, you know? I mean, more than anything, I think he was just getting bored. But he would have been even more bored back home, don’t you think? One thing he kept saying was that here, it’s just getting too crowded.

[Sarah, 69, widowed 3 years]

Another respondent, too, said that her husband had begun to complain about the crowds at The Villages, telling her, "It's just not the same anymore!" Thus, two issues surfaced relating to the husbands' perceptions of living in The Villages: some appeared to become bored after a while with days spent doing nothing but golfing, while others complained that the town itself was changing and perhaps becoming too crowded. There is no way to know if these feelings are generalizable to male residents at The Villages in general; in fact, a walk through the community's town square would lead one to believe that all residents of The Villages are active and content. Undoubtedly, there are many men living there who not only golf (if they golf at all), but who also take advantage of the variety of classes and activities on offer, or who join clubs with people having interests similar to their own. It is interesting to note, however, that most of the widows in the study indicated that their own social lives were still in full swing long after their husbands had tired of golfing every day. Several, for example, had begun volunteering in the surrounding towns; two were helping tutor underprivileged children, and two others—teachers in their former lives—had registered with the local school board and served as substitute teachers at nearby schools.

Although they maintained an active social life as a couple—going to dances, the theater, or Happy Hour and then dinner with other couples—most of the respondents had also been involved in activities that did not involve their husbands. One had always wanted to take courses in Italian conversation, for example, and to learn to paint using watercolors. Her husband was interested in neither of these activities, but registering in the courses as a single person posed no problem, and she admitted to making several new friends in these courses. Overall, however, all of the respondents indicated that life at

The Villages was pleasant and filled with activities and friends, and that there had been very little to disappoint either them or their husbands once they had moved there.

Living in The Villages as a Widow

Before the deaths of their husbands, the respondents had been living in The Villages for various lengths of time. None lost their husband very quickly after moving there; i.e. all couples had been living in The Villages for at least four years before the husband died. One couple, who moved to The Villages from another retirement community in Florida, had been living the “retired lifestyle” for almost twenty years, although they had only been in The Villages for nine of those years. Two of the respondents took care of their husbands through an extended illness (both died of cancer; one of lung cancer, the other of a brain tumor), and one husband was killed suddenly and unexpectedly in a car accident (on his way to pick up their daughter and her husband at the Orlando airport). In general, however, extended care-giving was not necessary for most; their husbands (14 of 20) died of heart attacks, two suffered aneurysms, and one—who was epileptic—died suddenly one morning in their home, and the doctors had been unable to clearly pinpoint the reason.

Interestingly, although some of the widows held memorial services for their friends and family living at The Villages, none of them held an official funeral for their husbands there. A few had their husbands cremated and did not hold any type of funeral service at all, but of those who did, the funerals were held elsewhere. In general, the bodies were flown to the husband’s hometown, or to where the couple had lived before the move to The Villages. This finding is consistent with that presented in *Florida’s Megatrends*, whose authors make note of the many coffins flown out of Florida each year for burial

elsewhere (Colburn and deHaven-Smith 2002). When asked about this, one respondent said:

We never considered doing it any other way. We bought our plots a long time ago, back near Philadelphia, and that's where I'll be buried, too.

[Marlene, 76, widowed 6 years]

Following the deaths of their husbands, the widows generally took “a bit of time to themselves”, as one woman put it, and mourned the loss of their husbands. This generally didn't seem to last very long, however, and some of the women were back to the regular activities within a matter of weeks or even days. One woman, for example, mentioned that even though she was devastated by her husband's death, she knew that she would regret it if she let herself sink into despair; she was back at her painting class the week after returning from his funeral. Another woman continued tutoring as before, and others had similar experiences. In fact, one respondent indicated that:

They won't let you mourn long here, anyway. A few days later, they'll come and get you and take you out and have you back in the community in no time.

[Loretta, 65, widowed 3 years]

When asked who the “they” in her testimony referred to, she replied that friends and neighbors always know about the death (either by word of mouth or by reading the obituary in the town's newspaper), and start coming over right away to make sure the widow is o.k., that her family has been notified, and that she has something to eat. She mentioned that The Villages is growing, and that the response to a death is no longer centralized as it was in the past; instead, each smaller “community” within the larger town—often centering around a particular neighborhood whose members frequent the same clubhouse—takes care of its own widows.

In the past, before the town itself had become so large (it now numbers over 45,000 residents), the response to the newly widowed was centralized and standard, and was often overseen by the recreation center directors. Now, however, as new neighborhoods are added (along with clubhouses and recreation centers) and the town increases in size, each recreation center tends to respond to the needs of its “own” widows; thus, some responses are more organized than others. Nevertheless, all residents who are newly widowed are responded to in some way.

In addition to returning to their regular activities after the deaths of their husbands, most of the widows in the study indicated that they had—at least for a while following the deaths—gone to bereavement support group meetings within their community, and that these support groups had greatly helped them throughout their process of grieving. Some joined widows’ clubs or a local chapter of the Red Hat Society (not exclusive to widows, but to older women more generally), whose mission is not only to celebrate the lives of older women—who all must dress for meetings in a purple outfit and red hat-, but to perform philanthropic duties and make humanitarian efforts in an attempt to help not only local people, but people around the world. Through these organizations—the support groups, widows’ clubs, or the Red Hat Society—the widows in this study met and made friends with other women who were already widowed.

When asked about changes in their social lives, most widows pointed out that their lives pretty much continued in the same way as before (albeit without their husbands), and that they continued to be involved in the same activities. Former activities that had had a couples’ focus, however, did change somewhat. One woman mentioned that she had “old” friends living at The Villages (friends from her past who had also relocated

upon retirement), and that she still saw them as a couple as much as she had before her husband died. She added that “new” couple friends—friends that she and her husband had met *after* moving to The Villages—were not really a part of her life anymore, and that they had “sort of stopped hanging out” after her husband died. Other widows in the study had similar experiences. Most were quick to add, however, that although their social network had shifted somewhat, it was not necessarily for the worse. In fact, several of them mentioned that some of their best friends were women they had met through widows’ organizations; women they might not have met while married.

In general, none of the widows described feeling “left out” socially, and instead claimed that there was plenty to do at The Villages for singles and widows, saying:

A person would have to be very reclusive not to find something to do here.

[Delilah, 61, widowed 2 years]

The consensus was that widows at The Villages in general feel that they have opportunities to socialize and be involved if that is what they want to do.

Future Outlook

All of the widows in the study said that they are satisfied with their current situation, noting on the demographic forms that they consider their health and quality of life to be quite good overall. One respondent has diabetes—and controls it well with diet and exercise—while two others mentioned occasional back pain; none felt that they have health problems which limit them in any activities they would like to do. In addition, although several indicated that they occasionally feel unhappy or sad, these feelings are often temporary and the widows feel, overall, that they have friends to call on and people nearby who are available to help them if they need it.

In spite of this, nearly all of the respondents (in particular, those with biological children) indicated that they have begun to think about relocating again, perhaps to be nearer their children and grandchildren. When asked why she was thinking about moving, one respondent had this to say:

Well, it was my daughter's idea, really. Soon after Arthur died, she called me one day and sort of slipped it into the conversation . . . says she's worried about me, that I'll be lonely, and that maybe I'll forget to take my medication without Dad around to remind me.

She added, nodding:

She thinks it's time for me to come home.

[Mona, 72, widowed 4 years]

Interestingly, none of the widows in the study appear to be ready to move right away. In fact, all said that they have no concrete plans to relocate again, only that the "seed has been planted" (as one woman put it), often by their children. For now, they have too many things going on in their lives, and several mentioned that there are people who rely on them (at The Villages, or nearby) that would make it hard for them to leave. None, however, wish to move in with one of their children. In fact, all of the widows who are considering relocation made it very clear that they do *not* wish to move in with one of their children, and instead would either like to return to their own old city of residence or to live "nearby" their children and grandchildren. For those who have one or more daughters, the general tendency seemed to be that the widows would prefer to live close to a daughter rather than a son, if the children live in different cities. One woman said:

My daughter, well, she likes to go to flea markets, and antiques. I can't really see my son doing any of those things, and his wife hates it, too. My daughter and I have more in common.

[Marlene, 76, widowed 6 years]

Preferring to be near daughters was true even for a respondent who professed that she and her daughter don't get along very well in general.

When asked about widows at The Villages overall, the general consensus among those interviewed for this study was that while some widows leave soon after their husband dies, most tend to stay on for a while. However, the trend seems to be that sooner or later, they leave to move "back home", "back north", or "nearer their kids." Why this might be true was of interest, and most of the respondents agreed that it was often a health problem for the widow herself that prompts the relocation. This answer was surprising, since The Villages not only has ample capabilities to address the health care needs of aging adults, but many of the residents professed to having chosen The Villages for this very feature, which assured them that they would *not* have to relocate when health problems became an issue. One respondent added:

Well, it's a combination of things, you know. I mean, you miss your kids, and especially your grandkids. And then you just get a little bit tired of going out dancing all the time, and then you don't have anyone to dance with anyway. . . .

[Delilah, 61, widowed 2 years]

Another respondent said:

You start thinking about a smaller space, maybe, because maybe you don't get out much anymore. Maybe some place with a nice view, and close to my great-grandson. Maybe a few people to play Bridge with. At my age (78), that's all you need.

[Louise, 78, widowed 4 years]

Interestingly, some of the widows mentioned that they (or their children) have begun to investigate congregate living facilities "back home." Recently, it has come to their attention that new luxury-style residences are being constructed for retirees—often by

hotel companies—in large cities in the Northeast and Midwest. These appear to be of great interest to at least some of the widows in this study. The residences being considered are not “leisure-oriented” communities for retirees; instead, they are upscale apartment buildings with dining facilities and limited planned activities, but with closer medical supervision than is typically found in communities such as The Villages, where the residences are single-family dwellings and the residents are, in general, independent and healthy.

There was no question about environmental disasters on the interview questionnaire, but several residents mentioned that the recent wave of hurricanes (four large ones hit Florida in 2004 within a month and a half) had also contributed to their potential future plans. None of the respondents were directly impacted by the hurricanes in a negative, long-lasting manner; i.e. none had homes or property destroyed. However, some did feel forced to evacuate the state at least once, and one recalled her experience during her interview in this way:

I've never seen anything like it! I couldn't get a flight out, of course, and I don't drive that often myself, unless it's the golf cart. I just sat here, in the living room, glued to the television. I couldn't believe the traffic.

[Florence, 73, widowed 3 years]

All of the respondents were already widowed at the time of the hurricanes. More often than not, the wave of hurricanes worried the children of those who had them living in other states, and several of the widows mentioned that their kids had increased their pleas for mom to move “back home” after those events. One woman admitted that she herself had only seriously considered moving after the most recent hurricane season:

I mean, what about when I get older, you know, and don't jog around anymore? I could stay inside here, or I

could stay inside in Philadelphia, but at least my house
won't blow away in Philadelphia!

[Marlene, 76, widowed 6 years]

Of the widows interviewed for this study, sixteen had grown children. One had step-children (biological children of her now-deceased husband), and three had no children. Of those with (biological) children, all had at least considered the possibility of relocating again sometime in the future, although none have immediate plans to do so. The woman with step-children (but no biological children of her own) is originally from the nearby town of Ocala, and although she won't rule out the possibility of leaving The Villages, she currently does not intend to; she added that if she does leave sometime in the future, she won't go far, as most of her family is in the area. The three women with no children differed in some ways in their future outlook when compared to the women with biological children. Obviously, there are no children calling them and asking them to move. Two indicated, however, that they have siblings (still-married sisters living outside of Florida) who have recently begun to inquire about their future plans. The third woman has a never-married sister who recently also moved to The Villages, and the two now share a villa.

Although The Villages is designed and planned to address the needs of all of its residents—even those who are widowed or at the end of life—the study results indicate that the overall culture of widowhood there involves staying on for a certain period of time, and then later relocating again, presumably to be near children. It is important to note, however, that although most of the widows in this study indicated that they have begun to consider relocation as a future possibility, none have yet made any concrete plans to do so. Furthermore, all readily agreed that The Villages offers ample opportunities for a

single or widowed person to become or remain socially engaged, and that their reasons for considering relocation have more to do with wanting to be nearer children when their own health starts to decline than with any structural problems in the town itself.

CHAPTER 5 DISCUSSION AND CONCLUSION

Discussion

In agreement with what Golant (1975) and LaGreca et al. (1985) found in earlier studies of retirement communities, the residents of The Villages indicated that their relocation was influenced by a variety of factors: notably, the assurance of a more predictable and peaceful lifestyle and the potential of a planned environment to ensure that their future needs would be met. In addition, climate, amenities, ability to get around using only a golf cart, and low taxes and cost of living in Florida were noted as contributing to the decision to relocate to The Villages. Litwak and Longino (1987) alerted us to the fact that reasons for moving among older adults, like younger adults, are related to the life cycle. For older adults, the reasons are less tied to jobs and household formation (i.e. getting married or remarried), and more related to amenities, health, and the need for formal and/or informal supportive services.

The reasons given for relocation to The Villages were consistent among both the married residents in the pilot study and the widowed residents who were interviewed in the second phase of the study. In addition to choosing The Villages for amenities and services that can be utilized in the present, most of the respondents indicated that the well-equipped medical facilities (employing many geriatric specialists)—as well as the availability of skilled nursing care and even hospice—were key in their couples' decision to relocate to The Villages. Not wishing to become a burden on their children in the

future was mentioned as an important factor in choosing a new residence, and the belief that The Villages provides a means to escape this—by allowing its residents to maintain independence as long as possible and by sustaining them in times of failing health—was evident in many of the respondents' testimonies. Therefore, although it was clear that many of the respondents had chosen The Villages for its resort-style atmosphere (several indicated that since they—or their husbands—had worked so hard in their careers, they felt they “deserved” to relax and take pleasure in retirement), they had nevertheless done so in anticipation of future needs. Potential future loss of a spouse was something they had all considered at some point before the move, and the respondents agreed that The Villages appeared to be a favorable environment in which to undergo the inevitable transitions that come along with growing older.

Furthermore, although the widows indicated that it had often been the husband who initiated the move to The Villages, they themselves adapted easily once living there, finding it easy to make friends and to become involved in multiple suitable activities, both physical and mental. In fact, the widows indicated that they had enjoyed a satisfying and fulfilling social life long after the novelty of unlimited golfing had worn off for their husbands. This finding is supported by other studies, which have found that women are better at developing and maintaining social networks than are men (Anderson 1984; Bankoff 1983; Bock 1972; Longino and Lipman 1981). Effective means of overcoming loneliness consist of keeping busy, developing new roles, and/or focusing one's life on a pre-existent social role (that of grandmother, for example) (Balkwell 1981). Well-educated women of the middle and upper classes tend to ease the loneliness of widowhood through one or both of the first two means (Lopata 1969). These women

tend to have the skills and personality traits to develop new self-identities after being widowed and to mitigate their loneliness (Lopata 1970; 1973).

The widows at The Villages (while still married) were able to quickly create meaningful new lives for themselves by joining clubs, volunteering in the surrounding communities, tutoring underprivileged children, substitute teaching at nearby schools, or taking classes, among other things. Some of the activities they had engaged in while still married were as a couple, but many were not, and the respondents in this study indicated that The Villages does a great job of planning and offering creative outlets for those who are single or widowed, or who merely wish to engage in activities separately from their spouse.

An earlier pilot study at The Villages indicated a sense of well-being, happiness, and social connectedness for married residents. In addition to the unlimited amenities and activities available, the fact surfaced that chain migration of “old” friends and other family members is a relatively common occurrence there, indicating that at least some residents of The Villages have an established supply of friends and kin nearby. Based on these results, as well as on the fact that The Villages appears to have been planned in such a way that the needs of singles and widows/widowers are taken care of, it was anticipated that the second wave of respondents—having been widowed *after* moving to The Villages—would be relatively well-adjusted in their new role.

Because it is the ease or difficulty of the transition to widowhood within the context of a leisure-oriented retirement community that is of central interest in this study, interview questions focused on the respondents’ lives after the loss of their spouses. Specifically, questions were asked concerning the changes (if any) that occurred in the widows’ social

lives. At least one study indicates that women who are widowed while living in traditional retirement communities often face marginalization and reduced participation in the social lives of their former (still married) peers (van den Hoonaard 1994), since many of the available activities at the community (dances, for example) tend to have a strong couples' focus. At The Villages, however, there are nearly as many activities available for singles and widowed persons as for married persons, and the widows themselves indicated that they had been involved in countless activities without their husbands even before their deaths, a key difference between the newer LORCs and traditional retirement communities.

Not surprisingly, the widowed respondents at The Villages indicated that their lives after the deaths of their husbands were—in general—just as busy and active as before. Many continued to volunteer in the community or serve as substitute teachers, and to maintain the activities they had been involved with before their husbands' deaths. One woman, for example, was enrolled in courses in watercolor painting and Italian conversation—subjects her husband had been uninterested in—and she returned to her classes the week following his funeral. Furthermore, most took advantage of the availability of widows' support groups and clubs—at least for a time—following the death of their spouse, and in the process made new friends who were already widowed.

Although most admitted that they no longer spend a lot of time “hanging out” with their “new” friends who are still part of a couple (i.e. friends made *after* moving to The Villages), those who had “old” friends in the community didn't see much of a change in their relationships. For those who had no friends from the past (or family members) living in The Villages, the necessity of rebuilding a social network by seeking out friends

among those who were already widowed did not appear to be difficult. According to the widowed respondents, the ease of locating other widows with whom to become friends was facilitated both by the availability of activities and services designed for widows and the sheer number of widows to be found in a community of over 45,000 residents over the age of fifty-five. In short, although some respondents indicated that their social life had indeed changed to some extent following the deaths of their spouses, none believed that the changes had been necessarily for the worse. At the time of their interviews, all of the widows in the current study indicated that they had no feelings of being “left out” of society, and instead felt as though they were still involved socially within their community.

This is consistent with the findings of Balkwell (1985), who noted that the “current availability of widowed peers, rather than the timing of the life event, appears to be more important for morale among newly widowed persons” (p. 577). Furthermore, some researchers suggest that widows are better able than widowers to develop and sustain new intimate relationships (Keith 1986; Kohen 1983). They tend to form confidante relationships with other widowed women, whereas widowed men, who had relied on their wives for their emotional needs, are left with no one (Depner and Ingersoll 1982; Peters and Kaiser 1986). Ferraro (1989), too, found that men are at risk of poorer adaptation to widowhood than women, in part because they are less likely to be involved in supportive relationships. Although no widowers were interviewed for comparison, the widows in the current study clearly were able not only to sustain, but to create and develop new social networks for themselves, and had done so both upon arrival in The Villages as part of a couple, and again upon experiencing the death of their spouse.

As Bankoff (1983) points out, “the widow is making the transition from being half of a married couple to being a single person again” (p. 836), and ties with peers in the same life stage can facilitate the transition by introducing the widow to members of new networks more supportive of her needs as a single person, and by helping her to learn the norms, standards and expectations involved in performing her new role. Friendships are typically based upon common interests and lifestyles; therefore, when a wife becomes a widow the underlying basis of her friendships with her still-married friends is sabotaged, sometimes leaving an ambiguous basis for a continuance of the relationship—especially if the friendships were formed when everyone involved was part of a couple (Arling 1976; Blau 1961; Brown 1981; Hess 1972). This appeared to be somewhat the case with the widows in this study, who admitted to no longer spending much time with friends they had met at The Villages who were still part of a couple.

The marginalization of widows in traditional retirement communities would thus appear to be a relatively natural occurrence, albeit an unfortunate one for the widows involved. Not having a formal role in their communities left the widows feeling left out, despondent, and that they no longer had any real purpose in life. Pinqart (2002) demonstrates that feeling that one has a “purpose in life” has a strong association with social integration, and with relational quality in particular. Communities such as The Villages, which are planned from the beginning to take into account the future needs of residents who become widowed while living there, would indeed appear to be a desirable place to undergo the transitions that go along with growing older.

Interestingly, all of the widows who agreed to be interviewed for this study had been widowed a minimum of one year and a maximum of six years. This would be consistent

with the findings of Loge (1977) and Lopata (1969, 1972), who demonstrated that upon completion of the healing process of grief work the widowed person accepts the situation and becomes involved with new social roles and relationships. It is possible that no one widowed within the last year responded to the study's advertisements simply because the grieving process was still underway. Furthermore, Ferraro et. al (1984) found that those widowed between one and four years are more likely to *increase* their involvement in friendship and social activities than those widowed either less than a year, or more than four years. This certainly appeared to be the case among the widows in the present study, as the average length of widowhood was three years, and all of the widows were actively engaged in friendships and social outlets.

Also of interest is the fact that nearly all of the widows indicated that returning "home" at some point had now become a potential future possibility. When asked to define "home", most of the respondents referred either to where they had lived before the move to The Villages, or to the place their children were now living. When talking about perceptions of "permanence" before the move to The Villages-although a few of the respondents admitted to not having thought that far in advance-in general the widows indicated that they had originally (along with their husbands) considered the move to The Villages to be a somewhat permanent one. In fact, they had chosen The Villages over other possible locations for its very potential to take them from "retirement to grave", as one woman put it. However, upon becoming widowed, the respondents in this study who had biological children began to consider-at least as a future possibility-the idea of relocating yet again to be nearer their children and grandchildren, if they have any.

Further inquiry revealed, surprisingly, that the widows themselves are resisting the idea of relocation (at least for the time being), and that it had, in fact, been the children themselves who had suggested another move for their mothers. More often than not, this suggestion came from the children in the form of a casual phone call or personal conversation soon after the deaths of their fathers; worried that their mothers would be lonely or not very well taken care of, the children began to “plant the seed” (as one respondent put it) of moving her back closer to home (or to them, as the case may be). Some of the widows, in fact, admitted that they were at least considering another move in the relatively near future; however, most indicated that they were not ready to consider it yet, as they were quite happy with their current lives and believed that there are people in or near The Villages—children they are tutoring, for example—who rely on them to stay. None, as of the time of the interviews, had any concrete plans to relocate.

It is interesting to note that some of those who are considering the idea of a move in the relatively near future are looking into the possibility of buying an apartment in a retirement residence, although not of the same type as The Villages. Rather, new hotel-style luxury apartment towers for retirees are now beginning to dot the landscape of large cities in the Northeast and Midwest, which can be viewed as a potential “next step” for those retirees who originally desired an activity and amenity-filled environment, but who may be now facing declining health. Importantly, these people do not yet see themselves as needing full-time care, but also no longer seem to desire the vibrant resort-style atmosphere found in The Villages. Instead, they are seeking comfortable housing among other retirees, where less physically-involved planned activities (Bridge clubs, for example) and medical assistance can be found. Furthermore, although they expressed a

wish to be near their children and grandchildren, they decidedly do *not* wish to move into their child's home. This finding is consistent with the many studies documenting the remarkable stability regarding the housing choices of elders, which generally entails living independently.

People of any age often want to remain in their homes for many understandable reasons; among the strongest are comfort and familiarity with surroundings and the existence of a nearby informal support network (Mutschler 1992). People also wish to remain where they are enmeshed socially. Notable exceptions are the young-old and minority older persons, who are much more likely to move and to change their household composition, albeit for different reasons. The young-old, for example, who tend to retire not only while still healthy but also with adequate financial resources and relatively large pensions, often have both the desire and the means to relocate to a new (perhaps amenity-rich) environment upon retiring. Minority older persons, on the other hand, are often faced with minimal financial resources and a lack of a private pension, and therefore are more mobile than the average elderly person, electing to perhaps move in with a grown child in order to reduce expenses (Angel et al. 1992; Hays et al. 1995; Kochlar and Scott 1997; Richards et al. 1987; Wilmoth 1998; Worobey and Angel 1990).

Overwhelmingly, however, elders prefer to live independently and remain where they are (Howell et al. 1982; Boersch-Supan et al. 1988; Boersch-Supan 1989) rather than move in with children or other relatives. The widows in this study, although once happy to move as "young-old" retirees with their husbands, indicated that they would, in general, prefer to remain where they are; however, if it becomes necessary to move in the

future—for health reasons, for example—the indications were that although they would like to be near their children, but not living *with* their children.

Although the widows in this study indicated that they preferred to live alone because they did not wish to be a “burden” on their children, nearly all also mentioned that a fear of losing their independence was counter-acting the “pulls” to go back home. Balkwell (1981) points out that the existence of harmonious three-generation households in the past is probably a myth because so few people reached old age. Also, there is no evidence that such living arrangements would improve the lot of older persons (Treas 1975), as older persons who do live with one of their children tend to play a dependent role in the household of a married daughter. It has been suggested that older persons, whether widowed or not, find the dependent role unpleasant, either because they must be compliant in the relationship with the child and his or her spouse (Dowd 1975), or because they truly do not wish to impose a burden on their offspring (Field 1972).

In addition, Bankoff (1983) demonstrated that as a widow becomes more self-sufficient and strives to create a new independent life for herself, support from family members in general, and children in particular, may become problematic. The obligatory nature of family roles and the dependent position of the widowed person (especially the widowed person who is living with her child) may create unspoken hostilities and ambivalences (Brown 1981; Wood and Robertson 1978). The family bond may result in a sense of formal obligation; in contrast, friendship normally develops voluntarily and is not often characterized by dependency. Moreover, friendships are generally based on common interests, and by having access to other widows, the new widow in a community

such as The Villages will likely have more opportunity to develop close friendships than she would if living with one of her children.

In fact, Osgood's research (1982) demonstrated that retirement communities can foster social integration because they are age-dense environments. Retirement communities such as the one in this study can contribute to the maintenance of physical and mental well-being when compared to a comparable community sample residing in the same local area (Biggs et al. 2000). These communities appear to offer a positive freedom from the stresses of family care, for both relatives and the older people themselves, while at the same time offering security from the risks associated with neighborhood living (Biggs et al. 2001). It has also been suggested that age-specific shared living, when accompanied by a culture of peer support—such as that found among the widows in this study—has emerged as a powerful aid to morale and an antidote to age-prejudice of the type found by Vesperi in her groundbreaking study of retirees in St. Petersburg, *City of Green Benches: Growing Old in a New Downtown* (1985).

The fact that the widows in this study (who had been widowed between one and six years, with an average of three years) remained active within their communities after the deaths of their husbands—but nevertheless have begun to anticipate a future move to be nearer children and grandchildren—is important. Litwak and Longino (1987) argue that residential relocation among older persons in a developed country such as the United States tends to be characterized by three types of moves. The first is typically seen among young, healthy retirees who move to areas with amenities and friendship networks. At this stage, retirees are physically and emotionally able to handle a move and are better able to maintain kin ties over long distances. They do not need nearby

relatives to provide regular support, and telephones, cars, and air travel can overcome geographic separation (Krout et al. 2002).

A second type of move occurs when individuals become frail. No longer able to live completely independently, they may relocate to live with or near informal caregivers—most frequently their children. At this stage, proximity to kin becomes especially important: in today's mobile society, neighbors and friends may not feel obligated to provide the necessary care. The third type of move occurs when individuals' impairments become too burdensome for informal caregivers to handle, necessitating a move to a nursing home. The information obtained from the respondents at The Villages is consistent with the arguments put forth by Litwak and Longino (1987) and Krout et al. (2002); in other words, the widows in the study moved first as half of a relatively young and healthy couple, but were anticipating moving again in the future—to be near children—when faced with health problems; the respondents indicated this to be true regardless of the fact that skilled nursing care and hospice facilities are available in The Villages. Anderson (1984) found that children often emerge as important sources of emotional support after their mother's loss of a spouse, particularly when the widow finds herself frail and in need of care; thus, it is not surprising that the widows in this study anticipated a future move to be closer to children. Choosing to move once again—to a place that both offers assistance for frail elders and is nearer a widow's children—is also consistent with the findings of Young (1998) in "Moving to Congregate Housing: The Last Chosen Home."

It would appear that the widows in this study, while not wanting to live *with* their children, can envision living very near them at some point in the future. It is also clear

that the widows in this study are not alone in desiring to live alone for as long as possible. McGarry and Schoeni (2000) inform us that the percentage of elderly widows living alone rose from 18% in 1940 to 62% in 1990, while the percentage living with adult children declined from 59% to 20%. Their study found that income growth, particularly from increased Social Security benefits, was the single most important determinant of widows' living arrangements. Because the residents at The Villages are a relatively affluent population in general, poverty is unlikely to trigger another move for the widows, or to force them to move in with grown children. Nor was the death of their husbands a trigger for relocation—all of the widows had remained in The Villages even after their husbands' deaths.

Interestingly, although the couples had moved to The Villages—at least in part—for the community's ability to take care of them in later life, and although all of the widows admitted that it would certainly be possible (and comfortable) to live out their days there, the ones who had biological children living elsewhere indicated that they have at least considered the possibility of relocating again in the future. Furthermore, when asked about widows in The Villages in general, the general consensus was that after their husbands die, they “stick around” for a while, but more often than not end up selling their home and moving “up north” or “back home” or “closer to their kids.” It is interesting that although the community was designed specifically to accommodate elders' changing needs, people are nevertheless opting not to stay very long after widowhood or if they become frail.

None of the respondents in this study had been widowed longer than six years, and the average age of widowhood was three years. Although the respondents assured the

researcher that more long-term widows do indeed exist within the community, very few specific examples surfaced when pressed; in general, it was agreed, the long-term widows tended to move away once they encountered a health problem of some sort, often at the prompting of their children.

Even though there exists no real reason why they cannot continue to live at The Villages until their deaths, many of the widows in this study indicated that they now considered that to be unlikely, even the ones who—along with their husbands—had been sure that the move to The Villages was a permanent one. It would appear that a combination of factors serve as reasons to move away from The Villages, including: no longer desiring a resort-style atmosphere, anticipation of future infirmity, missing their children and grandchildren, their children encouraging them to move, and loneliness inside their homes (when not involved in a social activity).

Although the community itself, with its ample activities available for singles and widows (as well as excellent medical facilities and end-of-life care if necessary)—along with the fierce desire of the widows to remain independent—provides many good reasons to stay, widows nevertheless tend to eventually move away from the community. Why this is so is of special interest. It is possible that structural factors are at play here; unlike many life-care communities, for example, selling a home in The Villages is an easy and common occurrence. It could be that the relative ease of leaving the community influences the decisions of those who are widowed while living there.

Much research, as presented in this study and elsewhere, indicates that age-segregated living environments offer excellent opportunities for continued social integration of their residents, a function of the supposed homogeneity to be found among those living there.

However, other research finds that at least some groups of people—notably, snowbirds, newcomers, and widowed persons—are subjected to an invisible boundary created by internal social processes and often find themselves to be on the “wrong” side of the fence (van den Hoonaard 1994; 2002); in other words, the norm in this type of environment appears to be a married couple who has been living there long-term, and on a full-time basis. Anyone not fitting this description faces the possibility of marginalization. In addition, because the residents themselves can range in age from the “young-old” retirees in their mid-50s to the old-old aged 80 and over, the environments in retirement communities are not really as age-homogenous as many people suppose.

However, because the widows in this study were relatively happy, well-adjusted, and active in their communities, it was anticipated that they would not feel the pressure to leave that widows in traditional retirement communities often face. Indeed, the widows themselves professed to be socially active and engaged, but nevertheless admitted to thoughts of relocation without being able to precisely put their fingers on the reasons for this. Most mentioned future infirmity or health problems, at the same time agreeing that The Villages is well-equipped to handle these issues. Furthermore, all of the widows in the study are currently healthy, and none are restricted in their activities because of a health problem.

One respondent summarized her thoughts by saying that although “they pretend otherwise, The Villages needs us to go...you see, their success depends on a vibrant, healthy image.” Presumably, large groups of widows—along with frail, unhealthy elderly—would give the community a negative image, when the marketing of the community depends on super-active retirees who partake in Happy Hour and square

dances each evening. Whether this is an accurate perception is unknown; it is possible that the planners of the town itself do not see things in the same way and are instead doing everything in their power to help their residents feel comfortable in all circumstances. True or not, this perception of feeling “pushed out” may influence the attitudes and decisions of the residents, and is worth further exploration. Other reasons for wanting to move included problems with the town itself (The Villages, according to some residents, is growing too quickly and becoming very crowded), the idea that living at The Villages was like a type of extended vacation but nothing more, and external forces such as the recent wave of hurricanes.

Conclusion

In short, although The Villages is designed and planned to address the needs of all of its residents—even those who are widowed or at the end of life—the overall culture of widowhood there involves staying on for a certain period of time, and then later relocating again, presumably to be near children. Because the sample was so small—only 20 widows were interviewed out of a total town population of more than 45,000—there is no way of knowing if this sentiment is generalizable to the entire widowed population at The Villages, or to widows living in other leisure-oriented retirement communities. Of primary interest, however, is the fact that leisure-oriented retirement community living such as that found at The Villages is a fairly new social invention. Those moving to a community such as this one may be on the forefront of social change, as the population ages and relatively affluent older people establish new patterns of residence and mobility. The sheer number of people who will find themselves widowed in this type of

community in the future means that research relating to the well-being of widows is currently of utmost importance.

CHAPTER 6 SUMMARY AND POTENTIAL FUTURE RESEARCH

Summary

This study was based on interviews with a small sample (n=20) of women who moved as part of a couple to a leisure-oriented retirement community (LORC), The Villages, in North Central Florida, where they were later widowed. When searching for an ideal location in which to retire, the couples took into account not only the resort-style atmosphere and amenities of the community, but also the ability of the community to address their future needs, including potential widowhood, skilled nursing care requirements, and end-of-life issues. Once settled in the community, the women found it easy to make friends and to establish a full and varied social life, immersing themselves in activities both with and without their husbands.

After their husbands' deaths, although some respondents indicated that their social lives changed somewhat, none felt that the changes were for the worse. On the contrary, they felt that the variety of available activities for single and widowed persons was more than adequate, and most claimed to be just as occupied as before they became widowed. Some shifts in networks occurred; in particular, the newly widowed often made friends with women who had been widowed for a while, and began to see less of their friends who were still part of a couple. In general, however, the women's activities did not change much, as many of their favorite activities—volunteering in the nearby

communities or taking courses, for example—had not involved their husbands when they were alive, and therefore the deaths did not hinder their continuation.

Because the women seemed so well-adapted to their roles as widows, and because they generally agreed that The Villages is planned in such a way that continued integration is very possible (providing everything necessary to “die well”, as one respondent put it), the finding that nearly all of the respondents are now considering relocating yet again—this time to be closer to children—was somewhat surprising. In particular, the finding was surprising because the widows are still in good health, are very involved socially, and indicated that their continued independence is of the utmost importance to them. Furthermore, most of the widows in the sample indicated that the move to The Villages was originally intended to be a permanent one. Most noted, however, that although they are now interested in moving “back home” to be nearer their children (and grandchildren), they nevertheless are decidedly *not* interested in sharing a home with any of them. Instead, several of the widows have begun to investigate congregate living arrangements (of the non-leisure-oriented type) in larger cities in the Northeast or Midwest.

In short, although The Villages appears to be an ideal place to undergo the transitions associated with later life, and although there is no tangible reason that the widows cannot remain there until their own deaths, in general they are choosing not to. Interestingly, one widow pointed out that the continued success of LORCs like The Villages depends upon the widows eventually moving out; she felt that frail elderly people are not a desirable part of the package that is “sold” to each new crop of young-olds that is considering buying a home there. In a nutshell, she informed the researcher, The

Villages needs them to go in order to make way for the new retirees coming in. Most of the other widows who were interviewed agreed with this statement, although none admitted that they felt as though they were being “pushed” out of the community. Instead, they felt that the choice to move again would be their own, and that the decision would be made depending entirely on their own changing needs.

In just a few years, the leading edge of the Baby Boom generation will reach retirement age. Studies indicate that many of these retirees will choose to relocate to a leisure-oriented retirement community like the one in this study. Because of the sheer number of potential widows our society will see in this type of community in the future, research related to the well-being of widows is an important and useful undertaking. Relocation, even that of young and healthy people, is a stressful and expensive event. If widows are being subtly pushed out of a community where they are happy and feel a sense of belonging and purpose, further research will help to uncover ways by which these unnecessary transitions can be avoided.

On the other hand, if the widows truly feel that their time spent living in a large leisure-oriented retirement community was enjoyable and “fun while it lasted”, then further research can help to determine what the widows’ next steps should be. Several of the respondents mentioned that they had considered their move to Florida to be a permanent one because, “frankly, we didn’t really see ourselves living another thirty or forty years.” A larger-scale project similar to this one is critical if we are to understand the dynamics of the new LORCs, and if we are to determine whether—in spite of their claims otherwise—the new leisure-oriented retirement communities really offer nothing more than an extended vacation to their residents. As one respondent so eloquently put

it, “Imagine yourself growing old and dying on a cruise ship—wouldn’t you want to go home?,” indicating that she, at least, saw her time living in The Villages as similar to a cruise; fun for a while, perhaps, but not where she would be comfortable dying.

Potential Areas for Future Research

A study of this type brings to light countless potential ideas for future research. To start, the available literature on retirement communities in general often appeared to be extremely outdated. Whether this is because retirement communities themselves remained static for several decades, because funding was unavailable to study them, or because there was simply less interest on the part of researchers is unknown. However, recent studies indicating the increasing numbers of people who are relocating to an LORC (along with the increasing numbers of people who would consider it in the future) are evidence that these communities will be important as living environments for retirees in the coming years.

All of the widows in the sample had been widowed between one and six years, with the average length of widowhood being around three years. It is important to determine whether there are widows in The Villages who have been widowed for longer periods of time; if not, why do widows feel compelled to leave after only a few years of widowhood there and where do they go when they leave? In addition, it would be interesting to interview a group of widowers, and to compare their responses to those of the widows in order to determine if any gender-specific factors are at play. Furthermore, the widows who live in leisure-oriented retirement communities such as The Villages are relatively affluent when compared to the general population; how can their experiences be compared to those who are less well-off financially?

From a sociological perspective, there are several main areas of interest relating to the phenomenon of relocating to an LORC. First, the idea that people are choosing to cluster in age-stratified, self-contained towns where everyone is very much like themselves and where there is very little racial and ethnic diversity is interesting in and of itself. Even when prices are maintained at a relatively “affordable level”, why are there so few people of color? Second, what are the repercussions to the surrounding communities? The Villages, in fact, was planned and developed in the middle of an area in which most of the local residents are from relatively low socioeconomic strata—how is the existence of The Villages affecting these people?

Third, the stratification that is forming within The Villages itself, as people form cliques and alliances and people from older sections of the community are regarded differently by those from the newer, more expensive areas of town is of great interest. People who have lived in the community since its inception (i.e. the residents of Orange Blossom Hills) now are living in the older, less affluent section on the Eastern side of Highway 441 and have fewer amenities. Referred to by the newcomers as those from the “other side”, it would be interesting to study how this marginalization has affected individual lives. Whether their longevity (and potential greater frailty) is a factor in their marginalization is also of interest. Fourth, comparative studies of similar communities would provide insight into the nature of self-contained retirement towns.

In addition, this study was based on the responses of a very specific group of people who (a) chose to move to The Villages and (b) agreed to participate in the interviews. Whether and how the sentiments of this group differ from those of not only the other Villages residents, but also residents of other LORCs would be interesting to know.

Furthermore, what are the factors involved in choosing to move to an LORC vs. aging in place “at home”? Does a certain amount of work-life mobility predispose a couple to consider relocating to a retirement town when compared to those couples who spent much or all of their working lives in one community? Finally, it would be interesting to know the numbers of people who move—as a couple—into a community of this nature and later decide *not* to stay (before one of them becomes widowed); in other words, what are the factors involved in both selection *into* and *out of* communities of this type. Are they more appropriate for white, upper-middle-class retirees who are accustomed to a particular culture involving leisure and golfing-related activities? And if, presumably, the communities are selected for the amenities and lifestyle they offer, what factors are involved in prompting a couple to leave?

What position will leisure-oriented retirement communities take in the long-term care continuum in 10 to 20 years’ time? Will the novelty of this form of community living begin to wear off, or will more and more people find themselves living in one? In summary, contained communities such as The Villages offer many research possibilities that will be of particular interest as settlements of this type become more and more common, and because this setting, at a micro level, can be regarded as a small society.

APPENDIX A RETIREMENT COMMUNITY DEFINED

According to the authors of the 1983 article *Retirement Communities: An American Original*, almost every retirement community in the United States today belongs to one of five types: (1) retirement residences, (2) retirement subdivisions, (3) continuing care retirement centers, (4) retirement villages, and (5) retirement new towns. However, much confusion has been generated by the general use of the term *retirement community* in Aging and Gerontology literature, and it is a term that has been used when referring to all of the above types of communities at one time or another. In fact, an extensive literature review quickly revealed that the term has been used by various researchers in various ways. Therefore, for the purposes of this study, it is important to define the term *retirement community* as it was used in the writing of this paper.

Retirement residences. First, the term *retirement community* has been applied to housing projects that very often consist simply of one or more apartment buildings—often tower-style—which house elderly residents, in something of a dormitory setting. They are often built by churches or unions, although that is not always the case. In general, these residents are in poorer health than the general population, but do not yet consider themselves to be disabled to the point where they need nursing home care. Amenities generally include a staff of workers who supply assistance to the residents as they go about their daily lives. Limited medical care is also available, as is usually a source of transportation—a van or bus—by which the residents are driven to personal

appointments, shopping, etc. It is also common to see organized activities—Bridge, for example—in these types of complexes. Retirement residences offer a supportive environment for relatively independent elderly people at moderate cost.

Fancier versions of retirement residences have begun to spring up, and no longer house exclusively frail and sickly elders. The newer versions include many more amenities and are marketed to appeal to relatively healthy and mentally alert elders and those who simply seek a hassle-free place in which to retire. More elaborate amenities and recreation services are offered, as is skilled nursing care. Nevertheless, this type of complex cannot be considered self-sufficient, as the residents must go (or be taken) outside and into the surrounding community for needs such as shopping, more intensive medical treatment, etc. An example of this type of community would be those attached to universities (Oak Hammock at the University of Florida, for example), where lifelong learning is stressed as a way to postpone or avoid decreased cognitive ability, although many retirement communities of this type exist which are not associated with a university in any way.

Retirement subdivisions. In addition to the above definition, sections of towns or cities whose demographic make-up consists largely of aged persons have also been referred to in the literature as retirement communities. For example, certain towns in South Florida are known to attract large numbers of retired adults and, as a result, have a higher percentage of residents over the age of 65 than does an average town. These towns began as “normal” ones, and simply began to attract retired persons for a variety of reasons. The older adults in these towns tend to live throughout the area, but can also be found clustered in a particular neighborhood, subdivision, or area of town (hence the

reference as a *retirement community*). Gainesville, too, has an assortment of retirement subdivisions. No special planning was involved in order to make these locations attractive to older adults; rather, the areas simply evolved into places in which large numbers of older adults gathered, and activities catering to their needs later sprang up around them. The subdivisions themselves offer a limited number of services and facilities, and instead use those of the local community.

Continuing care retirement centers. In continuing care retirement centers, the emphasis is on health care and a medically supportive environment. The older adults who relocate to continuing care retirement centers often consider themselves (or are considered by others) to be in a declining state of health, although not necessarily to the point where they require the continuous supervision offered in a nursing home or skilled nursing facility. CCRCs offer a range of activities and amenities that are specific to the needs of the frail elderly. The emphasis is on maintaining the residents in a state of relative independence for as long as possible. An example of a common medical service offered at a CCRC would be the “check-in” systems, whereby each resident presses a button located inside his or her apartment each morning upon arising, indicating to the staff that all is well; if the staff receives no signal from a particular resident by a particular time, for example, then someone is sent to the apartment to verify that everything is o.k.

Retirement villages. Retirement villages are generally smaller than retirement new towns (see below) and are not planned as self-contained communities. They are instead located in areas that provide a full range of services. In addition to fee-simple ownership, cooperatives, and condominiums, there may be apartments for rent and mobile-home

ownership combined with lot rental. Facilities may include clubhouses, pools, golf courses, and the like, and activities may be planned by the administration. This type of community, however, is not self-sufficient in that the residents must travel outside the community for most services; i.e. medical appointments, grocery shopping, banking, etc.

Retirement New Towns. Finally, the term *retirement community* is currently being applied to planned, self-contained communities (sometimes referred to in the literature as retirement “new towns”) which are conceived and created wholly for the purpose of housing healthy and active retired adults, taking into account all of their desires and needs. Based on the idea of a small town or village, these settlements are planned from the beginning to cater specifically to this group of people. The number and type of amenities offered varies and the communities range from moderately-sized housing complexes (often resembling a suburban sub-division) with private shopping, medical, and recreation facilities to larger, full-scale towns; these self-contained entities include everything from restaurants, recreational centers, churches, and shops to movie theaters, nightclubs, and professional-quality golf courses. Theoretically, a resident need never leave the community, as all needs can be adequately satisfied on-site. Furthermore, most of these communities are designed to be navigated by golf carts, meaning that even those retirees who can’t (or prefer not to) drive can reach all facilities easily. The Villages, Florida (along with a few other communities – Sun City, Arizona, for example) falls into this latter category, and although sometimes referred to as a *retirement community*, in fact fits the definition of a *retirement new town*.

Note: With the exception of the Continuing Care Retirement Centers, all of the above types of community can be further sub-divided into various categories. Leisure-oriented

retirement communities (LORCs) have, understandably, a focus on leisure and are generally designed to accommodate healthy and active retirees. In addition, La Greca et al. (1985) note that the communities themselves can generally be considered either models based on residential ownership, where the developer generally withdraws after a period of time, leaving the community to govern itself (Type I), or rental communities, in which the land upon which the dwellings are located is rented, and can change owners at any time (Type II).

In addition to retirement communities, there are many other housing options available to older adults: adult day services or day treatment, adult family homes, adult foster homes, adult group homes, assisted living (residential care facilities), congregate living, cooperative housing, extended care/sub-acute care hospital rooms, nursing homes, shared housing, or governmentally subsidized apartments. For the purposes of this study, however, a sample was drawn only from The Villages, a retirement new town near Ocala, in North Central Florida.

APPENDIX B
DEMOGRAPHIC QUESTIONNAIRE

ID# _____

Thank you for taking the time to fill out this questionnaire.

Please provide the best answer you can, keeping in mind that there are no right or wrong answers.

Socio-demographic Data

First, some basic questions about your background:

1. How old are you?	<i>(write in answer)</i>
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2. When did you first move into your current residence?	<i>(fill in month and year)</i>
Month _____ Year _____	

3. Before you moved to your current residence, where did you live? <i>(fill in city and state)</i>	
<u>City</u>	<u>State</u>

4. How would you describe your racial or ethnic background?	<i>(write in answer)</i>

5. Do you have any children? <i>(circle one)</i>	
YES	NO
If you answered YES, how many children do you have? _____ (Interviewer will follow up with more specific questions during the interview.)	

6. What is the highest level of education you have completed? *(check one)*
- Less than high school diploma
- High school diploma or G.E.D.
- Some College
- College degree
- Some graduate school
- Graduate degree Specify: _____

7. How old were you when you retired or worked your last job? *(fill in age)*
- _____

For the following questions, please think about the job that you worked at for the longest length of time in your life. If you are unsure which job was the longest, please think about the job you identified most strongly with.

8. What was your job title or job description? *(write in answer)*
- _____

9. What kind of business or industry was your longest job in? *(write in answer)*
- _____

10. When you worked at this job, did you have supervisory responsibilities? *(circle one)*

YES

NO

Now we would like to ask you some questions about the work history of your spouse.

For the following questions, please think about the job that your husband or wife worked at for the longest length of time in their life. If you are unsure which job was the longest, please think about the job he or she identified most strongly with.

11. What was your husband/wife's title or job description? *(write in answer)*
- _____

12. What kind of business or industry was his/her longest job in? *(write in answer)*
- _____

13. When (s)he worked at this job, did (s)he have supervisory responsibilities?(circle one)	
YES	NO

Health and Quality of Life

Next, here are a few questions about your health and quality of life. Please circle the number for each question which corresponds to your response.

1. Overall, how would you rate your physical health?

1 Very Poor	2 Poor	3 Good	4 Very Good	5 Excellent
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Comments:

2. How would you rate your physical health compared to 3 years ago?

1 Much Worse	2 Somewhat worse	3 Same	4 Somewhat better	5 Much better
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Comments:

3. How would you rate your physical health compared to other people your age?

1 Much Worse	2 Somewhat worse	3 Same	4 Somewhat better	5 Much better
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Comments:

4. In the past month, how much have you worried about your own physical health?

1 Not at all	2	3 Somewhat	4	5 Very often or most of the time
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Comments:

5. In the past month, how much have you worried about who might help you or take care of you if you needed it?

1 Not at all	2	3 Somewhat	4	5 Very often or most of the time
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Comments:

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

1 Not at all	2 Slightly	3 Moderately	4 Quite a bit	5 Extremely
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Comments:

Instructions: This section of the survey asks for your views about your health – how you feel and how well you are able to do your usual activities. Answer every question by circling the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

The following items are about activities you might do in a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?			
Activities	YES Limited a lot	YES Limited a little	NO Not limited at all
Vigorous activities , such as running, lifting heavy objects, strenuous sport activity, etc.	1	2	3
Moderate activities , such as moving a table, vacuuming, bowling etc.	1	2	3
Lifting/carrying groceries	1	2	3
Climbing several flights of stairs	1	2	3
Climbing one flight of stairs	1	2	3
Bending, kneeling, stooping	1	2	3
Walking more than a mile	1	2	3
Walking several blocks	1	2	3
Walking one block	1	2	3
Bathing or dressing yourself	1	2	3

Perception of Current Situation

Below are 5 statements that you may agree or disagree with. Using the 7-point scale below, indicate your agreement with each item by circling the appropriate item on each line. Please be open and honest in your responding. *Please be careful to only circle one number on each line.*

	Strongly Disagree	Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Agree	Strongly Agree
In most ways my life is close to my ideal.	1	2	3	4	5	6	7
I am satisfied with the current state of affairs in my life.	1	2	3	4	5	6	7
If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7
My life does not live up to the standards I have for a good life.	1	2	3	4	5	6	7
I am satisfied with my life.	1	2	3	4	5	6	7

In general, how HAPPY or UNHAPPY do you usually feel?

Circle the ONE number corresponding to the statement below that best describes your average happiness.

10	Extremely happy (feeling ecstatic, joyous, fantastic!)
9	Very happy (feeling really good, elated)
8	Pretty happy (spirits high, feeling good)
7	Mildly happy (feeling fairly good and somewhat cheerful)
6	Slightly happy (just a bit above neutral)
5	Neutral (not particularly happy or unhappy)
4	Slightly unhappy (just a little bit below neutral)
3	Mildly unhappy (just a bit low)
2	Pretty unhappy (somewhat "blue", spirits down)
1	Very unhappy (depressed, spirits very low)
0	Extremely unhappy (utterly depressed, completely down)

Perceptions and Attitudes

Below are 11 statements that you may agree or disagree with. Using the 5-point scale below, indicate your agreement with each item by circling the appropriate number next to that item. Please be open and honest in your responding. *Please be careful to only circle one number on each line.*

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
There is always someone I can talk to about my day-to-day problems.	1	2	3	4	5
I miss having a really close friend.	1	2	3	4	5
I experience a general sense of emptiness.	1	2	3	4	5
There are plenty of people I can lean on when I have problems.	1	2	3	4	5
I find my circle of friends and acquaintances too limited.	1	2	3	4	5
I miss the pleasure of the company of others.	1	2	3	4	5
There are many people I can trust completely.	1	2	3	4	5
There are enough people I feel close to.	1	2	3	4	5
I miss having people around.	1	2	3	4	5
I often feel rejected.	1	2	3	4	5
I can call on my friends whenever I need them.	1	2	3	4	5
If I missed an appointment or regular activity, someone I know would call or come over to check on me.	1	2	3	4	5
I worry about whether I would have someone to help me if I needed it.	1	2	3	4	5

Thank you very much for your help! We will now proceed to the interview.

APPENDIX C INTERVIEW GUIDE

I would like to talk to you a little bit about your experiences living in a retirement community and how your life changed after the death of your husband/wife.

I. The Move

1. I'd like to learn more about the factors involved in making your decision to relocate to The Villages. Can you tell me about that decision and about your move?
 - When did you make the decision?
 - Was it a joint decision? If not, was it primarily your idea or your husband/wife's?
 - How did you learn about The Villages?
 - Did you consider the move to be a permanent one?
 - What are some of the issues that are important to you concerning your living environment? What are some advantages/disadvantages?
 - How did you envision life in a retirement community?
 - Where do your children live? What do they think of your current environment?
2. Did you find it easy to make friends here, once you'd arrived?
3. In which ways did you occupy yourself socially, as a couple? With whom?

II. Transitions and Responses

I realize that some of the following questions may be difficult to talk about. Please remember that you have the right not to answer any question you choose or to stop the interview at any time.

4. How long had you lived in The Villages before your husband/wife's death?
5. How would you describe your life at The Villages in the months before your husband/wife passed away?
 - Was there an extended illness or period of intense caregiving?
6. Did your social life change much after his/her death? If so, in what way?

7. Do you enjoy the same activities now that you did as a couple?
8. Do you still “hang out” with the same crowd as before, or did you make new friends?
9. Do you feel a bit “left out” on occasion, or would you consider yourself rather involved socially?
10. How do you feel about the opportunities for socializing for single persons/widows here at The Villages? Is there plenty to do for someone who is not part of a couple?
11. Do you think others in same situation pretty much feel the same way?
12. At The Villages, in general, what happens when a person becomes widowed?

III. Future Outlook

13. How satisfied are you with your current situation?
14. Do you envision things staying the same or changing in the future?
If changing, in what way?
15. Have you considered moving again, or do you plan to stay in The Villages?
16. Would you say that, in general, people who become widowed while at The Villages choose to remain here or move back home?

Can you think of anything else important that I may have forgotten?

Thank you so much for your time!

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BIOGRAPHICAL SKETCH

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