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AGEING IN PLACE AND SOCIAL ISOLATION IN RURAL DWELLING OLDER ADULTS

A thesis presented in partial fulfilment of the requirements for the degree of

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Abstract

This research set out to answer three related research questions. Firstly, if and how rural dwelling older adults experience social isolation; secondly, what aspects of community were seen as contributing to or buffering against social isolation; and thirdly, how these aspects affected older adults' ability to age in place in their rural communities. This research used a social constructionist informed thematic analysis to analyse the interviews from seven participants over the age of 65 who lived in rural areas of the Manawatu-Whanganui Region classed as 'rural with low urban influence' under Statistics New Zealand's Urban/Rural Profile (2004).

The findings from this research revealed that the participants did not experience social isolation from surrounding urban centres due to increased accessibility but did experience some social isolation within their rural communities due to social, demographic and economic changes in their localities. These changes had significant implications for possible social interactions and the participant's ability to age in place and was influenced by whether a participant felt included or excluded in their rural community. The participants formed two definitions of social isolation based on their experiences. One, based on travel time relative to distance; and the other based on expectations of social interaction frequency when living a 'rural lifestyle' in a 'rural community'. These findings contribute to the literature on social isolation, ageing in place, and age friendly rural communities within a New Zealand context, by drawing attention to the nuanced ways in which social isolation might be experienced, and by reflecting on the significance of the connections between people and places in the construction of 'communities'.

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Lastly I would like to thank the participants of this research for taking the time to talk to me and for so graciously allowing me into their homes and lives; without you this thesis would not have been possible.

Preface

This thesis endeavours to understand the extent to which social isolation is experienced by older rural dwellers. The stories and experiences of participants are very much connected to their identity, social relationships and local context in which they dwell. In order to acknowledge these wider aspects which inform the stories of my participants I created a 'pen picture' of each participant (found in chapter 5). These pen pictures provided a means of contextualising and connecting participant quotations, presenting them in terms of their connection to the person, rather than as disconnected thoughts and feelings. Creating these pen pictures encouraged me to reflect on the context of my research journey, and so before I present this thesis I would like to relate my own pen picture to provide readers with a broader understanding of how my wider experiences have informed my interpretations, in much the same way as the participants' have.

Before leaving home to go to University I was a member of a rural community in the Manawatu-Whanganui region, one not so far from where many of my participants lived. The Mangamahu Valley, where I grew up and where my parents and brother continue to farm, is 50 minutes' drive (approximately 60km) from the nearest urban centre, Whanganui, or one and a half hours from Ohakune. The village of Mangamahu consists of a hall, a church, and three street lights. There used to be a hotel and a post office, when travel to Mangamahu took all day by horse and carriage, however these buildings have long since been converted into homes. The closest shops to Mangamahu are now in Whanganui which is where we acquire all of our supplies and services, however the vet service, farm supply chains and postal service do still deliver to Mangamahu.

I attended Mangamahu School which, at the time, had more than 30 pupils in two classrooms. It now struggles to remain open with only 4 pupils in one classroom. I also attended the Christmas service in the local church every year, an event which still occurs but on a much smaller scale. I performed school plays, received awards, and attended disco dances in the local hall which is no longer used due to a lack of people to fill it. As I began work on this thesis topic

I realised many of the changes in my rural community were also mirrored in the participant's localities. While I had moved into a larger town to live and study, I was curious about the experiences of those older people who remained ageing in place.

When I was a child all of my living grandparents lived on our farm. My grandfather and grandmother, who farmed the land before my parents, lived next door to us on the farm when I was very young but moved to Whanganui when they retired. After that, my Nana, who was widowed, moved out from town into a house on our farm so that she could be closer to us. Eventually her unpredictable health and the unpredictable access to urban areas (particularly in winter) meant that she had to move back to town in order to be closer to health services. Now, as my parents approach older age, they have begun to discuss how they will grow old in their community, how they can make their home and their community easier for them to live in as they age, and how my brother and I can influence this. Many of their neighbours and fellow farmers have begun to move to rural areas closer to Whanganui so that they can continue their farming lifestyle but also be closer to urban services, this has caused the smaller farms in the area to be brought out and amalgamated into fewer, larger farms making our family owned farm one of the few to remain. This has also meant fewer people living in the valley and many empty houses. My family's story also provoked me to consider the challenges and possibilities faced by those who remained in place as they aged. My experiences of dwelling in a vibrant but changing rural place have meant I feel a special connection to this research and its participants; I can relate to their way of life and empathise with their situation.

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CHAPTER 1

Introduction

As the New Zealand population grows older, there is a trend toward increasing proportions of New Zealanders living rurally that are older (Statistics New Zealand, 2008a). Although some older adults do make the move to urban areas for reasons such as better access to services (Davis, & Bartlett, 2008), the migration of younger adults from rural to urban areas for education and employment far exceeds the number of older adults leaving rural areas (Statistics New Zealand, 2008b). There is also a migration of older adults moving to rural areas as they age to be close to family (Burholt, & Dobbs, 2012) or enjoy the peaceful, slow-paced lifestyle (Keating, Eales, & Phillips, 2013). These factors combined with the large number of older adults in rural areas 'ageing in place', that is, choosing to remain on their family farm or homestead (Gould, 2013) or unable to sell or afford to relocate (Fraser, Jackson, Judd, Komiti, Robins, Murray… Hodgins, 2005), have resulted in the greater proportion of New Zealanders living in rural areas being over the age of 65. Between 1996 and 2006 alone, the proportion of New Zealanders living rurally that were older than 65 years rose from 8.2% to 10.1% (Statistics New Zealand, 2008a). The number of older adults in rural areas looks set to increase further in the future as the number of adults in New Zealand over 65 years of age is expected to double in the next 25 years (Dunstan, & Thomson, 2006). New Zealand estimates suggest this age group will require some form of care for nearly half of their remaining lives (Statistics New Zealand, 2004) increasing the burden on health and welfare services, which is causing increasing political, scientific, and public concern. As a consequence understanding something of the experiences of older people living in rural areas is critical not only to provide insight into the health and older rural dwellers, but also to inform social policy and planning.

Positive Ageing (Ministry of Social Development, 2009), the current health policy and popular discourse on ageing, encourages older adults to age in place. Although many older people wish to remain in their homes and communities, this requires access to care and support services

that are not available in all places in which older people wish to age. Access issues in rural areas include those pertaining to the availability, appropriateness, affordability, acceptability, and physical accessibility of services for both the DHBs and their older rural clients (Cantrell, Valley-Gray, & Cash, 2012). Also important for rural older adults is the accessibility of social engagements and relationships that provide support networks and fulfilling interactions.

Social isolation refers to a person's lack of meaningful social contacts and relationships with others, particularly with regards to the lack of having others that one can confide in (Garcia, 2013). Social isolation in older adults is a well-researched phenomenon across many disciplines (Becker, 2003; Upham, & Cowling, 2006; Vinson, 2015; Bartlett, Warburton, Lui, Peach, & Carroll, 2012) and has been given increasing importance in academic and popular literature given the population ageing and migration trends. Later life is accompanied by inevitable losses pertaining to significant others, health, economic and material resources, and activities (Victor, 2005; Walker, et al., 2012) which can make remaining socially engaged increasingly difficult, particularly for those living and ageing rurally given their additional challenges e.g. accessibility, availability of support and services. Social isolation has been repeatedly linked to poor physical health, mental health, and quality of life (Gould, 2013), loss of cognitive function (Whitehouse, 2013), and mobility (Wenger, Davis, Shahtahmasebi, 1996), and increased mortality and morbidity (Berkman, & Glass, 2000; Bosworth, & Schaie. 1997) making it a major influence on overall health and wellbeing.

However, estimates of the prevalence of social isolation among older people vary, often due to a lack of consensus as to what defines social isolation and how it should be measured (Cattan, White, Bond, Learmouth, 2005). Although the direction of causal links between isolation and health outcomes are not clear cut (Victor, Scambler, Bond, Bowling, 2000; Wenger et al., 1996), it is known that remaining socially engaged improves older adults health and increases longevity (Walker et al., 2012). Evidence pertaining to the effectiveness of social isolation intervention programmes for older adults is inconclusive, in part due to a lack of systematic evaluations and inadequacies concerning outcome measures. Furthermore the voice of older adults is notably absent in much of this research (Walker et al., 2012). As such, there is a need for further research to build more of an evidence base around what constitutes social isolation,

including its effects, underlying mechanisms, the process of disengagement, and strategies to address it from the perspective of older people (Dickens, Richards, Greaves, & Campbell, 2011; Victor, Bowling, Bond, & Scambler, 2003).

This research aims to examine the experiences of older adults living and ageing in rural communities. Focussing on rural communities in the rural Manawatu-Whanganui region, the purpose of this research is to examine: a) whether social isolation is experienced by older rural dwellers; b) how different aspects of their community either contribute to or buffer against experiences of social isolation; and c) how these different aspects of community affect experiences of living and ageing in place. Through these questions I offer a contribution to the study of distinct worlds of ageing by exploring rural dwelling older adults' experiences of 'place' and 'ageing', and the rural Manawatu-Whanganui region as a place of ageing.

Thesis outline

The following chapter examines ageing in New Zealand including discourses of ageing in western society, and the influences of these discourses on the concept of 'ageing in place' for rural dwellers. Chapter three examines social isolation in relation to older adults and outlines a range of factors that contribute to the prevalence of social isolation among older adults. These factors are examined specifically in terms of older people living in rural areas and investigates how social isolation might influence how older people age in place in rural communities. Chapter Four articulates the underlying theory of the research, social constructionism, and how this theory informs the thematic approach to analysis. Chapter Five describes the method used to collect interview data from older adults living in rural communities and describes the process of analysis. Chapter Six outlines the findings of the research, with the chapter examining three key themes of: the changing nature of rural communities, real and imagined communities and support networks. Chapter Seven contains the discussion of the major findings from the analysis: Understandings of social isolation, imagined communities and support networks. Also discussed are the limitations of the current research and how future research could advance understandings. And lastly, Chapter Eight concludes the research with a summary of the research questions, findings and implications.

CHAPTER 2

Ageing in New Zealand: A Review of the Literature

In this chapter I will review the literature surrounding ageing in New Zealand. I will discuss the growing ageing population, the simultaneous shift in understanding about ageing and the implications of promoting ageing in place as the paramount of 'ageing well', particularly in rural areas of New Zealand. Also discussed are the political, social and economic factors that influence rural people's ability to age in place and the significance of place to the ageing process. The revision of this literature sets the foundation from which to base my research findings.

New Zealand's ageing population is growing exponentially and will become more visible in the next 20 years as the last of the post-World War II 'baby boomers' reach 65. This ageing population trend is projected to continue, largely due to longer lifespans and a flat birth rate. By 2025 there will be more people aged over 65 than children aged 14 years and under, with this gap likely to widen past this date. (Ministry of Social Development, 2015). Over the next 20 years, many of New Zealand's smaller cities and districts are expected to age more quickly than urban regions though Auckland will continue to have the largest actual population of older people. However rural areas are also ageing quickly and by 2033 every city and district will have more older people than children, with the exception of Auckland and Hamilton (Statistics New Zealand, 2015).

Table 1: Increase in proportion of people aged over 65 years in the Manawatu-Whanganui region as shown over the last three censuses (Statistics New Zealand, 2015)

	2001 Census	2006 Census	2013 Census
Total People aged 65+	29,607	31,752	37,128
Total Resident Population	220,089	222,423	222,672
Percentage of total resident population aged 65+	13.5	14.3	16.7

Geographical differences in the number and proportion of older people may bring challenges for local authorities, DHBs and the private sector, particularly with regard to provision of suitable dwellings, transportation, healthcare and access to goods and services related to health and wellbeing. Consequently to enable older people to age well, it is important to improve understanding of ageing in diverse places in New Zealand.

Positive Ageing

This growth in the older population has progressed alongside and produced a discursive shift in social policy understandings of what it means to age 'well' and what is socially expected of people as they age. Traditionally, in Western society, older age was viewed as a time of rest, reflection, and withdrawal from society (Aldwin, & Igarashi, 2015). Discourses of ageing framed ageing as being frail, unwell, dependent, incompetent and senile (Hurd, 1999). However within the last few decades discourses of ageing in Western society have shifted to promote ageing as a time of opportunity, activity, connection with family and friends, independence and continued contribution to the community (Ministry of Social Development, 2009). This 'positive ageing' discourse resists the negative positioning of older people as a burden and instead aims to promote a high level of functioning and community engagement throughout the lifespan. This construction is advantageous for health and social services as it encourages people to remain independent, look after their own health and contribute to their community in their post retirement 'leisure' time.

Discourses of positive ageing underpin The New Zealand Positive Ageing Strategy which was launched by the Ministry of Social Development in April 2001 (Ministry of Social Development, 2009). Among the targeted objectives are accessible health services, housing, transport, culturally appropriate services, elimination of ageism, and increasing opportunities for personal growth and community participation, allowing for successful ageing in place for older persons (Ministry of Social Development, 2004). Whilst promotion of these ideals can have very positive outcomes for those who are able to remain fit, healthy and engaged, it can also exclude and stigmatise those who cannot (Stephens, Breheny & Mansvelt, 2015).

The foundation for positive ageing discourse is neoliberal ideals of citizenship, as based upon individualism, rationality, hard work and individual responsibility for outcomes (Coburn, 2000). In this account, poor health in later life is viewed as a failure to adequately adhere to health promotion ideas (Pond Stephens, Alpass, 2010). Similarly, those who choose not to subscribe to this social ideal of engagement and contribution throughout the life span disrupt dominant discourses of what it means to age 'well' and be a good older citizen (Martinson, & Halpern, 2011). Health promotion messages based upon discourses of positive ageing promise prolonged longevity which denies natural degeneration (Stephens, et al., 2015) and do not accommodate those who are unable to live an active, sociable lifestyle, or who choose not to.

Positive ageing discourse can also reinforce the marginalization of minorities (Ranzijn, 2010) and those with low socio-economic status (Breheny & Stephens, 2010). It favors those who have the economic and social freedom to maintain a positive ageing lifestyle, however for those without, it offers little opportunity for inclusion or reprieve from socio-economic hardship (Mansvelt, Breheny, & Stephens, 2014). Restricted access to material resources constrains older people from ageing in ways that they value, and the discursive construction of citizenship and morality has implications for who they can be (Breheny, & Stephens, 2010). Thompson (2013) notes that older people who are not able to contribute may feel a burden on others and that they lack purpose in life. These feelings compromise wellbeing. Isolation from participation in their communities threatens the identity of older people and denies them the opportunity to be 'useful' members of those communities.

Ageing in Place

'Ageing in place' is a term widely used in ageing policy and research to define "remaining living in the community, with some level of independence rather than in residential care" (Davey, Nana, de Joux, & Arcus, 2004: 133). The underpinning assumption of ageing in place is that it provides for the maintenance of independence in the community (Hale, Barrett, & Gauld, 2010), allowing seniors to age with maximised personal choice and minimised cost to society. This is the preference of ageing for many older adults as it provides them with a sense of security and familiarity in their surroundings, an attachment and social connection with the people around

them and a sense of identity through independence and autonomy (Wiles, Leibing, Guberman, Reeve, & Allen, 2011; Gilleard, Hyde, & Higgs, 2007), all of which are important to the ageing well according to current social policy (Mathews, 2012).

Ageing in place is not only a demographic or political issue, it is also an emotional and lived experience that is inherently about 'place' (Coleman, 2012), since the decision to remain 'in communities rather than residential care' in later life invokes a range of 'places of ageing', from the local home, neighbourhood, or community to the regional area, in New Zealand, or simply 'in society'. Róin (2015) found that older people on the Faroe Islands, wanted to stay at home for as long as possible, but home as a concept was found to have different meanings for different older people, depending on where they lived, their personal and family history, their social connections and environmental conditions. Differences in the meaning of home for older people living in small remote communities and those living in the city were noticeable (Róin, 2015).

In contemporary literatures the lived experience of ageing, and the centrality of place to experience is well discussed. There is a general recognition that everyday places shape and are imbued with meanings that determine how later life will be experienced, resulting in particular outcomes in terms of health and wellbeing (Andrews, & Phillips 2005). Literatures that discuss the role of everyday places in experiences of ageing can be seen as offering insights into distinct worlds (Skinner, Cloutier, & Andrews, 2015; Andrews, Evans, & Wiles, 2013).

Ageing in Rural Places

According to the Office for Senior Citizens New Zealand (Ministry of Social Development, 2015: 2) rural areas in New Zealand are said to be making good progress towards achieving the goals of the Positive Ageing Strategy. "Significant investments" have made in a number of areas, such as ensuring secure and adequate incomes, timely and accessible health services and affordable and accessible transport. However, studies focussed on older adults have continued to find significantly worse health in those in rural settings than those in urban settings (Crowther, Scogin, & Johnson Norton, 2010; Fogelholm et al., 2006; Hawton, et al., 2011; Lau, & Morse, 2008). There are several other demographic rural-urban disparities such as those relating to

gender, ethnicity, and poverty. In terms of gender, there are more older women than older men in New Zealand, with the proportion of females over 65 years of age being significantly higher than that of males (55% vs. 45%). But despite this gender imbalance, there are more older males than older females living in rural areas (Statistics New Zealand, 2008b), and this is true also for the Manawatu-Whanganui region (see Table 2).

Table 2: Number of older adults living in 'rural with low urban influence' areas of the Manawatu-Whanganui region by age group and gender.

	65-69 years	70-74 years	75-79 years	80-84 years	85 years and over
Male	306	201	120	72	39
Female	255	141	117	63	39
Total	558	345	240	135	81

Ethnic minorities are also overrepresented in rural areas as are the unemployed and those in poverty (Bidwell, 2001). There are a disproportionate number of Maori living in rural New Zealand with a greater proportion of Maori over 60 years old living in rural and small town areas (Rural Expert Advisory Group to the Ministry of Health, 2002). One-quarter of people in rural areas with low urban influence in the North Island specified that they were of Māori ethnicity. In this profile area, Gisborne region had the highest proportion reporting Māori ethnicity, with approximately two-thirds of people (2,214 people). Rural areas with low urban influence in Northland, Bay of Plenty and Hawke's Bay regions had the next highest proportions with approximately one-third of their populations reporting Māori ethnicity (Statistics New Zealand, 2014). There is also a high concentration of Maori in New Zealand's most disadvantaged rural areas (Bidwell, 2001).

Among people aged 65 years and over, European was the largest major ethnic group at the 2013 Census. Nearly 9 in 10 people aged 65+ (87.8 percent, or 508,506 people) identified with one or more European ethnicities. Less than three-quarters (71.7 percent) of those aged less than 65 years identified as European. The older age group accounted for 17.1 percent of the total European ethnic group. In other major ethnic groups, those in the 65 and over age group are much less ethnically diverse than younger age groups. The Māori ethnic group makes up 5.6 percent (32,181 people) of the 65+ population, compared with 16.5 percent of the under-65.

There was also an above average proportion of people in low urban influence areas who specified Maori ethnicity (19.1 percent, compared with 14.7 percent nationally), particularly in North Island areas (25.0 percent) (Statistics New Zealand, 2014). The Pacific peoples ethnic group makes up 2.4 percent (13,944 people) of the 65+ population, compared with 8.2 percent of the under-65 – less than half the size of population in the Māori ethnic group (Statistics New Zealand, 2015). As can be seen in Table 5, people rural areas of the Manawatu-Whanganui region with low urban influence or remote status, predominantly identified with the European ethnic group.

Table 3: Number of Maori living in rural with low urban influence areas of the Manawatu-Whanganui region compared with all low urban influence areas of New Zealand. (Statistics New Zealand, 2008b)

Low Urban Influence	European	Maori
Total Population	156,396	39,504
Manawatu-Whanganui Region	10,830	2,688

As the aged population of New Zealand increases, the portion of those older adults living in rural areas is also increasing. This is due in part to the migration of younger adults to urban settings for work and education opportunities (Burholt, & Dobbs, 2012), recent retirees moving to rural areas to live on lifestyle blocks, and older adults choosing to 'age in place' in their rural community rather than leave their family home and farm. The majority of older adults living in rural areas live there by choice as part of a long term lifestyle choice (Gould, 2013). Those older adults moving to retire to rural areas in search of pristine environmental features and climates conducive to their enjoyment and leisure (Statistics New Zealand, 2015) can often find themselves socially isolated as they have moved away from their family and friends, have difficulty connecting with the locals and lack an understanding of the lifestyle choice they have made (Keating, et al., 2013). Such people may also envisage that they have moved to what Keating, et al. (2013) term a bucolic rural community; one which has considerable resources and assets including natural beauty, slow paced lifestyle and culture of supportiveness, only to

find that in fact the community is bypassed; isolated, service poor, and economically depressed (Joseph, & Cloutier-Fisher, 2005).

Moreover, the policy and personal imperatives to age well in place, independently and autonomously, places challenges on older people in rural areas because they may not have the services or support, family or health to do so. In addition to facing the same health risks as their urban counterparts, those living in rural areas have additional risks and challenges that are unique to their environment (King, 2001). Social economic changes in the rural areas also may influence ageing in place. In the section that follows some of the more significant changes related to rural farming communities over the last few decades are discussed.

Political and Economic Development in Rural New Zealand

The shape of rural New Zealand has changed considerably since the nineteenth century. In 1881, New Zealand was firmly a rural country, with just under 60 percent (291,237, excluding Maori) of the population living in a rural area (Government Printer, 1887). During the 30 years following the Second World War, New Zealand became overwhelmingly an urban society. Better roads and bridges, the advent of private cars, and improved services, such as school buses, considerably reduced the remoteness of most inhabited rural areas. Work on farms reduced as the use of machinery increased, and white collar and factory work expanded. There were also significant changes in land ownership as family farms declined and off-farm ownership from individuals and companies increased. These services also encouraged the development of the lifestyle block, allowing people to enjoy a rural setting while still working in an urban area or ageing in a rural area while still having access to urban services.

Population

Between 1951 and 1976 the population living in rural areas fell from about 27% of the population to just over 16%. Both Māori and Pakeha took part in urban drift, and new immigrants settled in the cities. By 1975, although farming still gained much of the country's export earnings, only about one in eight New Zealanders with jobs were working in farming or mining (previously big employers) (Department of Statistics, 1981). More than half the population lived in communities of over 25,000 people. The main centres achieved big city

status: Wellington and Christchurch had over 300,000, while the Auckland urban area was approaching 800,000 (Phillips, J. 2012).

Since the early 20th century there has been a steady increase in the number of New Zealanders living in rural areas, however there is a general decline in the proportion of New Zealanders living in rural areas in comparison to urban areas. In 1916 the rural population was 501,258 which increased only slightly to 532,740 in 2001 (15% of the population). This increased to 579,800 in 2006 however proportionately the rural population decreased to 14% of the overall New Zealand population. While the rural population continues to grow (634,100 in 2014 (Statistic New Zealand, 2015a)), there is a change in the location and composition of the rural population. Counties near urban areas, where there are a number of small holdings, tend to have increasing populations. A study into farming in the 1970s by the New Zealand Planning Council identified a number of changes occurring. They noted that the number of small holdings (0–10 hectares) had increased substantially. The number of large holdings (200 hectares or more) had increased slightly but the number of holdings in the 20–199 hectare size-group had declined (New Zealand Planning Council, 1982). This indicative of medium sized family farms either being bought out and amalgamated into larger stations or subdivided into smaller holdings has largely for the development of lifestyle blocks in the 1980s and 1990s. This helped to reverse rural depopulation.

Governance and Development

New Zealand farming followed British patterns initially. British settlers in New Zealand cleared bush to recreate their home landscapes and replaced native plants with introduced grasses and crops. Farming expanded rapidly between 1885 and 1935, with the area of land under cultivation rising from 2.6 million hectares to 7.9 million hectares. Sown grass dominated almost 90 percent of cultivated land. Burgeoning pastures supported an equally rapid rise in livestock numbers. In 1886, 16.6 million sheep grazed New Zealand pastures and numbers increased rapidly in the twentieth century, eventually peaking at 70.2 million in 1982. Cattle numbers increased from 853,000 to almost eight million over the same period (Phillips, 2013).

From 1945 until 1973, New Zealand farming enjoyed considerable prosperity. The Korean War in the early 1950s ensured a boom in wool, and New Zealand's primary produce received high prices. Government subsidies and minimum prices shored up farming prosperity. As a result of this agricultural boom, New Zealand enjoyed one of the highest standards of living in the world (Phillips, 2012). The 1970s and 1980s marked a change, however. During this period, farm industries suffered tough economic conditions as prices fell, and Britain's entry into the European Economic Community reduced a traditional market. The Muldoon Government introduced substantial price support schemes for farmers and committed to an open economy with a floating exchange rate. In 1984 the extensive subsidies that the government had given agriculture were removed almost overnight and farming was exposed to market forces. Many farm communities lost incomes and confidence (Cant, 2004). Farmers responded to changing circumstances in a variety of ways. Some who had overcapitalised had to sell their properties (leading to more diverse forms of ownership and off-farm management), others diversified, improved efficiency and in some cases subdivided land to make way for lifestyle blocks (Phillips, 2013).

Workforce

The nature of the economy has also changed, although approximately half of New Zealand's exports still comprise primary produce. Working on the land is no longer a major occupation, with less than 10 percent of the New Zealand workforce stating agriculture, forestry or fishing as their occupation in 2010, compared with 12% in 1972. Although the proportion of the population working in primary industries has decreased their productivity has increased. The Ministry of Agriculture and Forestry stated that New Zealand farmers are amongst the most efficient in the world and that their efficiency has been increasing. In 1991, the value of gross domestic product per agricultural worker in current terms was $74,000. In 2001, this had risen to $89,000 per employee. In 2011 labour productivity for agriculture was up 2.2% (Statistics New Zealand, 2012a).

In 2012, sheep and beef farming was the most extensive commercial agricultural activity, covering 10.8 million ha of land. The land area of dairy farms increased 28.2 percent

(877,124ha) from 2002 to 2012. The area of land used for horticultural and arable crops showed increases of 16.9 percent (18,540ha) and 10.2 percent (43,450ha), respectively, from 2002 to 2012. Over the same period, there was a decrease in the area of deer farms (28.9 percent or 642,715ha) and sheep and beef farms (10.8 percent or 1,306,774ha) (Statistics New Zealand, 2015b).

In June 2014, New Zealand farmed around 29.8 million sheep, down 983,000 from 2013, 6.7 million dairy cattle, 3% more than in 2013, 3.7 million beef cattle, down 29,000 from 2013, and deer decreased 7% to 0.96 million. These changes in dairy and beef cattle saw total cattle numbers increase 7.4 percent, from 9.7 million to 10.4 million. Sheep numbers decreased 24.7 percent, from 39.6 million in 2002 to 29.8 million in 2014. From 2004 to 2014, farmed deer numbers decreased 45.5 percent, from 1.8 million to 0.96 million (Statistics New Zealand, 2015b). The harvested area of wheat decreased by 1,200 hectares (3 percent) from 2013 (Statistics New Zealand, 2015c).

Urbanisation

Over the twentieth century, New Zealand has been transformed from a largely agrarian society to a highly urbanised one. Auckland has been the fastest-growing region over the last decade. In 2012 Auckland's population grew by 21,700 (1.5 percent), to reach 1.51 million, meaning 1 in every 3 New Zealanders live in Auckland (Phillips, 2013). Urban New Zealand has also been transformed, both physically and culturally, from the beginning of the twentieth century. Urban areas expanded dramatically both in population and in physical size as suburban sprawl became the New Zealand norm. Urban and rural boundaries have blurred, with an increasing number of people living in peri-urban areas around cities. Culturally New Zealand's cities have also changed to become much more ethnically diverse in the latter years of the twentieth century.

The greatest change in rural areas in the last thirty years has been the development of peri-urban areas. This development has had some benefits, with an influx of population that has helped to revitalise some rural areas. Yet the development of peri-urban areas has also led to conflict. For example, According to Federated Farmers the subsidisation of roads by rates on

farm land can support a move to lifestyle blocks by the urban workforce who do not pay the true cost of their commute (Federated Farmers, 2004). The proliferation of lifestyle blocks has led to a blurring of boundaries between rural and urban New Zealand, while the development of electronic media and communication has helped to reduce the effects of physical isolation. Rural New Zealand in today is very different from rural New Zealand in 1881.

All of these changes in rural population, workforce, government development, and the urbanisation of many rural areas are likely to have influenced older people's experiences of ageing in place, and the sense of attachment they have to rural places. Economic trends influence the nature of family farming, types of businesses that can survive in in small towns, the number of public services that can be supported and the very demographics of the farming communities meaning older adults can no longer age in rural places in the same way that their parents and other ancestors did. The amalgamation of many family farms into larger stations has meant fewer farmers and their families living within rural communities with whom to socialise, and while the subdivision of other farms for lifestyle blocks increases the rural population, it does not necessarily increase the social contacts or opportunities for participation for older residents.

Place Attachment

Place attachment refers to the bonds an individual develops and maintains with a particular location. These bonds are associated with place meanings, or the values that the individual assigns to a place. The place meanings, or symbolic values and qualitative assessments that an individual assigns to a given location are influenced by personal experiences with the place and its features as well as by sociocultural perspectives inherited from familial or communal collective memory. Meanings can be actively or subconsciously assigned to places and may mediate the individual's level of place attachment (Codington-Lacerte, 2013).

Geographers have long distinguished between space and place, emphasising that place is more than a physical location or container in which events unfold. Rather place could be thought of as a dynamic process invested with integrated physical, social, emotional, and symbolic aspects

which interact at a range of different scales (Wiles, 2005). For example, Wahl and Lang's (2004) model of social and physical places over time (SPOT) shows how places combine both a physical-spatial and a socio-cultural dimension, so that place should be thought of as an interplay of physical-spatial and socio-cultural aspects. Thus a variety of geographical and environmental gerontological work has emphasised the importance of place in that every older person's sense of self, behaviour, and life trajectory is embedded or situated in socially constructed, dynamic places (Wahl, & Lang, 2006).

A key idea underpinning gerontological and geographical theories of attachment to place is that older people with strong place ties are more likely to feel in control, secure, and have a positive sense of self (Wiles, et al., 2009). Place attachment further helps the adjustment to the contingencies of ageing and enhancing wellbeing. Peace, Holland and Kellaher's (2006) work on environment and identity in later life shows how homes and neighbourhoods are invested with personal and social meaning. They argue that it is the relationship between factors such as enough physical space, and personally significant household objects, or a location integrated with one's personal history that sustain wellbeing and identity and thus contribute to quality of life and even independence.

Another central idea in gerontological research is that place attachment gets stronger as people age (Rubinstein, Kilbride, & Nagy, 1992). Several researchers have shown increasing investment of meaning in objects and place over time (Chapman, 2006; Rubinstein, et. al, 1992). At the most intimate level within the home, researchers have identified behavioural adaptations and environmental design features, such as rearranging furniture to ensure that there are places to hold on to for unsteady walking or removing obstacles to mobility (Pastalan, 1990), that are conducive to progressive adjustment to changes associated with ageing (Rowles, 2006). Previous literature has described this process as a strategy which bolsters a sense of autonomy, enabling an impaired individual to create for themselves a larger social space represented by the idea that they still occupy their home, their old neighbourhood and their identity as autonomous people living in the community (Wiles, et al., 2009). However, because there have been numerous social and economic changes in rural areas, particularly in the last three years

this is likely to have affected older peoples place attachment, something which also contributes to their sense of wellbeing and identity (Coleman, 2012).

In terms of the home itself, Rowles (2006: 27) argues for a distinction between 'house' and 'home', with the latter being a 'positive experiential state' or a sense of belonging. Rowles emphasises the emotional and symbolic aspects of home in addition to the house as a physical location. Sibley (1995) however, argues for a recognition of the polar tensions surrounding the use of domestic space. These experiences may be intricately connected to ideas about privacy, autonomy, and a sense of self, but equally may be linked to negative feelings such as isolation, or loneliness, physical difficulties such as managing stairs or large gardens, and social frustrations in dealing with other household occupants (or a lack of them) and neighbours. These oppositions are not stable or fixed or even mutually exclusive. A sense of privacy can be important but at times may be experienced as loneliness; the personal satisfaction and sense of self derived from years of work in the garden may be reduced as physical impairment makes gardening more difficult (Wiles, et al., 2009). For older adults living in rural areas, their home within the community continues to nurture feelings of privacy, autonomy and sense of self which supports their attachment to the place however their house, the physical structure and its location may pose obstacles to ageing well in place (Coleman, 2012).

Rural Places

Older adults living in rural areas are thought to have a particular attachment to their community and their land as years of interacting in their environment create an attachment to place that gains special significance. As farmers age an intimate relationship may develop with the land, similar to a deep affection and love for another person (Thompson, & Gullifer, 2006). This attachment stems from a strong emotional, almost biological, connection with the land.

Rural communities are not merely settings, they play a significant role in self-identity and are a vital source of emotional and experiential meaning for the inhabitant. Burholt and Naylor (2005) found that rural community type is characterised by particular types of attachment, which are dependent on life course trajectories and changes or stability in the environment. Older people living in a rural community as a retirement destination are more likely to attach

meaning to aesthetic qualities and the appropriateness of the environment whereas people living in native areas with a strong culture and local language are more likely to note the importance of historical attachment and social integration into the community. Therefore, older adults choosing rural communities as a retirement destination are more likely to experience social isolation as they do not have the long standing social connections or local knowledge that those ageing in native areas have (Keating, Eales, Phillips, 2013).

Although there are variations in the way ageing farmers develop attachment to their land, the end result is a source of Identity, refuge, and comfort. Attachment to place is integral to the way old age is experienced and constructed. The farm affords independence by defining a unique space that is controlled by the aged farmer. The farm is a space for men to pursue their personal Interests and is a vital facet of self-Identity that matures with age. Attachment to place helps define the distinct culture that is valued by ageing farmers and nourishes them psychologically as they age (Thompson, & Gullifer, 2006). Chapman and Peace (2008) argue that the relationship between gender, kin-keeping and community involvement enables older women to experience ageing well in rural places in different ways to older men. Although it is likely that rural women may not have been born of brought up in the place in which they now age and may not have been farmers, the women choose to remain in place because that is where their sense of self over time is located, rather than seek out a previous homeland. According to Chapman and Peace (2008) a young woman's work was to support their husbands on the farm and in older age women continue to understand themselves in terms of a rural life in which their roles are to make their respective places more easily inhabitable for all.

In conclusion, the ageing, diverse, and exponentially increasing population of older adults living in rural areas of New Zealand face many challenges to live up to the political and social understandings of ageing well in place, in their communities. The discourse of positive ageing, along with popular ageing policy, promotes ageing in place as a means of maintaining independence in older age however this can be complicated for those unable to live up to the expectations of functionality and health. Nevertheless, ageing in place in the preferred way to age for many rural dwelling older adults whose challenges to age in place are multiplied by their location and changes in rural New Zealand's social and economic context. Attachment to place

is important for ageing older adults as it provides a sense of security, familiarity, and identity. This is particularly so for rural dwelling older adults whose relationship to place is closely related to the land. In the next chapter I will discuss how the ability to age in place can be affected by social isolation and explain some of the major characteristics of rural communities that may contribute to this.

CHAPTER 3

Social Isolation and Rural Living: A Review of the Literature

In this chapter I discuss the variations in definition of social isolation across the literature and how this affects the measurement and known prevalence of the phenomenon. Social isolation has been attributed to many health related issues which I argue could be prevented through greater knowledge and understanding. I also discuss the prevalence of social isolation among older adults, particularly those living in rural areas and the social factors they face which may act as barriers to social interaction. Lastly I discuss the small set of literature that exists around rural people's perceptions of social isolation and how this concept is constructed in rural communities.

Defining Social Isolation

Within the discipline of psychology there are multiple definitions of social isolation. Social isolation is defined operationally as an objective, quantitative measure of social network size and diversity creating such varying and conflicting definitions as "persons living by them-selves" (Chappell, & Badger, 1989), "Persons with no visitors for the past week" (Kawai, 2002; La Veist et al. 1997), and "having absolutely no interaction with humans the previous day" (Townsend, 1968: 261) among others. Overall these definitions point to social isolation as being the frequency with which a person interacts with others.

Loneliness, often termed 'perceived social isolation' differs from social isolation in that it is a subjective, qualitative evaluation related to individuals' expectations of and satisfaction with the frequency and closeness of contacts (de Jong Gierveld, & Havens, 2004). Loneliness is the distressing psychological counterpart of social isolation that accompanies the perception of deficiency in the desired quality of one's social relationships and is often used interchangeably and alongside social isolation in the literature. However this does not mean that all people who

are socially isolated experience this distressing psychological phenomenon. Individuals can live isolated lives and not feel lonely as well, or may have many social relationships and yet still experience feelings of loneliness (Coyle, & Dugan, 2012). For instance, research into the extent to which an individual feels lonely has shown that relational variables, such as marital status, group memberships, and frequency of contact with friends and family, are significant predictors of social isolation, but the association between these objective relational variables and loneliness have been found to be mediated by an individual's perceptions of relationship quality (Hawkely, Hughes, Waite, Masi, Thisted, & Cacioppo, 2008).

Current objective definitions of social isolation take a deficit approach, focussing on what the people lack or are deprived of. Because of this focus, such definitions cannot account for the different forms or practices by which people are socially connected/integrated with those around them or the effect that these interactions, however brief or few, have on peoples experiences of social isolation. Also, defining a person's social isolation numerically and objectively reveals little about the character or quality of the interactions, or lack thereof, which makes a person isolated. Hence current measures of social isolation do not fully account for differences in experiences of social isolation, or for the way these might be shaped in places. This is particularly true for the increasingly heterogeneous people living in rural areas. There are more factors and diversities than have currently been accounted that influence what it means to a person to be isolated. In this research Garcia (2013: 1) definition of "social isolation as a person's lack of meaningful social contacts and relationships with others, particularly with regards to the lack of having others that one can confide in" is used as it alludes to the importance of quality, rather than quantity, of relationships, something that will be explored in more depth in this thesis.

Why is Social Isolation an Issue?

Despite the lack of clarity as to what constitutes social isolation, research has identified a wide range of health issues attributed to the phenomenon. Prolonged social isolation has been found to increase the risk of mortality in several studies (Giles, Glonek, Luszcz, & Andes, 2005; Eng, Rimm, Fitzmaurice, & Kawachi, 2002; Cacioppo, Hawkley, Norman, & Berntson, 2011). Pantell

et al. (2013) found that social isolation in both men and women were predicted to increase mortality levels similar to those of several standard clinical risk factors such as smoking. Similar research shows that having weak social connections carries a similar health risk to drinking six units of alcohol a day or smoking 15 cigarettes a day (Ministry of Health, 2015; Holt-Lunstad, Smith, & Layton, 2010). Therefore, social isolation may have significant detrimental effects on health yet is, for the larger part, widely misunderstood and misinterpreted. Shankar, McMunn, Banks and Steptoe (2011) found a strong relationship between social isolation and negative health behaviours such as smoking. Therefore, not only are people who are socially isolated more likely to experience health issues comparable to being a smoker, but they are also more likely to be smokers and engage in other unhealthy behaviours such as low physical activity. It is important to examine social isolation in older people as it has been shown that both physical inactivity and social isolation increase with age, and that these factors are detrimental to physical and mental well-being (Reed, Crespo, Harvey, & Andersen, 2011).

Social isolation can lead to loneliness which has been related to depression. Teo, Choi and Valenstein (2013) found that perceived quality of social relationships (loneliness) was a major risk factor for chronic depression. In New Zealand today almost 50,000 older people are severely and chronically lonely. This equals approximately 8% of people 65 years and over (LaGrow et al., 2012). With the proportion of the total population aged 65 years and over expected to increase from 13% to 21% by 2031 (Statistics New Zealand, 2012b), loneliness and depression among older adults could increase exponentially. A study by the University of Auckland (Age Concern, 2009) also found that an older person who is chronically lonely and depressed is almost twice as likely to enter residential care as those who are socially connected. This puts added pressure on aged care facilities such as rest homes, hospices and assisted living to provide quality living spaces, experienced staff, and resources. Loneliness also affects health by raising blood pressure, increasing the release of stress hormones, lowering immunity, reducing sleep quality, and reducing the body's ability to fight infection and respond to inflammation (Masi, Chen, Hawkley & Caccioppo, 2011). Thus social isolation and the loneliness that it can be associated with can add to the pressures faced by a range of primary and

secondary health care providers. The strain on these organisations may be reduced if the factors contributing to those conditions are better understood.

Factors Influencing Social Isolation in Rural Older Adults

Humans are social beings, who have a strong inherent need for social interaction and an intrinsic urge to form groups, families, bands, mobs, coalitions and pair bonds (Cacioppo, & Cacioppo, 2014). However social integration tends to decrease in later life and social interactions become fewer making older adults a particular focus for social isolation research. As people approach older age various millstones can signal the decline of social interactions that cause one to be socially isolated. The living conditions of people as they age in the community may become more solitary, the cessation of driving may limit independence and access to services, after retirement economic wellbeing can influence possibilities for participation and contribution in communities and with declining health or mobility opportunities to remain socially integrated in society can also be affected.

Living Conditions

Throughout the life course the dynamics of social interactions change and as people age they tend to become fewer and fewer. Physical capacity and loss of mobility along with diminished levels of energy and endurance lessen the desire and capacity to engage with others (Walker, et al., 2013). In New Zealand, nearly two-thirds of people (62.1%) aged 65 and over are living with a partner however this proportion significantly decreases as age increases, with only 29.4% of people aged 85 years and over partnered. Older adults also have the highest percentage of people living alone at 44.3% (Statistics New Zealand, 2013) These statistics are indicative of a number of factors including the stage in the human life course whereby one spouse out lives the other. In the 2014, the average 65-year-old woman could expect to live another 21.3 years, and the average 65-year-old man another 18.9 years. Despite this closing disparity in life expectancy, women made up 54.1% of this age group, and men only 45.9% (Statistics New Zealand, 2015).

Community Hubs

The loss of community hubs such as schools, pubs, halls and churches which are facilities which used to be the basis for social events and social networks in rural communities has also impacted rural communities in New Zealand. Closure of schools as a result of falling rolls and Ministry of Education policies, the loss of churches as ministers are unable to be supported by dwindling congregations, and the closure of country pubs which are no longer financially viable all potentially influence social isolation and the possibilities for ageing well (Swarbrick, 2012). In the Manawatu-Whanganui area for example, Golf clubs are replacing the pub as a social meeting place for men, and attending the Feilding Sale yards on a Friday are very important for maintaining relationships in the farming community. For women, new connections are being developed by the creation of special interest groups such as gardening clubs and Rural Women New Zealand (Gould, 2013).The community hubs of some areas are changing due to the influence of a number of new residents to the area, life style owners. Many lifestyle block owners are now reaching retirement age but may not have the same degree of family and land connectedness of long time farming families. This could signal an increase in social isolation among older rural dwelling adults Keating, Eales & Phillips, 2013).

Services

The accessibility of social, health and other support services can be a major challenge for many older adults and one that poses even more difficulties for those living in rural areas. While there is strong government support for ageing in place (Dalziel, 2001; Vandeskog, Vandeskog, & Liddicoat, 2012). Though many older people do wish to remain in their homes and communities, or are unable to move for financial or vulnerability reasons (Horton, Hanna, & Kelly 2010), this requires access to care and support services that are not available in all places in which older people wish to age. Access issues in rural areas include those pertaining to the availability, appropriateness, affordability, acceptability, and physical accessibility of services (Cantrell, et al., 2012; National advisory committee on Health and Disability, 2010; Rural Expert Advisory Group to the Ministry of Health, 2002).

Issues relating to the provision and funding of rural health care are a serious concern (Brabyn, & Barnett, 2004; Mainous, & Kohrs, 1995), particularly considering the recent economic

downturns, which tend to disproportionately affect rural health services due to their higher relative cost to urban services (Burholt, & Dobbs, 2012; Horton, et al., 2010). New Zealand has experienced a withdrawal of infrastructure and government assistance in rural areas over the past two decades (Schofield, Davey, Keeling, & Parsons, 2006). There is little coordination of rural services and it is largely left to NGOs with limited resources to provide support across large geographical areas (Skinner, & Joseph, 2011). The centralisation of health, financial, and educational services, leaves rural communities under-served in regard to health service availability and support (Burholt, & Dobbs, 2012; Fraser et al., 2005). This can impact on the physical, social and mental health of those in the areas affected. In regard to mental health, for instance, there is growing concern about the lack of specialised staff, facilities, and training in relation to the provision of diagnosis and treatment of common older adult mental health problems in rural areas (Crowther, Scogin, Wayde, & Austin, 2012). These concerns, coupled with previously identified mental health treatment problems such as the stigma of receiving mental health services, limited treatment options, lengthy waiting lists, and lack of understanding regarding clients' problems (Cantrell, et al., 2012; Caldwell, Jorm, & Dear, 2004) further support the need for greater understanding of rural peoples accessibility to services.

Transportation

Another factor which can influence social isolation for older adults in rural areas relates to transportation difficulties, which include: greater distance to travel to access health and other services, lack of private and/or public transport, route blockages due to extreme weather, accessibility of fuel, and affordable transport (Rural Expert Advisory Group to the Ministry of Health, 2002).

In terms of distance, for example, remote parts of New Zealand have high numbers of people who live over 30 minutes' drive from the nearest urban centre, with two of the most deprived areas (Northland and Gisbourne areas) each having up to 10,000 people that are more than 30 minutes' drive from the nearest town (Brabyn, & Barnett, 2004). The greater the distances and higher costs involved in travelling such distances make access to services from these parts of the country even more difficult (Rural Expert Advisory Group to the Ministry of Health, 2002).

Maintaining mobility is particularly important for older adults living in the community not only for socialising but for asserting the ability to independently accomplish everyday tasks such as doing the groceries (La Grow, Alpass, & Stephens, 2009). Unfortunately, for many New Zealanders accessing the places, goods, and services they require to participate fully in economic, social, and recreational activities is severely restricted if they do not use a private motorcar as public transportation is limited (Ministry of Transport 2007). Even if there was a good public bus service in rural areas, poor health can mean the bus might not be able to used (Scharf, & Bartlam, 2008). This has been owing to a number of factors, including local government law reforms and the withdrawal of subsidies for public transport in the late 1980s and early 1990s. Since then people's reliance on private motor vehicles has grown significantly, creating a vicious cycle of small town/rural car dependence and ultimately leading to forced car ownership (Cheyne, Imran, 2010) which can be a burden for a low income person.

The other option is dependence on family and friends for transport. As age increases, fewer older adults are able to, or feel comfortable driving themselves. This may be due to increased health issues such as vision impairment or that they can no longer afford the upkeep of a private vehicle (Rose, Witten, & McCreanor, 2009). Either way, driving cessation limits independence and negatively affects social participation in older adults, particularly those who feel that they cannot ask or help with transportation. While 'serious' transport requirements may be provided for by alternative means, the 'discretionary' trips that contribute significantly to the quality of life and involve socialising or connecting with others may be lost when private transport is unavailable (Davey, 2007).

Older adults who are able to drive simply may not feel as confident as they used to behind the wheel which also restricts mobility. Molnar, Charlton, Eby, Bogard, Langford, & Koppel, et al. (2013) found that older adults avoided certain driving situations which would grant them greater mobility in their vehicles such as driving at night, in unfamiliar areas, and on high speed roads. While older adult drivers still retain their independence in driving around familiar centralised areas such as the shops, library or meeting halls during the day it means that drivers will avoid unknown or stressful driving situations thereby restricting the extent to which they

may engage in face to face social interactions. A sheer lack of transport options in many rural locations severely restrict opportunities for all sections of local populations and entrench reliance of private vehicles as the norm. At a more fundamental level, the absence of street lighting and footpaths left several participants, particularly those with reduced mobility, unable to walk around their communities.

Internet and telephone access

Access to the internet may be an important way in which social networks are maintained in the face of limited mobility (Mansvelt and Zorn, 2012). It is very expensive to get good internet service in some rural areas. Schools are getting fast broadband under a government initiative but most locals cannot tap into this as the rural exchanges do not have the capability to handle the number of customers (Gould, 2013). Of people aged 65 and over in New Zealand households, 76% percent lived in households with access to the Internet. This is compared with 85.1 percent of people aged 15–64 years. The proportion of people in households in private dwellings with access to the Internet decreases with age. Of people aged 75–84 years, 54.2 percent lived in households with access to the Internet and among people age 85 years and over only 33 percent lived in households with access to the Internet.

However only 61% of people aged 65-74 said that they had used the internet in the last year and only 32% of people aged over 75 reported having used the internet in the last year (Statistics New Zealand, 2015). This may be due to the fact that the internet has not been a part of the everyday lives of many older adults as it did not become a popular household item in the last two decades or, as more older adults seem to have access to the internet than are using it, the problem may be one of education in its proper uses. Given the decline of many rural services such as postal and banking, and many service providers using the internet now for customer relations, older adults not being able to use the internet is a potential isolator.

Retirement and Inheritance

According to the positive ageing strategy (2009), retirement is a time of leisure, social engagement and participation however for many farmers their working lives have been extended with retirement being pushed back beyond the point where generational change

used to occur on family farms (Dixon, & Hyslop, 2008). This may serve to socially isolate older adults as they are not given the time in their lives to pursue leisure activities and social engagements.

As the farmer commonly now works into his 70's, children move away to study and follow other career paths, often raising their children in cities. By the time the farmer is ready to retire, a grandchild is more likely to be the next to farm the land. Given the perceived level of inexperience of the child or grandchild by the grandparent, the retiring farmer often stays on or near the property finding it hard to let go, particularly when ownership is via a family trust. The only complete disengagement from the business occurs when the farm is sold to a complete stranger (Gould, 2013). There has also been a change in mind set over inheritance. Whereas in the past the viability of the farm was paramount, these days the child or grandchild who "inherits" the farm often has to borrow sufficient monies to buy out the other children's or grandchildren's financial interests.

Two factors then impact further on the elderly's decision to retire: the ability of a child or grandchild's to afford to finance the purchase of the farm allowing the parents or grandparents to move elsewhere, and the difficulty the parents or grandparent experiences in letting go to someone they may view as inexperienced (Gould, 2013). If no one is available to take on the property, retiring farmers will often choose to continue to live in the house and lease out the land to neighbours.

Retirement to town used to occur at a younger age and bring with it the benefits of an increased social life and opportunities to travel. It was part of succession planning within the family business. With the working life extended, these benefits may not be accrued, "why move from where you enjoy living to somewhere which has nothing in exchange as a trade-off" (Gould, 2013: 2). As a result, if you've enjoyed working 16 hours a day for up to 80 years of age on a farm and have not developed active social networks for your retirement, it is hard to do nothing.

Beneficiaries and low income earners are now choosing to live in rural areas for the cheap housing (Walker, et al., 2013). They go there without realising the isolation that comes with the

location if they can't afford transport. The lifestyle is not quite what they thought it would be. As these residents age, if they remain living rurally there may well be an increase in social isolation of the older adults in rural areas (Gould, 2013). The majority of current rural older adults have strong connections through generations of involvement in their community. The 'new' rural elderly may well not have this support system.

Economic wellbeing

Access to economic resources has significant effects on older people's standards of living and material conditions. This may also affect their ability to connect with others and participate and contribute to a community. A study by Mansvelt, Breheny and Stephens (2014) found that those with access to extensive economic resources had a sense of surety, based on the knowledge of their financial security, for the remainder of their life course which allowed them to control for all but the most unforeseeable events. Having access to finances (income, savings, returns on investments), material resources (assets, home ownership or secure dwelling tenure, cars) and services (heath, household, vehicle, transportation, communication, home maintenance, leisure and retail services) allowed these older people to have a sense of control over their circumstances that afforded them more social independence. Should their health decline these people could purchase independence in the form of healthcare services and rest homes rather than relying on family members (Breheny, Stephens, 2009) however this is not always an affordable option for everyone. Therefore people with greater material resources are less likely to be socially isolated from services as they can afford to control their healthcare experiences however they are more likely to be isolated from personal relationships as they maintain their air of independence or non-reliance on those around them.

On the other hand those with low economic resources adopted a 'getting on' or 'making do' attitude that comes with getting by on limited economic resources for the majority of their life course. Having coped before, there was a security in the knowledge they would survive and withstand future trials whether these involved declining health, changes in social relationships or material conditions (Mansvelt, Breheny, & Stephens, 2014). Breheny and Stephens (2009) found that those who were unable to remain independent and self-sufficient due to biological decline found ways to renegotiate their position in their communities by establishing webs of

independence with other dependent people, which gave the impression of independence through a non-reliance on professional healthcare services. Others established a bartering like system that required the exchange of services of equal value for equal need in order to maintain independence. However the formation of such a system is reliant on already established relationships that many older adults do not have as their peer group decreases with age (Lauder, Mummery, Jones, & Caperchione, 2006). Therefore low economic resources can isolate older people from engagement with services as they may be unaffordable however the informal support networks that grow out of interdependence with other people create occasions for interaction that reduce social isolation.

The various barriers to receiving services and support may result in people not obtaining necessary services at all, or at least not until their health is significantly worse. This could partly explain the tendency of finding poorer health in rural populations, despite it seeming at odds with popular perceptions regarding advantages of rural living such as clean air, quiet, healthier lifestyle, and slower pace of life. Addressing these barriers has the potential to significantly impact on the health of rural population (Hawton, et al., 2011).

The Relationship between Social and Rural Isolation

Despite the large and growing amount of literature confirming that there are a disproportionate number of older adults living in rural areas (Gould, 2013) and that older adults are in general more susceptible to social isolation (Bartlett, et al., 2012), there is very little known about whether older adults living in rural areas consider themselves to be socially isolated, even if they have been defined as such by quantitative measures. A study by Geissinger, Lazzari, Porter, and Tungate (1993) explored the experience of isolation as defined and described by a small, diverse group of women living in an area with a dispersed population and several small towns. Although conditions of rurality affected or exacerbated feelings of isolation, rurality per se did not figure prominently in the experiences these women related. Distance, rural telephone systems, the challenges posed by weather, and small-town social

structures, all presented obstacles, and sometimes opportunities, for several women in their attempts to connect with others.

There is also little evidence to suggest that older rural dwelling adults perceive themselves to be disadvantaged by their location. This is confirmed by Walker, et al. (2013) who found no convincing evidence in the literature of higher levels of social isolation, exclusion or loneliness among rural, as compared to urban, older people. In their own research Walker, et al. (2013) found that although older rural participants faced considerable age-related challenges to their health and capacity and rural-living challenges such as the centralisation and rationalisation of already scarce services (Heenan, 2011), they almost universally remained actively engaged in their communities and generally upbeat about their lives. These findings suggest assumptions that rurality and social isolation are necessarily connected should be interrogated further. Understanding whether older rural dwellers experience social isolation, and the factors which contribute to this, or prevent it is consequently in need of research. In chapter four I examine the theoretical perspectives which will inform this study.

CHAPTER 4

Conceptual Framework and Methodology

This chapter begins with a discussion of the epistemology, methodology and theory behind studying the experiences of older people in order to understand whether social isolation might be a feature of rural ageing. This encompasses the rationale behind using a social constructionist informed thematic analysis and the benefits of using this combination of theories with a focus on the lived experiences of the older adults.

Social Constructionism

Social constructionism is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world in which they live including themselves (Gergen, 1985). What people take to be the world depends on how they approach it, and how they approach it depends on the social relationships of which they are a part. This makes social constructionism a particularly useful epistemology for investigating experiences of social isolation and rurality as both phenomena have highly subjective meanings. According to social constructionism, meaning is constructed out of our interaction with the world around us, and the shared understandings about our world that we construct socially through language influence how people present their experiences of these phenomena.

The relationship between meaning, experience and language is not simple or unidirectional. Language is not a neutral or mirror reflection of the world around us, nor is it a vehicle to transport thoughts from one person to another. Instead language is the site of knowledge and knowledge generation. We learn about the world through language, and then reproduce this knowledge ourselves through language. The concept of ageing has been socially constructed through the shared ideals about how one should behave at a certain point in their life and what their position in society should be. This ideal is then reproduced through people acting in accordance with these shared ideals. However, the degree to which a given form of shared

understanding prevails or is sustained across time is dependent on the variations of social processes such as communication, negotiation, conflict, and rhetoric (Gergen 1985). An example of this can be seen in the way the construction of ageing has changed in recent years. Only 50 years ago old age was, in the western world, seen as a time of physical deterioration, mental decline, dependency and withdrawal from society however current understandings of old age value good health, physical activity, independence and sociability.

Social constructionism as a theory of knowledge encourages a critical examination of how people know what they know about the world around them, all the taken-for-granted systems of meaning making that are operating, and what the material effects or consequences of these are. Social constructionism understands knowledge as specific to a particular time, place and culture (Burr, 2003), and constructions of meanings are known to change over time due to historical and social events. People have come to recognise particular organisations or categorisations as the natural, normal way that things should be. Shared understandings of practices and forms of ageing as natural or normal are formed in particular places, therefore constructions of 'social isolation' and 'ageing' in rural areas are important to investigate.

Language derives its significance in human affairs from the way in which it functions within patterns of relationships (Gergen, 1994). When people state a belief or express an opinion, they are taking part in a conversation which has a purpose and in which participants have a stake. Hence, in order to make sense of what people say, we need to take into account the social context within which they speak. The vocabulary we have at our disposal enables and constrains how we can see and experience the world. People take up positions in society in accordance with accepted versions of social reality (Willig, 2003) which then govern which vocabulary can be drawn on. How people construct themselves and those around them may also vary across time and place therefore it is important to recognise that psychological understandings are embedded within our own culture (Gergen, 1985).

The ways of making sense of our surroundings and the ways we make sense of our experiences differ because the language through which we construct meaning is different and serves different purposes in different contexts. Therefore, there are many variations in accounts of

one phenomenon. Social constructionism is not concerned with which construction is the true answer but how that answer is used. It does not disenfranchise any possibilities, all theories are invited as potentially significant entries to the conversations of culture and no one theory is permitted to gain hegemony (Misra, 1993) Nevertheless drawing on one construction will serve a different purpose than drawing on another. Quantitative constructions of rural areas are advantageous for some purposes as they physically situate the place, locating and describing it objectively. Whereas socio-cultural constructions capture both the tangible and intangible aspects of locality by incorporating socio-spatial elements of setting without the assumption of universal rural settings or persons (Keating, & Phillips, 2008), drawing attention to the diversity of people and places.

Because knowledge is both constructed (from linguistic resources) and constructive (the way in which we understand the world around us) we can ask questions such as: why is the world linguistically represented in particular ways? What function or purpose does it serve? What are the consequences of this? Social constructionism provides an appropriate theoretical framing for this research as it accommodates a wide range of understandings of social isolation, rurality and ageing. Social constructionism also allows the voices of older people to be heard, with an emphasis on the ways in which they make sense of their experiences and the discourses surrounding ageing and social isolation, and the consequences of this for growing older in rural places.

Thematic Analysis

Thematic analysis is a method for identifying, analysing and reporting patterns or 'themes' within data. One of the benefits of thematic analysis is its flexibility. There are many different ways of doing thematic analysis based on which epistemological background is informing the analysis, which in turn determines what kind of information can be learned from the data. For this research, because I am using a social constructionist epistemology, I conducted an inductive or exploratory thematic analysis of latent themes to identify the patterns of understanding among rural dwelling older adults.

Thematic analysis within a social constructionist epistemology, where patterns are identified as socially produced and reproduced rather than inhering to individuals (Burr, 1995), examines the ways in which events, realities, meanings, and experiences are the effects of a range of discourses operating within society. Therefore, thematic analysis conducted within a constructionist framework does not seek to focus on motivation or individual psychologies, but instead seeks to theorise the sociocultural contexts, and structural conditions that enable the individual accounts that are provided.

Because of the way this epistemology guides what I can say about the data and how I theorise meaning, I will be interpreting the themes at a latent level. Thematic analyses that interpret themes at a latent level require more involvement and interpretation from the researcher. Thematic analyses move beyond the semantic content of the data, counting explicit words or phrases, and focuses on identifying and describing the underlying ideas, assumptions, conceptualisations and ideologies, both implicit and explicit, within the data, forming themes (Braun, & Clarke, 2006). Codes are then typically developed to represent the identified themes and applied or linked to raw data as summary markers for later analysis. Generally speaking, reliability is of greater concern with thematic analysis than with word-based analyses because more interpretation goes into defining the data items (i.e., codes) as well as applying the codes to chunks of text (Guest, MacQueen, & Namey, 2012).

The current study represents an attempt to explore social isolation in rural dwelling older adults using a qualitative methodology. It is an attempt to construct a psychological understanding of social isolation grounded in the socially constructed experiences of those who live in rural areas of New Zealand. Its underlying epistemology eschews the objectivism and reductionism of much psychological theorizing around social isolation therefore there is no search for a ‘singular, objective, empirically valid, universal truth waiting to be uncovered through the application of ‘the scientific method’. Equally, there is a rejection of the assumption that there must be a unitary, fundamental and rational underlying pattern of explanation. Instead, there is an emphasis upon the multiplicity of interrelated, subjective and often oppositional understandings, each with their own inherent validity.

CHAPTER 5

Method

Section two comprises an introduction to the older people whose experiences and perspectives form the central analysis. By presenting the older adults as whole people the reader gains insight into the social positions and constructions available to the older adults as they retell their experiences. Part two of this section covers definitions and constructions of 'rural' and 'social isolation' as they pertain to this research and how these definitions will inform part three, the procedures of the research. The last part of this section discusses how the theoretical perspectives, detailed above, along with the following methods, have informed the process of analysing the data.

Participants

The research included 7 participants, 3 men and 4 women, aged 65 years or over (M=72) who lived in rural area units categorised as rural with low urban influence by Statistics New Zealand (2009). The age of 65 was selected as this is the age of eligibility for receiving universal superannuation in New Zealand and therefore many people of this age or older are either in transition or have transitioned from paid employment to retirement. However, only 2 of the 7 participants were fully retired, one male and one female. 3 participants; 2 females, 1 male, were in transition, working only when needed, and 2 male participants continued to work full time on their farms.

A low risk ethics application was submitted to Massey Human Ethics Committee. Participants volunteered to participate in the research in response to an invitation and information sheet that was distributed to eligible volunteers by the researcher for Manawatu Community Trust, and Women's Rural Institute representatives. Participants then contacted the researcher directly either by telephone or e-mail to arrange an interview.

To present the older adults who took part in this research as “whole people”, rather than a series of dissected quotations, I have created “pen pictures” (Tanner, 2010: 5) of each person. As this research is concerned with the subjective meanings that older people give to situations and experiences, these descriptions also work to position the older adults within their communities and the wider society to give a greater understanding of the social, economic, and material resources available to them that inform their experiences. All names are pseudonyms.

Peter and Julie - 68

Peter and Julie are a married couple who live on their family farm with their two dogs. Peter has lived on the farm his whole life, inheriting it from his parents, and Julie has lived there since their marriage. Peter still works full time on the farm but has had a series of injuries, which he attributes to his days playing rugby, and this affects his ability to do the more physically demanding farm work. Their daughter who lives next door to them with her family helps Peter on the farm when needed and will eventually inherit. Their son lives overseas.

Julie has good health and mobility and an active involvement in leisure activities off the farm. The two also travel overseas regularly to see their son and have friends who come and visit them from the UK. Peter and Julie enjoy watching the news in the evening and reading the newspaper. Julie is also able to use the internet and often uses ‘facetime’ to talk to her son, however Peter is does not use the computer at all and relies on Julie and his daughter to do any farm related computer work. However, the two do not use the internet often because the only service available in their area is slow, inconsistent and also very expensive.

Brian – 71

Brian lives with his wife and their dog in his family home that he grew up in as a child. At the time of the interview he still worked full time on the farm. Brian has two children from a previous marriage but neither will inherit the farm. Brian has a good relationship with his wife’s daughter and she visits weekly with her young children who take great interest in the farm.

Brian and his wife used to live further up the road but moved back to their family farm 5 years ago in order to be closer to town. Despite moving closer to town they still live an hour from the nearest urban centre. This is as close to town as they both feel comfortable with. Brian had a

major health incident the previous year but they are reluctant to move as it took Brian two years to settle into living in their new house. Brian also likes to garden and the couple have spent a lot of time and money redecorating the house and gardens since moving in. Brian enjoys the solitude of gardening.

Brian is partially deaf and because of his hearing he rarely attends social situations. As a result Brian has a small circle of friends and prefers one on one conversation. Brian's wife often has friends for dinner or to stay the night so that Brian can comfortably socialise but Brian often prefers his own company. He has a workshop where he likes to do metal and wood work as a hobby. He does this in the evenings instead of watching television because when he can't hear the storyline properly he quickly loses interest. Brian also does not know how to use a computer.

Brian often helps his neighbours when they need something repaired or improved. Although Brian gets along well with his neighbours he prefers to socialise outside of the local area because he doesn't care to hear the local gossip. Brian has a small group of fishing friends that he likes to socialise with.

James – 73

James is fully retired and lives with his wife and their dogs on a lifestyle block. They moved to their rural community from a neighbouring town 29 years ago and built a new house 15 years ago. Despite being involved in farming and living in rural areas for most of his life, James commuted to work in the nearest urban entre which meant he was not considered a farmer but was often consulted by local farmers on farming issues due to his profession. For this reason James considers himself to be a 'country person'. James has good health and mobility, he walks unaided and has no major health issues.

At the time of the interview James' daughter and grandson were also living with him. James was involved in the building of his daughter's house and also helped to care for his grandson by taking to him school in the mornings. James was also very involved in the running of the community, he had been on many boards and committees dedicated to different aspect of the community over the years but was in the process of gradually withdrawing from his duties.

James was interested in photography and the geography of his local community and encouraged his tramping group to take photos and observe the land forms as they walked. Because of his interest in photography, James had become proficient in using a computer to upload and store photos, and to send and receive photos from his tramping friends via email. James also used email to communicate with committee members and learned to research information, using his computer, for the purposes of his committees.

Helen – 65

Helen lives with her husband on their farm inherited from his family, with their pet cat. Helen has lived there for 44 years, first arriving when she was 21 after marrying her husband. Helen's daughter lives overseas and her son lives nearby. Helen worked at the hospital in the nearest urban centre but could not continue to do so after she married as she did not have a drivers licence so she worked on the farm and raised her children. Helen now has her driver's licence but is not comfortable driving long distances or at night. Helen then worked as teacher aide at the local primary school for 20 years before it closed down due to a lack of pupils.

When her children had grown up Helen joined and became the treasurer of the local women's institute group. Helen attends the church service held twice a month at her local church and is a member of two women's social groups in her neighbouring communities. Helen also has many farming connections in the region through her husband's community work.

Helen has had a computer for 18 months now and is slowly becoming for proficient at using it. She can now read her community newsletter that come via email and use internet banking. Changes to the rural delivery system has meant that Helen no longer receives a newspaper and has to ask her parents who live in town to save theirs for her to collect and read once a week. Helen uses minimal technology, she does not have a mobile phone, or a dishwasher and her washing machine, toaster, and television are decades old.

Helen is still physically active and helps out on the farm with docking and drenching. She had a stent put in 7 years ago but this has not slowed her down. Helen enjoys growing vegetables in her garden and enjoys knitting baby booties for the younger members of her community who are having children. She is also an experienced babysitter.

Ruth – 70

Ruth lives with her husband on their farm with their cat and many farm dogs. Ruth and her husband downsized to their new farm, much closer to town, from a family farm in a more rural area 7 years ago when it became apparent that neither of their children intended to inherit the land. Ruth and her husband also moved due to the rough terrain of their previous farm. As her husband ages he will be able to farm for longer on the flat pastures of their new land. Although he does not wish to inherit the land, Ruth's son often helps with the more physical farm work that her husband may struggle to do.

Ruth's grandson attends the local primary school not far from her house and she regularly picks him up from school in the afternoons and cares for him until his parents finish work. Ruth volunteers much of her time to the school, particularly for fundraising events and special evenings. Many of the people in Ruth's new rural community are younger than her therefore she often travels into town to see her friends and enjoys the closeness of the urban centres now that she lives closer. Ruth is a member of Rural Women but as the majority of the members now live in town, she travels to the nearest urban centre for meetings. Ruth is able to help out on the farm if required however now that the land is easier to farm her assistance is needed less often.

Joy – 91

Joy lives in her family home by herself having been widowed for several years. Her family all live in neighbouring houses on the farm. Joy did not work on the farm but has been involved in working in rural communities, therefore she has a great depth of knowledge when it comes to the community. Joy has remained involved in the community, she listens to the children read at the local primary school, is a volunteer for several community organisations, and helps other ageing members of the community by driving them to the supermarket, to doctor's appointments, or taking them out for ice cream. Joy is conscious of the fact that she must retain her drivers' license in order to keep helping people in such a way and uses these activities to maintain her driving skills. Joy visits her friends in a rest home every week as they are unable to come to her.

Joy is in good health for her age but complains of aches and pains which she attributes to ageing. Joy had a large garden but it was scaled back a few years ago to make it more manageable for her. She is mindful of continuing to eat healthily and regularly as she ages to maintain a high level of functioning. Joy visits her family every evening however she insists on returning home to make her own dinner, unless it is a special occasion, so as to maintain her independence.

Joy has a computer and is getting better at using it however she still prefers books. She talks to her friends on the phone regularly and has one friend in particular who she talks to every morning.

Measures

This section aims to clarify how the terms 'rural' and 'social isolation' will be applied in this research. Although the terms have subjective meanings, for the purposes of this research objective areas of rurality and measures of social isolation have been used to form the basis of the research. For instance, In order to find older people who live in rural places I must first define what is considered rural and in order to ask people about social isolation I must first form a framework for what social isolation constitutes. Beyond these initial classifications however there are no right or wrong answers and participants were encouraged to express their own understandings of these terms as informed by their experiences.

Rurality

There is no one internationally recognised construction of a rurality. Empirical constructions of rural areas draw on specific socio-spatial characteristics such as population size, density, and distance from larger urban centres however socio-cultural approaches define rural as a social construct focussing on rural as a reflection of a set of attitudes, behaviours, and beliefs. Through this definition rural people are typified as having a slower, less pressured way of life, strong community feeling, close connections to the land, conservative, traditional values and the belief that their life differs from those who live in the city (Keating, & Phillips, 2008). In the rural profile conducted by Statistics New Zealand (2004) rural areas are measured not by population numbers but by their dependence on urban areas for employment. Rural areas with

high urban influence are characterised as forming a transition between the main urban areas and rural areas. A significant proportion of the resident employed population work in the main urban area. Rural areas with moderate urban influence are defined as such if a large percentage of the resident employed population works in a minor or secondary urban area, or a significant percentage work in a main urban area. A rural area with low urban influence identifies rural areas with a strong rural focus with the majority of the employed population in these areas work in a rural area. Lastly, highly rural/remote areas are where there is minimal dependence on urban areas in terms of employment or where there is a very small employed population (Statistics New Zealand, 2004).

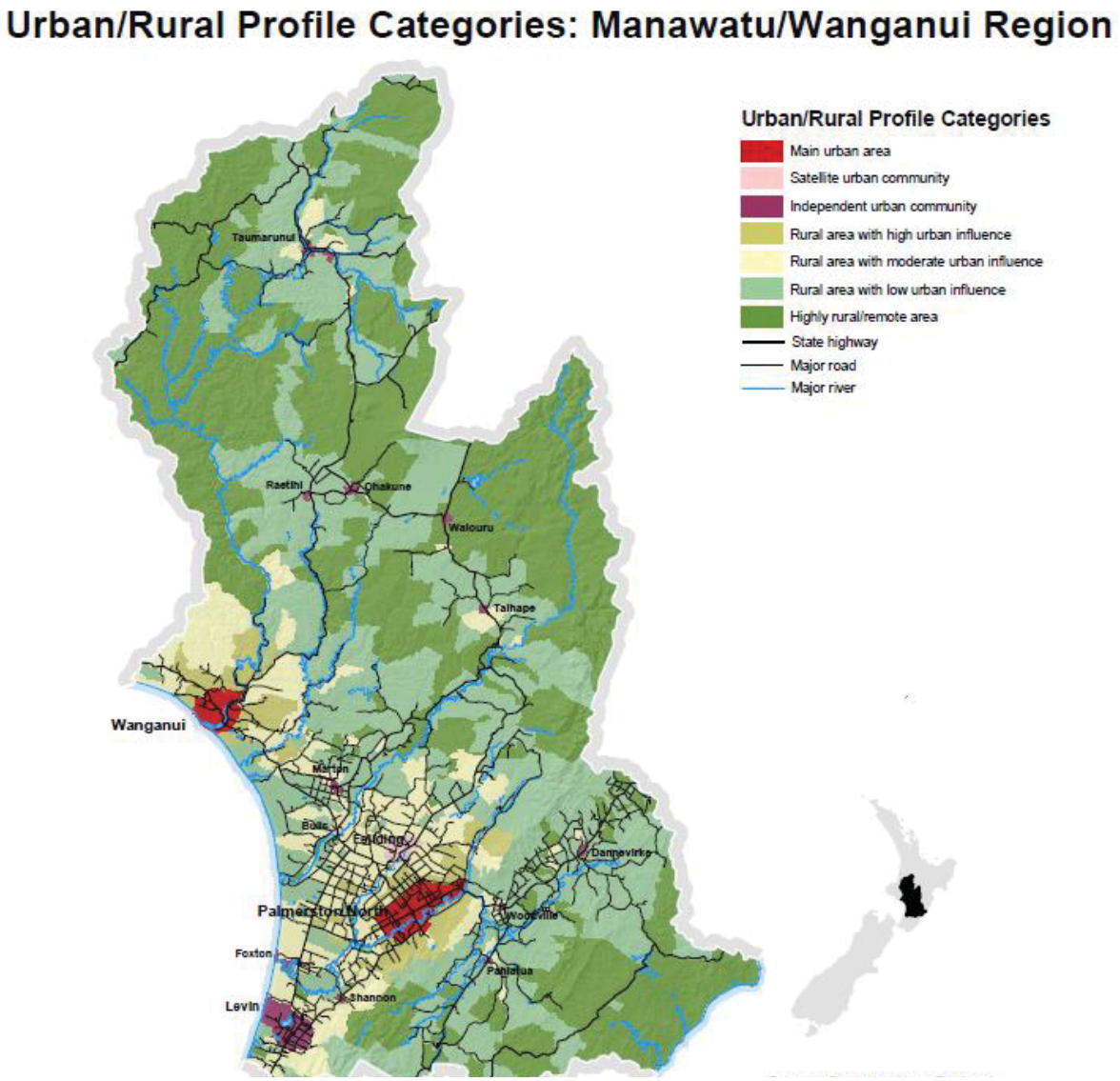

Figure 1: Urban/Rural Profile categories for the Manawatu/Whanganui region. (Statistics New Zealand (2004)

This definition is more indicative of migration trends, captures more of the diverse populations of people living in rural areas and alludes to the presence of differing levels of isolation among different rural areas. There is a huge difference between a rural community based on rural livelihoods and one where a large proportion of the population works in an urban area but happens to live in a rural area (Statistics New Zealand, 2004). Therefore this was seen as the best option for defining distinct rural communities as it identifies rural isolation as not by distance to, but the people's social connection to, urban centres. For the purposes of this study, this quantitative measure will be used to determine the initial degree of rurality of the participants. This study will also draw on socio-cultural measures to determine the initial level

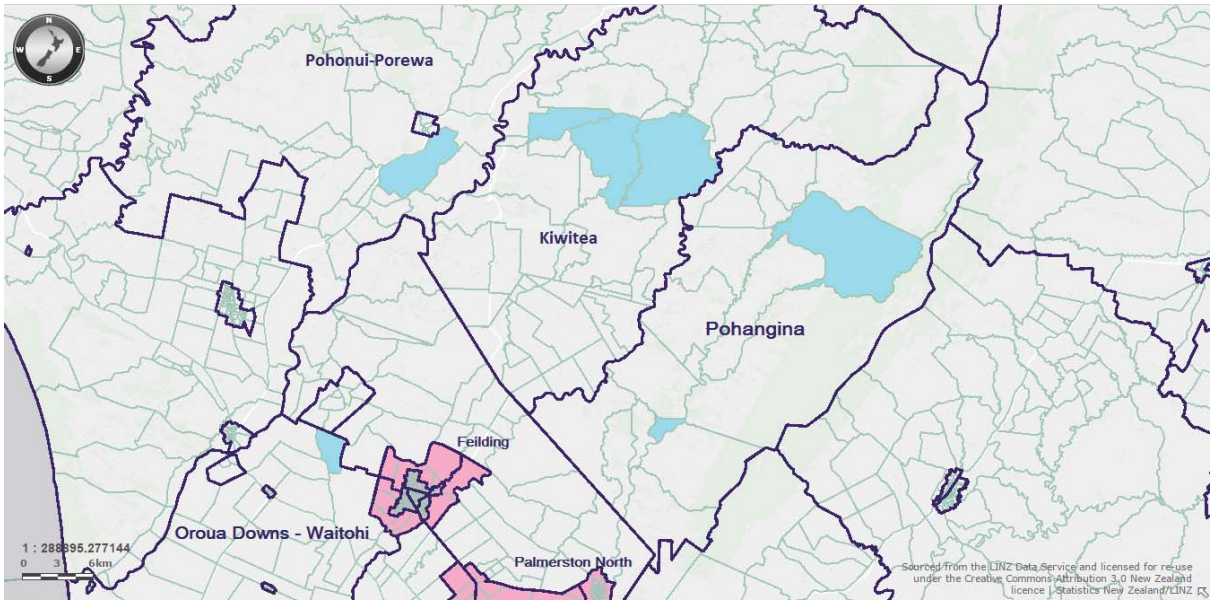

Figure 2: Area unit and mesh block location of participants in relation to nearest urban centres. Pink = Urban centres, Blue = Mesh block locations of participants (Adapted from Statistics New Zealand, 2004).

of rurality of the people in terms of attitudes, behaviours and beliefs. The aim of the study was to recruit participants from rural areas classified as Rural with Low Urban Influence or Highly Rural/Remote for optimal rural isolation.

Social Isolation

There is also no one method of measuring social isolation in psychology therefore there are many different and sometimes contradictory scales throughout the literature (Cattan, et al., 2005). The main problem in the literature is that many authors use social isolation inconsistently or as an adjective for very low levels social support or very small social networks. This creates a great deal of conceptual ambiguity regarding the consequences associated with which particular term (Nicholson, 2009) and takes a deficit approach to measuring social connectedness.

Recognising a need for valid and reliable short scales that can be used to assess social networks and social supports and to screen for social isolation in older persons, Lubben, et al. (2006) developed an abbreviated version of the Lubben Social Network Index. The six item Lubben Social Network Scale (LSNS-6) is constructed from a set of three questions that evaluate kinship ties and a comparable set of three questions that evaluate non-kinship ties. A low total score of less than 12 indicates that a person has limited social network and is at a high risk for social isolation (Lubben et al., 2006; Kurimoto et al., 2011). Similarly, Cornwell & Waite (2009) define social isolation according to the measurements on an 8 item scale including a numeric count of the number of child, family and friend relationships and the frequency of contact with children, other family members and friends, frequency of church attendance, attendance at events held by the groups a person is a member of, whether or not the person volunteers and finally a count of the persons co-residing with the respondent.

By focussing on what the people lack or are deprived of such scales cannot take into account the different ways in which people are socially connected/integrated with those around them or the affect that these interactions, however brief or few, have on peoples experiences of social isolation. Also, measuring a person's social isolation numerically and objectively tells us nothing about the character or quality of the interactions, or lack thereof, that makes a person

isolated. Hence deficiencies in our current understanding of what constitutes social isolation mean that not all people can be understood using these methods. There are more factors and diversities than have currently been accounted that influence what it means to a person to be isolated. Therefore, for the purposes of this research, the interview schedule and questions will be loosely based on the aforementioned scales however will aim to go beyond what can be inferred from these scales by taking a qualitative, lived experience approach.

Procedures

Semi-structured interviews with each of the participants were conducted privately in their homes at a time of their choosing. Prior to the interview, the volunteers were given the opportunity to ask any questions about the research and their involvement in it before giving written consent. All participants consented to being voice recorded.

A range of broad, open ended questions were developed to help initiate and guide the conversation. The questions were focused into three topics: If and how social isolation is experienced by the older adults, what experiences of their community contributed to or buffered against social isolation, and how these experiences affect expectations of ageing in place. Some of the questions asked included: “what is it like to live in this community?” “Can you tell me about the last local event you went to?” “Would you say that you are close with your neighbours?” “Do you think this a good place to grow old?” “What do you see as possible obstacles to your continuing to live here?” “Can you think of a time when you felt isolated living here?”

The questions are designed to elicit open responses from the participants that pertain to their lived experience of social isolation in relation to rural living and issues of ageing. The interviews were audio recorded, transcribed and, if the participant indicated on the consent form, a copy of the transcript was returned to them. Low risk ethics approval was gained from the Massey University Ethics Committee for these procedures.

Data Analysis

The data for this research were analysed using the six phases of thematic analysis set out by Braun and Clarke (2006) as a guideline. Phase one, familiarisation with the data, began during data collection where, though the interview process, I began to form some initial analytic interest and thoughts. A greater familiarisation with the data came through the transcription process as the close attention needed to transcribe a thorough verbatim account of all verbal, and sometimes non-verbal, utterances facilitated the close reading and interpretive skills needed to analyse the data. After having read the interview data several times I began phase two: generating initial codes. This was done using the qualitative data analysis programme Atlas.ti. Using this programme I worked systematically through the entire data set and identified interesting aspects in the data items that could form the basis of repeated patterns or themes. An inductive approach to coding meant the themes identified were strongly linked to the data themselves. By using this approach rather than a deductive approach, in which themes drawn on from previous research would have strongly informed the coding and analysis, I aimed to allow the participants understandings to be drawn out and form their own patterns with as little influence from the initial objective scales used or my own preconceptions as the researcher. I coded inclusively, keeping a little of the surrounding data to maintain context, and coded as many potential themes as possible often coding one extract under multiple themes. Phase three, searching for themes, refocuses the analysis at the broader level of themes rather than codes and involves sorting the different codes into potential themes and collating all the relevant coded data extracts within the identified themes. For instance, in this research, the codes of “familiarity”, “knowing”, “purpose”, and “space” led to a theme of “belonging in place”, and the codes of “communication”, “friends”, and “groups” and “occasions” led to a theme of “interactions” in the community.

Phase four, reviewing themes, involves reviewing and refining the themes. Firstly, reviewing the level of the coded data extracts by re-reading all the collated extracts for each theme and considering whether they appear to form a coherent pattern, and secondly, considering the validity of individual themes in relation to the data set as a whole. The purpose of this is to ascertain whether the themes ‘work’ in relation to the data set and to code any additional data

within themes that has been missed in earlier coding stages. Phase five then involves defining and naming the themes or identifying the essence of what each theme is about. As well as identifying the story that each theme tells it is important to consider how it fits into the broader overall story in relation to the research questions. For this research I have used several sub-themes (themes within a theme) to give structure to the three main overarching themes and to demonstrate the hierarchy of meaning within the data.

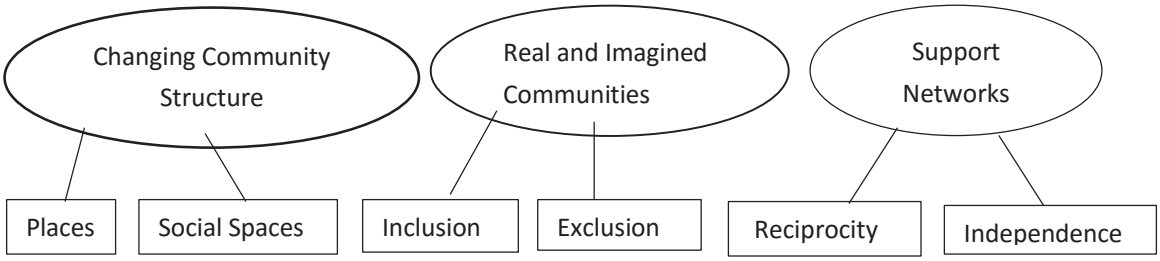

Figure 3: Final thematic map showing final three themes and six subthemes.

Phase six of the Braun and Clarke's (2006) guidelines is producing a report of the analysis. The following chapter consists of the analysis produced through using the above analytic method, details the themes and subthemes mentioned above and argues for their relevance to the research questions posed.

CHAPTER 6

Analysis

The participants identified three main themes in relation to their experiences of living and ageing in their rural communities. Their experiences of the changing nature of their rural community in both the physical places and social spaces for interactions were told through comparisons of rural and urban living revealing a theme of isolation and accessibility. Experiences of inclusion and exclusion told through conversations about knowing and being known, insiders and outsiders, and "real friends" reveal a theme of understandings of community. Experiences of reciprocating aid in the community and maintaining a sense of independence reveal a theme of support (as shown in figure 3).

Part one of this chapter will address the research question: If and how is social isolation experienced by older rural dwelling adults? This question is addressed through a discussion of participants' experiences of social and geographical isolation, accessibility to urban centres and the provision of rural services. Part two of this chapter will address the research question of how different aspects of the rural communities either contribute to or buffer against experiences of social isolation. This section will examine how changes over time in the structure of rural communities have opened up different social identities for older adults which either serve to include or exclude them in their rural community. Part three will address the research question of how these changes to both people and place have affected experiences of living and ageing in place through an analysis of what these changes mean for the participants' ability to remain in their community and age well in place.

Analysis Part 1: The Changing Nature of Rural Places

Part 1 explores older adults' experiences of ageing in a rural place, including the related issues of social isolation and accessibility to urban centres. I argue that the older adults' perceptions of their rural places remain relatively unchanged however the sensation of rural space and

isolation from urban centres has been dissolved by increased accessibility. These changes afford older adults particular opportunities to cope with the increasing frailties associated with ageing while remaining in their rural community by increasing access to services and outside support however I also explore the possible constraints imposed by the rural setting upon older adults' everyday lives. Thus in this chapter I illustrate the potential of rural communities as a setting in which it may be possible for older adults to maintain ageing in place and wellbeing.

The Physical Character of Rural Places

The increased accessibility of urban areas from rural communities and vis-a-versa due to improved road quality and transportation was an overarching theme identified by participants in relation to rural places. Primarily, the participants considered isolation in terms of distance from urban centres and extreme terrain, as something that they and their ancestors experienced in the past and as something that they could experience again as, with advanced age, they became less able to drive. Though participants recognised they were some distance from urban centres and at times had been cut off from major roads by severe flooding or weather events, they did not see themselves as geography isolated, with many noting improved roads and greater access to private vehicles as having diminished their isolation over the years.

Private vehicle was the only mode of transport, besides farm equipment, for travelling between homes and interacting with others. There were no footpaths or cycle lanes and the presence of large stock freight vehicles made walking or cycling on the roads unsafe. The participants were very aware of where, in relation to their own homes, their neighbours lived. However getting there meant driving in a private vehicle which for matters that were considered important was not an obstacle however for purely social visits it was. In addition, despite the fact that all participants were from areas classified as "Rural with a low urban influence" (Statistics New Zealand, 2004), none of the participants considered themselves or their communities to be socially isolated at present. Their accessibility and that of their community to surrounding urban centres was largely constructed through measures of travel time, but travel time was also recognised as relative to distance.

> "I can get in the car and you know were only what? 10 minutes to [the nearest rural centre], 25 minutes to [the nearest satellite urban community]. That's close enough for me. I mean who wants to spend half their life, you know, look at Auckland, you spend an hour and a half in a traffic jam what? To go 15kms. God I can go an hour and I half I can be half way down to [the next region]. Sitting in a bloody traffic jam going know where? Times running out and oh I've got so many things to do and… just burning fuel for going nowhere. I could walk faster to work then they're driving." [Brian, 71]

Brian's comments highlight the fact that accessibility was seen as a relative construct, and that participants' understandings of their location and dwelling place were frequently framed in comparison to more urban places. Brian, in common with the other participants, saw himself as less isolated in his rural place than most inner-city dwelling people - a lack of traffic congestion in rural areas meant he could travel greater distances over shorter times, and this was part of the quality of life which was a feature of rural dwelling.

All of the older adults felt improvements in road quality over the last few decades had rendered what would have been significant geographical barriers such as hills and rivers, non-existent, lessening their feelings of social isolation. Joy draws on this comparison below to describe the progression of road quality that she has experienced in her community historically and what this has meant for the accessibility of her community to a range of outside support.

> "But from then on it became better and better and they, you know, lopped off the corners and sealed the roads and that was what really made a huge difference um so that was ah the dif- and from then on the roads improved, contractors came in to vogue rather than farm workers because, even now when we're shearing there'll be 7 or 8 cars there, everybody comes in a car and they all live in different places and bigger machinery, more people who just contract whereas we used- farm used to just have their own machinery and struggled away, now it's far more contractors coming in to do the work." [Joy, 91]

This increased accessibility not only made urban areas more accessible for rural people but allowed a greater flow between urban dwelling people and rural employment meaning that

people did not necessarily need to live in a rural community in order to work there. Thus improvements in geographical accessibility, also brought with them social changes and greater opportunities for social interaction with others both within rural communities, and between rural and urban communities. According to Joy, this increase in farming contractors has altered the way rural people farm as they are no longer faced with the financial burden of purchasing large machinery, and then struggling to run and maintain it. Farmers can also temporarily employ the services and skills of a contractor to do the work for them. As Peter describes, this contributes to the possibilities for 'ageing in place' with the temporary employment of urban dwelling farm workers enabling farmers to continue working the land at a much older age as the more physically demanding work can be outsourced to more able bodied people:

> P:"[The Contractor] freelances for other people as well so he's marvellous when he comes cause he knows the farm now and I had a knee replacement in 2013 and he was brilliant, came up, he knew all about the farm, he and [my daughter] would liaise and talk and they'd do everything and I just…"
>
> J: "Lorded it [laughs] he lorded it from the couch [laughs again]"
>
> P: "Yeah I had my daily walk you know because if you don't walk- um if you don't use it you'll lose it. So yeah I and um so we've been very lucky, very lucky" [Peter, and Julie, 68]

Peter recognises how lucky he is to be still farming after having to take time off for his knee replacement as without the contractor to help out in his absence the farm would have struggled. Julie's comparison of Peter to a Lord during his recuperation further suggests that his being able to stay on the farm whilst not being able to work on the farm is a privilege that not many are afforded, a notion that will be discussed later in more depth.

This increased geographical accessibility has broken down many of the barriers between urban and rural areas to the point in which there are very few truly remote rural areas in central New Zealand. This makes it a "different sort of community" [Ruth] than the older adults' experienced when they grew up in the area, or first came to the area, and a community that was very different than their ancestors would have experienced:

> "When [my husband's] grandmother was here her parents lived in [a nearby rural community] and they used to travel by horse and buggy. They used to go to town once every six months. You cross the river 22 times… they would go from here to [the neighbouring rural community] and stay the night with the parents. They would go into town and back, do their shopping and come back and stay the night with the parents and then they would come home. When his parents lived here, [my husband's] parents they would go to town once a month because you did get deliveries from the grocers and things. When [my husband] and I first married we used to go once a week. Then when the children were teenagers and had left school they used to travel in to work every day and then if there was something on at night they'd often go down again at night." [Helen, 65]

Helen's excerpt not only demonstrates the progression of transport technology which has, in the participants' life times, had a significant effect on travel, but also the changes in people's lifestyles due to the increased accessibility. When services delivered commodities to rural areas Helen's in-laws went to town only once a month because they could get most of what they needed brought out to them however eventually this accessibility meant that people could procure their own supplies resulting in the cessation of delivery services, and more frequent visits to urban centres. This excerpt also demonstrates the way in which accessibility influences flows and interactions of people, goods and services between rural and urban areas. When accessibility was low and transportation slow, travel was based around obtaining services and supplies. Now that travel is fast, in comparison, and town easily accessible, it is not difficult, particularly for the younger generation to make two trips to town in one day, one for work and another for social engagements, thereby encouraging younger people to stay in rural communities and increasing the possibility of intergenerational encounters.

To surmise, increased accessibility through improved transportation and road quality meant that the rural dwelling older adults of this study considered themselves not to be socially isolated compared to how they had been in the past and significantly less isolated than those who lived in town due to being able to travel further, faster. This increased accessibility was seen as bringing many changes to their rural places, some of which were advantageous, such as

the increase in farm support which allowed them to remain ageing in place on their farms. Discussed in the next section is how the increased accessibility was also seen as disadvantageous as it signalled the closure of many local social spaces and served to increase social isolation among the older adults.

Rural Places as Social Spaces

While dwelling in a rural place was not seen as social isolating, the influx of newcomers to rural communities with changes in labour force, accessibility and new lifestyle developments have influenced how rural places function as social spaces – as sites of social interaction and encounter with others. While many of the changes mentioned previously have resulted in new rural dwellers and increased opportunities for social interaction other changes have inhibited this, including closure of rural schools, halls, and other public venues.

The closure or smaller rural schools was common across all the rural areas studied. As an increasing amount of people living in rural areas travelled in to town for employment, their children also attended school in town causing rural school attendances to drop and eventually become inoperable. For many of the older adults, the local schools and halls were a focal point of their rural communities. The schools created jobs, committees, sports groups and fundraising events that gave the older adults an occasion to interact with others in their community, even those they would not usually socialise with, and the halls provided a large public location at which everyone could gather. When the schools closed, those older adults with ties to the schools often became a part of neighbouring communities whose schools remained open. This was seen as having an isolating affect from their local communities as people became more involved with their neighbouring communities in which their children attended school. This disconnection from the local community was often not regained after the children grew up and left the neighbouring school and even now with adult children many of the older adults still felt that they did not belong to either community anymore.

> "No well you sort of lose the focus of the district once the school and the halls gone the hall wasn't used a lot, people got a icky and thought 'oh no were not using that crummy old hall' but we said we'd keep it open as long as the school was there and then the

> school shut, we decided well no we might as well close the hall… um we've found now, see one of the neighbours she's got a new neighbour moved into a cottage and she said "I wouldn't mind having everyone around to meet them but" she said "I haven't got anywhere big enough to do it" and if you only pick out three or four, people get their nose out of joint cause they're not invited. And sometimes you do have a pot luck tea at somebody's house or somebody's woolshed or whatever, but it's a lot of work to clean up a woolshed to have a social gathering." [Helen, 65]

Here, because there is no public centre of community, and one large enough to involve the whole of the community and all its different social groupings, participants must either hold social gatherings in their homes and only socialise with members of their own group which runs the risk of being selective if not all from the group can fit, or hold a large event in a hall-like premises that most farmers own, a woolshed. As Helen dismays however, a woolshed is not made for the function of holding people and hosting gatherings there can be a huge undertaking for an older adult.

These changes, which are due to newcomers relying on social spaces in urban centres instead of within their own rural community, have meant that the older adults living in these communities must also rely on social spaces in urban centres for social engagements. As all of the older adults who took part in this research were still able to drive, they had not experienced issues around permanent driving cessation. However, they did experience difficulty attending social events at which they intended to consume alcohol as there was no public transport or taxis in their rural areas. Attending social events was also made difficult by the older adults' commitment to their farms. Where most urban dwelling older adults would have either retired or be transitioning into retirement at this age, many of the older adults living in rural areas were still working on their farm full-time which had consequences for their attendance at social engagements, particularly during busy farming seasons. As Peter describes, this is what makes them different from urban dwelling people.

> "One day I went to a meeting, oh that's what we used to do periodically, the guy has left now but he used to have meetings and got guests in and talk about this and that and

> other things and um I went to this particular one and the next morning I went out and here is this particular cow with her head, she was in the bog, trying to push a calf out. And of course the calf was dead and anyhow I ended up losing her and I thought well that's the last time I do that, I'm not going out because I could have saved her if I'd been there the night before, got the calf out and we would have been alright. So it was an expensive meeting" [Peter, 68]

It is not the distance that influences Peter's attendance at social events but rather the unpredictability of when he will be needed on the farm. Unlike urban dwellers who have set working hours, farmers are always on call to tend to their stock. This makes farming more of a lifestyle than a job as it is never really done for the day. For Peter, leaving the farm unattended to attend social engagements elsewhere has meant a loss livestock and money for him in the past. Peter has not yet retired, and like many farmers will not retire until his health and mobility make it necessary, as a result he misses out on regular social interactions with people in and outside his community. For those older adults who had retired, such as James, the distance to urban centres was not a barrier to social engagements but instead allowed the older adults to choose when they feel like socialising and when they do not.

> J: "Sometimes you're out here and you think "oh it's only half an hour up but do I really want to go?" It's not a hardship but you certainly-, the things you want to do you do certainly, the things that are in between, not quite so important, you don't end up doing [laughs] so it's not a hardship, it's not isolated, it's how you feel about it" [James, 73]

Much like geographical isolation, participants felt no more susceptible to social isolation than urban dwelling people. When asked about isolation, Helen in common with the other participants would often associate the term social isolation with loneliness, which like accessibility was framed in relationship to assumptions about urban places and dwellers.

> "I found it such a contrast living in town. You think people in the country are lonely but I think you could be more lonely in a city then what you ever would be in the country. It's just that fallacy that because people aren't just over the fence you don't know them and

> they ignore you but in town people are just over the fence but you don't know them and they ignore you, and that's what I found was hardest in town, yeah." [Helen,65]

According to Helen, the distance between her and her neighbours was not a barrier to interaction with them in her rural community. In fact much like Brian's comparison of rural and urban travel times, Helen perceives urban dwellers to be more at risk of social isolation than her rural dwelling self, due to their close proximity to each other. This suggests that if people live nearby, there is an expectation of interaction with them and when this does not occur it is more socially isolating than if people live further away and do not interact because there is less expectation.

To summarise, the closure of many rural schools and halls served to isolate the older adults as there was no longer a common space to hold social engagements, forcing the older adults to disperse to surrounding rural schools or urban centres for interactions. Also isolating the older adults was their continued commitment to the farming lifestyle which made it difficult for them to leave to attend events, or if retired, gave them an excuse not to leave. Despite this the older adults did not consider themselves to be isolated from their neighbours because there was a decreased expectation of interacting with them regularly compared to the perceived expectations of those who live in urban centres.

To conclude part 1, the physical changes to the rural communities in which the older adults live: the increased accessibility of people, goods, and services to and from urban centres due to increased road and private transport quality, mean that the older adults considered themselves to be less socially isolated than most urban dwelling older adults as they were able to travel by private vehicle further in a shorter amount of time than those living in urban centre. Although the older adults did recognise that the social changes to their rural communities have created barriers to social interaction, the also considered themselves less likely to experience social isolation compared to their urban dwelling counterparts because they have a decreased expectation of social interaction due to living further away from their neighbours.

Analysis Part 2: Belonging to Community

Changes in the social structure of rural communities through farm amalgamation and subdivision, and the arrival of "lifestylers" and commuters, in recent years has meant that the community cohesiveness that once characterised rural communities has diminished. As a consequence of the changing character of rural places, and shifts in their functioning as social spaces, the older adults who have lived in these communities for many years have had to re-define what their community means to them and reposition themselves within the new social structure. The following analysis which draws on the themes of inclusion/exclusion and friendship to give insight into how the social identities available to older adults in these communities can serve to both isolate and connect them with their local community and beyond.

Inclusion and Exclusion – who counts as part of communities

With the increase in accessibility to and from rural areas came an increase in new and transient community dwellers. This change in the community structure created a social dichotomy between two groups of rural dwellers from the perspective of the participants: insiders, those who have lived and plan to live in the community for a long time, own land in the community, and farm that land; and outsiders, typically characterised as having moved to the area recently, rent housing or own a lifestyle block and commute to town for employment and social engagements.

> "I used to be the secretary of the community committee so I had a handle on what was going on in the district most of the time but it's interesting in that probably just before we came here, we came here in the '80s, in the '70s two people from [the local community] worked in [the urban centre] and now probably 80% of people living out here work in [the urban centre]. So we've gone from a purely rural community to a, I guess it's a lifestyle community or whatever, however you um define those things. And um one of the dog issues out here was subdivision. The people around here didn't want lots more people coming out here. So we had issues about subdivision and how much

> subdivision to have and what rules we should have and how many people did we want out here. But in the end it just goes on, you can't stop it." [James, 73]

Here James creates insider and outsider positions within the community made up of those who already live in the community ("we") and those who wish to move into the community ("them"). James positions himself as an insider by demonstrating his knowledge of how the community has changed in the time that he has lived there and through his membership to the local committee dedicated to controlling how many "them" are allowed into the community. Having a sense of control over the community was linked with maintaining knowledge of the community and the people within it which was important for participant's sense of belonging and familiarity of place.

> "There's a few I know that go but um other than that you feel a bit on the outer cause the school mums are that much younger and they've sort of got their own niche of friends so um yeah" [Ruth, 70]

In this excerpt it becomes evident that as the number of younger newcomers in the community grow and form their own groups, the older participants, the insiders, are becoming the minority, the outsiders. Whereas it first seemed that the participants were shunning the newcomers as outsiders, the newcomers may have formed their own insider group which excludes the older members of the community as they have little in common due to age differences. This upsets the participants' sense of security in their community as they becomes less sure of the support networks available to them. This may be problematic to the participants in terms of their ability to age well in their rural community as they become more reliant on others for support but less able to ask for help.

Knowing others as a basis for community

The participants characterised insiders, including themselves, as having an extensive knowledge of the community both physically and socially and as being well known by others in the community. Those with knowledge of the people were seen as providing an important support network for those in need. Having strong familial and farming ties to the land, both of which gave participant an important sense of belonging and decreased ones sense of social isolation,

even if these known others lived some distance away in the district. Knowing the people in the community is a taken for granted ideal about the nature of rural living that has extended for many years. For the participants, the importance of this ideal has not changed but because the majority of their communities now consist of younger newcomers, it has become harder to maintain a sense of community predicated on knowing others and being known in return. James laments an earlier time when neighbours would just help, and join together for social events and good causes:

> "In the community structure that cohesiveness where everybody knew who was going to do what and how everything went is dropping off quite strongly, there's a few of those people left but very few, and now of course most of the people who are out here, even though they've come out for the lifestyle, work in town. So if they're going to do anything, for entertainment or, now that transports so easy, they all go to town you see. It's quite, it's quite different when you came here you could um, the local community would have a project or something to do something down at the sports grounds and you'd just ring a few people up and you'd have 20 people show up to do a working bee… no more, well there's Saturday trading but people just aren't connected here like they used to be." [James, 73]

Knowing who did what and therefore who could help in what way, when needed, was an important part of creating support networks and social interactions within the community. However now that many of the people living in the community have interest and skills outside of the community, this knowledge is ebbing and James' support network and his ability to create support networks for others is also ebbing causing him to feel disconnected from his community. Helen also feels disconnected from her community but also not a member of the neighbouring community which puts her in a difficult position.

> "Um… don't go to the sports days or anything that's happening much in [my neighbouring community], yeah and I'm not a member of [my neighbouring] community and I'm not a member of [the other neighbouring] community really. If I go to an[other

> communities] school thing I don't know any of the children anymore. So you're sort of on the fringe of it" [Helen, 65]

Here Helen recognises that her lack of knowledge of the people, particularly the children, who are part of her neighbouring community means that she is not a member of that community. This does not mean that she cannot attend their social events but her limited knowledge of the people means her interactions at any event there will be limited therefore she tends not to go. However, because Helen's own community does not have its own focal point to initiate social occasions, she must weigh up the options of either accepting her position as outsider at neighbouring community social events or remaining an insider in her own community but with no social interactions. Therefore, while the older adults expressed a sense of disconnection with their rural people and place, they were unlikely to see the decline in social interaction and altruism in their communities as factors which might influence social isolation and their experiences of living and ageing in rural places.

This insider identity was also predicated on familial ties to the community and farming connections to the land. Many of the participants still lived in the houses that their parents, or husband's parents, lived in, and farmed the same land that their ancestors had for generations before. This gave them a greater knowledge of the community and the people in it across time, but only those who had similar insider identity.

> "There's one or two houses that are not lived in but there's a few um that have got people who do their own thing, you don't sort of mix, mix with them cause…. Ah I shouldn't say it cause… they're not farming they're just renting houses so you don't have a lot to do with them." [Peter, 68]

As a farmer, it is pertinent that Peter maintain a knowledge of the other farmers and farming families as this is a source of support and inclusion in his community. However Peter's knowledge of and interaction with those (outsiders) who do not have a knowledge of farming or owning land is limited as they offer little support to him and have little cause to interact with

him. While insider status provided a sense of belonging and security, the declining and ageing 'known' community lessened the possibilities for social interaction and encounters with other who dwelt in the area.

Participants who had lived in the community for many years were both well known in their community and had a good knowledge of their community and therefore a profound sense of belonging and security. This knowledge was also important to them feeling at home and socially connected in their local place. Those who had not lived in the community for long were constructed as neither knowing much about the community nor being well known by their community and therefore did not have the same connection to the community as those who farmed. Being known by others in the community often meant taking on leadership roles within the community on committees or in groups, which then made the participants increasingly well known, whether it be for good reason or bad.

> "If you want something done you have to stand up the front eventually so you build a reputation and it's not always positive, you do get some negative feedback, some people that I've come across that I've never met but they live in the valley, I say who I am and they say errrrrrrr, hahahaha it can be good or bad depending on what side they're on on the issue."[James, 73]

As someone who has lived in his rural community for many years and has an interest in the issues of the community, James became well known in his community for standing up to the changes affecting his rural place. For those insiders who agreed with him and supported his efforts, his reputation was positive. However for those newcomers, even those he did not know, he had a negative reputation. As Joy ages she works hard at social events to make sure that she remains relevant and well known in her community so that she will continue to be a known member of the community and therefore receive support when needed.

> "Oh I talk to everybody, I make sure I talk to everybody [Laughs] I don't want to be forgotten, they'll think I'm not still here [laughs] no I always talk to everybody. We're trained like that, to talk to everybody and if you go to a party get up and talk to everybody, don't just sit around like a balloon" [Joy 91]

This also reassures her sense of security. Being known in the community and having knowledge of the community often come hand in hand therefore by ensuring that she remains known, Joy also makes sure that she is keeping her knowledge of the community up to date. This also reassures her sense of belonging to that her community. As people age and need more support it becomes more important to remain known in the community however as the participants get older their group of 'insiders' is also shrinking making the number of people they can rely on for support smaller. Hence the older adults' preference towards long time stayers like themselves, and their negative assumptions about newcomers, a barrier to social interaction and support.

For some participants however, being known, or being from a known family, in the community can have negative implications for socialising locally and is therefore purposefully minimised.

> "The thing is when you mix with people outside the district there are not all those old issues, you know, old issues, that you get when families like ours have been here for a long time and um yeah so you, your more accepted for the person you are outside the-, rather than the history of that family, do you understand what I mean? There's always little bits of gossip and conflict in a district and some of it can go back quite a long way" [Brian, 71]

In Brian's case, the assumptions about him and his family make it difficult to interact with others in the community as this knowledge is passed on over generations and what was knowledge about is family generations ago is assumed to still be relevant to his local identity. In order to escape these assumptions Brian prefers to socialise outside of his local community where he can have an identity that is not built on decades of rural community knowledge. This suggests that not all knowledge about people in the community is desirable and that there are limitations to the types of knowledge that the people in the community want to, or need to, know about each other. This is discussed further under the subheading Friendship.

Knowing the Place

Those who move from town out to rural communities were often seen by participants as not sharing the same connection to the physical environment and rural place as those with farming

or familial ties and therefore are often seen as not understanding the lifestyle choice that they have made by moving to the country and tend not to stay long.

> "We get these lifestyle blocks now and, you know, you wean the cows and the calves are booing all night, and cows, and then they ring up the council and moan because they've moved into a lifestyle block and they're your next door neighbours. I'm not saying this one here is like that but down in [a neighbouring rural community] there are plenty of instances of lifestyle-, people who come out and want the beautiful peace and quiet of the country, well the ensilage gets fed out or the haylage and it stinks and then they ring up the council and moan" [Brian, 71]

Knowing the farming lifestyle and practices of the rural community is an important part of being considered a member of the community. For participants, this meant newcomers who move to rural communities for the bucolic landscape and quiet need to not only understanding the physical layout of the land but the purpose of the land and the animals as an industry and a livelihood in order to be seen as belonging in the community. For Joy, knowing her community means having a connection with not only the land but the many people who have made their homes in her rural place over the years.

> "I'm very lucky. Ah when I drive around even, I either laugh or feel sad or remember what happened in that house or this house. You know whether someone died there or got sick there or… You know different things like that in the house in the country when I'm going passed and I think "oh" [nostalgically]. So I suppose you get quite a lot of satisfaction and comfort from looking at the past, that's where most of your life is, isn't that what they say when your old [Laughs]" [Joy, 91]

For Joy the community in which she lives contains the memories of her life. They act as visual cues to her past and when she drives her car through her community, she takes a drive through her memories. Her familiarity with these places and what they remind her of are a comfort to Joy, she enjoys remembering these moments from her past and it gives her a great sense of belonging to live amongst them. Here the significance of living and ageing in her rural

community becomes evident, she has lived in her community for so long that it is a part of her. This sense of connection to the physical place, and memories of it, buffer against social isolation as they remind the older adults of interactions past and create an attachment to the place that shields against feelings of isolations.

Friendship

Knowing the people in the community and being known in the community was an important aspect of belonging and feeling secure. However, the people that the older adults considered 'real' friends were more often defined as not living in the same community. 'Real' friends were determined by who the older adults were comfortable confiding in as this requires a quality of relationship predicated on more than proximity. Aside from a couple of older adults who did have close friends living in their rural community, the majority of the older adults felt that they would not confide in other members of their community, as this was something they only did with close friends, despite frequently referring to their neighbours as friends. This reveals a rift in the older adults' sense of community as it becomes evident that other community members do not fill all social needs. As James explains, close friends are based on their history together not their proximity.

> "Yeah I have a close group of friends ah… Some of the people, I mean some of them go right back to my school days, some go to university days and I still see them, I go and visit them, go on holiday once a year… But in the valley itself here I mean there's probably two or three people that I would regularly have contact with, not day to day but you know ring up on the phone or see them downtown or if you need something you know um so yeah but there are a lot of people that you could chat to or talk to on all sorts of things yes." [James, 73]

James' close friends are the ones that he has had life experiences with growing up and who he has kept in contact with over the years. They are a small group of friends that he has refined over the years to include only those he can relate to closely. The people in the community however are a large group of less intimate people that James has no choice in the selection of therefore their interactions are limited to casual chatter. While these interactions are friendly

and supportive they are not seen as constituting real friendships which means there are limited in their ability to buffer against social isolation. Friendly interactions with neighbours may stave off social isolation in the short term however people need long-lasting quality friendships in order to feel fulfilled in life. Ruth attempts to clarify this difference by making the distinction between a neighbourly bond and a personal bond.

> "Oh I don't know if they're that, you know, if were that close that I could confide in them no, not in the neighbourhood I would confide more with my friend in town than neighbours… I don't know them enough to do that yeah. There's not a personal bond there, there's a neighbourly bond I would call it, but not a personal bond hmm." [Ruth, 70]

According to Ruth, sharing a neighbourly bond does not make them your friend. A friend is someone with whom you would confide in and share a personal bond with. A friend does not necessarily live in the same community as the participant but keeps regular contact with them. To reinforce this, when asked if they would confide in their neighbours many of the participants found that they would not and would be uncomfortable if a neighbour confided in them.

> "I don't think I'd like to be confided in because I don't think I'd like to know something about someone that isn't public."[Julie, 68]

Knowing about the people in the community is important for belonging in the community but knowing something that is not known by other members of the community is seen as undesirable. As James suggests, this could be to avoid conflict within the community or to avoid placing the burden of confidentiality on other members of the community.

> "It's a burden on the other person but you judge pretty quick whether they're a person you can do that with and you know those sorts of relationships are important but they're not necessarily built on the locality they're built on experiences so… the ones that I am really close with that I would confide in are not here." [James, 73]

Not burdening, or being a burden to, other members of the community is an important aspect of rural community inclusion and will be discussed in more detail in the following chapter on support. In terms of friendship however, the older adults clearly differentiate between those who should not be burdened and those with whom it is acceptable to share intimate details and discuss personal affairs. What is problematic about this arrangement is that the people with whom the older adults feel they can confide in are not those who live in their community. This serves to further isolate the older adults within their own community while simultaneously maintaining already easily accessible social connections to urban centres, where their 'real' friends live.

To surmise part two of the analysis, the changing social structure of rural communities has created two groups of people in their communities: the older, permanent residents who own land and farm, and the younger generation who tend not to stay long, rent or own a lifestyle block and work in urban centres. Due to the older adult's assumptions about the nature of the younger generation, they rarely socialise with them and consider them not members of the community. As the older adults prefer to only socialise within their own group, which is declining in numbers, they are essentially isolating themselves from the rest of the community. Conversely, as the population of younger generations in rural areas grows, the older adults become the minority and find that they are excluded from others' social engagements.

Therefore older adults living in rural communities were more likely to be socially isolated from interactions within their own rural communities than they were from interactions in urban centres. At present this is not an issue as all older adults were still able to drive to urban centres for interactions. This will potentially become problematic as the older adult's age in place and their ability to travel out of their community for social engagements decreases and they become more reliant on local sources of interaction. While the older adults still had a number of 'real' friends who live in urban centres, as the older adults age in place, their ability to travel to urban centres for face to face interactions with 'real' friend's decreases along with their connections to local interactions which only isolates them further. As will be discussed in part three of the analysis, having fewer social connections and therefore fewer support networks

within a rural community can have significant implications for an older adults' ability to age in place.

Analysis Part 3: Support Networks

Acquiring support is an important aspect of being able to age in rural places as many formal support services, which are required more frequently with age, do not extent to rural areas. This meant that many of the rural dwelling older adults relied on informal support networks from within their community to support them when needed. However, because of this disconnection from the local people the participants' sense of community was based largely on the imagined idea of community in which those in their community, will support them when needed, although they do not see them regularly. This was particularly so in emergencies and times of natural disaster such as flooding and severe storms when they became cut off from urban centres. In such extreme conditions the community do come together and support each other reinforcing the participant's idea of community.

> "There's not as many farming families around now because a lot of them have brought out their neighbours… um and quite a few of the younger ones have a job in town so you only see them, not very often, and we've lost our school and we've lost our hall so there's no centre of community anymore um but you know that they're there and if there was a disaster or something happened you know that they would make themselves available to you which is nice" [Helen, 65]

This suggests a disparity between the older adults perceived level of support and the support that they actually receive, as it is always there in times of emergency and natural disaster such as flooding and severe storms when they become cut off from urban centres. In such extreme conditions the community do come together and support each other reinforcing the idea of rural communities as close-knit, interdependent groups. However for the majority of the year, when the community is not in a state of emergency, the community members rarely interact with each other. According to Brian, when specific support is not needed the older community

members keep their distance from one another, reinforcing new rural ideals of privacy and solitude.

> "Not to say that you don't get on well with them but I don't want to live in their problems, I don't want them to know what I'm doing all of the time." [Brian, 71]

Knowing the community and being known in the community gives more than just a sense of belonging, it also enables a sense of security in the participants. If a participant is known in the community then they can expect to be supported by that community when it is needed. And by knowing the community they are expected to reciprocate that support when others are in need. Because the structure of the rural community has changed significantly this has also affected the support systems that are in place. And as the older adults age in place, the types of support that they require from the community have changed. As participants' need of support becomes more frequent neighbours step back as family become more supportive and means of reciprocating support get more creative as participants become less physically able.

Giving Support

All of the participants stated that they would support their neighbours if asked or if they saw that they were in need however the giving and reciprocating of support in the participant's rural communities were a far more complex social negotiation than initially perceived. Firstly, Peter demonstrates the negotiation of who gets support and from whom.

> "If anyone gets into trouble say if one of us had trouble of the farm that they needed a hand with everybody just drops tools and comes helps each other um so no it's a very, a very good district." [Peter, 68]

Peter begins by expressing that everyone is entitled to help however, much like James' "we" and "them", narrows that to only including people he perceives as insiders, those own land and who are known in the community. Likewise, Joy demonstrates the boundaries of the support she thinks is appropriate to give her neighbours by comparing two people she supports in her community.

> "I just go and ask him where he's been and about the children and I can't hear what he says half the time but I try and make the right remarks [laughs] and ah talk about old times and watch sport and all that sort of thing. I didn't want to get involved in taking him out because he had family, he didn't need me to take him out whereas the other chap didn't have any family around about and needed going out so that was a different setup hmm." [Joy, 91]

According to this excerpt, it is not appropriate to provide certain types of support that a neighbour could be receiving from a family member, such as taking that person on outings, however it is acceptable to provide support in the form of regular conversation and companionship. It is only acceptable to provided support in the form of taking them on outings if they do not have family nearby who can do this for them. This is reflective of the idea of family as the primary caregivers of the aged.

The unspoken, taken for granted rules of this support are often misunderstood or unrecognised by outsiders

> "We had another lady, I think WINZ puts them in there which is unfortunate because I don't think WINZ understands anything about living out here, and she rang the landlord. We were topdressing the land around the house and she rang the landlord and said "there's a plane that keeps flying at the house". Where's she been all her life? I mean she was old with grey hair you'd think she'd know that farmers top dress their land wouldn't you?" [Helen, 65]

The people that are placed in rural communities by external social services such as Work and Income New Zealand (WINZ) were seen by the participants as needing a level of support that is beyond what is acceptable to ask from the rural community. Were these people long time members of the community (insiders) they would be aware. However as both the social services and the people they place, are seen as not knowledgeable of the effect their actions have on the delicate rural community support system, they are positioned as outsiders and therefore even less likely to receive support from the community. This is evident in Helen's recount with the topdressing plane. Because the woman was of a similar age to Helen, she

expects that the woman would have a similar shared knowledge about rural communities that she does however when it becomes evident that she does not, Helens reacts with disbelief. this misunderstanding could be problematic for the participants as they age in their rural communities and require an increasing amount of outside support.

Receiving Support

Providing support for others in the community was something all participants expected however asking for support from others, even from family members, was adamantly avoided if it could be helped

> "Oh well really my neighbours, my immediate neighbours are my family I suppose and of course, although I hate asking for help. That's the worst thing about people and I know that sometimes it causes more problems than it solves, that old people are afraid to ask because they don't want to be a nuisance. And that's a very real feeling with old people but ah oh no I would be sensible, if it was something that I should be asking about I would hmm no, no I sure I would." [Joy, 91]

As participants age they recognise that they will require an increasing amount of support but asking for support from the community too often can endanger ones position in the community as an independent, self-sufficient and therefore contributing member of the community. In order to not appear to be frequently asking for help Joy weighs up the importance of what she needs help with. If not asking will cause more hassle than asking, then she will ask for help, as the goal is to be of as little impediment to others as possible. At the same time this safeguards her identity of independence. In order remain a contributing member of the community, participants must be able to reciprocate the support they have received when it is needed by others as long as the support that is required is temporary and because of extenuating circumstances.

> J: "When he first had his ankle fused then his knee replaced I had to drive him both times."

> P: “And then when you went overseas if I had to go anywhere, [the neighbour], if I had to go back to the surgeon, [the neighbour] would take me. And likewise I drove her when she was having her problems.”
>
> J: “It’s going back to what we were saying before, it’s mucking in with each other, yeah”
>
> P: “Cause her husband had heart problems so he wasn’t allowed to drive so I didn’t hesitate just- yeah… got all my faculties so I can still drive.” [Peter, and Julie, 68]

In concurrence with Joy’s comment above, Peter adds that he only drove his neighbour because her husband was unable to at the time and he was only driven by her in the first place because his wife was overseas. This suggests that if her husband, a family member, had been able to drive, then the responsibility would have fallen to him first. In addition Peter adds at the end that he can still drive now emphasising that the support needed was only temporary and therefore an acceptable request. It is when people in the community need permanent or specialised help, ie. They are wheelchair bound, and the likelihood of that person being able to reciprocate support is diminished that the limitations of the support from the community can be seen. When such permanent care is required the participants also exhibited a sense of responsibility to not be a burden to their family or community.

> “Of my own choosing and without consideration for somebody else’s wellbeing, yes, I would choose to stay here but then you’ve got have consideration for your partner in life and other people around you, family and things like that. You know, sometimes you’ve got to join the real world and it’s not what you want, it’s what’s best for everybody. And that’s the reality of life as you get older, it’s not what you want it’s what’s best for everybody. It’s not just your life, it’s the people you’ve dragged in with the care and your needs.” [Brian, 71]

Here, Brian illustrates the limitations of support that can be provided by the community. It’s ok to ask for help once and a while when needed but when someone cannot be independent and relies too heavily on family and the community for support, then it is time to move to town

where support is provided on a professional rather than obligatory basis. This need for professional support, or avoidance of being a burden, takes precedence over any desire to remain in the community, on the family farm or in the family home and can mean rural dwellers will eventually choose to move to town.

Independence

Maintaining independence was closely related to the participants' ability to drive a motor vehicle. All of the participants were able to drive at least to the nearest urban centre and being able to do this was considered and "imperative" [Brian, 71] when living in a rural community. Not because of a necessity to travel constantly but because participants did not want to be dependent on someone from their family or community to have to take them when they did need to go.

> "Oh well if I couldn't drive I'd probably stop here and be quite happy. I'm, I don't think I'd miss town no. I mean sometimes you've got to go to town for necessities in life like groceries and spare parts and things, yes it would be a handicap but I don't think it's an insurmountable handicap. But I'd hate to be dependent on anyone either so…" [Brian, 71]

For Brian the prospect of being a burden on anyone if he can no longer drive is enough to motivate him to keep his hand in with the driving to ensure that it doesn't happen. For Joy living in her rural community can at times serve to isolate her from the few friends she still has as they are unable to travel to her house to visit her. Many of them are now living in rest homes in the nearest urban centre and are unable to drive and those who can still drive lack the confidence to do so on a rural road.

> "I don't get visitors because nobody- um old people wouldn't come out here it's too far for them to come and up the hill and most of them don't drive and if they do they just go down to the shop." [Joy, 91]

Also Joy's long rural driveway entails a steep incline and zig-zag climb to reach the top which has, for her, been an advantage in helping her practice to keep her driver's licence so that she

can maintain her independence but at the same time it also restricts her friends access to her. Like many of Joy's friends, people who need ongoing care, particularly medical care, are seen as having little choice but to move to an urban setting anyway as outside services to rural areas are once again perceived to fall short

> I: "so do you think it's a good place to grow old?
>
> H: "so far, yes, yes…..well while you've got your health I would say, nothing wrong with it. If you needed ongoing medical things um… you don't necessarily get a lot of support… some of the help they send out is hopeless… and its things like that that make you think well it's a bit of a disadvantage living out in the country yeah" [Helen, 65]

Again outside services are seen as not properly understanding the support needs of people living in rural areas which has created a sense of distrust in the ability of to remain in the community once such support is needed. Moving to town can be seen as a way of maintaining independence

> "They haven't got the open space. I mean I can look out here for miles. I've got a friend who was born in the valley he's lived here all his life. He's now 90 and he's had to retire because-… and he moved to town and now he's on a back section in a nice house with a 6ft high fence, 6ft from the boundary all the way around and all he can see is the sky over the top of the fence. He doesn't like it but ah…. Circumstances… yeah I hope I don't get to that point" [James, 73]

Being able to stay living on the family farm depended on the availability of farm support, usually from a child willing to take over, and the availability of housing on the land. A common occurrence among the participants was the gradual withdrawal from the more physical farm work which could be done by a younger successor to the farm, In favour of more sedentary work such as tractor driving.

> "Well [my husband's] passed doing a lot of the heavy manual work so [my son is] coming on Sunday to finish dagging the Ewes so ah- no anything that he wants doing that [my husband's] not fit to do he's ah, he had a pacemaker a few years ago and he's

> ah, not limited but some things affect him a bit worse than others. The other day he was dagging a few two tooths (one year old sheep) and he must have had his head down too long and got a bit dizzy so ah yeah they're there if we need them so it's good" [Ruth, 70]

This support from family means that participants can stay in their homes and in the community with which they are familiar for longer than they would have otherwise and they can also continue to work to a lesser extent which gives them a continued sense of purpose and independence. For Joy, who is a considerable contributor to the community but not to the family farm, her ability to remain living in her home is seen as dependent on those who do contribute to the farm running, having sufficient housing.

> "Not everybody is lucky enough to have a house- that can stay on in a house because very often in country areas they need the house and it's not suitable to, unless you get a moveable one like [my grandson], it's not suitable to be building for someone who's not producing any work for the farm really." [Joy, 91]

Joy's grandson has set up a temporary home for him and his fiancé so that Joy can stay living in her home for as long as she is able. When she is no longer able to stay in her home, her grandson will inherit it. Joy admits that she feels lucky to have this arrangement with her family because it is not an option for a lot of non-contributing farmers.

To conclude, the older adults in this study had formed a sense of community in which everyone was included and everyone would give and receive support from each other when needed. Which in times of emergency or natural disaster was justified. However, in reality, the community was more often than not, not in a state of emergency and therefore the older adults rarely interacted with those around them in their community. When support was needed the first to be called on was the family. Only in lieu of family could other members of the community be called on for support. To ask for support however meant reciprocating in kind when other members of the community required it. When the need for support was on-going or there is a perceived loss of independence the older adult was then excluded and often moved to an urban centre to receive formal support. The only way an older adult can remain ageing in place in their rural community without being a productive, mobile and contributing

member is with the support of family who also live locally. Luckily for all of the older adults involved they had at least one family member living in their rural community, often on the same farm, with whom they could rely on for support in times of need.

To surmise, part three of the analysis is aimed at answering the research question: how do the characteristics of the rural communities (as outlined in part one and two of the analysis) affect experiences of living and ageing in place. As indicated by the theme of part three the major influence of the community on living and ageing in place was the support networks that it provided for its ageing members. In times of emergency the community provided unconditional support to those in need however if the support needed was on going then it was perceived as the families responsibility to care for the individual not the community. Those who were better known in the community were more likely to receive support due to their 'insider' status however asking for help opened older adults up to the possibility of losing their identity as independent members of the community. Those who asked for help also needed to be able to reciprocate support otherwise they risked being perceived and non-contributing members of the community and therefore classed as an outsider. When this occurred and support from the community was not forthcoming the only way an older adult could remain living in the community was with the support of local family.

CHAPTER 7

Discussion

This research aimed to explore rural older adults' experiences of ageing in place by investigating a) if and how they experience social isolation, b) how different aspect of their community contribute to or acted as buffers against social isolation, and c) how these aspects affect their experiences of living and ageing in place. This was done through semi-structured interviews with adults aged 65 years and over living in rural areas of the Manawatu-Whanganui region classified by Statistics New Zealand (2001) as 'rural with low urban influence'. The interviews were analysed using a social constructionist informed method of thematic analysis which allowed for the identification of three main themes within the interviews: the changing nature of rural places and spaces, real and imagined communities, and support networks.

The first major finding suggests that participant's experiences of social isolation were based on two understandings: one framed in relation to isolation from urban centres and services; the second, shaped in relationship to isolation seen as arising from social interactions both within and outside their rural communities. While geographical isolation centred upon distances to the nearest urban centre was not a feature of participant talk, some of the participants felt some degree of isolation with regard to their interactions within or extending beyond their local community. The second key finding of this thesis suggests that regardless of whether participants stated they experienced social isolation, the participants formed groups within their communities which they did not socialise outside of, isolating them from other members of the community and possible support networks. These groups did however provide the participants with an important sense of belonging and attachment to place which, at present, buffered against experiences of social isolation. And the third significant finding of this research is that the social identities of the participants as members of communities, had significant implications for the level of support that they received from the community which determined their ability to age in place in their rural communities.

Understandings of Social Isolation

The participants of this research had multiple understandings of what constituted social isolation based on their experiences of rural living. This finding alone reinforces the notion of social isolation as a varied and multifaceted experience that definitions and measurements such as those by Nicholson (2008) and Lubben, et al. (2006), do not recognise. As such, attempts to quantify and standardise the phenomenon through these measures need to take into account both the physical and social places in which people live that influence experiences of social isolation at an individual level. This finding suggests that there is a need for further research to build more of an evidence base around what constitutes social isolation, including its effects, underlying mechanisms, the process of disengagement (Victor et al., 2003), and strategies to address it from the perspective of older people (Dickens, Richards, Greaves, & Campbell, 2011).

The participants' first construction of social isolation was based on geographical proximity, and their experiences of accessibility to the nearest urban centres. Increased accessibility through improved roads and transportation meant that long distances could be travelled relatively quickly and rural places were perceived as no longer isolated because of this. The older adults considered themselves to be less socially isolated than their urban dwelling counterparts due to the fact that, given the same amount of time, they could drive further on their rural roads than an urban dweller could on a city street. This construction was based largely on experiences of traffic congestion in large urban centres such as Auckland which the older adults compared to their experiences of driving on the open road. This definition which was largely based around travel time, relative to distance, is reflective of how understandings of social isolation are open to change over time as new technologies and attitudes towards travel make getting from one place to another to connect with others or access services easier, more affordable, and faster. However given that most participants still had access to a car, notions of social isolation based on accessibility might be expected to change with shifts in life circumstances, such a poor health or driving cessation.

The participants also constructed social isolation through their understandings of the 'rural lifestyle'. Because the older adults had lived rurally for the majority of their lives, they did not think of their location or social situation as socially isolating because it lived up to expectations of the rural lifestyle. The participants did not expect to socialise regularly with their neighbours because of the distance between their homes and therefore there was no disappointment when they did not interact regularly. The older adult's perceived urban dwelling older adults as more at risk of experiencing social isolation because their neighbours did live close by and therefore there was an expectation of seeing people regularly. Hence the older adult's constructions of social isolation were based on normative expectations of what constituted regular contact in a rural place. Definitions of isolation which were centred on norms about frequency and the nature of interaction between rural dwellers were also important in shaping an insider/outsider culture. Participants noted that newcomers to rural communities did not stay long because they were perceived as not understanding the rural lifestyle. According to Keating, Eales, and Phillips (2013), newcomers can often find themselves socially isolated as they have moved away from their family and friends, have difficulty connecting with the locals and lack an understanding of the lifestyle choice they have made.

Constructions of social isolation centred upon expectations of the type and frequency of interactions agrees with some definitions proposed in other psychological research (Nicholson, 2008; Howat, et al., 2004; Zunzunegui, et al., 2003) in that frequency of interactions is an important attribute of social isolation. Not only do such definitions vary in agreeance on the exact number or frequency of interactions (or lack thereof) that make a person socially isolated, they also do not take into account how a variety of people, living in different locations, under an array of circumstances, may vary in their perceptions of what constitutes social isolation. This research has demonstrated for example that there may be different understandings of both the form and frequency of interactions in rural and urban places. In addition, rural people are increasingly diversified (Statistics New Zealand, 2008b) and there are major gaps in theoretical understandings of how age-related challenges to social engagement play out at the level of the individual (Cattan et al. 2005; Dickens et al. 2011), particularly for those located within particular 'strands of disadvantage' (Scharf, Phillipson, & Smith, 2005).

Walker, et al. (2013) found no convincing evidence in the literature of higher levels of social isolation, exclusion or loneliness among rural, as compared to urban older people but did acknowledged that older rural people face greater challenges to social engagement than urban dwellers. According to Walker et al. (2013), older rural participants' experiences of ageing were affected by the nature of the challenges faced and styles of coping (Kunzmann 2008). While older rural participants, to some degree, share characteristics related to cohort, place and life course, ultimately every ageing experience is highly individual and contextual.

Therefore, while practice approaches need to be informed by general and categorical understandings they also need to retain the intimacy and flexibility to respond to the individual and the contextual. These findings are in accord with those of Wenger and Burholt (2004) who, in their study on loneliness and isolation among older rural people, stress both the 'highly idiosyncratic' nature of patterns of isolation and the difficulties such personal and private issues pose for intervention design and delivery, especially for a cultural group with such strong norms about privacy, self-reliance and stoic acceptance (Chapman, & Peace, 2008; Goins, & Krout, 2006; Keating , Phillips, 2008; Keating, Swindle and Fletcher 2011; Wenger and Keating 2008).

It is important to note that this study did not set out to prove or disprove hypotheses surrounding the measurement of social isolation or to test theory; rather it sought to generate qualitative data from which a better understanding of social isolation might be developed. The aim of the study then was to ascertain if and how older adults living in rural communities of New Zealand understood social isolation in the context of their own experiences. In demonstrating that differing understandings of social isolation and how they are framed in relation to specific time and place contexts, this research has revealed that social isolation is more nuanced than might be indicated in existing quantitative measures. In a number of cases participants denied they were isolated (referring to geographical isolation and accessibility), but later went on to talk about experiences of isolation in the context of declining social networks and a changed sense of inclusiveness in communities. More importantly is how social isolation, under these definitions, played out in the participants experiences of living and ageing in rural places alongside significant changes in the structure of rural communities in New Zealand.

Belonging in Community

Due to the increase in accessibility, signalling a decrease in social isolation from urban centres, the composition of rural social spaces changed due to an influx of commuters and lifestyle block owners. Less people being employed within the community and more people commuting to urban centres every day for employment, education and social engagements, resulted in the closure of local schools, halls, clubs, and churches which erased all public social facilities within the communities. Gallagher (2012) identified similar modifications in rural Irish society claiming changes in religious practice, increased diversification, economic challenges and individualistic lifestyles have all altered what is held to be of value in Irish rural communities. The closure of churches was particularly noted by participants, and this has both spiritual and social dimensions. Abolfathi Momtaz, et al. (2011) found that religiosity significantly moderates the relationship between social isolation and psychological well-being therefore the closure of many rural churches could have a negative effect on rural older adults' ability to cope with social isolation in their rural communities and be detrimental to their health and wellbeing. From the participant's experiences, the closure of churches and associated halls, meant there were no longer the same community spaces to congregate, nor the same number of social activities centred on these places to engage in.

The second key finding of this research was that the participants had formed social groups within their communities based on those with knowledge of the community (insiders), typically the long-time residents who owned and farmed the land; and those perceived as not having knowledge of the community (outsiders), typically the young commuters who rented land and lifestyle block owners who did not understand the rural lifestyle. Learmonth, Taket, and Hanna (2012) found that the older adults in their study formed their sense of belonging to their community in their childhood and that it stayed with them throughout their lifetime. This provides a reason why those who owned and farmed the land preferred to socialise among themselves. For participants, notions of insiderness were critical to feeling connected to others and the character of their rural locality, providing a strong sense of identity and connectedness (even in the face of infrequent social contact with others). These notions of community were consequently as much idealised constructions as they were real and had a positive role in

identity and wellbeing. However changes in the demography and constitution of rural economies had altered the material expression of community. The negative effects for this included a proportionate and actual decline in numbers of older rural dwellers, thereby limiting the potential for social contact between older residents as the number of insiders was decreasing with age. The loss of knowledge of the people and diminishing social contacts in the face of increased numbers of unknown others who had moved into the community recently or whose lifestyles were not based on farming appeared to have impacted negatively on the participant's sense of belonging to their community.

Nicholson (2008) identifies a lack of a sense of belonging as "…the experience of personal involvement in a system or environment so that person feels themselves to be an integral part of that system or environment" (Hagerty et al. 1992, p. 172). This lack of sense of belonging is one of Nicholson's (2008) attributes of social isolation. As Gallagher (2012) remarks, while some people experience considerable loneliness and lack of fulfilment in their lives, this was not a universal experience of less connected people. Thus, being described as 'less connected' must not be mistaken for being lonely, being dissatisfied with one's life or lacking empathy.

Maintaining a sense of belonging through community membership is an inherent reaction to change (Cacioppo, & Cacioppo, 2014) and was considered an important aspect of ageing in the rural communities I studied, as it was perceived to preserve social inclusion and support networks. However the exclusivity and tightly bounded nature of the participants' communities often meant participants were reluctant to make new connections beyond their social circles, which caused them to instead systematically exclude themselves from many possible social links. Such self-contained, private restricted networks were found by Stephens, et al. (2011) to be negatively related to social support. These network types were also negatively related to mental health outcomes and those embedded in these networks were also more likely to feel lonely. As shrinking social networks have led to increased demands for care and support among elderly individuals, the monitoring of these networks and provision of other forms of support are important.

Cramm and Nieboer (2015) found that informal social networks have become increasingly important for community-dwelling older adults in the context of an aging society. Close friends with whom the older adults maintain long term friendships, based on personal history rather than interaction frequency, did not necessarily live within the same rural community as the older adults but in nearby urban centres. Therefore many of the participants were not isolated from those friendships that provide long-term personal relationships, but were more isolated from those who live around them and provide them with a regular sense of security and belonging. At present the participants did not perceive this as an issue because they were all still able to drive to urban centres for quality interactions however Gallagher (2012) argues that place-based friendships are important contexts for the development of community belonging and personal relationships. Learmouth, Taket, and Hanna (2012) found that feeling valued was an important aspect of ageing in the community for older adults and that this feeling was only achieved by those who had structured social interactions comprising of meaningful relationships. This is concerning as the current research found that many of the participants did not have these types of relationships within their rural communities. These types of relationships would only become more necessary as the older adult's age in place and their ability to travel to urban centres for quality interactions with 'real' friend's decreases.

The second part of the finding that the participants had formed insider social groups within their communities based on those with knowledge of the community, was that the formation of the social groups allowed the participants to form social identities within their communities which also bolstered their sense of belonging and attachment to place and acted as a buffer against social isolation. Although the older adults expressed an increasing sense of disconnection to their rural communities, they were unlikely to see a decline in social interaction and altruism in communities as factors which might influence social isolation and their experiences of living and dwelling in local places. This was due to the social identities and sense of self that belonging to their group granted them within the community which acted as a buffer against social isolation (Wiles, et al., 2009). According to Gallagher (2012), communal interactions and informal relations help to create social and moral worlds where people experience a sense of belonging, involvement and fulfilment. Although social spaces have been

found to be related to well-being among older people, the longitudinal relationship between social spaces and well-being remains poorly understood (Cramm, & Nieboer, 2015).

Another explanation could be high levels of resilience or stoicism found among older rural people (Wells, 2009). This resilience does decrease as one ages however, as the oldest old are more likely to perceive themselves as isolated, than the young old. This may be due to older adults declining friendship relationships as they age (Lauder, Mummery, Jones, & Caperchione, 2006). This may also be due in part to the belief that rural dwellers tend to be more self-reliant. Within the Resilience Scale used in Wells' (2009) study, self-reliance is a measure of resilience. Thus, those with high resilience levels tend to have high levels of self-reliance. Social networks consisting of friends were also found to be correlated with resilience in rural older adults, but not social networks consisting of family. This may have significant repercussions for those who rely solely on family for support as they age however further research is needed to understand the source of the greater feelings of loneliness and the perceived lack of social support that are more common among oldest adults (Cornwell, & Waite, 2009b).

Support and Independence

The participants formed a sense of altruistic community in everyone who was seen as part of that community would give and receive support from each other when needed. In times of emergency or natural disaster this notion was justified. In reality however, the community was not often in a state of emergency and therefore the older adults rarely interacted with those around them in their community, with a number of participants expressing their reluctance to ask for help.

Those who were better known in the community were more likely to receive support due to their 'insider' status, however asking for help opened the participants up to the possibility of losing their identity as independent members of the community. To avoid this perceived loss of independence the participants were careful not to ask to help unless it was necessary and those who asked for help needed to be able to reciprocate support otherwise they risked being perceived and non-contributing members of the community and therefore classed as an outsider. Townsend, Godfrey and Denby (2006) noted that their participants emphasised

reciprocity and caring about others whilst also being careful not to become a burden. Their understandings of ageing well in later life included mutual help and reciprocal relationships, with success seen as the ability to give and receive. Similarly, the findings demonstrate that accepting help is often subject to complex negotiations, and these often included efforts to maintain a balance between giving and receiving. When older people required help from others, the importance of maintaining some equivalence in the exchange relationship was emphasised.

This is an implication of the positive ageing discourse which promotes independence to value self-sufficiency and construct dependence on others as burdensome (Breheny, & Stephens, 2012). This is unfortunate as Gallagher (2012) found that among older adults giving and receiving help and participating in helping activities contributed to satisfaction with life both for givers and receivers. Priorities for social and organisational policies must include support for the many ways older people are able to be involved in their communities and to provide structures necessary to support their preferences. However, a policy focus on the imperative to contribute as a participating citizen can be oppressive and lead to withdrawal from social engagement by those who are the most in need of support to participate. A focus on individual responsibility for active engagement in society, which does not take account of individual circumstances or past contributions, can be harmful (Stephens, Breheny, & Mansvelt, 2015).

The underpinning assumption of ageing in place is that it provides for the maintenance of independence in the community (Mathews, 2012). A consequence of this is the assumption that when an older adult cannot be independent then they cannot age in place in private dwellings. The current study found that when the need for support was on-going, in order to avoid a perceived loss of independence the older adults often moved to an urban centre to receive professional support rather than be a burden on their community. This solution to support provides a comfortable position for those who can afford to purchase professional care. However, those who are unable to sell or afford to relocate (Fraser, et al., 2005) or are without resources (Breheny, Stephens, 2010) are unable to accept unpaid help. As a result retaining autonomy, and continuing to live in one's rural dwelling is difficult without also accepting a position of dependency (Breheny, & Stephens, 2012).

The only way an older adult can remain ageing in place in their rural community without being a productive, mobile and contributing member is with the support of family who also live locally. Luckily for all of the older adults involved they had at least one family member living in their rural community, often on the same farm, with whom they could rely on for support in times of need. This alternative support network constructs having others to provide personal care as a virtue and obligations to provide such care as based on family duty and affection. This emphasises connections between people and a moral obligation to care which also creates difficulties for those who do not have family living locally and those with fewer material resources (Breheny, & Stephens, 2012).

Shimada (2014) found that there are shared factors related to social isolation for elderly living alone and those living with family. This indicates that family support alone is not enough to buffer against social isolation among older adults. Stephens et al. (2011) agree in that while a family restricted network provides opportunities for nurturance, these could also be a demand and this type of support network does not provide any other form of social support. Engagement with others outside one's immediate family however has been found to be a significant source of satisfaction and meaning in life (Gallagher, 2012). This finding highlights the necessity to take steps to prevent social isolation in community dwelling elderly, regardless of household composition. This has negative implications for those older adults who have moved to rural areas to be closer to family in their old age and do not have any other connections in the community (Burholt, & Dobbs, 2012). Therefore the social connections and the support networks that the participants formed as part of their insider status have major repercussions for their ability to live and age in place in their rural community. The analysis has revealed that remaining in rural communities is dictated by the level of support and services participants would be able to receive in their communities and also the extent with which participants felt they could remain in the community, which is predicated on contribution and participation, if they themselves are unable to do this to the extent they might wish.

These finding contribute to the literature on age-friendly rural communities by exploring to what extent rural communities are perceived to be age-friendly by their older residents and whether certain community characteristics tend to be associated with greater (or lesser)

experiences of social isolation. In Australia and Canada where much of the research on age-friendly communities is founded, it is not uncommon in remote areas for the closest community to be several hundred kilometres away. However rural communities in New Zealand may be considered remote when there are no urban centres within 50 kilometres. Moreover there may be considerable diversity in the demography and nature of rural communities, and in the livelihoods of rural dwellers and services available in them. This research has shown the multiple constructions of social isolation, and community which derive from diverse experiences of rural dwellers in the Manawatu-Whanganui region. Even though comparatively speaking New Zealand rural communities are not as geographically isolated, this research has revealed the complexity of understandings of how these communities function as places which enable or mitigate against social isolation.

Limitations

The number of participants that took part in this research mean that care should be taken in generalising the findings across all rural areas, particularly as this research has highlighted the significance of the changing and diverse nature of rural places and economies. As testament to the challenges of rural living in New Zealand, at the time of recruitment the Manawatu-Whaganui region was in a state of emergency due to heavy rainfall and flooding which made recruitment difficult and access to participant impossible. Even in the months after the flooding, farmers were preoccupied with repairing flood damage which meant participants were not forthcoming despite multiple attempts to recruit them through a range of agencies.

The data for this research were drawn from New Zealand's particular social, economic and political context and the findings are localised within this context also. Although participants were recruited only from the Manawatu-Whanganui region, the findings do provide some important insights into the factors which may buffer or prevent social isolation, and they highlight the need to understand the significance of the places and contexts in which people grow old as part of understanding wellbeing. As the participants were all of European/Pakeha descent, more research is needed to examine the experience of other ethnicities. Health, social

economic status and age are also significant factors in experiences of older people in ageing well, and were unable to be explored sufficiently within the scope of this Masters thesis.

In lieu of a nationally recognised measurement of rurality the scale utilised in this research to determine participants initial level of rurality was adopted from the Statistics New Zealand Urban Rural Profile (2004) which is an experimental measurement. Based on population employment rather than population density, this measurement has not been used previously in psychological research. As there is no one internationally recognised measure of rurality, research regarding measures of rurality are rarely comparable outside of their own country however this makes the need for research in rural areas of New Zealand all the more pressing. There is also no one definition of social isolation which makes comparing and compounding information regarding the prevalence, causes, and attributes of the phenomenon difficult. Taking cues from other research on the topic, the definition used to guide this research (Garcia, 2013) was chosen for its applicability to this research in particular, namely its clarification of social isolation as based on the quality of social relationships rather than the number.

The analysis of this research was highly interpretive and comprised of one person's reading and understandings of the data. Due to constraints of time and space, I have had to be selective in choosing which themes to follow and which points to emphasise. My own partiality and interest and experiences of rural dwelling have undoubtedly influenced this.

Further Research

While this research focused on the prominent themes within the data, there were also many less dominant themes that are deserving of analysis. I chose to focus this research on the social characteristics of rural communities as they relate to social isolation however future research could examine more closely the physical characteristics of rural communities such as walkability and housing, or different types of rural communities, dairy as opposed to sheep and beef farming, or bypassed, economically depressed communities compared to bucolic retirement destinations. Also interesting would be further research into the influence of attachment to place on the effects of social isolation, particularly among those older adults who have only

recently moved to their rural communities and may not have established the same level of social support found in the participants of this research.

Future research could seek out data from a wider demographic sample of participants for a clearer picture of the variability that exists in people's constructions of social isolation in different contexts which includes a range of ages, ethnicities, social economic status, gender/sexuality, work status, religious beliefs, etc. Conducting interviews with older adults from different regions within New Zealand, particularly Northland and Gisborne where there is a high proportion of Maori living in rural areas would give more insight in Maori views of social isolation. Also a different research method (for example photo voice or participant journals) could be used to give a more holistic picture of the way people experience and make sense of social isolation.

Self-Reflection

To conclude this discussion I would like to discuss my involvement in the research as both data collector and interpreter, and how my experiences and assumptions may have influenced the findings. Many of the participants were familiar with my family name prior to our meeting due to my family's farming history in the region therefore this may have influenced their decision to take part in the research. Seeing a familiar name on the information sheet may have made people feel more comfortable with taking part in the research.

This prior knowledge could have had both positive and negative implications for the research. Because I was seen by the participants as already having an understanding of rural living, farming practices and community membership, it is possible that participants did not elaborate on certain points as much as they would have with someone who they thought had less of an understanding. This influenced the depth of information gathered during the interviews as people felt less inclined to explain themselves. On the other hand, because I was seen as coming from a farming family and therefore already understanding much of their experiences around rural living, building rapport with the participants was easier, and the insights I derived were informed by my own knowledge of change in and the functioning of rural communities. The participants often asked me questions about my rural community and compared

circumstances such as rainfall, grass growth, and flood recovery. This helped the interviews to be more conversational and relaxed. However, often during the interviews the participants would not finish sentences which could be due to not wanting to say something disagreeable on front of someone whose social circles could overlap with their own.

This disclosure is also important for understanding my interpretation of the research data. I saw many parallels between my community and those the participants inhabited. Despite my attempts to remain impartial, I cannot pretend that my experiences of rural community have not influenced the themes identified in this research, the quotations taken from the interviews or the ones left behind, and my understanding of those quotations in regard to broader social influences. “Researchers cannot free themselves of their theoretical and epistemological commitments and no data is coded in an epistemological vacuum” (Braun, & Clarke, 2006: 83). The researcher always plays an active role in identifying patterns or themes, selecting which are of interest, and reporting them. I also felt a strong affiliation to the participants. As well as being a rural person, I am passionate about the welfare of rural dwelling people therefore this research resonated in me on a personal level.

CHAPTER 8

Conclusion

In conclusion, despite being related to many health issues among older people, the cause, prevalence and interventions for social isolation are relatively unknown due to inconsistencies in the definition of social isolation within and across disciplines. This makes comparing and compiling the information about social isolation difficult as measures and contributing factors vary greatly throughout the literature. Compounding these issues is the fact that many definitions and measures to not take into account individual and locational differences in experiences of social isolation Therefore, this research set out to explore whether social isolation is experienced by older rural dwellers. The findings suggest that the participant were not socially isolated if understandings are based on proximity and access to urban centres, but they were in terms of narrowing circles of social relationships, changes in communities which mean less contact, the decline of existing communities. This research offers a contribution to the literature on social isolation by generating a greater understanding of constructions of social isolation among older adults and makes a case for developing new definitions and measures of social isolation which take into account the different challenges that older rural dwelling adults experience in relation social isolation.

This research then explored some of the aspects of living in a rural place which either contribute to or buffer against experiences of social isolation so as to highlight the complex, multifaceted nature of the phenomenon. What this research found was that the aspects of community that contributed to experiences of social isolation were the decreasing number of insiders living in the community, the older adult's preference to only socialise with other insiders and the increasing number of outsiders living in the community. On the other hand, the selective social groupings, or insider status', were also found to have a buffering effect against social isolation through supporting a sense of belonging and self, despite the fact the

participants rarely interacted with other people from their community. Therefore older adults living in rural areas were more likely to be isolated from their own communities than from urban centres and this had significant consequences for their ability to age in place due to a lack of local support networks. This finding has important implications for the literature on ageing in place and age friendly rural communities by highlighting the characteristics of rural communities which make them good places to grow old and where more work is needed to ensure that rural communities possess all the necessary attributes to make ageing in place a realistic and achievable goal for many New Zealanders.

This research also gives insight into how the decrease in insiders living in the community, the preference to only socialise with other insiders, and the increasing presence of outsiders in the community, dictated the level of social support they will receive from the community. This finding has important implications for health and welfare services providing care for rural dwelling older adults as without local support networks, older adults will rely on professional support services more frequently which, with the growing ageing population, could overwhelm services. It is also important for such services reaching out to rural areas to have an understanding of the nuances of rural support networks and how rural dwelling older adults face different challenges to daily living which may influence social isolation.

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APPENDICES

Appendix A

Older Adults' Experiences of Living in Rural Communities

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my transcript returned to me.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

Appendix B

OLDER ADULTS' EXPERIENCES OF LIVING IN A RURAL COMMUNITY

INFORMATION SHEET

My name is Lucy Lilburn and I am studying for a Master of Science degree in Health Psychology at Massey University.

My research aims to understand the experiences of older people living in different rural communities distant from major towns. I am interested to find out about your experiences of living in your community, whether or not you feel isolated, and the challenges and opportunities provided by growing older in remote and rural places.

I am inviting 15 men and women aged 65 years and over who have lived in a rural area distant from a main urban centre for more than 5 years to participate in this study.

This research is being supervised by Associate Professor Juliana Mansvelt from the School of People, Environment and Planning and Professor Chris Stephens from the School of Psychology at Massey University.

What are you being asked to do?
You are invited to participate in an interview with me. During this interview we will discuss your experiences of living in your rural community.

The interview will be at a location that you have chosen; this can be your home, or other place such as a community centre. The interview will usually last between 1 and 2 hours.
Interviews will be voice recorded so that I can transcribe them after the interview. You have the right to request that the voice recorder be turned off at any point during the interview. You will have the opportunity to make any changes to the interview transcript.

The research will be used to write a Masters thesis in Health Psychology. You will not be identified by name or place in the thesis, scholarly publications, or presentations that arise from this study as I will use pseudonyms. Audio recordings will be destroyed at the end of the research. All material collected will be kept confidential and separate from any identifying data in a secure location. Only my supervisors, Assoc. Prof. Juliana Mansvelt and Prof. Chris Stephens, and I will have access to the data collected. After the completion of the research all data collected for this research will be destroyed.

We welcome any questions you may have on this research. At the completion of the research, everyone who has taken part will be sent a summary of the research findings if they would like.

Your Rights:
You are under no obligation to accept this invitation.
If you decide to participate, you have the right to:

- decline to answer any particular question;
- withdraw from the study at any point prior to or during the interview;
- ask any questions about the study at any time during participation;
- provide information on the understanding that your name will not be used;
- be given access to a summary of the project findings when it is concluded;
- ask for the recorder to be turned off at any time during the interview;

Please consider this information carefully before deciding whether or not you would like to participate. If you would like to participate please contact me, Lucy, using the contact details below. Also if you have any questions or would like to receive further information regarding this research, please feel free to contact me.

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Thank you for your time.
Regards
Lucy Lilburn

This project has been evaluated by peer review and judged to be low risk. Consequently, it has not been reviewed by one of the University's Human Ethics Committees. The researcher(s) named above are responsible for the ethical conduct of this research.
If you have any concerns about the conduct of this research that you wish to raise with someone other than the researcher(s), please contact Dr Brian Finch, Director (Research Ethics), telephone 06 356 9099, extn 86015, e-mail humanethics@massey.ac.nz