A Safety Net: How Older Adults Build and Maintain Interpersonal Relationships

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CHI'18 Extended Abstracts, April 21–26, 2018, Montreal, QC, Canada
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ACM ISBN 978-1-4503-5621-3/18/04.
<https://doi.org/10.1145/3170427.3188591>

Abstract

Engaging in an active life is important for older adults to maintain and promote well-being. In this study, we discuss how older adults who are aging in place actively promote their well-being through the lens of interacting and socializing with others. We conducted an interview study with 10 participants to understand how they develop and maintain interpersonal relationships with others. We found that older adults took charge in creating, building, developing, and maintaining a *safety net*, which is reflected in the following four representations: *pre-determined network*, *chosen network*, *interest-based network*, and *shared-identity network*. We also identified three important characteristics of the safety net: *co-producing*, *reciprocating*, and *strengthening identity*, which influence older adults' personal and social experiences.

Author Keywords

Aging; older adults; well-being; safety net.

ACM Classification Keywords

H.5.m. Information interfaces and presentation (e.g., HCI): Miscellaneous.

Introduction and Related Work

In the past decade, much of the prior research in Human-Computer Interaction (HCI) has focused on the physical health of older adults, framing old age as a problem that can be managed by technology [7]. The dominant portrayal of old age is the emergence of multiple ailments and health conditions that need careful management [7].

Recently, researchers [1,6] have suggested a shift in the current focus, advocating for older adults to be framed as people who take more active approach to aging. This active view posits that older adults can and should take an active role in maintaining and promoting their well-being [8]. In particular, older adults have a capacity for actively participating in different community and social activities to stay physically, emotionally, and socially healthy [1]. Other examples include older adults' active engagement in connecting with others [7].

Following in the vein of active engagement in aging and well-being, a handful of research has investigated the personal and social life of the older adults who are living in a senior living community, where different kinds of services and programs are designed and provided to their residents. For example, some senior living communities have doctors and nurses on-site for medical care. Some provide lunch and dinner. There are also various programs designed to improve their residents' well-being, such as art-making classes, meet-and-greet your neighbors, and organized trips to sports games.

Within the senior living community, we argue that the role that residents' play in the creation and

maintenance of their health and wellbeing can be largely passive as there is a multitude of pre-determined activities available for them to utilize on-demand. That is, a lot of the services and activities have been created for the senior residents or scheduled into their lives. However, it is unclear how older adults would take an active role in developing and promoting their well-being when there is *no* dedicated service or program.

In this study, we decided to focus on older adults who live in their home and do not have access to the services and programs of the senior living communities. This is the situation for the majority of the older adult population in the United States [5]. We follow the active aging approach to investigating the well-being of older adults who are aging in place, and aim to answer the following two questions to understand how they construct, build, and maintain social and connected networks: 1) how do older adults interact and socialize with others? and 2) how do these social activities influence their well-being? In the rest of the paper, we will use the term *older adults* to describe seniors who are aging in place.

Methodology

We conducted 10 semi-structured interviews to understand older adults' interpersonal relationships; particularly how they socialized and interacted with others, and how those interactions influenced their quality of life. For example, we asked questions about how they felt about life after retirement, and to share stories and scenarios about their interactions with others. We also inquired into how their social experiences and the activities they participate in

influence their lives. Each interview lasted from one hour and a half to three hours. The duration varied

based on the conversation between the researcher and the participant. All interviews were transcribed and coded iteratively among four researchers using the constant comparative analysis method introduced by Glaser and Strauss [2].

All participants were older adults (65+) who had already retired and were aging in place. Of the 10 interviewees, nine were female and one was male. Half were living with at least one member of their family and half were living by themselves. More than half (6 out of 10) of the participants were in a marital or romantic relationship. Among the remaining four participants, three were widowed and one was single. Please see Table 1 for detailed demographic information.

The Safety Net and its Four Representations

In Jacobs's work on the construct of a successful city community, she described community as the essential element for the safety of people in the city district, and that visible, active participation played a key role in determining the degree of safety of the neighborhood [3]. Her work suggested that when people take an active role in contributing to their neighborhood by making interpersonal contact with others in the shops and on the streets, the neighborhood's sense of security and wellbeing increased [3]. In contrast, a neighborhood that is physically constructed to minimize interpersonal connection can easily become dangerous since its streets are not well looked after by the community, despite its affluence or other demographic characteristics [3].

We observed a similar phenomenon from our participants when they discussed how they created, built, and maintained interpersonal relationships with others. They often took charge of their well-being by actively exploring, creating, developing, and maintaining interpersonal networks. We refer this to as their *safety net*, within which they feel comfortable to be situated in and socialize in.

In particular, we identified four important representations of the safety net from the interviews: the *pre-determined network*, the *chosen network*, the *interest-based network*, and the *shared-identity network*. We will describe each representation in detail in the following paragraphs.

Pre-determined network: family

We considered family as a pre-determined type of relationship because the members who make up a family are rarely a choice that a person is able to make. However, older adults do have a choice whether or not to develop and maintain this type of relationship.

Among the older adults we interviewed, eight out of ten were closely connected with their remaining family members. For example, they engaged in daily communications with their family. Not only did they receive support from their family, the older adults also actively took care of their family members by engaging in activities with them that were within their capability.

For example, P3 moved into her daughter's house a few years ago so that her daughter could take care of her. Because of her previous surgeries, P3 cannot do a lot of activities that she used to be able to do. However, P3 refused to only passively receive support from her

	Gender	Living situation	Marital status
P1	Female	Lives with husband and son	Married
P2	Male	Lives alone	Engaged
P3	Female	Lives with daughter	Divorced
P4	Female	Lives with daughter	Divorced
P5	Female	Lives alone	Widowed
P6	Female	Lives alone	Single
P7	Female	Lives alone	Widowed
P8	Female	Lives alone	Widowed
P9	Female	Lives with husband	Married
P10	Female	Lives with husband	Married

Table 1. Participant demographics.

□

Participant 3: “Sometimes she [refers to the daughter] cooks. [chuckle] And I vacuum. There’s things I can do around the house that I do.” (female)

Participant 2: “We usually go every Sunday and Tuesday. That’s pretty much part of our schedule, to go twice a week.” (male)

Participant 9: “And then my close friends from our old hometown, we have lunch once a month. We go to different restaurants every month.” (female)

Participant 1: “We have, sort of a core group of people that come most of the time, and then a lot of people that come and go. It’s fun, we like it. We talk to each other, and we share things. It’s usually three or four conversations going on, different groups of people.” (female)

daughter without doing something in return. Instead, she manages to do some basic household chores within her ability to help her daughter (as described by participant 3).

As Carroll [1] suggested, older adults should be treated as the *initiators* of their well-being. Our interviews suggested that supporting family through various efforts around the home could be one way to achieve an active role in aging and wellbeing.

Chosen network: romantic relationships and friends
Two types of relationships fall within the *chosen network*: those that are romantic in nature (spouse, fiancé, boyfriend/girlfriend) and friendships. Our interviews suggested that within this network, the older adults actively build and maintain the interpersonal relationships they have chosen.

Of the participants, six were in a romantic relationship. These participants reported that they often engaged in activities with their significant other. For example, P2 often went to watch movies with his fiancée (as described by participant 2). Romantic partners also inspired each other to explore different activities. Take P4 as an example. She learned how to kayak and thereby was included into a circle of kayaking friends because of her boyfriend’s interest in the activity.

Friendships were very important to our interviewees. We observed that participants chose to stay in touch with various friends from different periods of their lives in different ways. For example, some attended regular meetups with former classmates, old friends, and relatives. Others visited their friends on a monthly basis. For example, P9 mentioned that she maintains a

healthy relationship with her friends by having a lunch meetup every month (as described by participant 9).

Within the chosen network, older adults are the active advocates for constructing and maintaining the relationships they choose to build. This suggests that romantic relationships and friendships could be another way that older adults can actively work towards their own well-being.

Interest-based network: interest groups

The third representation is interest groups, which are defined as groups where older adults either lead or participate in a self-organized group around a personal interest or hobby. In the *interest-based network*, participants expressed enjoyment in meeting and socializing with people who share similar interests or hobbies.

For example, P1 has been leading a bi-weekly knitting group which meets in a public library for over ten years. She enjoys knitting, sharing, and socializing with group members (as described by participant 1).

Shared-identify network: neighborhoods and religious institutions

From the interviews, we found that participants actively made contacts with and supported others coming from the same neighborhood or from the same church. We refer to this as a *shared-identify network*, in which older adults are likely to stay connected and maintain interpersonal relationships with those who share the same social identity.

Some (4 out of 10) participants viewed neighbors as more than the people who live next door. Rather, in

their view, neighbors take care of each other. These participants mentioned that they offered and received help from their neighbors.

Three participants mentioned religious institutions as a social organization in which they felt comfort in creating interpersonal relationships. They enjoyed interacting with people from the same church. For example, P7, a Christian who often visits her church, mentioned that she felt emotionally and spiritually connected to other Christians.

We observed from the interviews that older adults felt emotionally and/or spiritually connected to those who share the same social identity. They take charge of their well-being by actively connecting to the people who share an aspect of their social identity.

Characteristics of the Safety Net

We discussed four different interpersonal representations of the safety net that are actively constructed and utilized to promote well-being. The next question we set out to answer was why do older adults take charge of their personal safety nets? We suggest that the reasoning falls into the following three key features of the safety net: co-producing, *reciprocating*, and strengthening identity. These three features can be found within each representation of the safety network.

Co-producing. Co-producing occurs when both the provider and the recipient contribute to the success of an activity. This concept differs from reciprocating in that coproducing doesn't take the form of a balanced contribution. The older adults in our study gave many examples of social supportive activities that they

engaged in with members in their networks. They supported each other without measuring their contribution to the outcome. We noted that this characteristic can often be found in the pre-determined, chosen, and interest-based network.

For example, we found that older adults care about their family, significant other, and friends. They engaged in activities with them without measuring how much they could gain in return from the activity.

Co-producing also takes place in interest-based networks. As the group organizer, P1 contributes time and effort to her knitting group. For example, she collects knitting materials for the group, teaches more advanced skills, and visits senior centers to share her passion and to expand her group. Other members receive enjoyment from knitting with fellow hobbyists, socializing, and learning together.

Reciprocating. Reciprocating occurs when older adults provide balanced social support or help to each other. This characteristic can often be found in the shared-identity network.

Taking P8 as an example, she does laundry for her neighbor while her neighbor picks up groceries for her. In this case, P8 has a washer and dryer unit at her house while her neighbor does not. On the other hand, P8 lives on a hill and it is difficult for her to walk downhill to do grocery shopping.

This reciprocation works well for P8 and her neighbor. P8 helps her neighbor with washing and drying clothes, and considers her neighbor's food contribution to be an equal return. This kind of balanced exchange meets the

expectations of both people's needs, that is, giving and receiving in a reciprocal way.

Strengthening identity. Strengthening identity means that older adults take responsibility to strengthen their own social identity or that of places that fit within their identity framework. This characteristic can be found in shared-identity networks.

For example, P9 volunteers at her church for various activities, such as teaching Sunday school and fundraising for church-related activities. By doing so, she helps to strengthen her identity as a Christian, and helps her church's mission. Similarly, P7 feels comfortable volunteering at different church events within her physical abilities. She is a cashier for church functions, and described her motivation for volunteering in her church as due to feeling safe, comfortable and welcome this physical representation of her social identity.

Conclusion and Future Works

In this work, we introduced the concept of a safety net that the older adults who are aging in place create in order to promote their health and wellbeing. The safety net is an asset in that its strength comes from the active role that older adults play in the creation and maintenance of this interpersonal network. Future work will better the understanding of the safety net and how it can be leveraged when designing technologies that enhance and improve the health and wellbeing of older adults.

Acknowledgements

This work was funded by National Science Foundation Grant #1502176. We thank the participants who

volunteered for this study and the reviewers for their useful and insightful feedback.

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