Perceptions of relationships by functional older persons living in a residential facility

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Dissertation submitted in partial fulfilment of the requirements for the degree *Magister Artium* in Research Psychology at the Potchefstroom Campus of the North-West University

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Co-Supervisor: J.M. Van Aardt

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PREFACE

The candidate elected to write an article in partial fulfilment of the requirements for the degree Master of Arts in Research Psychology. The article will be submitted to *The Psychology and Ageing Journal*® as the aim and scope of this journal to publish original articles on adult development and ageing fit the research topic of this article. Such original articles include reports of research that may be applied, educational, experimental, bio-behavioural, clinical, psychosocial, or methodological fields. The aim of the article is the exploration of the perceptions of relationships of functional older persons living in a residential facility. Positive relationships provide emotional, social and instrumental care in the lives of older people. The insight gained through this study into the relationships of older people will assist residential facilities and policy makers to promote an environment that will facilitate the development of positive relationships.

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I would like to acknowledge the following, who not only played a role in this study but also influenced my life:

My amazing wife and friend **Kirsten Watkins** for her insight encouragement and faith in me. Thank you for being my straight line in an often formless universe.

My Parents **Piet and Roelien van Tonder** for your consistent support and encouragement, no matter the directions I choose to explore.

Bonnie and **Kay-Dee** for all the love and joy you bring to my life.

Prof. Vera Roos for being an inspiration and example of how one can live life with vigour, excitement and strength, yet be so graceful, kind and encouraging and **Janine van Aardt** for her friendship and assistance.

DEDICATION

I would like to dedicate this research to my son **Joshua Watkins van Tonder**:

always be yourself, dream big and live life!

OPSOMMING

Die studie is deel van 'n groter navorsingsprojek wat uitgevoer was om die lewenstylervarings van mense, 60 jaar en ouer wat binne 'n residensiële fasiliteit woon wat 'n aktiewe verouderingbenadering volg, te ondersoek. Die studie fokus op funksionele ouer mense se persepsies van verhoudings. Die term 'funksionele ouer mense' verwys na mense wat die vermoë het om na hulself om te sien; betrokke is by betekenisvolle kognitiewe en fisieke aktiwiteite; en mobiel is. Aktiewe veroudering behels 'n deurlopende deelname aan kulturele, ekonomiese, spirituele en sosiale aktiwiteite. Vir die navorsingsprojek word verhoudings beskryf as aanhoudende interaksies tussen mense, wat bestaan uit die subjektiewe impak waarop die deelnemende individu verbaal of nie verbal reageer, wat weer 'n reaksie ontlok van die ander. Twee teoretiese raamwerke is gebruik. Eerstens, die Self-Interaksionele Groep Teorie (SIGT) beskryf verhoudings tussen mense as 'n interaksionele dans wat op 'n intra-persoonlike, interpersoonlike asook 'n groepvlak plaasvind. Interpersoonlike interaksies word altyd onderlê deur die breër kulturele, ekonomiese, politiese en sosiale omgewings. Tweedens, die (social convoy model) verduidelik hoe verhoudings ontwikkel tydens die lewenssiklus en hoe dit bydrae tot die welstand van mense. Die navorsing was goedgekeur deur die Health Research Ethics Committee (HREC) van Noordwes Universiteit. Tydens die navorsing het die navorser etiese riglyne gevolg soos deur die Gesondheidsprofessiesraad van South Afrika gestipuleer, gedurende data insameling, analise sowel as verslaggewing. 'n Kwalitatiewe benadering was gebruik om ouer deelnemers se persepsies van verhoudings te verkry. Die navorsing was binne 'n residensiële fasiliteit vir ouer persone in Johannesburg, Gauteng gedoen. Data was ingesamel deur die Mmogo-metode® te gebruik, 'n visuele projektiewe data-insamelingsmetode. In die toepassing van die metode ontvang elke deelnemer 'n stuk klei, gedroogde stokkies en verskillende kleure en grootte kraletjies. Die ongestruktureerde materiaal word gebruik om

visuele voorstellings te bou na aanleiding van die onspesifieke versoek om iets te bou wat

hulle belewenis van hulle lewe as ouer mense binne die residensiële fasiliteit uit te beeld. Die

World Café metode was ook gebruik omrede dit elke deelnemer die geleentheid bied om

aktief deel te neem in die data insameling en die tipe vrae idees stimuleer aangaande

verhoudings binne die residensiële fasiliteit. Albei metodes word in groepsverband uitgevoer

en voorsien visuele sowel as tekstuele data. Tekstuele data wat tydens die World Café

ingesamel is was deur middel van tematiese analise geanaliseer. Die visuele sowel as

tekstuele data wat verkry is tydens die Mmogo-method® was geanaliseer deur gebruik te

maak van Roos and Redelinghuys' se ses-stapmetode. Tydens die metode word die

navorsingskonteks duidelik beskryf en in gedagte gehou regdeur die analise. 'n Empatiese

posisie word ingeneem om oor die betekenisse wat deelnemers aan visuele elemente toeskryf

te reflekteer. Analise beweeg dan na 'n beskrywing van die letterlike waarneming van visuele

elemente. Daarna beskryf die navorser die simboliese betekenis wat deur die deelnemers

voorsien word sowel as die spontane kontekste wat deur deelnemers ter sprake bring word in

verhouding tot hulle visuele voorstellings. Vir die finale stap van die analise doen die

navorser 'n interpretatiewe analise gebaseer op die insigte verkry in die voorafgaande stappe

met die doel om oordraagbare kennis te identifiseer. Vertrouenswaardigheidsriglyne was

gebruik om akkuraatheid van die kwalitatiewe navorsingstudie te verseker. Vier temas het as

bevindinge na vore gekom naamlik: karaktereienskappe van interpersoonlike interaksies,

ontwikkeling van verhoudings, verhoudingsregulasie sowel as hoe verhoudingsinteraksies

behoeftes aanspreek. Die eienskappe van interpersoonlike interaksies sluit die samestelling

van verhoudingsinteraksies in, sowel as die tipes interpersoonlike kontekste soos byvoorbeeld

familie, vriende en lewensmaats asook dat verhoudingsinteraksies op 'n kontinuum plaasvind

met emosionele nabyheid op een punt van die spektrum en emosionele afstand op die ander

punt. Die ontwikkeling van verhoudings hang af van die tydperk wat by die fasiliteit

deurgebring is en hoe die tydperk die ontwikkeling van verhoudings ondersteun sowel as hoe deelnemers diversiteit hanteer. Verhoudingsregulasie was verduidelik as die belangrikheid om interpersoonlike verhoudings te reguleer in 'n geslote en sisteem. Binne die verhoudingsinteraksies word verskeie behoeftes bevredig wat insluit bevestiging, verbondenheid, betekenisvolheid, kameraadskap en ondersteuning wat sosiale, emosionele sowel as instrumentele ondersteuning insluit. In 'n residensiële fasiliteit wat 'n aktiewe verouderingsbenadering volg, word verskeie geleenthede geskep vir funksionele ouer mense om verhoudings in verskillende interpersoonlike kontekste, binne en buite die fasiliteit te ontwikkel en te behou. Net soos alle ander verhoudings, ontwikkel dit oor tyd en hang dit af van mense se voorkeure om verskillend in te skakel. Tog stel die verskeie geleenthede vir interaksie en verskillende sosiale netwerke wat in 'n residensiële fasiliteit bestaan inwoners in staat om verskeie psigososiale behoeftes aan te spreek. Die bevindings van die studie kan residensiële fasiliteite, navorsers en beleidmakers voorsien van beter insig oor die positiewe verhoudings van ouer mense wat binne hierdie fasiliteite woon sowel as hoe om die ontwikkeling van sulke verhoudings te ondersteun. Tekortkominge van die studie is grootliks dat die deelnemers funksionele ouer mense is wie reeds diverse sosiale netwerke het en dat al die deelnemers blanke ouer persone was. Soortgelyke navorsing in residensiële fasiliteite met meer diverse rasprofiele mag resultate voortbring wat meer algemeen toegepas kan word.

Sleutelwoorde: Aktiewe lewenstyl, ouer mense, residensiële fasiliteite, Self-Interaksionele Groepteorie; verhoudings

SUMMARY

This study is part of a broader research project conducted to explore the lifestyle experiences of older people, 60 years and older living in a residential facility that had adopted an active ageing approach. The study focuses on functional older people's perceptions of relationships. The term 'functional older people' refers to people who have the ability to take care of themselves, who are involved in meaningful mental and physical activities and who are mobile. Active ageing includes ongoing participation in cultural, economic spiritual and social activities. Relationships for the purpose of this research are described as continuous interactions between people consisting of the subjective impact to which the participating person reacts and which sets in motion a corresponding reaction from the other. Two theoretical frameworks were used. First, the Self-Interactional Group Theory (SIGT) describes relations between people as an interactional dance that manifest on an intra-personal, interpersonal and group level. Interpersonal interactions are always informed by the broader cultural, economic, political and social environments. Second, the social convoy model explains how relationships develop throughout the life cycle and how they contribute to well-being. The research was approved by the Health Research Ethics Committee (HREC) of the North-West University. The researcher applied ethical guidelines as prescribed by the Health Professions Council of South Africa while the research was being conducted, and during analysis and report writing. A qualitative approach was followed to obtain older participants' perceptions of relationships. The research was conducted in a residential facility for older people in Johannesburg, Gauteng. Data were collected using the Mmogo-method®, a visual projective data-collection method. In applying the method, each participant was provided with a lump of clay, dried grass stalks and different colours and sizes of beads. These unstructured materials were used to construct visual representations, promoted by an open-ended request to construct something that represents experiences of their lives as older

people living in the residential facility. The World Café method was also used because it provides for all participants to take an active part in the data gathering, and the type of questions posed stimulated ideas regarding relationships in the residential facility. Both methods were conducted in a group context and provided textual and visual data. Textual data obtained in the World Café were analysed using thematic analysis (Braun & Clarke, 2006). The visual data and textual data obtained from the Mmogo-method® were analysed using Roos and Redelinghuys's six-step method. For this method the research context is clearly described and kept in mind during analysis. An empathic position is assumed in order to reflect the meanings participants attributed to visual elements. Analysis then moves to a description of the literal observation of the visual elements, following which researchers describe the symbolic meaning provided by the participants and the contexts that are spontaneously introduced by them in relation to their visual representations. In the final step of analysis the researcher provides an interpretive analysis based on insight gained in previous steps, with the aim identifying transferable knowledge. Trustworthy guidelines were applied to ensure rigour in this qualitative research study. Findings revealed four themes, namely: characteristics of interpersonal interactions, development of relationships, relational regulation, and relational interactions' addressing needs. The characteristics of interpersonal interactions included the composition of the relational interactions, types of interpersonal contexts such as family, friends and partners, and also relational interactions that took place on a continuum ranging from emotional distance to closeness. The development of relationships included the amount of time spent in the facility and how the duration facilitates the development of relationships, as well as how people dealt with diversity. Relational regulation was expressed as the importance of regulating interpersonal interactions in a close and bounded system. In the relational interactions different needs were addressed, such as affirmation, connectedness, meaning and sense of purpose, companionship

and support, which included social, emotional and instrumental support. In a residential facility that has adopted an active ageing approach, many opportunities are created for functional older people to develop and maintain and relationships, in and outside the facility and in different interpersonal contexts. As with all other relationships, these develop over time and depend on people's preference to engage differently. However, the many opportunities for interaction and different social networks that exist in a residential setting enable residents to address numerous psychosocial needs. The findings of this study will provide residential facilities, researchers and policy makers with greater insight into these positive relationships for older persons living in these setting and will indicate how to facilitate the development of such relationships. Limitations to the study were mainly that participants were functional older people, who may already have diverse social networks, and that the participants were all white older people. Similar research projects in residential facilities with a more diverse racial profile could provide results that might be applied more generally.

Keywords: Active ageing, older people, relationships, residential facilities, Self-Interactional Group Theory

PERMISSION TO SUBMIT ARTICLE FOR EXAMINATION PURPOSES

The candidate opted to write an article, with the support of his supervisor.

I hereby grant permission that he may submit this article for examination purposes in partial fulfilment of the requirements for the degree Master of Arts in Research Psychology.

———————————

Prof V. Roos

DECLARATION BY RESEARCHER

I **André Rudolf van Tonder** hereby declare that this research manuscript,

Perceptions of relationships by functional older persons living in a residential facility, is

my own effort.

I also declare that all sources used have been referenced and acknowledged.

Furthermore I declare that this dissertation was edited and proofread by a qualified language

editor as prescribed.

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André Rudolf van Tonder

DECLARATION BY LANGUAGE EDITOR

I hereby declare that I have language-edited the manuscript **Perceptions of relationships by functional older persons living in a residential facility** by A.R. van Tonder submitted in partial fulfilment of the requirements for the degree MA Research Psychology

Kareni Bannister *BA (Cape Town), BA (Honours)(Cape Town), MA (Oxf.)*

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BACKGROUND AND LITERATURE REVIEW

This study forms part of a bigger research project that focused on the lifestyle experiences of people aged 60 years and older, and living in a residential care facility in Gauteng, South Africa, which has adopted an active ageing approach. A qualitative research strategy was used to obtain an in-depth understanding of the older residents' lifestyle experiences in this particular setting. Different data collection methods were used, such as the Mmogo-method®, World Café method, in-depth individual interviews, and a focus group discussion. Visual and textual data were obtained and subjected to an inductive analysis. In one study (Tarr, 2014), the different activities in which older people engage and their experiences related to the active involvement in these activities were described. Another study (Zaaiman, 2014) focused on the theme of needs as explained by Maslow's hierarchy need theory, and the Self Determination Theory, which explained growth needs. This study will focus on the perceptions of functional older people's interpersonal relationships in the same residential facility.

Contextualising the Study

This study should be contextualised against the ever increasing growth of national and international population ageing (Apt, 2012; Papalia, Olds, & Feldman, 2009). Population ageing refers to the global shift in distribution of a population towards older ages (Harper, 2011). The numbers of people aged 60 years and older have greatly increased in both developed and developing countries (like South Africa). More than 20 per cent of the world's total population are older than 65 years (UNDESA, 2013; ILC, 2015). In 2011 approximately 8 per cent of South Africa's total population, approximately 54 million persons, were aged over of 60 years (StatsSA, 2015) and it is projected that this figure will increase to 4.8 million, representing 9 per cent of the total population (Marko & Maxim, 2013) in 2015. It is further estimated that 15 per cent of the total South African population will be older than

60 years by 2050 (Marko & Maxim, 2013). South Africa has proportionally the highest population of older people in Africa (StatsSA, 2011); and according to the Populations Reference Bureau (2012), 86 per cent of all older people in Southern Africa reside in South Africa. The South African Social Assistance Amendment Act (Social Assistance Amendment Act 6 of 2008) identifies 60 years as the age at which men and women become eligible for receiving a means-tested age pension.

The increasing number of older people brings with it the need for more long-term care management, with a consequently places a greater focus on residential care facilities (Bekhet, Nakhla, & Zauszniewski, 2009; Donaldson & Goldhaber, 2012). Internationally and nationally there is a growing tendency, specifically among upper-middle class older people, to live in residential care facilities as this arrangement addresses the specific needs of older people regarding issues of safety, and physical and psychosocial needs (Bekhet, et al., 2009; Donaldson, & Goldhaber, 2012; Roos & Zaaiman, in press).

In 2011 nearly 1 million (24 per cent) of the 3.9 million South African people over the age of 60 lived in residential care facilities. Of these older people, 90 per cent were white (StatsSA, 2011; Audit of residential facilities, 2010). After twenty years of democracy the remnants of Apartheid policies of segregation are still observable in residential facilities. The vast majority of these facilities are situated in previously predominantly white areas and continue to accommodate mostly white residents (Audit of residential facilities, 2010).

Residential Facilities

Despite efforts to promote ageing in the community the pressure placed on health systems to provide in the care needs of older people, many throughout the world still prefer to live in residential facilities (Nathan, Wood & Giles-Corti, 2013; Donaldson & Goldhaber, 2012). A residential facility is defined by Victor, Scambler and Bond (2009) as a bounded social system in which older people obtain instrumental, emotional and social support. The

Older Persons Act of South Africa (Older Persons Act, 2006) defines a residential facility as a structure used predominantly for the purposes of providing housing and 24-hour care to older people. The Act categorises residential facilities as follows: Category A – Independent living, Category B – Assisted living, and Category C – Frail care. This particular study will focus on older people living in Category A – Independent living. A residential facility is an establishment which provides care for the older individual in a responsive, thoughtful and considerate environment (Badger et al., 2009).

Older people relocate to residential care facilities for various reasons. Some older people move due to the deterioration of their health, limited financial resources, migration of their children, or death of a spouse (Lee, Wood, & Mackenzie, 2002; Roos, & Malan, 2012). Others move to residential facilities to be closer to friends and to have access to services and facilities that can provide a supportive environment (Bekhet, et al., 2009; Nathan, et al., 2013), with emotional, social and medical support. Since many older people also have an increased risk of developing a variety of age-related diseases, the need for medical support also motivates people to relocate to residential facilities (Hayflick, 2004; Schoenborn & Heyman, 2009). One of the main reasons for relocation includes a decline in mobility, which impacts on people's ability to drive motor cars and consequently limits their ability to obtain medical, social or recreational needs (Clement et al., 2013).

This is especially true for developing countries like South Africa with, a limited public transport infrastructure (ILC 2015). In addition, safety was indicated as a main motivating factor for South African older people in moving into a residential facility (Roos & Zaaiman, in press). Many have described South Africa as a violent society in which older people are often victims of crime (Policastro, Gainey, & Payne, 2015; Roberts, Kivilu, & Davids, 2010). Many older people who can afford it regard residential facilities as a safer alternative than protecting themselves in their own homes (ILC 2015; Roos & Zaaiman, in

press). The older people in this study derived their income from private and state pensions or from investments. Even though Visagie (2013) classifies them as middle class, they have a fixed income, making finances another reason for moving to a residential facility, which is still regarded as a more affordable option than maintaining a house with the financial and physical costs this requires (Clement et al., 2013; ILC 2015; Donaldson & Goldhaber, 2012). However, given the historical past of Apartheid legislation pre-1994, the majority of older people in South Africa today find themselves living in multi-generational households with under-developed infrastructure (StatsSA, 2012).

The focus of this study will be on functional older persons living in a residential facility. 'Functional' refers to people who have the ability to take care of themselves, who are involved in meaningful mental and physical activities, and who are mobile (Aiken, 1995). Webber, Porter and Menec (2010) define mobility as the capability of individuals to move around independently with or without a walking or motorised aid, in their homes, neighbourhood and greater community. Mobility exerts a significant influence on the social interactions of older people, both inside and outside a residential care facility (Groessl et al., 2007; Yeom, Fleury, & Keller, 2008). Limited mobility can hamper involvement in social interactive activities inside the facility, while visits to friends and family outside the facility are ultimately dependent on mobility (Pekmezaris et al., 2013, Yeom, et al., 2008)

Relocating to institutionalised facilities has been identified by research as one of the most significant challenges older people face for the maintenance of relationships or the making of new relationships (Lee et al., 2002). Older people often experience compounding losses that can vary from the loss of physical and intellectual abilities to health and material possessions (Lee et al., 2002). Moving into a residential care facility and the subsequent relocation to a different environment could lead to the loss of contact with friends, relatives and other familiar social networks (Roos & Malan, 2012). The reduction in significant social

networks may contribute to loneliness, which in turn influences the physical and mental health of older people (Roos & Malan, 2012). It is therefore essential that living environments should promote the wellbeing of older persons and create opportunities for engagement in their environment in order to fulfil their physical, spiritual, social and psychological needs (Kleynhans, 2009; Kommel, 1981). Meaningful relationships are identified as one of the essential psychological needs (Deci & Ryan, 2000). The quality of these relationships will have a determining influence on the optimal functioning, social development and well-being of older people (Van Biljon, Nel & Roos, 2015).

Importance of Relationships and Active Ageing

The residential facility in this study implements a policy of active ageing. Active ageing is a global initiative to deal with ageing populations (Stenner, McFarquhar, & Bowling, 2011). According to the World Health Organisation, active ageing includes ongoing participation in cultural, economic spiritual and social activities. Active ageing aims to enhance quality of life for older people by maximising opportunities for health, security and participation (WHO, 2002). The South African Older Persons Act (Older Persons Act, 2006) also proposes that older people should remain in communities as long as possible to contribute to quality of life. Many authors have indicated the positive effects that result when people are socially integrated, connected and included in a community (Gleibs, Haslam, Jones, Haslam, McNeill, & Connolly, 2011); Gorrese & Ruggieri (2013). Evans and Prilleltensky (2007) indicate that it is the relationships between members of a community that will promote individual and collective well-being.

In the broader study carried out the focus was on the whole spectrum of active ageing. Tarr (2014) described the type of activities residential facility residents engaged in, and how older people experienced their involvement. She found that residents participated in various activities, including spiritual, physical, recreational and social. However, participants in that

particular active ageing environment reported that they felt too busy, obliged to participate, and distracted by over-involvement, but also appreciated the positive impact of social contact facilitated by participation (Tarr,2014). Zaaiman (2014) identified that the following psychosocial and growth needs were addressed in the active ageing environment: autonomy, a sense of safety and spiritual needs. In the present study, the focus is on interpersonal relationships and the importance thereof for older persons living in a residential facility.

The active ageing approach also promotes continued involvement in the social environment (WHO, 2002). Rozanova, Keating and Eales (2012) described the social environment as an individual's continuous social interaction and involvement while remaining in a particular society. In a residential facility, the physical proximity between people and communal areas like cafeterias could ideally facilitate social interactions. Spontaneous and arranged social interactions in the residential facility often promote active living (Nathan et al., 2012).

Relationships are important because people are social beings who constantly find themselves in relation to other people and the environment (Suchman, 2006; Watzlawick, Bavelas, & Jackson, 2011). Meaningful relationships with others form over time, and often constitute an important resource in the later life developmental phase (Alea, Ali, & Arneaud, 2012; Ryff, & Singer, 2006; Ryff, Kwan, & Singer, 2001; Springer, Pudrovska, & Hauser, 2011). Studies relating to quality of life (Van Biljon & Roos, in press), successful ageing (Chung & Park, 2008), psychological well-being (Ryff, 1989), and social support (Antonucci, 2001) showed the significance of relationship for older persons.

Positive relationships with others are one of the fundamental characteristics for positive human health and an important contributor to psychological well-being (Ryff, & Singer, 2006). Van Biljon and Roos (in press) identify relationships with others as a vital domain of quality of life for older people. The quality of life of older people revolves around

relationships with family, social interactions and activities with friends, and interaction with staff members in a residential care facility (Farquhar, 1995; Van Biljon & Roos, in press). The quality, proximity and reciprocity of the relationships are factors that contribute to the quality of life of older people living in a residential care facility (Van Biljon, Nel & Roos, 2015).

A direct connection exists between the well-being of older people and the quality of their relationships (Vorster, Roos, & Beukes, 2013). The quality of the relational experience depends on the subjective evaluation of the interpersonal impact between the individual and other people and can be described as effective or ineffective (Brownie & Horstmanshof, 2012; Roos & Malan, 2012; Van Biljon & Roos, 2012; Vorster et al., 2012). Effective relationships are assigned certain relational qualities by Roos and Du Toit (2014) as being empathic, affirming and unconditionally accepting. These relationships are parallel defined and afford individuals the flexibility to move between leading and following roles depending on the context (Roos & Du Toit, 2014). Ryff (1989) characterises meaningful relationships as connections in which people experience fulfilling, sincere and trusting reciprocal relations, and in which people are able to provide compassion, affection, and closeness. Effective relationships with others have the inherent possibility to unlock potential (Preskill, & Catsambas, 2006) and afford older people the opportunity to satisfy their own needs and those of the relationship (Smith-Acuña, 2011). Needs such as conformation, respect and the expression of self are addressed (Roos & Du Toit, 2014; Roos & Malan, 2012) in an effective relationship.

Older people, who interact routinely with others and have the freedom to engage in different interactions, experience less social and emotional loneliness and are subsequently less prone to depression (Roos, & Malan, 2012; Taube, Kristensson, Midlov, Holst, & Jakobsson, 2013). In contrast, less effective relationships lead to psychological discomfort

due to needs not being met (Vorster et al., 2013). Ineffective relationships are characterised by a feeling of distance and disconnectedness (Smith-Acuña, 2011; Vorster et al., 2013). Relationships of older people in residential facilities have been researched by Roos and Malan (2012). Their research found that ineffective interpersonal relationships contributed to social isolation and loneliness. The authors also found that there were very few activities that promoted meaningful interpersonal interactions in an already activity-deprived environment (Roos & Malan, 2012).

Interpersonal interactions are regarded as relationships (Vorster et al., 2013). Over time and with continuous interaction these relationships develop into significant social networks that provide emotional, social and instrumental support to people, and particularly older people (Antonucci, Ajrough, & Birditt, 2013). However, very little is known about how older people living in residential facilities, in which an active ageing approach has been adopted, perceive relationships, since research relating to active ageing often focuses on economic engagement and involvement in physical activities (Boudiny, 2013). Even less is known of this subject in a South African context. Therefore this research will attempt to gain insight into how functional older persons perceive their relationships in a residential facility.

Theoretical Frameworks Explaining Relationships

Two theoretical frameworks will guide this research, namely the Self-Interactional Group Theory (SIGT) (Roos, 2016), and the social convoy model (Kahn & Antonucci, 1980). The effective exploration of relationships of older people living in a residential facility will require a theoretical framework that can explain relationships on several levels. SIGT explains relational interactions on an intra-personal, interpersonal and a group level, while the social convoy model proposed by Kahn and Antonucci (1980) provides a comprehensive model to explain the formation, maintenance and functions of interpersonal relationships in the context of the social network.

Self-Interactional Group Theory (SIGT). This theory provides a framework to describe the relationships of older people in a residential facility, on the intra- and interpersonal levels, and offers a structure to explain relational definitions and relational functions (addressing social goals and psychological needs). SIGT further looks at relationships within a context of the residential facility, and how external environments (political, economic and social) impact on interpersonal relationships (Roos, 2016). Residents' interpersonal interactions often take place in a group setting; this is addressed in the intra- and intergroup activities discussed by the theory.

SIGT regards relationships as the continuous interaction between people who find themselves in an interpersonal context (Watzlawick et al., 2011). The relational interactions between people are described as interconnected, a dynamic exchange of actions and reactions between them (Roos & Du Toit, 2014). SIGT include an intra-personal, interpersonal and group units of analysis. On an intrapersonal level, people experience the subjective impact (emotions or perceptions) connected to the significance and difficulties experienced with the relational interactions (Greenberg & Johnson, 1988; Lazarus, 2006; Vorster et al., 2013). The intra-individual unit of analysis offers an indication of what is taking place in the inter-individual and group units of analysis (Lazarus, 2006).

On the interpersonal level, five descriptors are identified: (1) the interpersonal context; (2) the definition of the relationship; (3) observed behaviour (relational qualities); (4) motivations for the interactions; and (5) the interactional dance between the interacting parties (Roos, 2016); Vorster et al., 2013; Vorster, 2011). In this study the explanation of the interpersonal unit of analysis will be guided by these descriptors in the following manner.

Interpersonal context provides descriptions of those between whom interactions take place (family, friends, staff), where (in or outside the residential facility), and why the interactions take place (social interaction, to provide care). Interpersonal interactions can be

clearly understood only when they are viewed in the context in which they take place (Suchman, 2006). Relational definitions relate to the numerous roles older people assume in their interactions with others. Relational definition focuses on who takes control in the interpersonal interactions. The position of leader and follower is described as complementary, parallel or symmetrical (Roos, 2016). Both individuals in the complementarily defined relationship approve one as the leader and the other as the follower (Watzlawick et al., 2011). In a parallel defined relationship, individuals alternate between the leader and follower positions (Roos & Du Toit, 2014). In a symmetrically-defined relationship, individuals compete for control of the relationship (Jackson, 1965; Swart & Wiehahn, 1979). Relational qualities explain the observable behaviour of people living in a residential facility. Relational qualities include but are not limited to considering the perspective of other people: empathy, unconditional acceptance, congruence, expression of the self, rigidity or flexibility, locus of control and psychological remoteness or closeness (Vorster, 2011). Motivations for the interactions indicate that relationships fulfil specific needs, including sharing knowledge, providing close affiliation, being acknowledge and validated, and resolving interpersonal conflict (Greenberg & Johnson, 1988; Hycner & Jacobs, 1995; Weimann & Daly, 2011). Regarding the interactional dance, relationships are explained as a continual exchange of actions and reactions between people, hence the dance takes place during every interaction older people experience. People have subjective experiences and react to these with a behavioural response. The other party or parties actively involved in the interpersonal interactions respond with a behavioural response in line with their subjective experience and so the actions and reactions continue (Hill, Watson, Rivers & Joyce., 2007). The group unit of analysis encompasses elements of intra- and intergroup activities. Intra-group actions refer to the dynamics evident within the group (Roos & Du Toit, 2014). Intergroup actions deal with the dynamics evident when groups

interact with each other (Stets & Burke, 2000).

Social Convoy Model. The social convoy model of relations provides a framework to explain the personal characteristics (e.g., age, gender, socioeconomic status, race) of older individuals in relationships and the situational characteristics (e.g., role, expectations, standards, values) that impact these relationships. In this study the theory will further inform structure (e.g., scope, configuration, frequency of interaction, geographic closeness), function (e.g., support, care, exchanges of affirmation), and quality (e.g., positive, negative) of the relationships of older people living in residential facilities (Antonucci, et al., 2013). The convoy model of social relations (Antonucci, 2001; Kahn & Antonucci, 1980) suggests that each individual has groups of significant people surrounding them as they move through life; this is called a social convoy. The social convoy will change in structure as the individual's situation and needs change, to provide a continuous exchange of support. The model may be illustrated as three concentric circles indicating three levels of relational closeness: close, closer, closest (Antonucci, et al., 2013). The circles represent important people on different levels of closeness. The inner circle members may be described as people so close and significant to the individual that it is hard to picture life without them. The middle circle is defined as important people who are not as close as people in the inner circle. The outer circle consists of people who are less close, but still important (Antonucci, Akiyama, & Takahashi, 2004).

These convoys are usually made up of family and friends, and the support they provide has a significant influence on an individual throughout his or her life. In turn the convoy is influenced by personal and contextual aspects. In a residential facility age and gender will be personal aspects determining the character of the social convoys, as race no longer play a significant part in the construction of older people's social convoys (Antonucci, et al., 2013; Ajrouch, Antonucci, & Janevic, 2001). Situational aspects influencing older people's social

convoys are the roles, values and norms associated with life in the residential facility (Antonucci, et al., 2001). With age, the structure of social convoy often changes. As the number of people in the convoy decreases, so family ties become more prevalent and represent a greater proportion of the convoy (Birditt & Antonucci, 2007, Antonucci & Akiyama 1987a, McPherson et al., 2006). The quality of support offered and obtained from relationships may also vary with age and affect constructive elements of support such as trust and encouragement, or undesirable elements such as conflict and anxiety (Antonucci et al., 2004; Birditt & Antonucci, 2007). Older people's close convoys of social relationships provide them with different types of support including comfort, respect, care during sickness, a conversation with someone when upset or about their health; the presence of this kind support is a significant predictor of well-being (Antonucci et al., 2013).

Research relating to relationships of older people covers numerous aspects, however very little is known about the relationships of older people in an active ageing environment.

Aim

This study aims to achieve a better understanding of the perceptions of relationships of functional older persons living in a residential care facility. The findings of this study could provide valuable insight into the relationships of older people living in a residential facility in which an active ageing approach is applied. Activities and interventions may then be structured to facilitate the development of relationships that will be able to address the relational gaps experienced by residents in a care facility.

Article Format

The research undertaken in this study will be presented in an article format. This part consisted of the background and literature review. In a second part an article is presented, reporting on how functional older persons perceive relationships in a residential facility (that adopts an active ageing approach). In the final part, a critical reflection will indicate how the

study contributes to the relational experiences of older people in the bounded system of a residential facility.

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MANUSCRIPT FOR EXAMINATION

Perceptions of relationships by functional older persons living in a residential facility

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Abstract

The study explored the perceptions of functional older persons' relationships in an active

ageing environment. Residents in a residential facility, 16 women and 4 men, ranging in age

from 65 to 85 years, with a mean age of 73 participated in the study. A qualitative approach

was used to gather data through the Mmogo-method®, a visual projective data-collection

method, and the World Café method, which makes provision for all participants to be actively

involved in data gathering. Textual data obtained were analysed using thematic analysis, and

visual data obtained from the Mmogo-method® were analysed using a six-step method. The

findings demonstrated that participants perceived that relationship characteristics differ, and

reflected how time facilitates the development of relationships. Findings also reflect the

importance of regulating relationships, and how relationships meet many of the participants'

needs. This study confirms that an active ageing approach is able to provide many

opportunities for functional older people to form, develop and maintain relationships which

address numerous psychosocial needs. The findings of this study may provide residential

facilities, researchers and policy makers with greater insight into these positive relationships

for older persons living in residential facilities as well as indicating how the development of

such relationships can be facilitated

Keywords: Active ageing, older people, relationships, residential facilities, Self-Interactional

Group Theory

Introduction

This study forms part of a bigger research project, which focused on the lifestyle experiences of people 60 years and older, living in a residential facility in Gauteng, South Africa, which adopted an active ageing approach. In the original study, qualitative research was applied to obtain an in-depth understanding of the older residents' life style experiences. Different means were used to collect data, including the Mmogo-Method®, World Café method, individual interviews and a focus group discussion. Visual and textual data were obtained and were inductively analysed. Different themes emerged from the different methods of data collection and were described separately. One of the studies focused on the different activities in which older people engage and their experiences related to their involvement in these activities (Tarr, 2014). Another study focused on the needs of older people by following Maslow's hierarchy need theory, and growth needs by referring to Self Determination Theory (Zaaiman, 2014). In the present study, older people's perceptions of relationships will be the focus.

Relationships and how people perceive them are particularly relevant in a residential facility, which is regarded as a bounded system, because relational experiences are directly linked with quality of lifestyle experiences and psychological well-being (Brownie & Horstmanshof, 2012; Chung & Park, 2008, Fiori, Antonucci, & Cortina, 2006, Ryff, 1989; Ryff & Singer, 2006; Van Biljon & Roos, in press; and Vorster, Roos, & Beukes, 2013). Relationships for the purpose of this research are regarded as continuous interactions between people which consist of the subjective impact to which the participants react which in turn elicits a reaction from the other that can be described as effective or ineffective (Roos & Du Toit, 2014; Roos & Malan, 2012; Roos, 2016; Vorster et al., 2013).

Effective relationships can be a source of care and support (Antonucci, Ajrouch, &

Birditt, 2013), and can also mitigate the experiences of emotional and social loneliness, both factors which contribute to depression (Brownie & Hortsmanshof, 2012; Taube, Kristensson, Midlov, Holst, & Jakobsson, 2013). South African research have described effective relationships as relationships in which the relational definition is perceived as appropriate for the interpersonal context, and characterised by empathy, unconditional regard and congruency. In these relationships older people can express their needs without fear of rejection (Roos & Du Toit, 2014; Van Biljon & Roos, submitted and Vorster, et al., 2013). In contrast, ineffective relationships are those that are subjectively associated with psychological discomfort, feelings of isolation and disconnectedness (Roos & Malan, 2012). Ineffective relationships are described as relationships in which the relational definition is perceived as inappropriate for the interpersonal context, and are characterised by incongruence, judgmental view on other parties' opinions, conditional acceptance, rigidity and an external locus of control. In relationships like these, older people find it extremely difficult to address their needs (Roos, 2016).

Relational experiences of people in a residential facility should be viewed in the context of the increasing rate of ageing globally and in South Africa. The United Nations Department of Economic and Social Affairs (UNDESA, 2013) estimates that by 2050 the number of older people globally could exceed the 2 billion mark, and South Africa has been identified as one of the most rapidly ageing populations in Sub-Saharan Africa (World Population Data Sheet, 2014). It is estimated that by 2030 the number older people may exceed 7 million and that they will constitute 10 per cent of the South African population (StatsSA, 2011, StatsSA, 2015).

Many of these older people will prefer to relocate to residential facilities (Bekhet, Zauszniewski, & Nakhla, 2009; Donaldson & Goldhaber, 2012). A residential facility in South Africa may be defined as a structure serving mainly to provide housing and day and

night care to older persons (Older Persons Act, 2006). These residential facilities are divided into three categories, namely: (A) independent living, (B) assisted living, and (C) frail care (Older Persons Act, 2006), even though not all the categories are available at every residential facility. Reasons why people like to relocate to residential facilities differ and include the following: limited finances to maintain their previous extended households, deteriorating health, loss of relationships (for example, due to children who migrate or the death of a spouse) (Clement et al., 2013; ILC, 2010; Lee, Wood, & Mackenzie, 2002; Roos, & Malan, 2012). In the South African context, research indicated that older people relocate to residential facilities for reasons associated with safety in a country where they are often vulnerable to crime (Roberts, Kivilu, & Davids, 2010; Roos & Zaaiman, submitted). To contextualise this research, it is important to highlight that due to previous Apartheid policies of racial exclusion, people of colour were not allowed access to residential facilities when they aged and consequently these facilities were reserved for (white) people who were financially privileged. Most of the residential facilities were situated in more formal areas and in urbanised provinces such as Gauteng (Audit of residential facilities, 2010, StatsSA, 2015).

Contradictory to the popular view that all older people who relocate to residential facilities are frail, inactive and immobile, many older people still enjoy good health; they are mobile and live life with energy and vitality (Aiken, 1995; Papalia, et al., 2009). Residential facilities therefore often implement an active ageing approach (ILC, 2015). This proposes that older people should remain involved in their communities, and social and recreational activities and encourages older people to alter their behaviour so that they can enjoy well-being and quality of life for as long as possible (Boudiny, 2013; Tarr, 2014, Van Dyk, Lessenich, Denninger, & Richter et al., 2013). However, even though the ideals of active ageing are praiseworthy, the application of this approach may produce some unintended

consequences, such as social exclusion due to restricted finance, a sense of obligation to take part in activities on offer, unfulfilled psychological needs, and a greater emphasis on self- and relational regulation at a time when these abilities may not be as effective as previously (Roos & Zaaiman, in press). The question that remains unanswered by the research findings is: what are the perceptions of relationships by functional older people who live in a residential facility that adopts and active ageing approach?

Two theoretical frameworks will be used to guide this study: the Self-Interactional Group Theory (SIGT) (Roos, 2016) and the social convoy model (Kahn &Antonucci, 1980). SIGT describes relations between people as interconnected and interactional – a dance between the intra-personal, interpersonal and group units of analysis informed by the broader cultural, economic, political and social environments (Roos, 2016). The intra-individual unit of analysis comprises people's subjective experiences, perceptions and emotions connected to the significance and difficulties experienced with the relational interactions (Greenberg & Johnson, 1988; Lazarus, 2006). The intra-individual unit of analysis shows what is happening at the inter-individual and group levels. The inter-individual unit of analysis contains relational descriptors indicated by Vorster (2011) and Roos (2016). These are: (1) the context, a description of whom older people interact with, for what purpose, and whether these interactions take place ins or outside the residential facility; (2) the definition of the relationships, as complementary, parallel, or symmetrical, indicating who assumes the leader and the follower positions in the relationships; (3) the observable behaviour or relational qualities, which include but are not limited to taking others' viewpoints into account, compassion, acceptance, congruence, presentation of the self, flexibility, locus of control and psychological distance or closeness; (4) the motivation or social needs, such acknowledgement, validation, producing kinship, sharing knowledge and solving social conflict (Roos, 2016; Weimann & Daly, 2011); (5) the interactional nature of relationships:

relationships consist of a continuous dance of actions and reactions between people in interaction. SIGT also includes group dynamics consisting of inter- and intra-group dynamics (Stets & Burke, 2000).

The social convoy model can be used to explain how relationships provide social support throughout the human life cycle and in the process contribute to the well-being of the individual (Antonucci, 1985; Kahn & Antonucci, 1980). These relational networks are described as convoys, dynamic in nature and changing as each person meanders through the phases of life. Some of the members of the network will stay, others will leave and new members will join (Antonucci & Akiyama (1987a). Along this life journey, as needs and circumstances change, so does the nature and extent of the social support exchanged with in the convoy (Kahn & Antonucci, 1980). The convoy model of social relationships provides a framework to explain the personal attributes of older individuals in relationships such as their socioeconomic status, race gender and age. Situational features impacting these relationships inside the residential facility include expectations, standards and values. Roos and Zaaiman (in press) identified a group norm of participation as one of these situational features impacting on the residents in this residential facility. The social convoy model will further inform this study of the structure (range, formation, regularity of interaction, geographic proximity), function (care, support and exchanges of affirmation), and quality (positive or negative) of the relationships of older people living in residential facilities.

This study therefore aims to explore the perceptions of relationships by functional older people living a residential facility which adopts an active ageing approach Functional in this regard refers to older people who are able to move freely and who still participate actively in their own interpersonal context as functional older people.

Research Methodology

Research Method and Design

A qualitative research method was followed and an interpretive descriptive research design was used (Sandelowski, 2000). Qualitative research aims to explore a phenomenon in its natural setting and to collect rich data in an attempt to describe, interpret and understand these phenomena (Nieuwenhuis, 2007; Snape & Spences, 2003). In the original study, which focused on the lifestyle experiences of older people living in a residential facility, different data-collection methods were used to address the overall aim, namely the Mmogo-method®, individual interviews, the World Café data-gathering method and a focus group discussion. From this analysis several themes emerged. Tarr (2014) discussed the types of activities in which older people participated and their experiences of being involved. Zaaiman (2014) explored the psychosocial and growth needs of older people living in the residential facility, which included independence, autonomy, social relatedness, as well as the need for a sense of safety and expression of spiritual needs. A theme that particularly emerged in two group sessions (Mmogo-method® and World Café) was relational interactions. Thus only the data that emerged from the two methods involving people in a group setting were chosen for this study. The Mmogo-method® has been described as a data-collection method that is very useful for obtaining relational and group experiences (Roos, 2016), and the World Café, simulates a relational environment in which every research participant has the opportunity to air his or her own views (Brown, 2002; Schieffer, Isaacs, & Gyllenpalm, 2004).

Research Context and Participants

A residential facility situated in a formal urban setting in Gauteng, South Africa was selected for this study. StatsSA (2012) define 'formal urban' as permanent structures erected on land proclaimed as residential, and where services such as roads, water, sanitation and electricity are planned, provided and maintained by a local council. The residential facility is managed by an independent non-profit organisation that owns and manages eight residential

care facilities throughout South Africa. This particular organisation focuses on finding creative ways to address the evolving needs of the senior population. The residential facility studied adopts an active ageing approach and plan activities to encourage the social, physical and mental involvement of their residents (Tarr, 2014; Zaaiman, 2014).

The residents in this particular residential facility consist mainly of White Afrikaans- (90 per cent) and some English-Speaking (10 per cent) people between the ages of 50 and 95. This specific facility is home to over 100 residents, with living arrangement ranging from cottages, where functional residents live on their own or with life partners, to studio apartments and frail-care facilities. The residential facility provides services for a range of older people, from highly active independent individuals to people in need of assisted living and frail care. This study will focus specifically on functional older people living in residential care facilities, and who have the mental and physical abilities to care for themselves, commute on their own and participate in meaningful ways (Aiken, 1995).

A convenience sample (Marshall, 1996) was used to recruit participants for the study. The selection criteria for participation were the following: participants older than 60 years, the age when men and women qualify for a means-tested age pension (Social assistance amendment Act 6 of 2008), and who are functional individuals; older persons who have the cognitive and physical ability to participate in the data-gathering process. The Mmogo-method® had 18 participants (15 women and 3men), the World Café method had 16 participants (13 women and 3 men) aged between 65 and 85 years, with an average age of 73.

Procedure and Ethical Considerations

The director who manages the different residential facilities approached North-West University to study the quality of lifestyle experiences of its residents in a specific residential facility that followed an active ageing approach. The research project was approved by the Human Research Ethics Committee of the North-West University (NWU-00053-10-S1).

Residents were invited to participate in the research process by information posters put up in the residential facility and by the staff. On the day of the data collection an introductory meeting was held with the research team and the relevant staff of the residential facility to provide orientation to all planned research activities and an introduction to the research team. Participants who volunteered to be part of the research (possibly those who in any case participate actively in activities provided by the facility) were introduced to the research team. It was emphasised that residents' participation was voluntary and that if they did not want to participate they were free to leave. Participants were made aware that they were welcome to approach the clinical psychologist who was available during data gathering or the lifestyle consultant of the facility to discuss any uncomfortable experiences related to the research process. Informed consent was then obtained. It was also emphasised that in the course of the Mmogo-method® and World Café method research only partial confidentiality could be ensured because all participants were known to one another. It was emphasised, however, that whatever was discussed as part of these two data collection methods should be regarded as confidential. The researchers undertook to treat the findings as confidential and participants were assured of the right to withdraw from the research at any time without any consequences. Informed consent forms were handed out to each participant to complete and sign. Participants were further assured that pseudonyms would be used for all data analysis and publication of results to protect their identities.

The research project started with the Mmogo-method®. Two groups of 8 participants each completed the Mmogo-method®. Individual interviews were then conducted with 21 residents. To provide more in-depth information the interviews also included older people who had difficulty with mobility. The World Café method took place the following morning with 16 participants divided into four groups. After completion, residents compiled a summary and presented the findings to the management team with the assistance of the

facilitators who had all been trained in the qualitative research.

All conversations were recorded and transcribed to produce textual data. The visual representations generated by participants were photographed, producing visual data.

Data Gathering

Two data-gathering methods that were employed, namely the Mmogo-method® and the World Café method will be used for this study. The Mmogo-method® was chosen because it uses the subjective nature of the participant's frame of reference to gain understanding of relational interactions and relational descriptors (Roos, in press). The World Café method was specifically chosen because it provides all participants with the opportunity to participate in the data gathering (Roos & du Toit, 2014)

Mmogo-method®. The Mmogo-method® is a projective visual data-collection method based on the premise that people are relational beings who will project something of themselves and their own socially constructed contexts in their visual projections (Roos, 2008). The Mmogo method® provides social researchers with a more comprehensive understanding of people's relational and group experiences (Roos, in press).

In applying the method for the study, participants were asked to divide themselves into two groups and to sit around a table. The two groups were hosted in two separate rooms. Each participant was provided with a round cloth, a small container of colourful beads, dried grass stalks of different lengths and thickness, and a ball of clay. They were prompted by the following open-ended request: "*Build something using the materials available to you to tell us more about your life in the residential facility.*" Participants completed their visual representations after about 45 minutes. Each participant was given the opportunity to discuss his or her own representation with the group and the research team (Roos, 2008; Roos, 2016). The group members were asked to join the discussion and to provide their input straight away. This particular method provides the researcher with a deeper understanding of the

individual's personal experiences and collective experiences regarding the relational interactions that are embedded in broader social and cultural environments (Roos, 2012; Roos, 2016). The researchers referred to the visual representations to prompt participants to elaborate on the discussion. The use of unstructured materials, the open-ended prompt and the method of application (Roos, 2016) provided rich data regarding participants' perceptions of interpersonal relationships in the residential facility. Visual and textual data were obtained and analysed by this method.

World Café method. The World Café method was employed to gather data in a group context. Schieffer et al. (2004) and Rich and Brennen (2012) explained that the World Café method involved the division of the group into smaller groups of four to eight members each. This method is conducted in a context that seeks to create a café-like atmosphere that is informal and relaxed and in which every participant can freely share his or her thoughts and opinions. Rich and Brennen (2012) found that the World Café method was an effective data-gathering instrument for research involving a large group of people sharing their opinions in a participative manner. For this data-collection process participants were assigned random numbers from one to four, and asked to gather at the table with the same number as the one allocated to them - the tables were numbered from one to four. The 18 participants formed four groups. Each group was assigned a researcher, trained in the World Café method, to facilitate the group discussion and accompanying activities in collaboration with an older person designated by the group. The small groups sat around the table on which a blank A2 sheet served as a tablecloth. Colourful stationery and refreshments were provided. The purpose of the World Café method is to involve every participant in making a contribution stimulated by a specific question by drawing or writing something on the paper. The groups took part simultaneously in the activities; each group addressed a different question. When the round of activities had been completed at one table, the presenters and hosts rotated,

taking the cloth with the completed contributions to the following table to begin the next activity. This was done to reduce the need for older participants to move from table to table. By the end of four rounds the groups had all participated in each of the four activities. A participant designated by members of each of the groups moved from table to table with the researcher trained in the World Café method to ensure continuity.

Four questions were asked to stimulate the discussion. The first three questions were specifically framed to encourage participants to describe situations or meaningful relationships. This kind of questioning was found to deliver rich data from participants (Roos & Du Toit, 2014). The last question was constructed with Gilbert's (2006) assumption in mind, namely that people often reconstruct the future on the foundation of their current knowledge and experiences. The questions that were posed to each group was: "*Write or draw something that is meaningful in your life*", "*Draw people with whom you have special relationships*", "*Draw something that shows how the environment looks where you take part in activities*" and lastly, "*Imagine your children coming to this residential facility. How you would like it to be for them*?"

Rich and Brennan (2010) found this to be an effective data-gathering method for obtaining perceptions regarding different aspects of people's lives in a short period of time. After each group had been given the opportunity to discuss each of the questions and the representative had noted their responses, the sheets of paper with their drawings were put up on the wall. The representatives in turn gave feedback on the group discussions regarding the different questions to all the participants and researchers combined in one group. Participants could ask questions for clarification and shed more light on areas as they saw fit. The World Café discussions were recorded by digital recorders for verbatim transcription by the researchers and for use in the data analysis process. This study will focus on the requests "*Write or draw something that is meaningful in your life*" and "*Draw people with whom you*

have special relationships". Only the textual data obtained from the discussions were analysed because the visual data (drawings) were used only to represent a constructed meaning from the group and did not have meaning in themselves.

Data Analysis

The textual data obtained throughout the course of the Mmogo-method® and the World Café method were analysed thematically and the visual data obtained from the Mmogo-method® were analysed using Roos and Redelinghuys's six-step method.

Textual data analysis. An inductive process was followed to gather participants' the perceptions of their relationships (Nieuwenhuis, 2007). The following phases of thematic analysis suggested by Braun and Clarke (2013) guided the data analysis: (1) Becoming familiar with the data. During this phase audio recordings of the interviews were listened to a number of times and verbatim transcriptions were read repeatedly to become familiar with the content and to start formulating ideas. (2) Generating initial codes by taking sections of text, labelling them and organising them into categories in a way that would enable later analysis of the data (Babbie, 2007). Data were organised into meaningful groups that become salient during phase one, and were colour coded on the transcribed data sets. (3) Searching for themes. Codes were grouped into themes which were arranged in a mind map, paying attention to codes that linked to the research question. (4) Reviewing themes. Some themes from Phase 3 were now grouped together and some less important themes fell away. Data were re-read to ascertain whether themes represented data adequately. (5) Defining and naming themes. Each theme was defined and explained. Themes were not necessarily dependent on quantifiable measures, but because the codes captured something of importance in view of the research question themes emerged and were identified (Braun & Clarke, 2006). (6) Producing the report. The report provided evidence of the themes that emerged and related the analysis to the research question and literature review. The visual data produced

by the participants were used during the report writing to elaborate on themes identified during data analysis.

Visual data analysis. The visual with textual data obtained from the Mmogo-method® were analysed using Roos and Redelinghuys's (2016) six-step method. The research context, including the research question, the selection of participants and the data-gathering methods, is regarded as the first step in data analysis and the researcher needs to keep the context in mind in every following step of data analysis. In the second step the researcher assumes an empathic position towards the data; the data are analysed from the participants' perspective, the researcher reflects closely what the participants have said as well as the meanings they attributed to visual elements. The third step entails providing a description of the literal observation of the visual elements. This step involves providing a narrative description of the visual elements explaining the placement, form, materials used and relations to other elements. In step four the researcher describes the symbolic meaning provided by the participants; researchers do not draw their own conclusions regarding meanings attributed to visual elements. The subjective meanings and descriptions provided by participants are captured in this step. During step five contexts introduced by the participants are described. Contexts that are spontaneously introduced by participants to explain or inform their visual elements are important and could include experimental, political, historical environmental and socio-cultural context. The sixth and final step entails an interpretive analysis by the researcher based on insight gained in previous steps with the aim of identifying transferrable knowledge.

<div align="center">

Trustworthiness

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The rigour of a qualitative study should be ensured without forfeiting the relevance of the research (Krefting, 1991). The model suggested by Guba was used to ensure trustworthiness of the qualitative research process (Shenton, 2004). According to this model

the following four aspects are addressed: credibility, transferability, dependability and confirmability (Krefting, 1991).

Credibility was enhanced by the merging of multiple viewpoints to provide shared confirmation of data, and to confirm that all aspects of the phenomenon had been explored this is referred to as crystallisation, according to Ellingson (2007). In this study multiple groups of participants took part in the research, maximising the range of data contributing to the understanding of the perceptions of relationships of functional older people in a residential facility. The data were collected by a group of researchers rather than by a single researcher; this facilitated a diversity of perspectives on the research, enhancing its credibility by investigator crystallisation (Krefting, 1991, Tracy, 2010). Different forms of member checking were also employed in this study, with the researchers constantly confirming that they had understood the meaning of what the participants in the study had communicated (Krefting, 1991, Tracy, 2010). In the World Café method member checking involved the host's informing each group about the previous group's contribution. The groups then elaborated, confirmed or modified their shared experience (Ellingson, 2007; Tracy, 2010). When the World Café method had concluded, the hosts gave feedback to the participants and researchers. In the course of the discussion participants and researchers agreed on the major themes. Peer review took place as a number of qualitative researchers were involved in the data gathering, analysis and interpretation processes of this research study. By involving various researchers, bias was limited, as advocated for crystallisation and by the Guba model of trustworthiness (Tracy, 2010; Krefting, 1991).

Transferability refers to the degree to which knowledge obtained from the results can be generalised to other contexts (Keating & Phillips, 2008). The responsibility for transferability remains with the researcher who wishes to apply knowledge to another context (Krefting, 1991, Tracy, 2010). The researcher aims to improve transferability by offering

comprehensive descriptions of the research context and participants to allow for knowledge to be transferred to other contexts (Keating & Phillips, 2008).

Dependability refers to whether the findings would be consistent if the research were to be repeated with the same participants, using the same method and in a similar context (Shenton, 2004). Kreftling (1991) indicates that the code-recode procedure improves dependability. This procedure works as follows: data were analysed and coded; two weeks later the same segment of data is recoded and compared with the initial coding; and lastly peer review of the research process continues to the completion of the research process, thereby addressing yet another aspect of dependability (Krefting, 1991). This procedure was followed in the study.

Confirmability of the research was ensured by using multiple data sources, and using a team of researchers rather that a single researcher (Ellingson, 2007).

Findings

The main themes that emerged from the data are presented in Table 1. In the findings, participants who participated in the Mmogo-method® will be named M1 to M18, and in the World Café method for the two questions used participants will be named WA1to WA16 and WB1to WB16.

Table 1.

Findings: Interpersonal Relationships

Characteristics of interpersonal interactions	
Composition	
Types of interpersonal contexts	Family
	Friend (inside and outside)
	Partner relationships
	Emotional Distance/ Closeness
Development of relationships	
Length of stay in facility	
Potential to deal with diversity	
Relational regulation	
Relational interactions address needs	
Affirmation	
Connectedness	
Meaning and a sense of purpose	
Companionship	
Support (social, emotional, instrumental)	

Characteristics of Interpersonal Interactions

Interpersonal interactions can take place in one-on-one interactions or in groups, inside and/or outside the residential facility, and between friends, family and acquaintances.

Composition. Participants mentioned that they interacted either on an individual level or as part of small or larger groups. For instance, participants referred to the organised group activities in which they were involved: "*We are fourteen house committee members*

(M18). This is where we get to know one another well, and we get along well (M2)." Smaller group interactions take place between a few people, explained by Participant M16: "*Three o'clock we go walk for five kilometres. There's three of us*". One-on-one interactions included close friends but also partners, as mentioned by Participant M10: "*We're quite loners my husband and I.*"

      Types of interpersonal contexts. Relational interactions took place in different types of interpersonal contexts, for example in a family context, between friends and between partners. Interactions with family members were mentioned by numerous participants, but are summed up by WA9 as follows: *"Your family includes many people."* For this participant, as for many others, it was important "*to be close to them because the closeness brings love into your heart*". This closeness is associated with positive emotions.

      Friends provide another type of interpersonal context in which participants interact. Participant WA10 said: *"You need your friends, your buddies, many buddies."* The participants in this study indicated that they had friends in and outside the facility and this is clear from a quote by Participant M3: "*I have many friends inside the facility and I have many friends outside the facility, mine are both inside and outside",* and confirmed by Participant WA7: *"And then most certainly the people, my friends, outside and inside the facility."*

      Participant M11 provides a beautiful illustration of the type of a partner-relationship (see Figure 1). In her discussion of her visual representations she highlights the reality that many older people do not have their partners any longer. She regards herself as privileged to still have a partner. In her visual representation she describes a very intimate partner relationship: "*We are joined at the hip, I can't live without him.*"
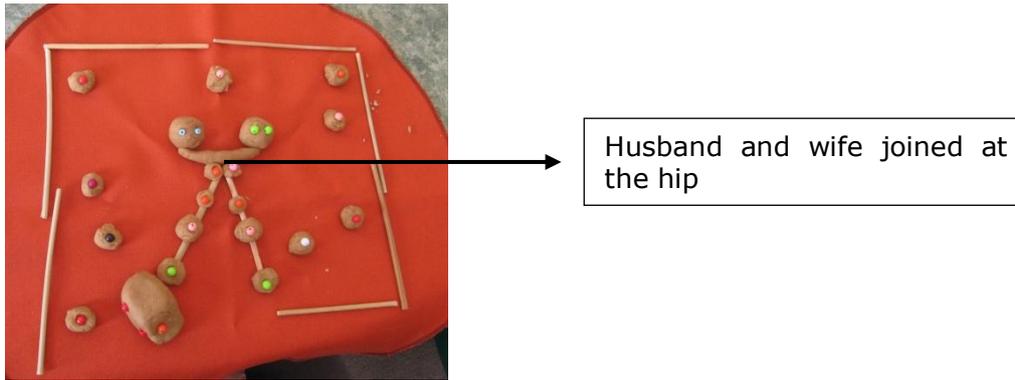
Husband and wife joined at the hip

Figure 1. An illustration of an intimate interpersonal context

Emotional distance and closeness. Residents described relational interactions on a continuum of emotional distance and closeness qualified by the level of importance associated with the relationship. Some people were considered closer and more valued than others because they were subjectively regarded as more important. Participant WB2 indicated that her family was the most important and closest to her: *"So my husband, my grandchildren, my children are the most important to me at this moment."* The closeness was accentuated by Participant WA3: *"Some are more important than others. Some are closer to me. I have a different relationship with each one of my friends.* A description by Participant M17 illustrated how she graded relationships from close to more distant by saying: *"They're friend, they're neighbours, they're strangers, I don't know you, don't know you but we're all together and sharing something.*

Development of Relationships

Length of stay in facility. Participants described the development of their relationships in relation to the length of their stay in the residential facility. Residents who had relocated there recently stated that they knew only a few people (Participant M6). However, despite her short stay the facility one participant mentioned that she was "*slowly but surely getting to know people"*. Similarly, people who had been in the facility for a longer time described many relational interactions with friends which varied in terms of intimacy. Participant M17 said: *"I have met a lot of very true friends. I've been here for four*

and a half years and I don't think there's anybody here that I haven't spoken to, that I

haven't mixed with, that I haven't been out with."

This finding, however, should be interpreted with caution since not all older people

have the same need for relational interactions and may have a smaller network of people with

whom they engage on a continuum of closer to more distant, or no interaction at all. For

example, in the following quotes participants indicated their preference for alone-time as

well. Participant WA2 and M2 expressed this type of relational interaction as an *"own*

space" or *"you do need some space apart from others* ".

Group activities appear to facilitate the development of relationships because they

were organised around a specific goal of involving people which in turn served as a platform

from which they could engage with other people. This is illustrated by Participant M18: *"The*

house committee where we get to know", or by being involved in the choir "*... the singing*

and [making] *jaffles help you to get to know people"* [Participant M8].

Potential to deal with diversity. The development of relationships also depends on

people's potential to deal with differences which could result in conflict. One resident

(Participant M7) mentioned that he simply avoided conflict when it arose. *"If someone*

doesn't treat you well and you feel they don't behave correctly towards you as a person, then

you can just switch off. Then you forget about it." Participant M17 mentioned that she

openly retorted when faced with conflict: "*I was walking along a passage one day with my*

little dog and he says the passage is not for dogs, [and] *I said nor for pigs."* Resolving the

conflict was offered as a strategy by participant M17: *"If they want to fight with me then they*

must just say, 'I don't like you', then we make up again."

The potential to accommodate people's diverse needs in a confined space is also

demonstrated by a participant who describes his consideration for other people. *"I want to be*

quiet in the mornings with my radio because I am going to disturb the neighbours or

something, you know" [Participant M8]. This participant typically took the perspective of

other people and adjusted his own behaviour to accommodate them.

Relational Regulation

Participants expressed the importance of regulating their own interpersonal

interactions. Participants and M15 and WA4 explain:

> *"You can participate in whatever which is very good or you can stay by*
>
> *yourself, it is completely up to you, whether you want to do things or*
>
> *whether you can stay in your room and be quiet..."* and *"Sometimes you*
>
> *can go for days and you ... don't see anybody."*

Participant M7 made a visual representation of a water tap, explaining

the availability of choice in interpersonal interactions: *"When you open the tap*

you can participate in many activities inside and outside the residential facility,

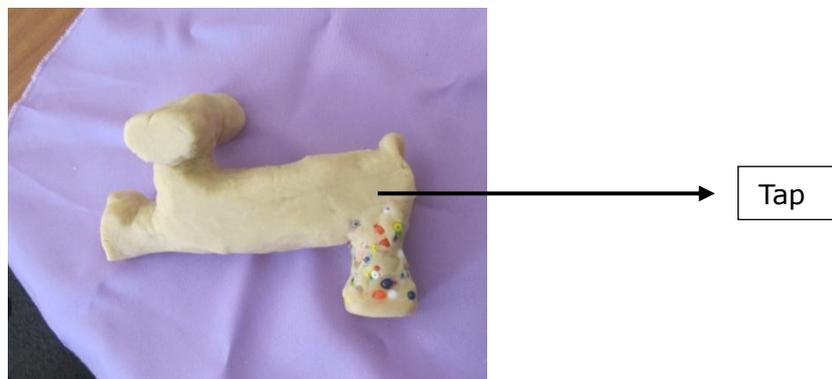*the family is with the tap, when you open it every one is there..."*

Figure 2. An illustration of a tap, indicating choice to interact or not to interact

Relational Interactions Address Needs

Residents mentioned that their interpersonal relationships and the diversity of

personal interactions provided a platform from which various interpersonal needs could be

met. Within the residential facility older people identified specific needs such as affirmation

emotional, social and instrumental support in relation to other residents in the facility and

other acquaintances.

Affirmation. Participants viewed their interpersonal relationships as giving them a sense of acknowledgement, and affirmation. Affirmation is a desire to be noticed and to feel meaningful in the world because of an importance within relationships. Participants 2 and 15 described how they "*greet everyone*" by "*waving and greeting*". In this way interpersonal relationships addressed people's need for acknowledgement. Participant M1 also mentioned: "*Yes, but even if you just go there and walk past their office, then 'hello'. They just chat for a few minutes.*"

Connectedness. Participants mentioned a need for connectedness that transcends physical proximity. Participant WA12 said: "*I've got a granddaughter. I think our minds are linked. We do the same thing at the same time. We think of the same people at the same time. She'll phone me and half an hour later give me hell because she couldn't get through on my phone, because I was busy trying to get hold of her; you know that sort of thing*". Participant WB4 also alluded to this connectedness by saying: "*I like to give hugs. It is important and I send my children a* [sic] *SMS every day* [with a message such as] *have a nice day, lots of hugs and kisses, lovies*". Reaching out to others was mentioned as a requirement for remaining connected, as expressed by this resident (M4): "*Do you know how it feels when I don't have that support, if I don't reach out to people. And they don't reach out to me, then I go into a depression, I don't want that, I am so scared of becoming depressed*". Connectedness centred on participants' realisation that there are many links between them, others and the groups they are a part of.

Meaning and purpose. Participants saw their relational interactions as a means of possessing a sense of meaning and purpose. A common goal was referred to by most participants to give meaning to their relational interactions. Participant M1 explains: "*But I have a friend, it's our ladies over 60 from church, we bake and reach out.*" Participating in

activities contributes to a sense of being a part of a bigger whole which in turn contributes to a sense of belonging. Acquiring meaning through activities within interpersonal relationships was described by participant M15: *"I am quite busy and I love it, I love it. As long as I can, I will do it!"*

Having meaning also included a desire to have an impact in relationships, and to feel as though their own existence made a difference to the other. Giving to others gave individuals this meaning, through devoting time to another, acts of service and reaching out. This created awareness of being a part of a larger whole. Participant M2 stated: *"I am on the house committee. We pour tea for all the functions and this morning we had a funeral and we bake pancakes...".* Similarly, participant M13 said: *"If people are ill then I like to just walk in there and I believe no one will stop me, I knock and say can I come in, yes, then I walk in and see I am not welcome and then you chat a short while, touch the hand and then I run away again."*

Companionship. The need for fellowship and togetherness is met through the interpersonal relationships of residents. The participants viewed their relationships as a buffer against loneliness and isolation. Participant M1 illustrated this in her visual representation (Figure 3), which she explained as follows; *"I have built a lot of people. Companionship, it is important; I think I can speak just for myself and everybody else. There's nothing worse in this world than loneliness. That's true. We all know that."*

Group of people experiencing companionship

Figure 3. An illustration of companionship

Support (emotional, social and instrumental). Several participants spoke of how interpersonal relationships met their need for support. The supportive needs expressed by participants were considered within an interpersonal context and can be expressed as a need to receive or give support. Participants mentioned support on two levels which they regarded as important to them, one being emotional and the other physical support. The majority of residents mentioned their need for emotional support and how their relationships offered emotional support. They spoke of compassion and companionship with regard to difficult feelings, expressed within the context of losses experienced; bad news received; experiences of health or other problems, and feeling low. Participant M1 described how when *"you have a problem or received bad news, you can always go to your friend and receive care"*, which might contribute to new *"strength"* and *"enrichment"*. Participant M1 also mentioned how knowing there were friends that care was important: *"They can see you are not okay, they will never send you away. It means so much. Everyone cares for you."*

Another participant spoke about how the reciprocal nature of support in interpersonal relationships mean that you were provided with the opportunities to be supported and also to support others on an emotional level, such as participant WA8, who added: *"You carry and pray for them and you know and believe that people can stand together and help one another. That's my opinion."* Participants WA3 and M1 mentioned how friends were a source of important support: *"We got friends we can talk to and friends who will be there to help you"*, and: *"If you have a sore heart problem or you received bad news, you can always go to your friends and you get support there"*. Participant M15 said: *"...I know everybody is there for me"*.

Besides emotional support residents also viewed their relationships as a source of physical/instrumental support at times. Their relationships offered this support which enabled and eased day-to-day living. Physical support was also offered by participants: " …

will give you a lift" (Participant M14) and "*renting wheelchairs out.* " Support was expressed in the sense of a helping hand when it has been a difficult day, described by participant WA11, who said *"that I don't have, or sometimes I don't have the strength to pick up that cup with the tea in. Then I need someone's help. And it happens, those things are heavy.*" Showing support for one another's circumstances and challenges was also mentioned, for example by Participant M4: *"My husband died two months ago, and at this stage I am very sad over his death, and yet in this time of his sickness and death I had everyone around me to support and encourage me, even though at times I felt alone, there were always people around me to support me with the friendship they offered."*

Discussion

The findings of this study confirmed those of many others on the relevance of significant relationships in older people's lives. This study confirmed that different types of interpersonal interactions are associated with the subjective assessment of closeness or distance in the relationship. The more important the relationship, the closer it was perceived to be. Using the social convoy model to explain the findings, it was confirmed that older people's social networks vary in terms of their composition, ranging from small to broader networks (Antonucci & Akiyama, 1987a) and depending on their importance. The social convoy model proposes that networks consist of three concentric circles: the inner circle comprises close family and friends, who are very important, while the other two circles include people who are also significant but not as close or important as the individuals in the inner circle (Antonucci, Akiyama, & Takahashni, 2004). In these social networks, according to Antonucci (2009), older people are provided with much needed emotional, physical and social support. The current study found that partner relationships were particularly valued and appreciated by residents who still had partners (Charles & Piazza, 2007), since they were aware that many people lose partners and other relationships in old age. The importance of

relationships was also associated with the needs they address in interpersonal interactions. Support was one of the needs identified by older persons as having been addressed by their relationships. Fuller-Iglesias, Webster and Antonucci (2015) and Luong, Charles and Fingerman (2011) concur that social networks provide continuous social, emotional and instrumental support.

The findings should be interpreted by keeping in mind the composition of group of people who participated in the research. They still functioned independently, attached more value to satisfying their intangible psychological needs (higher order needs, following Maslow, 1943) than to physical or instrumental needs (lower needs in the hierarchy) because they did not rely on others for that kind of support. Participants identified the following psychosocial needs that were addressed by their interpersonal relationships: affirmation, connection, companionship, and meaning and purpose. Older people had a basic need to be recognised and confirmed (Roos, in press). Affirmation is the desire to be noticed as meaningful in the world as a result of being important in a relationship. I t is one of the elements that contribute to relational well-being (Vorster, 2011; Vorster, Roos, & Beukes, 2013). The need to be connected to a convoy member transcended physical proximity. Residents wanted to be connected to friends and family inside and outside the residential facility to feel part of a bigger whole. Contact with family and friends keeps older people connected (Wilkinson et al., 2011). Connectedness is "the ultimate expression of human existence that comes from within and determines how people engage in the world" (Register & Herman, 2010, p. 58). Being connected to friends, family and the community is critical for the quality of life of older people living in a residential facility (Clooney et al., 2012). Relationships generate a sense of belonging to a bigger whole, thus providing participants with a sense of meaning and purpose; the need to belong is a basic human motivation (Clooney et al., 2012; Godfrey, Townsend & Denby, 2004). Companionship was another

need addressed by interpersonal relationships. The residents indicated that the connections they experienced in the relationships were a safeguard against loneliness. This is confirmed by the research of Roos & Malan (2012), Brownie & Hortsmanshof (2012), and Taube, et al., (2013). Furthermore, given their level of mobility and functional potential the participants in the study could choose with whom, when, where and how, whether in or outside the facility, they would like to interact with; this may not necessarily be the case when older people are frail or immobile.

In line with other research, relationships formed over time, and the longer people stayed in the residential facility the more people they knew, with the potential for developing connectedness and companionship (Roos, in press). In an active ageing environment relational interactions with a variety of people are also possible through organised group activities, particularly if the aim is to achieve a specific goal (Tomioka, Kurumatani, & Hosoi, 2015). Participation in interactive group activities can facilitate the formation and development of relationships in a residential care facility (Cooney et al., 2014). One aspect that could jeopardise the development or maintenance of relational interactions in a confined space such as a residential facility is the relational qualities of unconditional acceptance as well as having respect for the worth and rights of other people's uniqueness or differences (Roos, 2016). If these qualities are lacking and people are not able to take the perspective of the other person or group with whom they are communicating when dealing with differences, conflict may arise. Resolving interpersonal conflict is a critical social goal (Wiemann & Daly, 2011), because unresolved interpersonal conflict in relationships could have a negative influence on the individual (Antonucci, Akiyama, & Takahashi, 2004). In this study, effective and ineffective strategies were applied to deal with conflict (Luong, Charles, & Fingerman, 2011). These findings could provide lifestyle consultants or managers of residential facilities with suggestions for introducing life skills programmes to assist residents in dealing with

conflict effectively. People live in close proximity in the residential facility and continuous interaction with staff and other residents is inevitable. This is even more so in an active ageing environment in which people are encouraged to be involved almost all the time (Roos & Zaaiman, in press). Residents have the need and desire to control their interpersonal interaction with others in the residential facility. Relational regulation is important for residents, who have to steer themselves in relation to others in an attempt fulfil their own relational needs (Steyn, 2015).

Implication of Findings and Limitations

This study found that an active ageing environment provides people with the opportunity to participate in many activities that facilitate interpersonal interaction. These interactions lead to the formation, development and maintenance of social network relationships. These relationships were found to address numerous psychosocial needs as well as the need for emotional, social and instrumental support. The findings of this study could provide residential facilities, researchers and policy makers with greater insight into positive relationships for older persons living in residential facilities. The findings first identify the characteristics of the interpersonal interactions that facilitate the formation, development and maintenance of social network relationships. The characteristics thus identified may be used to test an existing programme of activities to determine whether it could lead to the development of relationships. New activities could be developed by taking these characteristics into consideration. Knowledge of the development path of relationships could assist residential facilities to become aware of potential obstacles along the development path; an inability to deal with diversity could be one such. Time spent in the residential facility has been identified as one of the factors that influence the development of positive relationships. Taking this into consideration, especially in an active ageing environment in which relationships are constantly being formed, special care should be given

to new residents to ensure they receive the necessary support to integrate them. This study could assist residential facilities to gain an awareness of the possible effects of well planned and well managed interactional activities. Active ageing environments provide many opportunities for interaction, and accordingly residential facilities should be aware of the need for relational regulation in these settings to prevent withdrawal and isolation if older people do not possess the necessary relational regulation skills.

Future research projects could explore the relationships of functioning older people as well as those of mobile people in an active ageing environment.

The first limitation of this study was that the participants were all functional older people, and involved in the activities provided by the active ageing environment. In all probability these participants already possessed the ability and skills to form and maintain relationships with more ease than other residents. The social network relationships of the residents who participated in the study could already have been diverse, thus facilitating the fulfilment of many psychosocial needs. Participants with good relational skills would have been especially comfortable with the data-gathering techniques used in this study, namely the Mmogo-method® and the World Café method. Both methods required interpersonal interaction. It would be interesting to explore the perceptions of older people who are not as comfortable with activities that involve interpersonal interaction. A second limitation of this study was that all the participants were white, thus reducing the general applicability of the results, which relate more to older people living in developed western countries than in developing countries like South Africa. Similar research projects in residential facilities with a more diverse racial profile could provide results that might be applied more generally.

Conclusion

In the context of an ever growing ageing population, and of the increased pressure this will place on the resources of residential facilities in the future, positive relationships could

play a significant role in addressing psychosocial needs that contribute to the well-being and quality of life of older people. Emotional, social and instrumental support is obtained through social network relationships. Positive relationships are a valuable resource for older persons, residential facilities and for policy makers nationally and internationally. Activities that promote the formation, development and maintenance of positive relationships could provide the key to improved quality of life for many older people across the globe.

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CRITICAL REFLECTION

This study explored the perceptions of relationships of functional older people living in a residential facility that adopted an active ageing approach. Literature on relationships has identified positive relationships as one of the domains of quality of life (Van Biljon & Roos, 2015), and key to psychological well-being (Ryff, 1995) and successful ageing (Chung & Park, 2008). The social convoy model describes how relationships develop and change across the lifespan, and how close relationships with friends and family can provide emotional, instrumental and social support (Antonucci, Ajrouch, & Birditt, 2013). In particular, older people in residential facilities stated how effective relational interactions enabled them to express and fulfil their needs (Roos & Du Toit, 2014). Effective relationships have further been identified as providing a buffer against emotional and social loneliness, which could lead to depression in older people living in residential facilities (Brownie & Hortsmanshof, 2012; Taube, Kristensson, Midlov, Holst, & Jakobsson, 2013). In contrast, older people with ineffective relational interactions are more prone to experience loneliness in residential facilities (Roos & Malan, 2012). These relational interactions are also a significant stressor for older people and could cause a breakdown in social convoys, and have a detrimental effect on emotional, social and instrumental support (Antonucci, Ajrouch, & Birditt, 2013).

Theoretical frameworks that describe relational interactions from an interactional perspective are limited but one theory applied in this study is the Self-Interactional Group Theory (SIGT), developed by Roos (in press). SIGT explains the interactive nature of interpersonal relationship, and provides insight into intra-individual and inter-individual units of analysis. Relational definitions, relational qualities and psychosocial needs are described in terms of the inter-individual unit of analysis. The intra- and inter-group dynamics are also

addressed by this theory. Interpersonal interaction always takes place within a specific relational context, influenced by the larger economical political and socio-cultural environments. The Self-Interactional Group Theory provided this study with a framework for understanding the relational interactions of older people living in a residential facility. The theory's description of social relationships was insufficient for the purposes of this study, hence the social convoy model of Kahn andAntonucci (1980) was used to supplement the theoretical framework. The study makes a contribution to literature relating to relationships in an active-ageing environment in South Africa.

In residential facilities that follow an active ageing approach, residents are provided with opportunities to be involved in social, economic, cultural, and spiritual affairs that not only enhance the quality of older people's lifestyles (WHO, 2002) but also keep them involved in social, communal and recreational activities. This environment provided residents with the opportunity to participate in a variety of social situations, facilitating a wide range of interpersonal interactions. These interactions assisted residents to form new friendships and to build these into significant social convoy relationships, providing emotional, instrumental and social support (Cooney et al., 2014, Antonucci, Ajrough, & Birditt, 2013). The formation of new relationships is especially significant for people at this life stage, during which the loss of friends and family is prevalent (Luong, Charles, & Fingerman, 2011). In an active ageing environment residents were able to participate in an array of interpersonal interactions in many different interpersonal contexts, thus promoting the formation and maintenance of a diverse social network (Luong, Charles & Fingerman, 2011, Clooney et al., 2014; Antonucci, Ajrough & Birditt, 2013). A diverse social network is better able than restricted networks to address interpersonal need. The residents were able to address several interpersonal needs, such as affirmation, connection, meaning and purpose, companionship and support. Each of these plays a significant role in the well-being and

quality of life of older people (Luong, Charles & Fingerman, 2011, Clooney et al., 2014, Antonucci, Ajrough & Birditt, 2013). The advantages of an active ageing approach cannot be denied, however. Roos and Zaaiman (2015) indicated some challenges an active ageing environment posed: threats to autonomy and independence, feeling obliged to participate, and self- and relational regulation to such an extent that it led to needs not being met. Frail older persons constitute another challenge to the active ageing approach. They are very often excluded from participation or might feel pressured to participate, especially in an environment in which participation is the norm (Stenner et al., 2010). Activities included in an active ageing environment for frail older persons should not be physically straining, but promote adaptability, facilitate the maintenance of significant network relationships and eliminate structural obstructions linked to age or dependency (Boudiny, 2013).

Two qualitative data-gathering methods were used to explore the relationships of older people living in a residential facility. These were the Mmogo-method®, a projective visual research method, and the World Café method, a participatory actions research method. The use of two data-gathering instruments provided rich data and improved the trustworthiness of the study. Both methods make use of group activities and rely on interpersonal interaction; this could have an influence on the results as participants would likely be comfortable with interpersonal interactions. Utilising a different method of sampling and a different data -gathering technique, such as individual interviews, could address this possible limitation.

It is recommended that further research on specific activities that focus on the formation and development of significant convoy relations could assist older people to deal with loss of significant convoy members. Research should also be done to determine the effectiveness of these activities.

Some limitations were identified relating to this study. First, all the participants were

functional older people who were active participants in many of the activities that promoted

the formation and maintenance of interpersonal relationships. A broader perspective might

have been obtained if less active residents' perceptions of relationships had also been

obtained. Both data-gathering techniques used in this study, namely the Mmogo-method®

and the World Café method, required interpersonal interaction. Antonucci, Akiyama and

Takahashi (2004) indicated that people who develop good attachment relationships early in

life form and maintain relationships with more ease later in life than people who did not. It is

possible that the residents who participated in the study possessed the ability and skills

needed to form and maintain relationships with more ease than other residents. This could

have made them comfortable about participating in data-gathering activities that involve

interpersonal interaction. It would be interesting to explore the perceptions of older people

who are not as comfortable with activities that involve interpersonal interaction. Another

limitation was that even though the study was undertaken in South Africa, all participants

were White people, who constitute the minority of older people. The majority of older people

in South Africa are community based, but not much research or intervention has been

undertaken regarding social support networks.

Conclusion

This study addressed a specific gap in the literature exploring interpersonal

relationships with in an active ageing environment. The research identified the characteristics

of interpersonal interactions that facilitate the development of positive relationships.

Elements that influenced the development of positive relationships, and the needs these

relationships address, were identified by this research. This study's contribution to literature

in the field of gerontology is that it provides residential facilities and policy makers with

information needed to evaluate current interactional activities, and to guide the development

of new activities. Facilitating the development of positive relationship through activities will

provide older persons with a diverse social network of relationships by addressing numerous psychosocial needs and providing emotional, social and instrumental support, thus ensuring well-being and quality of life for the older persons in these relationships.

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