NON-FAMILIAL INTERGENERATIONAL LIVING: ADDRESSING LONELINESS

IN OLDER ADULTS

By

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Abstract

This thesis looks at how living situations can affect loneliness in older adults. Research shows that social isolation and activity involvement were two main factors in determining loneliness. Many adult children take in their older adult parent in part so they will not feel lonely. This is referred to as a familial intergenerational living arrangement. This living arrangement does decrease loneliness levels in older adults, but it can create issues with autonomy and dignity. Non-familial intergenerational living situations, however, are able to deal with these factors effectively, since the older and younger generations have more privacy. Elder cohousing communities, where the houses are very close together, also decrease loneliness while maintain autonomy and dignity since there are so many opportunities for involvement and interaction. I argue that by combining these two types of living situations to create a new living arrangement of non-familial intergenerational cohousing communities, loneliness can be combatted while also creating an environment where intergenerational exchange can flourish.
Statement of Purpose

Loneliness and social isolation are prevalent in a high number of older adults. The factors that are found to best alleviate these feelings are participation in leisure activities and strong social connections. These factors, when altered, strongly impact self-reported loneliness levels. These can each be manipulated by changing the living situations of the older adults.

Familial intergenerational living situations, in which the older adults move into their adult children’s homes, are one of the main ways in which older adults have dealt with issues of growing old. This has proven to relieve the loneliness that older adults experience only if they are also able to be involved in supporting their families and not simply be supported by their adult children. This does not mean it is a perfect scenario for the older adults; the main issue with this living arrangement is that the older adult may feel like their autonomy and dignity are taken away or diminished. This is because the adult child often feels that they need to take on the role of a caretaker.

There are a few examples of intergenerational living arrangements that are non-familial around the world. They provide an outlet for social interaction while also keeping the older adult’s autonomy and dignity since they live in spaces that are private. This also positively impact the younger generation that lives there because they find how older adults do not fit the stereotypes that society places upon them, and thoroughly enjoy getting to know the older adults. By living with the older adults, non-familial intergenerational living situations allow younger people to break the stigmas that are placed on elders, and provide support.

Cohousing communities are communities in which the separate homes are closely
Built and rely on their members to work together to keep the community running. Elder cohousing communities are becoming more popular, since they highly value community togetherness, while still allowing the residents to have a private home and interaction with others, as they please. This provides both social interaction and a dense social network—both of the factors that can combat loneliness in older adults.

This paper will explore the reasons why loneliness is such a large issue, how it is addressed currently, and how it could be improved upon. I will argue that familial intergenerational living situations, while addressing loneliness in older adults, does not successfully address the issues it causes with autonomy and dignity. I will propose a new model of living that addresses loneliness while allowing the older adult to maintain their dignity and autonomy, called non-familial intergenerational cohousing communities.

**Loneliness in Older Adults**

Loneliness has become a major health issue for older adults. Mortality risk when someone is experiencing loneliness is comparable to smoking cigarettes or obesity. The take-home message is that loneliness increases someone’s risk of death by a great deal, making it worth investigating why it is such a large issue for older adults (Kydd & Ayalon, 2017).

Loneliness is found to be a major issue in the elderly community, with one of the main identifiable causes being lack of attention. Some experts believe it spawns from various sources, such as a mental health problem or a person’s social situation, while others believe it is strictly family and friends. De Jong Gierveld and Van Tilburg (2016) look at the various ways and reasons that someone experiences loneliness. Loneliness is considered to be a large issue during every part of someone’s life. However, it is
extremely common during old age, which is pivotal to knowing how to deal with it, and lessen one’s loneliness and social isolation (Gierveld & Van Tilburg, 2016). Older adults rely on those who they know to come to them, rather than putting themselves out there, potentially putting them at a higher risk of feeling lonely. A similar study done by Gerst-Emerson and Jayawardhana (2015) looked at how loneliness and health care utilization are correlated among older adults. It was found that a significant number of older adults over aged 60 reported being lonely. This was positively associated with doctor’s visits, meaning that identifying and attempting to alleviate this loneliness would make a significant decrease in physician visits and money spent on health care (Gerst-Emerson & Jayawardhana, 2015). Loneliness can be caused by a lack of attention, and older adults seek outside attention in the places that are comfortable to them. Doctor’s offices, though they may provide a quick fix, do not occur often enough to ameliorate this problem. This issue must be addressed by looking deeper into the factors that contribute to the older adults’ loneliness.

It is a widely accepted idea that older adults are lonely at much higher rates than the general population, but the reasons behind why this group is lonely are a subject of debate. A study done by Chen and Feeley (2013) looked at the way in which older adults received support or strain from their partner, children, family, and friends. It was done using adults 50 years of age and older. The results from this test found that support from a partner, as well as friends, made people’s loneliness score decrease drastically. This was not seen if any of the four sources of strain were present, which were seen to cause and intensify the feelings of loneliness (Chen & Thomas, 2013). Interestingly, Heo’s study (2013) found similar results using a different source—involvement. They examined
how an elderly person’s leisure involvement relates to their life satisfaction and health. The study found that there was a positive relationship between the level of involvement that an elderly person has in leisure activities and their life satisfaction as well as their health (Heo, 2013). Both studies found a decrease in loneliness for their respective changes in the lives of the elderly, making the reasoning behind why this group felt lonely in the first place inconclusive. This does not mean that both of their factors are not important. There are multiple factors that affect loneliness in older adults, and addressing them all will decrease loneliness more efficiently.

Over half of all the people who are elderly say that they experience this feeling of stereotyping by others. This age group experiences higher instances of mental health issues, with around 20% facing at least one mental health problem. The most rampant mental health problem for older adults is depression, which is found in around 5% of those who live in a house with their family to 14% who need home healthcare4. Depression in older adults is more common for those who are experiencing other illness or who have lost some of their normal, everyday functions. It can be so severe that the 65 and up age range accounts for 16% of the entire suicide rate (Werner, et al., 2009, p. 24). These numbers are extremely high, and lead to the question of why this is the case?

Ageism is regarded as a real threat towards the elderly community because it can affect their decision-making and health. One study done by Swift (2017) looked at the ways in which ageist stereotyping can lead to inhibition of healthy aging. If a patient believes these stereotypes, a psychological barrier that leads to inability to properly rehabilitate and respond to retreatment may form. By challenging these stereotypes, it is found that older adults have the ability to challenge these perspectives and their internal
stereotypes (Swift, 2017). Similarly, Conners (2010) found that the impact that the negative attitudes the public has towards the elderly and the negative attitudes the elderly have about themselves was relevant. It was found that elderly participants who believe in the stigmas against them were not likely to seek out mental health services. African American elderly participants were the most likely to internalize stigma and rarely seek mental health treatment compared to the white participants. Internalized stigma was the main factor that affected the relationship between race and thoughts about seeking treatment (Conner, 2010). Jo Anne Sirey furthers this idea by examining how perceived stigma affected treatment continuation in young and older adults with major depression. Stigma perception caused older adults to discontinue their treatment, meaning that stigma would be a necessary target for intervention so that treatment continuation would increase (Sirey, 2001). Ageism not only affects the older adults population, it affects people of all ages by changing their point of views on this community, causing stereotyping and self-stigma. Ageism contributes to depletion in older adults’ self-confidence by creating insecurities that drive this age group to have worse health outcomes, as well as decrease their participation in outside events. This is detrimental, both emotionally and physically, to older adults and contributes to their loneliness by affecting their mental health and desire to participate in outside events.

The levels of depression experienced by older adults can be combatted via their levels of social integration, which addresses both their involvement in outside events and their connection to those who are important to them. An analysis completed by Tsai et al. (2013) looked at the relationship between sociodemographic traits, health that was acquired via self-reporting, and intergenerational exchange. This study had various types
of intergenerational exchange, including living with their adult children and how involved the older adult was in raising their grandchildren. It was found that as the older adults became more engrained in their grandchildren’s life or if they lived with their children, their level of depressive symptoms and loneliness decreased. They concluded that intergenerational exchange was able to improve the older adults’ issues with mental health and loneliness (Tsai, Motamed, & Rougemont, 2013). This type of exchange is able to create an environment where the older adult feels comfortable participating, therefore combating the issues that can arise with ageism since they feel wanted. This level of comfort can potentially be achieved via the older adults’ living arrangements, such as in a familial intergenerational living situation where the older adult is living with their adult children. By changing the living situation of an older adult, he or she would have support from those they care about and have potential opportunities to be included built into their homes.

**Familial Intergenerational Living Arrangements**

Support was found to be the main factor in improving the psychological well being of the elders in familial intergenerational living spaces. By having a healthy balance between giving and receiving care within their family homes, there was a large decrease in the reported loneliness of elders in the family.

Familial intergenerational living arrangements between older adults and their adult children is a way that many families address loneliness and other issues that older adults experience during old age. These living situations have been studied to find out why they are effective in addressing the loneliness that older adults experience. Chen and Silverstein (2010) looked into how intergenerational social support is correlated with
an older adult’s psychological well being, specifically in China. They used structural, functional, emotional, and appraisal categories as types of social support that affect the parent’s well being. The findings show that the main factors that boost morale are for the older adult to provide support to others, as well as how satisfied the parents are with the life decisions that their children are making. This study found that, overall, there is major change to mental health due exclusively to this living situation that could positively affect the morale and levels of support, which in turn, decreases loneliness (Chen & Silverstein, 2010). The support component that older adults are able to contribute to their families is integral in addressing their loneliness. Since the older adults live with others, they are able to contribute in their family setting, which gives them fulfillment from the feelings of being needed. This living arrangement is able to combat loneliness by addressing the need of social interconnectedness. Gierveld, Dykstra, and Schenk (2012) had similar findings when they compared the prior knowledge based on living arrangements specifically looking at various intergenerational support types in Europe. Older adults who no longer kept in touch with their children were found to be extremely lonely, followed by those who were predominantly on the receiving end in their child-parent relationship. Those older adults who were involved in caretaking were found to have the lowest levels of loneliness (Gierveld, Dykstra, & Schenk, 2012). By having connections to loved ones in a healthy and supportive way, the older adults are able to combat the high levels of loneliness that this age group experiences. These studies, though they were in completely different cultural contexts, had similar, valid findings. Familial intergenerational living scenarios allow for supportive connections that combat loneliness, without binding the success to a specific culture.
However, culture does still matter: the specific type of familial intergenerational living has a large affect on the way in which older adults feel connected to their loved ones. Takagi, Silverstein, and Crimmins (2007) wanted to look at how an older individual’s conditions affects, in either a positive or negative way, familial intergenerational living arrangements. This study found that the nontraditional type of coresidence, which is based on personal needs rather than cultural norms, was both value-driven (person to person) and need-driven (person to need) in regards to the older adult, especially in cases when they had limited physical ability. Familial intergenerational arrangements were found in various economic conditions, so it was not considered to be a large factor in determining if the adult children took in their elderly parents. The nontraditional living arrangement was meant to cater to the older adult’s needs, and was found to have high plasticity due to the families’ abilities to be adaptive to change (Takagi, Silverstien, & Crimmins, 2007). By treating the older adults like a person with regular wants and needs, rather than just catering to their needs, the older adults felt more comfortable. This means that the older adult is still retaining their autonomy. This was able to create an environment where the older adult was able to feel like an individual, rather than someone who just relied on their caretaker. The autonomy experienced by the older adults in the nontraditional familial intergenerational living arrangements is what fostered a more positive experience.

Jenny Gierveld, Pearl Dykstra, and Niels Schenk (2012) looked at various familial intergenerational living arrangements, focusing on various intergenerational support types in Europe. They looked at families who lived in familial intergenerational living situations and elders living alone. They looked at the levels of upward support,
downward support, as well as frequency of get-togethers. Linear regression was then used to analyze the data. It was found that older adults who live alone had the highest self-reported loneliness, and those who lived with their children were found to be less lonely (Gierveld, Dykstra, & Schenk, 2012). The balance of upward and downward support cultivated an environment where the older adults experienced autonomy, and felt like their own person. The bonds between older adults and their adult children decrease loneliness, but also must be carefully maintained since it may create other problems for the elders.

Though older adults do want to have high rates of interaction, it was found that they would much rather have their own living space. 56.6% of older adults live on their own in the United States and 27% of older adults lived with a caregiver. Only 2.2% were in institutions, and respondents said it was the least desirable choice. Across the board, older adults preferred a living situation where they had their own space (Johnson & Appold, 2017). By having their own space, older adults are able to make their own decisions and remain autonomous and dignified.

**Autonomy and Dignity in Older Adults**

Though familial intergenerational living models are able to address many of the issues with loneliness that arise for older adults, they also create new issues for the older adults and their families. The two main issues that come forth have to do with the older adult’s dignity and autonomy. Autonomy can be defined as someone’s freedom to self-govern or his or her right to do so. By moving in with their children, older adults may feel as if they are giving up this right to self-govern because it feels as if their children are taking over being the caregiver, even if they are attempting a roommate-like scenario.
Social connections have been proven to be an effective way to combat loneliness in older adults. Zunzunegui, Beland, and Otero (2001) evaluated the association of emotional and instrumental support from adult children to their older adult parents as well as living situations with the older adults’ physical and mental health in Spain. They did this by carrying out interviews at the older adults’ homes, with almost half of the older adults living with their adult children. The data showed that low emotional support, and instrumental aid were found to be associated with low self-reported health. Sharing a living space with the adult child was associated with high self-reported health. Low emotional support was also associated with depressive symptoms, so this was decreased when the older adult lived with the adult children but still maintained their autonomy (Zunzunegui, Beland, & Otero, 2001). This negatively affects the parent by taking away their ability to make decisions (even if they are capable) and alters their sense of dignity. This was also proven in a study done by Glass and Plaats, which studied the link between having a strong social network for dealing with social isolation and loneliness within residential housing. The study found that communal coping was able to successfully combat the issues that each of the interviewees was experiencing with aging because of mutual support, higher ratings of acceptance of aging, as well as lessening of worry, feelings of safety, and decreased anxiety related to social isolation because of the living arrangement. This study proved that maintaining dignity for older adults, by way of locating their problems with aging, is able to successfully combat loneliness (Glass & Plaats, 2013). Issues with one’s sense of dignity and autonomy were proven to arise when living with their adult children because of the familial aspect of the relationship. By having non-family members listen and collaborate on how to deal with issues that older
adults face, the older adult is able to feel more open and honest since they are keeping their autonomy. Also, older adults who have friendships around their own age are able to feel dignified and at ease with their issues and approaches to them.

**Non-Familial Intergenerational Living Arrangements**

Older adults were found to benefit from interactions with those who were not related to them. Griff et al. (1996) looked at various cognitive, rote, active, and passive activities’ effects on intergenerational exchange between preschool-aged children and frail older adults, community-living older adults, and elders with Alzheimer’s in early to mid-stage. Each category had planned activities between the older adult and the children, and had interactions using the activities twice a week for 15-30 minutes over a period of twelve weeks. The study found that all older adults did not have the same preferences, and the activities cannot be generalized in a successful way. Frail elders and the children enjoyed unstructured and simple activities, community-living elders and the children enjoyed a wide range of activities, and the older adults with Alzheimer’s and the children must have careful integration because the interactions were less predictable. All of the groups did find some positives to the integration between older adults and the children, but it must be planned carefully as to make the most of the experiences of both parties (Griff, et. al, 1996). Most of the other studies that looked at older adults made generalizations about the older adult group as a whole. This study found that, in order to be successful, older adults must be grouped based on a few different factors. Even though each of the elders was placed into one of three categories, it was found that all of the elders could benefit from interaction with the young children even though they were not
related. Each category of older adults benefitted from different exchanges, but benefitted nonetheless.

Older adults clearly do not just benefit from familial social interaction, but with interaction with those outside this circle. This idea that familial ties are not necessary for the benefits of interaction to be present also was the conclusion of a study done by Lopez Doblas (2018). He examined living arrangement shifts in Spain. This study looked at how familial intergenerational living situations are becoming less popular, and how non-familial cohousing is becoming more popular. They concluded that the older adults found that familial intergenerational living was not necessary unless they were in poor health. The older adults would prefer not to live with their families. Even though the families were important for the older adults’ happiness, it put added stress on the older adult to live with their families (Lopez Doblas, 2018). Although there are many benefits to living with family during old age, the issues that arise are proven to add stress to the older person’s life. These issues are not addressed in familial intergenerational living arrangements, which is why some non-familial intergenerational living arrangements have begun to emerge.

This idea of a non-familial intergenerational housing situation is beginning to become more popular in countries all over the world. For example a nursing home in the Netherlands is composed of one hundred and sixty older adult residents, but it also has six university students that live in the home rent-free. This home is called the “Humanitas” retirement home. This home started because a student named Onno Selbach inquired to the head of the home, Gea Sijpkes. He wanted to know if there were any alternatives to the noisy and poor quality of living situations that campus housing offered.
Together, they came up with a new idea to satisfy both of them—a non-familial intergenerational living arrangement. The students who live at Humanitas are required to spend thirty hours a month interacting with their neighbors, and they must not be a “nuisance” to the elderly residents. The younger generation typically lives in this housing for a year, whereas the residents vary in the amount of time spent. The intergenerational exchange happens in many ways including watching television together, birthday parties, and companionship during times of illness. The seniors report lower levels of social isolation and feelings of loneliness, and feel more connected to the rest of society (Reed, 2015). This situation allows for the older adults to maintain their privacy, interact in common areas, and make decisions for themselves. It also benefits the students that live there, since they are able to learn from the older adults and break any ageist stereotypes that they may have picked up from society. This living arrangement is able to fight social isolation and loneliness while not causing the added stressors that familial intergenerational housing may lead to.

Even though intergenerational living situations are able to combat loneliness, they are not meant for every older adult. Mullins (2018) discovered that not everyone enjoys this type of living situation, and many approach it with caution. Older adults typically think that they might be giving up their privacy, but quickly learn that they have their own spaces. There are personalities traits that make someone a better candidate for this type of living situation, including patience, good communication skills, and respectfulness. Those residents who are unable to exhibit these traits typically do not live in these facilities for long, since they cause tension, and typically move elsewhere. The close proximity of some of these facilities mean that there are high levels of interaction,
so those who are not able to work well with the other residents are not able to escape it.\footnote{I interviewed Tricia Mullins on April 18, 2018. She is the program director for H.O.M.E., a non-familial intergenerational living situation for poverty stricken families and older adults in Chicago, IL}

Even though older adults have their own living spaces in non-familial intergenerational living scenarios, there is a lot of contact with others that makes it very important for everyone to get along.

**Cohousing Communities for Older Adults**

Cohousing is another form of living that more and more older adults are turning to. Cohousing, as defined by the Cohousing Association of the United States, is an affordable housing option where living spaces are placed in close proximity and have various shared spaces to allow opportunities for interaction (The Cohousing Association, 2015). Proximity and interaction are the foundation of cohousing communities—both of which can help to combat loneliness. The shared facilities typically include a common house with a kitchen, dining area/great room, sitting area, children’s room, and laundry room. Some include a library, an exercise room, and guest rooms. The community aspect is fostered by group decision-making, using trust, common goals, and respect for one another (The Cohousing Association, 2015).

Cohousing has been found to fight social isolation and loneliness in older adults. Glass (2016) investigated how social isolation in older adults is affected by cohousing communities. The study found that many older adults that do not have children or were not with a significant other would be at an extremely high risk of social isolation if not for their neighbors. With the neighbors, the older adults’ risk of social isolation decreases to less than 10% since they have more advanced social resources. These older adults’
cohousing residences create their own environments to meet the social needs of the older adults that foster support and build social networks (Glass, 2016). This living situation is able to allow for older adults to interact as they please by joining a community that is built on this social interaction. Cohousing communities for elders also allow for the elders to maintain their autonomy since they are able to make decision, medical and non-medical, for themselves. By joining the community, they have personal space and communal space, allowing for as much or as little interaction with others as the residents see fit. Elderly cohousing communities allow for the older adults to create a community that functions via their specific interests.

One specific cohousing community in Davis, California reevaluated their elderly cohousing community after ten years to see its benefits and downfalls. A newsletter that was distributed by the Members of Glacier Circle Retirement Community (2006) talks about how a group of older adults started their own cohousing community in 1996, and how it has developed after ten years of starting the community. It talked about how this living situation was able to allow for interaction in a non-medical environment that is typical when aging—a nursing home. The cohousing community allows for the elders to maintain their autonomy since the neighbors work together to create a support system, rather than having nurses or family members making their decisions. The older adults felt as if this community allowed for an active lifestyle since this way of living is more interconnected and has a more complex social network. The elders in this community feel that living closely to others allows for personal growth, even in old age. The community members feel a sense of safety since they know others will notice if they are not doing their daily tasks, while still being able to make personal decisions about their lives.
(Abraham & Delagrange, 2006). There are a lot of positives to cohousing for older adults, since many of the issues that plague this age group easily disappear due to its plan.

But, cohousing is not for everyone since there is a time commitment and expectations for the people who live in these communities. This is shown in the survey sponsored by the Cohousing Association of the United States (Margolis & Entin, 2011). The survey looked at the positives and negatives to cohousing. The authors found that a fostered sense of community is one of the main benefits to the cohousing models. Since there are so many opportunities for the neighbors to interact (without forcing the members of the community to participate) they are able to fulfill their social interaction needs. They also cited the interconnectedness in regards to how each of the residents is willing to help each other. Neighbors are characterized as being extremely helpful to one another. Another positive was the ability for multi-generational community exchange. Being able to have various age groups interact is a benefit for each group. For the older adults, it allows them to feel needed by becoming immersed in others’ lives. For example, an older adult is able to babysit. This is beneficial for the older adult because it gives them a purpose outside of themselves. If an older adult does not have family or grandchildren, it fulfills a familial aspect of their life. For the adult, it allows them to have time for themselves to do things that they may not be able to do with their family or children. For the child, it introduces them to an age range of people that they may not interact with frequently, and it allows them to learn from the older adult’s wisdom and company.

The drawback to the cohousing environment is that it does include a substantial amount of work. Since the community works together to make decisions, it is a
potentially time consuming process added to their weekly or monthly life. Some also have “work days” where the community completes neighborhood tasks together; these can be as frequent as every week, but they are typically on the weekends. This is beneficial to some since they are able to have a voice; to others, it is a nuisance and added stress. They believe that this community is not for everyone due to the fact that some feel like this model is too time consuming or believe that there is too much interaction between the neighbors (Margolis & Entin, 2011). Cohousing, like any other housing option, has its positives and negatives, but for those older adults who crave social interaction or do not have family to rely on, it is a wonderful way for older adults to live out their old age.

One of the main reasons that cohousing is not more prevalent around the world is because it is not financially desirable to developers. Scanlon and Fernandez Arrigoitia (2015) discuss higher interest in older adult cohousing communities in the United Kingdom. They found that these communities have a lot of promise, though the are not being developed at high rates. This is because these communities must find ways to be competitive with other housing developments since cohousing is typically in an affordable price range. Although these housing developments are highly sought after, there must be some financial incentives for the developer if older adults would want options that are cohousing developments (Scanlon & Arrigoitia, 2015). Since this type of housing has a lot of benefits, these communities are becoming more popular even though the housing type is typically on the lower end of desirability to build due to their low prices. This creates a difficult decision between a more profitable business and one that is beneficial to its older adult residents.
Non-Familial Intergenerational Cohousing

Even though familial intergenerational living arrangements are proven to be beneficial for older adults who experience loneliness, they come with a new set of issues. As various studies have shown, autonomy and dignity become new, pressing issues. Once an older adult moves into their adult child’s home, it is typical for the adult child to now feel responsible for their parent, which, in turn, creates these issues. Studies that investigate the success of familial intergenerational living do not typically talk to the adult child about what it is like to have someone who raised them back in their household. The adult child typically takes on a role of a caretaker, whether the older adult wants this or not, which adds to the stress that is experienced between the two parties. This takes away the autonomy of the older adult since they are no longer in control of their care or their decisions (both medically and non-medically).

It is typical for the support given in the family setting to become one-sided because the adult child takes on the role of the caregiver. This adds to the loneliness experienced by the older adult and can foster higher levels of depression. This living situation is not ideal for either party since research shows that a roommate-like scenario is more beneficial because of the mutual support and allowance of autonomy. Familial intergenerational living situations may create situations where older adults feel lonelier than before. This can happen if they are not included in helping to raise grandchildren or if they are not allowed to provide support to their adult children, which makes their loneliness more complicated rather than simplifying and eliminating it. This type of living situation also does not work for those who do not have children or family. These older adults are completely left out of the equation since they do not have anyone to turn
to, so the solution of familial intergenerational living cannot be generalized to help all older adults.

Non-familial intergenerational living situations are scarce, but are well liked by those who live in them as far as the limited studies show. This is a fairly new concept that has not be extensively researched, but using the testimonies from the home in the Netherlands and the Chicago-based apartments, the people who are living there now very much enjoy the situation, even if they had been wary to begin with. This type of living space allows for all of the benefits of intergenerational exchange, such as decreasing the loneliness in older adults and decreasing ageism in younger generations, which would cultivate a positive environment. These living spaces are typically arranged like apartments or dorm, where the rooms are stacked next to each other on a hallway. Cohousing, contrastingly, has private homes that closely spaced together but still functions with high levels of interaction because that is what the community is built on. Cohousing communities geared towards the elderly are typically only for older adults, and not families. These types of living arrangements both have many positives and negatives, but they have never been combined.

By taking both ideas of non-familial intergenerational living arrangements and cohousing, we can combine the positives in each and combat loneliness. This new type of living arrangement can be called a non-familial intergenerational cohousing community. By keeping an intergenerational component to the living situation, people of different ages can benefit. Glass and Plaats (2013) found that older adults can benefit from exchanges with young children, whether the children were relatives or not. The older adults were also found to be more willing to work through their issues if the people who
they were turning to were their own age group, so having peers their own age would also be beneficial to the living arrangement (Glass & Plaats, 2013). Intergenerational exchange also gives older adults responsibility, if they would like, to help families take care of their children, which is found to decrease loneliness because of the sense of purpose that it fosters.

The children would also be able to benefit in this scenario because they are able to interact with an age group that they typically may not get to associate with. Older adults are able to help the children learn about other generations. Stigmatization due to ageism takes a major toll on older adults’ mental health; by getting to know the older adults as individuals, younger generations’ previous assumptions may be challenged. This type of living can serve as a reminder that even though older adults are different in age, they are still people, with unique personalities and interests. By placing the younger generation and older generation in the same living space, loneliness and ageist beliefs can be addressed.

Intergenerational living situations could also help the adults in the community. Older adults could be able to help raise their children, taking some stress and pressure off of the parents. They could also help those who do not have children by providing friendship as well as help with community chores and planning. Since an intergenerational cohousing community would be based on community involvement, benefits of each of the age groups would be built into the living arrangement.

A non-familial intergenerational cohousing community would be able to provide person-centered care because of the interconnectedness of the neighbors. This model would not have medical staff on the premises, but in cohousing communities, neighbors
are typically happy to help their neighbors with getting to appointments or any other tasks. This would allow the older adult to stray away from the typical medical model of nursing homes, giving them the autonomy they crave.

Though there are many positives to having a non-familial intergenerational cohousing community, it is important to realize that there are drawbacks. Though it could help many older adults and families, the model is not for everyone. A downside of this model would be that those who do need assistance would have to outsource for help or pay a live-in nurse. In-home care can be very expensive, and is an added cost on top of the cost of living. No one specific housing arrangement can be generalized to fit the needs of every person, and this type would be the same. Not all older adults are lonely. The studies that have been done cite that high numbers of older adults report loneliness, but this does not mean that it is generalizable to all older adults, so they might be fine where they are. Moving can also be very traumatic to older adults since they are uprooting their lives to go to a new place. This can be very scary to some because their care, security, and lives are being altered. Transitioning into this way of living could add stress that is unnecessary if the older adult does not need this change.

Cohousing could be made to be more appealing to developers by making homes smaller than usual, but very close in distance. Older adults say that they would want privacy, but space has never been brought up. By varying the amount of space taken by each building, and having many buildings on the same property, the development becomes more valuable to the person building it, making it more likely to become real. Since there are successful locations, looking at their model for creating the cohousing community would be a necessary step in order to start this process.
Creating a non-familial intergenerational housing community could be beneficial to those older adults and families that would buy into the idea. The best way to possible success for this type of community would be to look for those who want to be very involved with their communities to work together to find success and support from each other. It would allow for the older adults to maintain their autonomy and dignity while still cultivating a strong social network. This type of potential living situation would not be a fix-all solution, but it could be beneficial to those older adults who want to feel like an individual and receive intergenerational support.

Conclusion

Even though non-familial intergenerational cohousing communities have not yet become a viable housing option, my experiences with the older adult community make me believe that they would positively influence both parties.

My interest in older adults stems from an internship I had with hospice. I came into it with fear that I would not be able to handle the sadness that came with working beside the dying. I thought these people would be bed-ridden, mute, and moments from death. As I entered the assisted-living home on my first day working with patients, I realized just how wrong I was. I was greeted with smiles, and wheelchairs rushing to my side to say hello. I was baffled and could not believe that these people were supposedly dying. As I met my first “patient” (as we were told to call them) I was put at ease by her giggles and pink ponytail. She was ninety-two years old, and loved to tell me stories about her life back in England. I began to visit her weekly, and we quickly grew close. Though she never could remember my name, she knew the exact time I would be entering the door, and waited for my arrival. We would sit outside and laugh together for
an hour. Each and every time I would go, she told me she wished I were her neighbor so that we could see each other more often. She was able to change my perspective on older adults in less than an hour, and it made me realize how ignorant I had been to an entire age group. If more people were her neighbor, ageism and loneliness could potentially be decreased for both parties. We both wished we were neighbors and I hope that someday soon, others may not have to wish.

Reference List


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