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Emotional Geographies of Home: Place Identities Among Senior Women Residing in a Long-Term Care Facility

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Graduate Program in Geography

A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts

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Emotional Geographies of Home: Place Identities Among Senior Women Residing in
a Long-Term Care Facility

(Spine title: Place Identities of Home)

Monograph

by

Malgorzata Milczarek

Graduate Program in Geography

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario, Canada
December, 2012

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THE UNIVERSITY OF WESTERN ONTARIO
School of Graduate and Postdoctoral Studies

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**Emotional Geographies of Home: Place Identities Among Senior
Women Residing in a Long-Term Care Facility**

is accepted in partial fulfillment of the
requirements for the degree of
Master of Arts Degree

Date

Chair of the Thesis Examination Board

Abstract

This research aimed to document the meanings and identities attached to the concept of ‘home’ among older women residing in long-term care. The study is based upon semi-structured, open-ended interviews with eleven senior women who reside at a long-term care home in The City of London, Ontario. This study contributes towards theoretical and methodological debates by combining critical humanism, feminism and the newly developing body of work called ‘emotional geographies’ in its approach. Along with the interview, the novel method of using the body as an ‘instrument of research’ is utilized (Longhurst, 2008). The methodology allows for ‘emotional spaces’ occupied by the participants to be revealed and documented. Findings problematize and provide nuance to previous studies about ‘home’. In particular, my findings demonstrate that *spatialities*, *temporalities*, *boundaries*, *tension*, and *paradox* need to be considered when theorizing, and more importantly, legislating ‘home’ into public policy. The landscape of the long-term care home is identified to be located simultaneously and paradoxically ‘elsewhere’ – it is displaced from the concrete walls of the long-term care institution – while being closely tied to the concept of a changing and fluid body. The findings contribute to social theory about the experience of place, while having practical implications for policymakers, managers of long-term care facilities and senior citizens.

Keywords

home, bodies, emotional geography, place meanings, temporalities and spatialities, long-term care

Dedication

I dedicate this thesis to my family. In particular, I extend deep gratitude to my sister. Ewa I would like to Thank You for always being there for me. I appreciate all your love, support and encouragement. You are the main 'rock' in life that I can always count on. Know that I am always there for you too. I love you and Thank You. This is for you and my little niece Mylo. Love you both.

Acknowledgments

First and foremost, this thesis and the findings that are shared below would not be possible without the women who agreed to participate in this process. Though I cannot name all of you individually, I would like you to know that I appreciate your openness, willingness to share personal information, memories, life histories, sorrows, joys, thoughts, meanings and experiences. I am aware that our discussions, at times, may have been difficult. Home is a difficult concept to talk about in the best of circumstances. However, your willingness to become vulnerable and share experiences and meanings with someone who you barely knew was remarkable. I would like all of you to know that I appreciate your help with this project. Next, I would like to Thank my supervisor, Dr. Jeff Hopkins. You said to me that a ‘good thesis’ is a thesis that allows a student to grow. I would like you to know that this process has allowed me to grow, not only academically, but also personally. Yes, I hope that I have ‘mastered’ the material. But more importantly, I hope that today I am also a better feminist, a more sensitive emotional geographer, a stronger woman and a more understanding individual. Your encouragement, support and guidance have been invaluable. Thank You for insisting that education remain a process that cultivates personal development. My development throughout this process would not be possible without the support of the entire Department of Geography. In particular, I would like to Thank Dr. Dodson, Dr. Richmond, Dr. Arku, Dr. Baxter, Dr. Gilliland, Dr. Ashmore, Dr. Shrubsole, Dr. Smart, Dr. Smith, Dr. Folch-Serra, Dr. Parr, Dr. Bezner-Kerr, and Dr. Bjorklund. You all have taught me invaluable lessons both inside and outside of the classroom. I would also like to Thank the departmental staff. Thank You Lori Johnson, Caroline Majeau, Joe Smrekar, Angelica Lucaci and Barbara Thomas. Your assistance has been indispensable. I appreciate all the assistance and support I received at the long-term care home where I did my research. Thank You to Cheryl Gilmour, Kim Pollock and all the staff. You opened doors to landscapes of care that otherwise would have remained shut. I would also like to Thank the Ontario Graduate Scholarship and the Social Science and Humanities Research Council for funding. Last, but not least, I would like to Thank all my fellow graduate students in the department. This has been an incredible experience and I am glad we shared it together. Thanks for scholarly discussions, theoretical debates, exchange of ideas, Speaker Series, Geo Coffees, good times spent together, nights out, camping trips, or simply sitting around in the

lunchroom. All of you contributed to this great experience. However, I would like to name a few individuals. **Kassandra Kulmann Thank You** for being an amazing friend and an incredible gym buddy. I know I can always count on you for support, encouragement, and I want you to know that you exemplify the meaning of perseverance. **Karen Ross** you are one extraordinary woman. You are the epitome of strength and softness. Thank You for always making the time to listen, chat, support and encourage me in this process. Yours is a true, sweet, and caring heart. **Mr. Spencer Barnes Thank You** for being a wonderful Co-President of the GeoGrad Society. We faced many challenges together, but I always knew that any task we worked on would be a success. You are an incredibly dependable, knowledgeable and supportive individual. **Gabrielle Rickman** I would also like to Thank You for support throughout this process. Thank You for listening, encouraging, and always caring. I would like to say my final Thank You to some individuals in my year. Thank You to Emily Galley, Victoria Le, Mary Kerrigan, Cynthia Nava Garibaldi, Nina Sampson, Martin Lefebvre, Amy Ratcliffe, Yvonne Rollins, and Joshua Tobias.

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Preface

The concept of home is universal among all cultures (Tuan, 2008). The meanings attributed to the term vary (Blunt & Dowling, 2006; Blunt & Varley, 2004), but the concept remains intact. Home is a 'sense of place' that can range from a sense of belonging and 'rootedness' within the intimate space of a room all the way to a global sense of community or citizenship (Relph, 1976; Tuan, 1977; Massey, 1994). 'Sense of place' is an organizational concept in the understanding of, not only geography, but also the world.

Yet, soon after birth a human child does not have a 'sense of place'. It can be argued that she or he has no geography. To demonstrate this 'a-geographical' experience, Tuan (2008: 20) points out that an infant soon after birth,

...has no world. He [sic] cannot distinguish between self and an external environment. He [sic] feels, but his sensations are not localized in space.

In other words, an infant has no concept of space, or place, Self, and Other. The world and the infant are 'one'. There is only unity. The ontological understanding of space of the infant does not include concepts such as distance, distinction, location or separation. An 'a-geographical' perspective of the world does not last long. A human child soon forgets that 'feeling' and learns to distinguish, even if unconsciously, between Self and Other, between inside and an outside, or between spaces and places. Nevertheless, for a brief period in time infants experience an 'a-geographical' space and know "how it feels to live in a nondualistic world" (Tuan, 2008: 20). In that period, the geography of the infant is uncomplicated since it does not even exist. In that spatiality there is no 'paradox', tension, difference, contradiction, or multidimensionality (Rose, 1993). Space and place do not exist. As the infant develops and tries to make sense of the world, categorization and geography will become introduced to her or him. Space and place will reify into existence. The concept of space and place will begin to take on meaning.

Within the academic study of geography, the concepts of space and place are basic units of study. In practical applications both terms remain confusing to most and are often used interchangeably. Nevertheless, among others, Tuan (2008) provides a succinct definition of space and place. Tuan (2008) distinguishes between the two concepts by stating "space is

transformed into place as it acquires definition and meaning” (136). The act of acquisition of meaning turns abstract space into a ‘meaningful’ place. Within such a definition, space remains undefined, is perhaps undeveloped with its lack of prior definition, hollow void may come into mind. Place, on the other hand, is determined by the meanings it contains. It is complicated and filled in. In other words, space is empty, while place is full. Yet, space is never a void. It is filled with spatial abundance.

Conceptualization of space may abstract it and reduce some of its complexity and richness in an effort to understand it. An act of such a ‘reduction’ may make space easier to manage and control. However, a sophisticated comprehension of space will ultimately acknowledge that it always remains sumptuous and abundant. It is plentiful in the spatialities that live there; it exists in various temporalities; and has ‘room’ for paradox that frustrates rational conceptualizations. The richness of space is not limited by the abstracting and de-contextualizing efforts that follow attempts to ‘make sense’ of it. Space may be the final frontier, but the borderline in exploration is not located ‘out there’ in outer space. Rather it exists all around us. The frontier is much closer. It is within our homes, the spaces we occupy daily, and within the ‘geographies closest in’ (Rich, 1986): our minds/bodies. The frontier is our shared ontological assumptions about space. It is within this geographically intimate space that this thesis locates itself.

Chapter 1

Space is imbued with meaning: places possess distinctive auras. Indeed, locations “live” by virtue of emotions they evoke within the individual. Graham D. Rowles. (1978: 174)

1 Introduction

This research aimed to document the meanings and identities attached to the concept of home among older women who reside in long-term care. In an effort to demonstrate the complexity of the landscape of home, I discuss the paradox of calling a public institution a home. To understand ‘what home means’ for elderly women in long-term care, I look at: the relationship of the concept of home to the fleshy and ‘messy’ geography of the body (Longhurst, 2001); and document the ‘spatialities’ and ‘temporalities’ that compose these geographies. The overarching research question is: ‘what are the meanings and identities of home among senior women living in long-term care?’ Home is an important landscape for elderly women, who often find themselves entrapped within places based upon the meanings attached to their identities and bodies. The aim of this research is to carve out a theoretical space where the full complexity of the spatiality of home can be acknowledged and appreciated.

1.1 Research Objectives

At the most basic level, the objective of this research is to reveal the ‘sense’ of home within a public institution. In the landscape of long-term care, I draw attention to: displacement, embodiment, and the ‘paradoxical’ qualities of this spatiality. I am interested in the way that the place of home is both: socially constructed and individually interpreted/experienced. Following the work of other critical geographers, I hope to provide a more nuanced and sophisticated understanding of the place of home for women and the elderly.

I focus on the quotidian space of the home as it has the ability to reveal the intricate role that place play in our lives. Home evokes many idyllic and idealized notions. It is romantically viewed as a place of rootedness, belonging, refuge and

privacy. It also reinforces ideas about individuality or ones place within the world. However, critical examinations of home allow for that landscape to be viewed as a complex entity and return it to its full intricacy. The long-term care home is of interest to me as it complicates many binaries, such as the division of space into a private and public sphere or the relationship between the Self and Other in relation to care and aging. A long-term care institution functions as a semi-public place and yet still aims to maintain aspects of the idealized private home. It is a geography that is filled with paradox and many spatialities.

Home is also a complicated geography for gender and age identities. I focus on elderly women since there is a complex relationship between the place of home and the identity of being gendered by society as: an ‘old’ woman. I complicate this already intricate geography by proposing that the women in my study exist in a space composed of ‘paradoxical’ geographies (Rose, 1993). The findings show that the landscape of the long-term care home is located simultaneously and paradoxically ‘elsewhere’—it is displaced from these women’s ‘concrete’ geographies - while being closely tied to the concept of the changing and fluid body. I argue that to deny or ignore that such spatialities *exist* can lead to incomplete understandings of space, the creation of places that do not function as intended, and can lead to the perpetuation of various social inequalities. As new models for the operation of long-term care facilities and the culture within such homes change, further research is necessary to understand what is meant by the term ‘home’. This will allow a more accurate understanding of how best to implement policies and procedures that can foster a ‘sense of home’. Conducting a qualitative study and allowing the ‘standpoint’ of the residents to be documented allows for important information about the ‘experience of home’ to be gained. This information can be of value in future policy creation and implementation. Lastly, pursuing questions about the meaning of ‘home’ also furthers the academic understanding of the ‘emotional geography’ of affective places contributing to theory and debate.

1.2 Context

As the first wave of the ‘baby boom’ generation reaches the age of sixty-five and approaches retirement, the population of seniors will significantly increase in Canada.

With this demographic change, increasing strain will be placed on the long-term care system and senior housing (Anderws & Phillips, 2005; Brune, 2011; Kemper, et al., 2005). The long-term care system will be especially taxed, but essential for those who are among the frailest within the senior population, those aged 85 and over. Statistics Canada (2010) estimates that the population of seniors (those aged 85 and over, both men and women) will increase to 10 million by 2033 (medium-growth scenario). Even though there is a push to have seniors stay within their personal homes as long as possible (Milligan, 2005), the frailest in society may eventually require institutional care.

In order to understand and address the issues faced by seniors, appropriate research, consultation and planning is required. As pointed out by Andrews and Phillips (2005; 1) “aging and place very much impact an older persons’ quality of life and the opportunities for them to achieve goals such as successful and active aging”. Therefore, my research is focused on long-term care and, as discussed above, aims to provide a more sophisticated understanding of this space. A more comprehensive understanding of spatialities within a long-term care home can facilitate better management of such places. It can also allow such places to function more like a home and less like a hospital or an impersonal public institution.

1.3 Key Questions & Methodology

To answer the overarching research question of: ‘what are the meanings and identities of home among senior women living in long-term care?’ I ask several supplementary questions addressing: (a) life at the institution/day-to-day (b) specific characteristics that ‘make’ a space a home (c) how the home is ‘experientially’ sensed (in the ‘mind/body’s eye’) in terms of how it looks, smells, sounds, tastes and its texture (d) what makes some spaces a ‘home’, while not others (e) how does one know if and when she is ‘at home’? Although I use the seemingly simple method of the interview to collect my data, my methodology is quite intricate.

My research is a case study. I interviewed 11 adult women, who reside at the ‘Greetings Home for Seniors’ (pseudonym). The name of the actual institution is replaced with a pseudonym to ensure anonymity of the women who participated in this

study. 'Greetings Home for Seniors' is a large long-term care facility owned and operated by the City of London. I collected my data between January and February of 2012. When beginning my research, I came into the project with the expectation of documenting and identifying the experience of home as a memory, a practice, and an emotional embodiment.

I combine three approaches: feminism, critical humanism and, emotional geography. Feminism allows me to work critically with my method (the interview) and make sure that I do not take its complexity for granted. I aim to contribute to the feminist aim of achieving social change and question how space is understood within a patriarchal structure. As I will discuss in the Methodology chapter, the feminist agenda was considered at every stage of this study: from the questions asked, to the theoretical conceptualizations, to the qualitative research design, to criteria for validity, data collection, analysis, and finally to the form of writing and the sharing of this research. I hope that, not only the conclusions, but that also the very structure and methodology of the research itself will contribute to the feminist aim of social change.

In conducting this research I also wanted to draw explicit attention to the value of asking 'existential' questions that are, and classically have been, of central concern to humanists. Therefore, I ask questions such as: how do humans 'experience' a place? How does the place of home 'feel' (emotionally or aesthetically)? Or what is the relationship between a long-term care home, a public institution, and ones subjective concept of home and 'being-in-the world'? Asking such questions preserves the humanist spirit of inquiry. However, this research contributes to what is termed 'critical humanist geographies', which is a "maturation rather than a complete rejection of humanist geography" (Adams, et al., 2001, xvi). It is an aim to provide a more sophisticated understanding of the context and 'embeddedness' of geographical experience.

Throughout this research, I also maintain that the newly developing work on 'emotional geographies' can provide a scholarly niche for both feminist and humanist geographers to study questions that are of central concern to both approaches: the 'sense',

experience and construction of place (Anderson and Smith, 2001). Therefore, in my Methodology, I explicitly focus on the ‘emotiospatial’ aspects of place and work within ‘emotional geographies’ (Anderson & Smith, 2001; Davidson, Bondi & Smith, 2005; Milligan, 2005).

This thesis maintains that although emotions cannot be easily represented or ‘heard’, as they do not seem as concrete as language or discourse. Nevertheless, emotion, just like language, has a constructive power and needs to be ‘voiced’ by being included into research. To that aim, I use ‘emotional geographies’ not only as a conceptual framework, but also as a methodological tool. In particular, I use my body and my emotionality as a ‘tool’ to gather data. I am not, and never have been, objective or detached from my research. I am fully engaged and embedded. My engagement involves utilizing, not just my mind, its thoughts and ideas to bring about my findings, but, rather, I use my whole person. My mind, body, rationality and emotionality were engaged in the whole process. My whole person was engaged while I collected data, analyzed the findings and am now reporting my conclusions.

A methodology that does not exclude emotionality allows me to more accurately ‘voice’ the standpoint of my participants. This may seem like a ‘paradox’, since I used *my* emotions and body to gauge the ‘emotiospatial’ experience of my *participants*. However, as it is discussed in the Methodology, I maintain and follow Bondi’s (2004: 445) suggestion and view emotions as “relational but not impersonal”. This research is a ‘co-construction’ on levels that do not stop at the information shared during the interview. The participants and I shared ‘emotional’ spaces that we constructed together. By including my ‘emotionality’ into this research, I inadvertently include theirs. Therefore, emotions and language are both used as ‘tools’.

In an effort to bring forward the ‘voice’ of each participant, every woman that took part in the study is also included in the Findings chapters (*Chapter Four and Five*) of this thesis. Although some participants’ voices are heard more than once, not a single participant was left out. In this thesis, I follow in the footsteps of Robin Kearns and Joyce Davidson, and I too become a ‘teller of tales’ (Davidson, 2000: 31). While sharing

their stories, life histories, understandings and experiences these women opened up and were honest in unexpected ways. I would like my paper to pay homage to them and their taken-for-granted home geographies.

1.4 Thesis Structure

To that aim, this thesis does not follow a traditional structure. I move away from accepted customs of writing a thesis for various reasons, which are discussed in the *Methodology* chapter. However, most importantly, my unconventional presentation allows me to more comprehensibly share my findings. I create an opportunity for my self to make a feminist statement. In doing so, I aim to bring attention to the construction and presentation of knowledge and question binary assumptions or simplistic/abstracted space conceptualizations. I first put on ‘display’ the binary of home/body and then I break it down. In that ‘destructive/deconstructive’ act, I hope to demonstrate that the space of the home and the space of the body, and its emotionality, are in fact intimately linked.

I demonstrate this by discussing the ‘home-body’ spatiality in my findings. The spatiality of ‘home-body’ exists simultaneously and both concepts construct one another. To understand the space and construction of the concept of home, one must understand the space and the construction of the body. Both *concepts* reside within the same space, under the same spatial ‘address’. There is also ‘paradox’ within the ‘home-body’ spatiality as home is also simultaneously embodied and displaced.

This thesis is structured as follows: following this Introduction, I present my *Methodology* as any findings or arguments that I make will ultimately depend on my methodological, epistemological and ontological assumptions; next, I present the *Literature Review*, which is structured as a ‘dualism’ and divided into a discussion about ‘home’ and ‘body’; to complicate this ‘binary’ I demonstrate my findings in *Chapter Four*, which discussed the ‘elsewhere’ home-body entity and *Chapter Five*, which is devoted to providing context for the home-body spatiality by discussing boundary zones. Lastly, I conclude by discussing and ‘stitching’ my findings together in the *Conclusion* chapter. This thesis is based upon and introduces several key concepts, which I will discuss briefly below.

1.5 Key Concepts

To an elderly woman, who finds herself in a long-term care facility, asking her, ‘what does the home mean?’ is to ask: ‘what does the body mean?’ It means to understand the struggle that she experiences as she faces loss, deterioration, deterritorialization, change, displacement, acceptance; as she negotiates boundaries; is excluded or included based upon her body and as she ultimately deals with a culture that often treats her as if she is disembodied: as if she is someone without emotion, history, memory, language, someone who is ‘unable’ to ‘transcend’ her gendered aging body. In an effort to achieve social change and create spaces where the experience of space and place can change for elderly women, this thesis employs several key concepts in a novel way within the conceptualization of the place of home:

- The spatiality of the ‘Home/Body’
- The ‘Elsewhere’ home
- Simultaneous and paradoxical ‘displacement’ and ‘embodiment’
- The ‘Boundary’ Home

This study argues that home, within a long-term care setting, needs to be understood to exist simultaneously as ‘displacement’ or as an ‘elsewhere’ home, while being closely tied to the meanings attached to the body and the boundaries that the body maintains and questions. I define ‘elsewhere’ as a sense of displacement. The ‘elsewhere’ home is a ‘sense of home’ that is dislocated from one’s Cartesian location. An ‘elsewhere’ home can exist at ‘another’ address, in family relationships, in memory, in books or in imagination. In a similar manner, bell hooks (1991) has argued that home as a site of resistance from racist oppression ‘at times is nowhere’. She states,

At times home is nowhere. At times one knows only extreme estrangement and alienation. Then home is no longer just one place. It is locations. Home is that place which enables and promotes varied and ever changing perspectives, a place where one discovers new ways of seeing reality, frontiers of difference. (bell hooks, 1991:148)

hooks’ (1991) understanding of home is not limited to Euclidean geometry. Her conceptualization of home permits a diversity of locations that are simultaneously

‘nowhere’, ‘elsewhere’, displaced and embodied. These findings are based upon spatial concepts that permit for displaced and embodied geographies. It is also based upon several key ideas that are, either recently developing within or have classically been, integral to geography.

This thesis draws from ‘critical geographies’ of home (Blunt & Dowling, 2006; Brickell, 2012). It views the space of the home as socially constructed, and fluid, but also sees it as a space of contestation where several power structures take place at different scales (Blunt & Dowling, 2006; Massey, 1994; Rose, 1993). Therefore, although this thesis will discuss idyllic conceptualizations of home, such as those presented by Sommerville (1992) or Bachelard (1994), ultimately it rejects such definitions. Instead, to identify home, I prefer and use Blunt and Varley’s (2004) definition, which reveals the complexity of the landscape by allowing for “belonging and alienation, intimacy and violence, desire and fear” (3) to exist simultaneously within the same space. Following other critical geographers, I question not only idealized notions of home, but also any static conceptualizations of the landscape. I maintain that fixed or bounded definitions of home that tie certain gender or age identities to that landscape, ultimately *entrap* older women as they reinforce patriarchal and limited identity constructions.

My project, as already discussed, adds to the feminist aim of achieving social change and equality. To that aim, I look at larger social discourses about: Self, Other, women, age and the place of the gendered/aged body in relation to the concept of home. It is the *place* of women within *space* and society that is of interest to me. To look at that place, I build upon the work of two key geographers: Gillian Rose and Robyn Longhurst. From Rose I utilize the concept of ‘paradoxical space’ and because of Longhurst, I look at the geography of the body as a ‘messy’ landscape that makes room for ‘paradox’. In geography, Gillian Rose introduces the concept of ‘paradoxical’ space. Rose (1993) considers ‘paradoxical space’ as a space of resistance for women, who are otherwise oppressed by the conceptualization of space as perceived by patriarchy. She calls patriarchal space ‘transparent’ and argues that ‘transparent’ space is composed of imaginary binaries, such as Man/Woman, rational/emotional, or object/subject. Patriarchal space has no room for diversity, complexity, tension, or paradox. It values

only one side of the binary that it creates. The concept of 'paradoxical' space, on the other hand, is a space that allows for difference within social relations and places. It is a space that does not deny tension, multiplicity, or paradox that often exists in life. The aim of imagining and creating such a space is that we acknowledge, tolerate, accept and embrace our varying differences rather than erase them (Rose, 1993).

While Rose (1993) views 'paradoxical' space remains an 'imaginary' geography, I use her concept in a slightly different way than even she conceptualized. I demonstrate that 'paradoxical' space is not only an 'abstract' space conceived of by an academic, but rather a 'concrete' spatiality occupied by women. This 'spatiality' is occupied by oppressed women as it offers much potential as an 'emancipatory' geography. I discuss this argument at length in the *Concluding* chapter. I question and problematize straightforward, 'neat' or 'clean' definitions of space and the place of home. In my attempt to understand the space of the home, I also rely on the arguments presented by Robyn Longhurst. Longhurst (1997, 2001) has been interested in the geography of the body and her work questions any 'bounded' or 'clean' assumptions about this geography. Longhurst (2001) proposes that bodies need to be viewed as the messy and fleshy geographies that they are. She questions boundaries that surround and are constructed around the topic of the body. Longhurst also questions 'abstractions' of bodies that remove them from their 'place' or context and deny them their fleshiness. Bodies, as conceptualized by Longhurst, and other feminists, cannot be de-contextualized and displaced. The body's messiness (sweating, urination or menstruation) and ability to breakdown boundaries questions any rigid social constructions about it. Longhurst's work is positioned within geographic work that views the body as a physical entity and a social process. The body is a canvas onto which society paints an 'identity'. However, just like 'paradoxical space', which is full of contradiction, multiplicity and tension, the body must also be viewed as a complex, tension-filled geography. As a place, the body presents and embodies the social politics in which it finds itself. The body is a messy geography.

This study tries to provide an understanding of how meanings, attached to the place of the home, relate to the 'fluidity' of the body and that of place. I argue that the

meanings about home are structured by the meanings attached to the body and vice versa. Both geographies simultaneously and paradoxically construct one another. The two geographies are also seen as unstable, 'open', in a constant state of transformation and inseparable in their construction of meaning. It is argued here that to aim to understand what 'meanings' older women attribute to the home, it means to understand the geography of their bodies. The two spaces are not separate. To understand displacement, boundary, spatiality or experience of the home, one must understand the place of the body. To feel 'at home' in a long-term care institution is to feel 'at home' in one's body. The two geographies are not separate and are inseparable. This study shows how the two geographies construct one another, in more than obvious ways. In working with concepts presented by the geography of the body, I also consider emotions. Recently, Longhurst et al. (2008) has pointed out that,

Questions about embodiment, reflexivity, agency, performativity, emotion and affect are increasingly making their way on to geographers' and other social scientists' research agendas. (215)

The 'emotional turn', which recently took place within geography, certainly allows for questions about emotion and its relationship to spatial conceptualizations.

As discussed above, this study contributes to 'emotional geographies' and uses several concepts that are key to that sub-discipline. Feeling and emotion are integral concepts to this research. To demonstrate how the place of home is identified within a long-term care institution emotions cannot be ignored or denied existence. After all, a long-term care home, is not only a home, but also a place of 'care'. If home is to function as a 'place of healing' (Sorensen Marshall, 2008), emotional and spatial aspects of being cared for and the geographies that such spaces create must be considered (Milligan, 2005). As recently recognized and argued by Milligan and Wiles (2010), recent work in health geography "point to an imperative to recognize and unpack the multiple meanings of places (particularly, but not exclusively, the home) as site within which to explore rapidly *changing* geographies of care [original emphasis] (748). Geographies of care are certainly changing and a multitude of meanings are born, 'live' and die in such places. The 'spatial' abundance and the multiplicity of meanings that create 'life' in landscapes

of care need to be revealed and examined to ensure that life within long-term care allows for 'healthy' aging.

1.6 Summary

This thesis is about place and the complex, paradoxical, tension filled 'spatialities' that 'live' within that space. As pointed out over three decades ago by Rowles (1978), in his classic work *Prisoners of Space?*, locations are 'alive'. In his study he focused on revealing the geographical experience of older individuals and argued that "locations 'live' by virtue of emotions they evoke within the individual" (Rowles, 1978: 174). To deny that life and spatial abundance would imply not having an accurate understanding of the places we inhabit. The study of mundane, and yet intricate, landscapes of the long-term care home allows for the richness, complexity, tension and paradox of that place and its spatialities to be explored.

In particular, this research looks at the 'spatialities' that form within the geographies of home and care (Blunt & Dowling, 2006; Milligan & Wiles, 2010), and questions common assumptions and conceptualizations of the place of the home; body; the binary of the private and public sphere; the divide between mind & body; the inside and the outside; abstractions and concreteness; and rationality and emotionality. With this study I hope to contribute to the feminist critical work on home, gender, age, the aging/changing body, and the creation of knowledge. Working within critical humanism, I also ask 'existential' questions about the 'experience' of occupying the place of 'home. I combine these two approaches and work within 'emotional geographies'.

I base my research upon several central concepts: 'critical geographies of home', 'paradoxical space', the 'messy' body, and 'emotional space'. I build up from these geographical concepts and introduce several novel concepts to the conceptualization of space. I argue that the place of the long-term care home includes 'spatialities' that are composed of: the spatiality of the home-body; the 'elsewhere' home; simultaneous and paradoxical displacement and embodiment; and the contextualized 'boundary' home. I argue that home, within a long-term care setting, needs to be understood to exist simultaneously as displacement or as an 'elsewhere' home, while being closely tied to the

meanings attached to the body and the contextual boundaries that the body maintains or questions. My study contributes to conceptual and practical debates about place. In particular, it creates a space of debate about the place of emotions and their relationship to the concept of home and body within a long-term care home.

Chapter 2

...a dialogically agitated and tension-filled environment of alien words, value judgments and accents, weaves in and out of complex interrelationships, merges with some, recoils from others, intersects with yet a third group; and all of this may crucially shape discourse, may leave a trace in all its semantic layers, may complicate its expression and influence its entire stylistic profile (Bakhtin (1986), quoted in Folch-Serra, 1990: 256).

2 Methodology

This chapter discusses the methodology that I followed to address my research question and objectives. The research design presented below reflects the main aim of this research, which is to document and explore of the ‘meanings’ of home, while contributing to socio-spatial theory about place experience. As it will become evident below, the philosophical stance of the research follows the assumptions of social constructivism. I maintain that ‘reality’ and meanings are socially constructed, rather than external (Guba & Lincoln, 2004). The theoretical and conceptual framework combines critical humanism and feminism, while contributing towards the new body of geographical work called ‘emotional geographies’. Two scales of experience are considered: that of the individual (humanism) and group (feminism). Data was collected through the method of the interview. The interpretations and conclusions presented in this research were derived by utilizing the iterative process of grounded theory (Charmaz, 2004, 2008), while remaining devoted to presenting the ‘standpoint’ of the participants (Harding, 2004). Discussed in this chapter are: *ontological assumptions and approach to reality; the theoretical and conceptual framework; the interview as a method; site selection; recruitment; participants; data collection; and analysis, interpretation and ‘trustworthiness’*. The intent is to make explicit the rationale for the theoretical approach and methods employed.

2.1 Ontological Assumptions and Approach: Social Constructivism

I agree with Guba and Lincoln (2004), when they remind us that, “questions of method are secondary to questions of paradigm” (17). Any judgments about my method or

research, such as its validity, trustworthiness, or ‘rigor’, cannot be made without considering the paradigm within which this work is placed. At the onset of my methodology, I remain mindful that my work is never *displaced* from philosophical considerations. It is always *placed* within a certain paradigm that presents a particular ontology and epistemology, which in turn determines the methodology. My assumptions about reality (ontology), what can be known (epistemology) and finally how to conduct my research in a way as to contribute to the progress of knowledge (methodology) came prior to my selection of method. In the section that follows I discuss my ontological assumptions and my approach to reality.

This study rejects rationalistic or positivist assumptions about the world. Assumptions that perceive a single ‘truth’ that can be derived, explained, predicted and ultimately controlled (Guba & Lincoln, 2004). The philosophical approach of this study accepts the assumptions of social constructivism, which maintain that ‘reality’ and any ‘truths’ or meanings are socially constructed, rather than external or ‘essential’ (Guba & Lincoln, 2004; Holstein & Gubrium, 2003). Social constructivism allows for a multitude of interpretations to be derived from the same data set (Guba & Lincoln, 2004; Holstein & Gubrium, 2003). This study, then, does not present a single ‘truth’ (which is a positivist assumption), but rather discusses multiple truths and truth ‘effects’ (Dittmer, 2010). It presents the ‘effects’ of constructed, reified and shared truths that exist in society - be it gender, age, or ability assumptions – and reveals how those constructions relate to the concept of home. Individual ‘truths’ or understanding – be it my own or the ‘truths’ shared throughout the interviews - shape the multiple ‘truths’ that are presented in the *Findings (Chapters Four and Five)* and *Conclusion*. Those ‘truths’ build upon and are added to the multiple debated ‘truths’ that are presented by social theory and academic discussions, thus enriching and broadening our collective understandings of the human condition.

At this point, I am reminded that the sharing of ‘truths’ or understandings in the Western world, be it mundane daily conversations or academic discussion, are primarily dependant on language. To elucidate that point, I draw the reader’s attention to the quote by literary theorist Mikhail Bakhtin, which opens this chapter. Mikhail Bakhtin was

fascinated by the literary form and celebrated the multi-vocality, playfulness and the “primacy of context over text” that exists within language (Folch-Serra, 1990). Bakhtin (1986) describes language as “a dialogically agitated and tension-filled environment of alien words” (Folch-Serra, 1990: 256), conveying a multitude of realities and ‘truths’. I turn to Bakhtinian theory because I want to illustrate the importance of language and its constructive power in creating a multitude of ‘truths’. According to Bakhtin, language itself is constructed out of multiplicity, ‘tension’ and allows for varying ‘truths’.

This research is built upon language. To gather information, I relied upon language in my interviews. I am now again relying on language (and the literary form and structure) in my attempt to communicate my findings. The importance of language is acknowledged as it acts as a ‘tool’ in this research. However, this research is interested in language only indirectly. Theoretical considerations about language (such as Bakhtinian theory) are not discussed at length. I do look at new developments within our understanding of communication. I examine them as they provide support for the philosophical foundation of this research. Namely, I discuss the recent questioning of many positivist assumptions within communication and its relationship to social constructivism.

According to Pearce (2002), the new paradigm of social constructionism is destabilizing many foundational assumptions about positivist epistemology. She states that in positivism it was,

...assumed that language referred to the events and objects of a nonlinguistic world, and that it worked best when it referred to them accurately. Second, communication was understood as the transmission of messages from one place to another, and communication worked best when these messages were unaffected by this process. The third characteristic was not often noted, although it was often acted on...communication was thought of as a secondary process, less important than real things and the real work that people do (Pearce, 2002: 201).

However, social constructionism is proposing a completely new communication model (Guba & Lincoln, 2004; Pearce, 2002). As mentioned earlier, a constructivist conceptualization of ‘reality’ centers on the notion that language constructs the world fully as much as it describes it. Therefore, representation becomes difficult as “language

has an active, formative aspect” (Pearce, 2002: 201). There is no ‘essential’ truth or reality that exists outside of the constructive power of language.

This communication model has consequences for social research and for one of its main tools: the interview (Koro-Ljungberg, 2008). Social scientists, who work within the constructionist philosophical framework, consider interviews as “dialogical performances, social meaning-making acts, and co-facilitated knowledge exchanges” (Koro-Ljungberg, 2008: 430). These social researchers prescribe to an ontology that “assumes multiple, apprehendable, and sometimes conflicting social realities” (Guba & Lincoln, 2004: 27). Such an understanding of communication has much in common with the Bakhtinian theory about the structure of language itself.

The constructionist perspective also re-conceptualizes the contemporary understanding of agency and responsibility of an ‘individual’. As discussed by Holstein & Gubrium (2003), positivism views interview participants as “passive vessels of answers” (12). Participants are regarded as “repositories of facts, feelings and the related particulars of experience” (Holstein & Gubrium, 2003: 12). The role of the researcher is to create an atmosphere where the ‘vessel of answers’ maybe accessed. Holstein & Gubrium (2003) use the analogy of ‘mining’ or ‘prospecting’ the participant for the correct answers following a precise method of ‘extraction’. As argued by Briggs (1986), the validity of conducting qualitative research within a positivist framework “hinges on the viability of the interview as a methodological strategy” (1) and for this reason most researchers following a positivist ontology focus on *Learning How to Ask* (the title of his book). Such a perspective results in the interviewer aiming to create a rapport with the participant that allows for open and undisturbed acquisition of ‘facts’ about lived reality. At its extreme (a viewpoint that Briggs aimed to reformulate by his book), the ‘interview’ is reduced to a ‘technique’ that can be systematically conducted so as to reduce (as much as possible) bias and increase ‘neutrality’ (Briggs, 1986; Holstein & Gubrium, 2003). The interviewer is cautious not to ‘shape’ the information or sway the viewpoints of the interviewee. The key is to ‘collect’ uncontaminated data by ‘controlling’ the interview and interviewer (Briggs, 1986; Holstein & Gubrium, 2003). The aim is to ‘extract’ the ‘true self’ within the participant.

Social constructionism questions the notion of a ‘passive vessel of answers’ that can be quarried for ‘truth’ with the correct ‘application’ of a rigid interview technique. Rather, as discussed by Pearce (2002), “[o]ne ‘new paradigm’ idea is that there is no such thing as a true inner self that is to be revealed...the self is a theory” (205). Within the constructionist perspective, the ‘self’ is a co-construction of the social processes that the Self is embedded within. The Self or the ‘individual’ is a fluid and dynamic phenomenon that participates in and is constructed out of ‘game-like’ social and cultural ever shifting rules and norms (Pearce, 2002). There is no ‘innate’ self that the researcher can reveal, because the Self is ‘recreated’ and ‘changed’ within every encounter, which includes the dialectic of the interview (Atkinson & Silverman, 1997; Pearce, 2002).

The philosophical assumptions about reality and truth – social constructivism - adopted for this research take into account important new developments in the understanding of ‘communication’, its constructive power, relationship to the concepts of the individual or agency. I also adopt social constructivism as it remains cognizant of the ‘multi-vocal’ and fluid quality of language and Self. This has implications for my method: the interview, which is discussed at length below. However, for now it must be stated that this study views ‘truth’ as something that allows for ‘diversity’, tension, paradox and ‘fluidity’. My ontology, epistemology and methodology are built upon these social constructivist assumptions. My theoretical and conceptual frameworks are constructed out of academic work contributed by humanists, feminists and emotional geographers. The section that follows outlines those approaches.

2.2 Theoretical and Conceptual Framework: Critical Humanism, Feminism, and Emotional Geography

To answer my research question, I am combining three approaches: feminism, critical humanism and emotional geography. Utilizing these three approaches allows me to bring a more nuanced attention to issues that are of central concern for this research: the standpoint and voice of the participant (feminism), the experiential ‘being-in-the-world’ in relation to the concept of home (critical humanism) and a focus on how emotions contribute to the experience and construction of space (emotional geographies).

I maintain that emotional geographies can provide a scholarly niche for both feminist and humanist geographers to study questions that are of central concern to both approaches: the ‘sense’, experience and construction of place. I am therefore working within and would like this study to contribute towards the growing research on ‘emotional geographies’. However, I approach my work from a feminist and critical humanist perspective. In constructing my method, I considered closely the ontological, epistemological and methodological standpoints used by these approaches. The following three sections outline each of the approaches. I also cover how they relate to my research question and objectives.

2.2.1 Critical Humanism

Although ‘humanism’ as an approach has mostly disappeared from the academic landscape (Adams, et al., 2001), I still self-identify my research as a ‘humanist’ endeavor – or more precisely: a ‘critical humanist’ undertaking. In conducting this research I wanted to draw explicit attention to the value of asking questions that are (and classically have been) of central concern to humanists. Existential questions such as: how do humans ‘experience’ a place? How does a place ‘feel’ (emotionally or aesthetically)? And what is the relationship between a long-term care ‘home’ (a public institution) and ones subjective concept of ‘home’ and ‘being-in-the world’? Asking such questions preserves the ‘humanist’ spirit of inquiry. Therefore, my interview guide and the overarching questions that are central to my work reflect this aim (please see Appendix A).

However, a few clarifications must be made before I can comfortably call this research a ‘humanist’ project. This research does not contribute *directly* towards the humanist movement of the 1970s (Buttimer, 1990; Entrikin & Tepple, 2006; Pickles, 1985; Tuan, 1976). I have never been interested in revealing concrete ‘essences’, ‘truths’ or universalities of experience (Adams et al., 2001; Entrikin & Tepple, 2006). While documenting ‘meanings’, I never tried to identify all-embracing definitions or absolute laws, something that has been aimed at in phenomenological research – at least according to Edmund Husserl’s definition (Pickles, 1985).

Also, I reject the view of the individual as a complete ‘free’ and ‘intentional’ agent, who possess unrestricted choice or action. I agree with poststructuralists, social constructionists, and feminists, who maintain that individuals are always embedded in social contexts (culture, language and discourse) that shape their decision-making ability (Entrikin & Tepple, 2006). Lastly, I am aware of the numerous criticisms brought forward by feminists, poststructuralists, postmodernists or postcolonialists with regards to the ontology, epistemology and methodology utilized by humanism.

Why am I still choosing to call my research a ‘humanist’ undertaking? This research contributes and draws from what is termed ‘critical humanist geographies’ (Adams, et al., 2001). As pointed out by Adams, et al. (2001), ‘critical humanist geography’ is a “maturation rather than a complete rejection of humanist geography” (xvi). It is a contemporary form of ‘humanism’, which preserves the main focus of the humanist endeavor – a better understanding of the human experience of the world - but takes into account the various criticisms and theoretical considerations that have been proposed since the 1970s. Critical humanism remains focused on ‘experiential’ aspects of living. It is interested in: the power of language, signs, symbols, local knowledge or meanings (Adams, et al., 2001) and opposes ‘reductionist’ tendencies or any analytic simplicity. It is interested in the individual/subjective experience and the ‘everyday’. However, its aim is to provide an ‘understanding’ of the context and embeddedness of the ‘lived experience’.

While humanistic geography of the 1970s was tasked with carving out a niche for humanist studies that moved away from the objectifying or abstract notions, becoming a form of criticism, if not an alternative to positivism. Present day humanist geographical study can move beyond mere opposition. It can contribute towards more democratic societies or to social change. As pointed out by Entrikin & Tepple (2006), “[h]umanistic geography as a form of moral education contributes to the goals of democratic community building by exposing individuals to other ways of life, different experiences, and different interpretations of experience” (38).

In my research I wanted to utilize the tools provided by humanism and its nuanced attention to the subjective, while also considering the social construction of that experience. Therefore, I document and try to provide an understanding of how language and imagination shape the sense of ‘home’ within a long-term care facility. But I do not stop at discourse: I also consider the emotional and sensual experience – finding out how the ‘home’ smells, tastes, sounds, looks and what is its texture? (Please see Appendix A). I address personal senses of aesthetics, of order, or of structure. I focus on the individual/subjective ‘experience’ and on the life histories of my participants in my aim to make sense of the larger construction of ‘life-worlds’.

I do not view my participants as complete ‘intentional agents’, who reside outside of society. I do, however, maintain that humans are ‘place makers’, who through investigation and awareness can gain a level of agency (Entrikin & Tepple, 2006). Individuals may be shaped by, embedded in, and tied to social constructs, but they can also engage in activities that heighten their level of individual and collective (e.g. class) consciousness (Dittner, 2010). Activities, such as scholarly research, activism or the simple questioning of existing social norms, practices or structures of oppression that construct that status quo.

In this research, I was interested in individual life histories, memories, interpretations and experiences. I explore how a place (a ‘home’) is (re)created and understood by individuals. I document the processes involved be it ‘conscious’ creative effort or other forces. I consider my research a ‘humanist’ project in its emphasis on the subjective experience of place, its aim to understand human agency at play and its focus on the ‘taken-for-granted’ everyday landscapes.

2.2.2 Feminism

I focus on the lived experience of individuals, but I maintain that the subjective is socially constructed. This subjectivity is constructed through processes such as: social norms & practices; role expectations; cultural customs; language; or institutional definitions. In revealing these processes and understanding their complex dynamics, I am indebted to the work of feminist researchers. Feminist thinkers have revolutionized

scholarly endeavors by bringing forward important methodological techniques, such as ‘standpoint theory’ or ‘grounded theory’: both approaches that are utilized in this research and discussed in this section.

Feminist agenda was considered at every stage of this study: from the questions asked, to the theoretical conceptualizations and operationalization, research design, criteria for validity, data collection, analysis, and finally to the form of writing (subjective, first person accounts that ‘situate’ the researcher and the participants) and the sharing of this research. I hope that, not only the conclusions, but that also the very structure and methodology of the research itself will contribute to the feminist aim of social change and of questioning the patriarchal structure and objectifying assumptions of positivist research (Rose, 1993).

I designed this research in a manner that allowed for: a move away from dualisms (object/subject, rational/emotional, abstract/concrete) (Sprague & Zimmerman, 2004); was cognizant of the social construction of reality and the power of discourse to shape the lives of individuals and group identities; embraced the feminist standpoint; and furthered the feminist aim for the empowerment of women. Following feminist agenda, this study values contextualized over abstracted knowledge. I bring the reader’s attention to the fact that my research rejects the notion of a detached, objective (if not objectifying), ‘view from nowhere’ (Jensen & Glasmeier, 2010; Haraway, 1996). Instead any findings that come out of this endeavor are ‘situated’.

The knowledge gained is ‘situated’ within the specific researcher conducting the study (myself), in the women who chose to partake, and within the specific timeframe and place that the study was conducted (Jensen & Glasmeier, 2010). This research is also historically and culturally specific. My ‘positionality’ as a researcher is important. Therefore, below I discuss my relationship to the research site (the City of London) and my participants.

My findings are particular to this exploratory case study. However, I hope that this research contributes towards the broader aim of social change, specifically an improved sense of home and contentment in long-term care facilities for Canada’s aging

female population. This study has been designed to ‘capture’ the experience of the individuals, while the discussion and conclusion aim to compare that experience to larger social discourses about: women, age and the ‘place’ of the gendered/aged body in relation to concept of ‘home’ and discourse about long-term care. The end aim is the improvement of the lives of women and older individuals.

In particular, my commitment towards the feminist goal of social change is evident in my methodology. I accept the challenge proposed by Sprague and Zimmerman (2004) and aim to ‘overcome’ dualisms by viewing my participants as complex and complicated beings, who do not view themselves as simply: older/women. In my approach, design, interview sessions, analysis, and, even, the format of my written work (this thesis), I purposely avoid strict dichotomies or ‘either/or’ thinking. I agree with Sprague and Zimmerman (2004) in that such dualisms are “classically patriarchal” (46). Therefore, when interacting with the women who took part in this project, I made conscious effort to view them as intricate individuals, who are embedded in complex socially constructed networks and structures.

To drive the point even further, I purposely structure this thesis in a particular manner. The literature review is purposely presented as a dualism: it divides ‘home’ and ‘body’. The discussion chapters (*Chapter Four and Five*) complicate such an understanding of reality and ‘break down’ dualisms. While it may seem unfair to present the literature review in a ‘dualist’ manner since it largely reviews feminist critical theory that has questioned and tried to overcome dualist thinking. I feel that such a presentation, nevertheless, reflects the persistent existence of dualist assumptions in Western thought. I therefore, ‘present’ the literature review as a dualism, and then I complicate dualisms in my discussion chapters.

This research also follows the feminist standpoint theory and hopes to capture the ‘voice’ and ‘position’ of the participant (Harding, 2004). I am cognizant of fact that I can never eliminate the asymmetries that exist between a research and the researched. I also never assume that I can understand the ‘standpoint’ of an older woman. However, empowerment (even if minimal) was important to me in undertaking this research. This

is evident in my choice of method (interview, discussed at length below) and operationalization. My interviews were designed and conducted in a manner that took the form of a casual conversation (see interview guide in Appendix A). Maintaining a ‘casual’ atmosphere facilitated a conversational ‘space’ where the main concerns of the women who took part in this study could be expressed. Rather than maintaining a rigid ‘interview’ structure or focusing on concerns that are of central value to the institution that these women find themselves in, to the public at large, or to academic theory, I maintained a fluid interview structure. There is an interview guide. However, I followed it loosely. The women taking part in this study were free (and were encouraged) to share their life stories how they saw fit. This means that there was no standardization in the interviews. Such an approach to the method strengthened my claim at following ‘standpoint’ theory as it created room for the concerns of the participants to be shared, rather than relying on my own or any other assumptions (Harding, 2004).

Interpretations from the data are derived using the iterative process of grounded theory (Charmaz, 2004). The grounded theory method allows for rich, detailed and vivid data, which is full of description and within context, to come out of the interviews, as the study becomes more focused at each stage (Charmaz, 2004). Grounded theory is being utilized because it adheres to a set of procedures and allows for the findings to be ‘empirically’ based aiding in the ‘trustworthiness’ of the research (Charmaz, 2004). ‘Grounding’ the interpretations also assists in capturing the ‘voice’ of the participant, another aim of the feminist standpoint theory (Harding, 2004). Interpretations of the shared information, of course, are my own. However, I consider this work to be a co-construction between the women who took part in this study and myself.

While working with the feminist aim in mind, at times, I had to overcome varying pragmatic concerns, which are discussed at length below. I am also aware that I work in a society that is still structured by patriarchy and places little value on considerations that take into account ‘emotional spaces’. The next section discusses at length the newly developing body of work called emotional geographies.

2.2.3 Emotional Geography

My aim of working within critical humanism and feminism cumulates in contributing towards emotional geographies. ‘Emotional geography’ is the newly developing body of academic work that is centred on explicitly studying the intersection between emotion, people and place (Davidson & Milligan, 2004; Davidson, Bondi, & Smith, 2005). Importantly, it draws attention to the flaw of using a ‘reductive’ lens that imagines a “neutral, universal, apolitical, value and emotion free” space (Smith et al., 2012: 2). As emotional geographers point out, spaces are never void of emotions, which in turn are historically, culturally and geographically complex. I also state that this study contributes to ‘emotional geography’, which is distinct from ‘affective geography’ (Pile, 2010). As discussed by Pile (2010), although emotional and affective geography share a common “relational ontology that privileges fluidity; a privileging of proximity and intimacy in their accounts; a favouring of ethnographic methods”, there are nevertheless significant differences between the two approaches.

This study is situated in emotional geography, which aims to provide a better understanding of the ‘emotiospatial’ aspects of life and maintains that emotions really do *matter* (Anderson & Smith, 2001; Davidson, Bondi, & Smith, 2005; Milligan, 2005). This statement can seem as a truism and may be trivialized by some. However, as stated by Milligan, emotions “alter the way the world *is* for us” (2005: 2105, original emphasis). The word ‘alter’, used by Milligan, carries a depth of meaning. Emotions *alter* the individual experience of space, but, just like language, they also have a constructive power that is expressed on a larger scale (Thrift, 2004). To ignore or to deny emotion means to ignore or deny the power structures that construct the world. Therefore, emotional geographers are working towards overcoming ‘abstract’, positivist, objectifying, and reductive understandings of space. As mentioned by Smith et al (2010),

an abstract understanding of space, which, according to Lefebvre, increasingly dominates the modern world, facilitates the emotionless reduction of a diverse and beautiful planet to that ‘raw material’ (Lefebvre, 1994: 31) necessary to reproduce a society – which itself is now re-envisioned in terms of a social ‘system’ (2).

Emotional geographers bring attention to how ‘imaginary abstract’ space is reified (Smith et al., 2010) and also do not allow for space to be viewed uncritically through an ‘abstract’ lens (Smith et al., 2010). However, emotional geography provides more than

criticism of the objectifying status quo. Rather, it is an important ‘means’ through which positivism, and its assumptions, can be directly opposed. Through its explicit focus on emotion, it resists the deliberate ‘exclusion’ or ‘suppression’ of ‘the emotional’ in academic and other discourses.

Positioning my research within, and aiming to contribute towards, emotional geographies offers much potential. However, there are many considerations that make working within ‘emotional geographies’ quite difficult (Baillie-Smith & Jenkins, 2012; Bondi, 2005). For one, Bondi (2004) points out that there is a risk in contributing to geographical discourse that “merely reflects wider cultural trends that treat emotions as individual attributes available for commercial and political exploitation” (445). To overcome this obstacle I follow Bondi’s suggestion and view emotions as “relational but not impersonal” (445). I also build upon humanism and feminism simultaneously as both approaches have been credited as being the predecessors to emotional geography and provide (as already discussed above) many important understandings, such as questioning the distinction between the self and the other, drawing attention to the fluidity of social life or stressing the importance of situated knowledge (Bondi, 2004; Davidson & Bondi, 2004).

There are also methodological issues with trying to study or understand a phenomenon that is not easily defined or located. Emotions do *matter* and are *everywhere* (Davidson & Bondi, 2004; Davidson, Bondi, & Smith, 2005). However, as pointed out by Smith et al (2010) they present a paradox. Emotions “are, paradoxically, both inordinately diffuse and all pervasive” (Smith et al., 2010: 3).

As I mentioned in the *Introduction* and as it will become apparent in the *Findings* and *Concluding* chapters, paradox is an important consideration for this research. The paradoxical ‘nature’ of emotions provides an important lens through which the spatialities discussed in this research can be understood. Paradoxically, then, I discuss a topic - emotion - that is everywhere and yet it is effectively denied (Davidson, Bondi, & Smith, 2005); has significance for the daily being-in-the-world of an individual and yet has been, up until now, ignored by social theory or, more specifically, geographical

discourse (Anderson & Smith, 2001); and is intangible and yet felt (Davidson & Milligan, 2004; Milligan, 2005).

2.2.4 Focus

In my aim to draw nuanced attention to the ‘emotional geography’ and ‘sense of place’ within a long-term care facility, I focused on two levels of experience that simultaneously exist there: on that of the individual and the group.

The individual perspective and interpretation of the ‘sense of place’ further extends the humanist agenda of understanding the subjective experience of ‘being-in-the-world’. While the ‘group’, refers to the experience that is shared by females due to their socially constructed group identity as ‘women’ (feminist standpoint). This level of investigation furthers the feminist aim of revealing and questioning the social ‘construction’ of gender and age in society, specifically focusing on the experience of individuals ‘gendered’ as women and ‘aged’ as old. ‘Gender’ and ‘age’ and the meanings attached to progressive stages of ‘aging’, are socially constructed and then reified within society (Valentine, 2001). Although, the women in this study could fit into several categories, I focus specifically on gender and age. As pointed out by feminist researchers, those two categories put women in particularly disadvantaged positions, and are among the dominant identities that have lead them to the residence they now occupy. Emotiospatial experience was also considered on both scales.

2.3 Interview

The method of data collection used in this study is: the interview. The interview seems as a simple act of conversing and sharing of experiences or understandings (or the assumed shared ‘understanding’ of what is being communicated). However, at no point do I take the interview, and its epistemological and methodological, underpinnings for granted. In this section I trace important considerations of my method, such as the ‘interviews’ place within social science and society, the importance of subjectivity and individual experience, as well as the interview’s relationship to the philosophical considerations brought forward by social constructionism. However, of course, the

examination of the ‘interview’ as a method in this section is not exhaustive, but rather focuses on issues central to this research.

Outlined below are: the interview’s connection to representation and understanding of lived realities and its usefulness to this study; a discussion of the emergence of the ‘interview society’ and of the changes in the understanding of communication; as well as the role of the ‘individual’, his or her subjectiveness and agency in relation to changing philosophical positions. Ultimately, the method of the ‘interview’ is exposed for its complexity and construction of meaning. Far from being a simple form of communication or data collection, the ‘interview’ entails considerable constructive powers with a multitude of contingent ‘truths’ and presents itself as a complex method.

The ‘interview’ – as a method of sharing and gathering information - has become an integral part of our society (Briggs, 1986; Briggs, 2003; Holstein & Gubrium, 2003; Kvale, 2006). Within social science, in particular, it is popular with some estimates placing the ‘interview’ as the method of data collection in 90 percent of social science studies (Briggs, 1986; Holstein & Gubrium, 2003). Within the academic milieu, the ‘interview’ can range from the “objectifying positivist quantification of questionnaires” (Kvale, 2006: 481), which are highly structured and standardized, all the way to the purposely unstructured in depth interview that aims to ‘voice’ the ‘standpoint’ of the participant (Harding, 2004; Miller & Crabtree, 2004). Interviews are viewed as valuable tools for gaining meanings about social realities (Benney & Hughes, 1956; Miller & Crabtree, 2004). However, the prevalence and popularity of the ‘interview’ has significance that moves it past just being a method of data generation for scholarly endeavors.

The contemporary Western culture is perceived as an ‘interview society’ (Holstein & Gubrium, 2003; Kvale, 2006). It is a culture that embraces the interview – be it conducted for leisurely purposes - witnessed on television to ‘communicate’ the lives of ordinary individuals and celebrities alike – or taking the form of a more ‘formalized’ communication that is required for gaining employment or used as feedback

in a consumer society (Atkinson & Silverman, 1997; Briggs, 2003; Holstein & Gubrium, 2003; Kvale, 2006). As ubiquitous as the interview currently is, its value as a tool for the collection of social information is historically recent (Benney & Hughes, 1956; Holstein & Gubrium, 2003).

The ‘interview society’ - a society that puts worth on the ‘voice’ of an ‘individual’ - might seem self-evident by contemporary standards, but this wasn’t always the case. Prior to the modern age, knowledge about how a society functioned was derived from ‘informed’ public representatives (Benney & Hughes, 1956; Holstein & Gubrium, 2003). There was no concept of the ‘individual’ and a person was never asked to “reflect on his or her own individual experience, personally describe it and communicate opinions about it and its surrounding world in his or her own terms” (Holstein & Gubrium, 2003: 8). The work of Foucault provides significant insight about the emergence of individual ‘subjectivity’. Holstein & Gubrium (2003) note that in the opening pages of *Discipline and Punish*, Foucault presents us with a public torture of a regicide named Damians. Foucault (1977) argues that the public, who would have observed the torture, did not revolt against the punishment because “[t]he spectacle of punishment rested on a discourse of knowledge and power that lodged all experiential truth in the sovereign’s shared embodiment” (Holstein & Gubrium, 2003: 9). In other words, an individual did not exist outside of the sovereign. Individual experience – be it of pain, humiliation or so forth – did not matter. A revolution takes place between the 18th and 19th century with the emergence of what Foucault (1977) calls ‘technologies of surveillance’ that aim to rehabilitate, rather than to punish, the newly conceived subject of the ‘individual’ (Holstein & Gubrium, 2003).

The concept of ‘listening’ to an individual (often a stranger) democratized opinion and interviews became mechanisms through which the viewpoints of singular members of society could be derived. However, while interviews may provide insight about the daily realities of the participants - giving ‘voice’ to their lived experience - they are also tools through which society is ‘watched’, controlled and structured (Briggs, 2003; Holstein & Gubrium, 2003). An act as seemingly simple as an exchange between two individuals takes on a new meaning when it tries to formally derive ‘meanings’ that are

used to form theory about social worlds. How we understand and represent what comes out of that ‘communication’ becomes important. Questions such as: who do we perceived as ‘knowing subjects?’ and, as discussed above, ‘what is language?’ are paramount.

The social constructionist ontological perspective presents many challenges for this research when utilizing the interview as a method. These challenges range from epistemological (conceptual) to methodological (technical) considerations. Working within a framework that argues for a multitude of ‘realities’, how do I ‘attain’ any sort of truth (or truths)? How do I analyze, interpret and finally represent my findings? Is it even worth to conduct research that cannot reveal one ‘accurate’ truth? In other words: how is the constructionist interview conducted and what are its implications?

Koro-Ljungberg (2008) maintains that the interview is an actively co-constructed collaboration that takes place within a context. She states that “[n]o meaning or shared experience can be isolated from the socially constructed knowledge-production event, and no meaning can be examined outside of the performance itself (Koro-Ljungberg, 2008: 432). The role of the researcher is to be cognizant of the *polyvocality* and *heteroglossia* (the multitude of interpretations) within an interview, within meaning that is derived from that encounter and within the representation of that insight (Folch-Serra, 1990; Koro-Ljungberg, 2008). Koro-Ljungberg (2008) also notes that,

Researchers do not have access to privileged information; rather, they must enter into the state of learning with other knowing subjects, in which all subjects learn from one another by acknowledging their state of not-knowing and vulnerability (433).

While in the field, I found out quickly that I must ‘entered the state of learning’. I had to quickly become acquainted with new customs, norms, practices and even language, which exists among the individuals tied by the long-term care system: the participants of this study, the ‘Greetings Home’ staff and management, or the Ministry of Health and Long-Term Care. As discussed below, I initially thought that my ‘situatedness’ as a Londoner would mediate many of the shortcomings of entering a new space. However, while there were many advantages (discussed below) to being a Londoner, nevertheless, I

understood that I did not have ‘access to privileged information’ and had to learn to abandon my assumptions. In this sense all participants of the interview (interviewer and interviewee) shape the multitude of meanings that are derived from that encounter, but there is also a “shared epistemological authority and ownership” (Koro-Ljungberg, 2008: 430). Such ‘shared ownership’ over the creation of meaning and reality ideally empowered my participants (Harding, 2004; Holstein & Gubrium, 2003).

Though the interview remains a co-construction, and perhaps because it is a co-construction, empowerment of my participants was important to me. In the concluding section of their article, *Overcoming Dualisms*, Sprague and Zimmerman (2004) argue for “scholarship that is passionate, committed, and engaged in the kinds of questions people care about, using strategies that carefully build on a diversity of skills and standpoints” (58). Sprague and Zimmerman (2004) and Harding (2004) call for a methodology that is inclusive and empowering to the participant.

However, Kvale (2006) brings our attention to the fact that interviews are often perceived as dialogues - signifying a mutual sharing of ideas, feelings or information within the interview setting. The constructionist epistemology may perceive the interview as a partnership, expressed as a performance, which is embedded in context (Miller & Crabtree, 2004). But I had to ask myself: ‘is the interview a form of social experience that is inclusive and empowering?’ Kvale (2006) makes an important point that cannot be ignored,

The use of the term *dialogue* for the research interview is misleading, as the interview is neither an open conversation, in the sense of an informal exchange of ideas, nor a dialogue in the philosophical sense of a reciprocal search for true knowledge by egalitarian partners. A conception of interviews as personal dialogues may provide liberal and humanistic interviewers with an illusion of equality and common interests with their subjects, whereas the researchers at the same time dominate the interview situation and retain sovereign control of the later use of the interview-produced knowledge” (original emphasis, 486).

Although using feminist methodologies provides many progressive alternatives to the positivist interview techniques (discussed above), ‘empowerment’ within the interview setting can still be debated. The interview still entails a hierarchical relationship that

reinforces asymmetrical power relations (Briggs, 1986; Kvale, 2006). The interview is still “a one-way dialogue, an instrument and indirect conversation, where the interviewer upholds a monopoly of interpretation” (Kvale, 2006: 484).

To overcome such obstacles and attain some ‘empowerment’ in my interviews, I followed in the footsteps of contemporary constructionist researchers, who are proposing inventive strategies that may bring about greater ‘empowerment’ and ‘inclusiveness’.. For example, Riessman (2003) draws our attention to the importance of the narrative within the interview. She argues that when participants engage in lengthy, and often disorderly, monologues (that resemble digressions from the topic) they are engaged in revealing story telling (Riessman, 2003). According to Riessman (2003), personal narratives need to be encouraged and embraced by the researcher, rather than be perceived as departures from the topic. I therefore, reframed from ‘steering’ participants back to the ‘topic’ of discussion or, worse, back to the interview guide.

Working within the frame of emotional geography, I also paid attention to non-verbal cues, such as emotional display, facial expressions or tone of voice, and aimed to understand them within context. Both language and non-linguistic communication facilitated the ‘exchange’ of understandings and acted as ‘tools’.

Other researchers, such as Richardson (2002), also maintain the importance of the representation of interview ‘data’. Richardson (2002) pushes the boundaries of textual representation by advocating that researchers use poetry to portray meaning. Poetry, Richardson (2002) maintains, is capable of capturing the nuances of life that prose ignores. Richardson (2002) is certainly advocating a unique approach and although her suggestions may seem extreme by contemporary research standards, her suggestions were not ignored. Such suggestions remind of the limitations of textual representation and provide inventive techniques for overcoming them. Although, poetry is beyond my skill level, I, nevertheless, aim to present my findings in an un-conventional manner (as discussed above).

I also take Pearce’s (2002) arguments into consideration about the difference between an oral society and a textual one. Pearce (2002) states,

in an oral society [that only uses face-to-face communication], knowledge consists of stories; in a literature culture, knowledge consists of sentences. In oral societies, stories are incarnate in the people who tell them or dance them or perform the rituals that comprise their culture...with the advent of writing comes a transmutation of the paradigm of knowledge from the story to the sentence...We get a sense of knowledge as being depersonalized, out of context, eternal, and objective” (Pearce, 2002).

As pointed out by Pearce (2002), the presentation of my findings as ‘text’ in itself has a ‘displacing’ effect. The key, then, to including and empowering my participant within the ‘interviews’, which were a co-construction, was to be cognizant that there is a difference between an oral exchange that is embedded in context and a literary one that is removed from the interview setting. To ignore the ‘nature’ of the interview and not critically assess its constructive power within the creation of knowledge would imply a failure in communicating my findings.

It is evident that the ‘interview’ is an encounter that is far more intricate than its ubiquity would imply. The interview is a ‘reflection’ and a ‘constructive force’ within society. Rather than being embedded within social practices and norms, it shapes and constructs those processes. The interview requires a philosophical position that values the opinion of the ‘individual’. But it is more than a method of ‘voicing’ the realities or standpoint of the lived experience. The interview contributes (through its use of language) toward the construction of social worlds.

Interview participants cannot be looked at as ‘vessels of answers’ from which meanings about the true ‘self’ or ‘reality’ can be derived. According to social constructionism, the notion of a one true ‘self’ and of a one true ‘reality’ is false. The individual is fluid, constantly reconstructed and embedded within context that often includes asymmetrical power relations. In order to empower the ever-changing ‘individual’ in my interviews I was ‘open’ about unequal power relations and aimed toward a balance of ‘context’ and ‘text’. A world composed of words carries a multitude of ‘truths’. After all, as argued by Riessman (2003) “any methodological standpoint is, by definition, is partial, incomplete, and historically contingent” (342). The methodological implications of the ‘interview’ only contribute toward the contingencies of ‘truth’ that represent social life.

2.4 Study Site

2.4.1 *Why London?*

This research is a case study of a long-term care facility, ‘Greetings’ Home for Seniors, which is located within the City of London, Ontario. This specific ‘site’ and its location in London were selected for several reasons. The next section will address ‘why I chose ‘Greetings Home for Seniors’ as the case study. However, before discussing my ‘site’, I would like to ‘situate’ my research and myself within the larger (both human and physical) geography of the City of London and provide my reasons for conducting the research there.

I have been a resident in the City of London for over twenty years and call London my ‘home’. Like most involved citizens, I have a good sense of the city’s history; its physical layout (build form and neighborhood areas); and the social issues and the values shared by its residents. I also consider myself to be a part of the ‘culture’ of London. In other words, I am a ‘Londoner’ and have spent my adolescence and early adulthood as a ‘part’ of this city.

My identity as a ‘Londoner’ and membership within the ‘community’ of the city - whether it is self-defined and/or recognized by others – provides me with a certain level of ‘insiderness’ (Harding, 2004) and ‘situated’ me, not only within the community of the city, but also with respect to my participants. This ‘situatedness’ and ‘insider’ status had many advantages and also some disadvantages. In terms of building rapport with my participants, I believe my membership within the ‘community’ allowed me to establish bonds much faster than if I were considered an ‘outsider’. When initially meeting participants, I believe that each party (the participant and I) approached the situation with the assumption that we share mutual understandings, be it of ‘London’ or of each other. These ‘assumptions’, and the ‘rapport’ that was based on those ‘assumptions’, allowed for conversations to flow smoothly and feel ‘natural’. I could easily talk about the city’s neighborhoods; its changing issues; current or past events; and the significance that those events had for the lives of my participants.

Residing within the city also made it convenient for me to ‘access’ the facility. The word ‘access’ is being used here in two ways: one denoting the steps taken to gain ‘access’ to the research site [initial canvassing for help and permission to work with the facility] and ‘access’ in regards to the research site’s proximity in relation to my own residence. My ‘resident’ status and community membership aided in the establishment of rapport between the gatekeepers at the research site: the ‘Greetings Home’ management and staff. This does not suggest, however, that a researcher who is not a resident of London would have been considered an ‘outsider’ and treated with less courtesy or provided less assistance.

However, it must be noted that my community membership aided in communication, understanding and establishment of rapport. I was never viewed as a ‘novice’ to the city. My ‘situatedness’ helped with establishing rapport on many levels: from initial canvassing of gatekeepers for help with the research, to participant recruitment (listed in more detail below), to interview sessions with the participants.

In regards to visiting the research site and collecting my data, convenience and access were also of importance. Living in London allowed me to conveniently travel to the research site, at times, visiting ‘Greetings’ several times a day. I could also be flexible in the way I scheduled interview appointment times. This flexibility became important when interviews had to be rescheduled or all together cancelled (with short notice) for various reasons (ranging from illness to other issues). I should note that while in the process of data collection, several floors that my participants were on had to be placed under quarantine due to an outbreak of the Norwalk virus (this impacted about two weeks of data collection). During that time, I still visited the site, however I did not have access to the quarantined participants.

My ‘situatedness’ and ‘insider’ status had many advantages, then, for conducting my work in the city of London. I am a Londoner who researched fellow Londoners. This identity allowed me to establish bonds with my participants, which would otherwise take more time to develop. Being a ‘Londoner’ then allowed me to be viewed as an ‘insider’ in one sense. However, in many ways I was also perceived as an ‘outsider’ and

a 'novice'. For one, although I am a woman, I am not a senior woman. More than that, I am not a senior woman who resides within a long-term care home. The landscape of long-term care and all the meanings attributed to the territory were new for me. When entering that space, I had to quickly learn a new language - so to speak - that exists within the facility. Upon conducting my interviews, I quickly realized that there are certain terms that are endemic to the institution, such as reference to different sections of the home as 'other side'. As a geographer, I initially felt 'lost' and found this frustrating. However, I asked for clarifications and the women who took part in this study were gracious and patient with me as I familiarized myself in their space.

2.4.2 About and Why 'Greetings Home for Seniors'?

I selected the Greetings Home for Senior as my research site for several reasons. The main reasons were: its size; operation and ownership; specific focus on providing care to seniors; and the home's willingness to work with me. The rationale for these reasons is provided below.

1. *Size*: As reported by the Community Care Access Centre, there are thirteen Long-term Care Homes in the City of London. In terms of its size, Greetings is one of the three major facilities within the city (with a capacity for 243 beds). Only two other long-term care facilities (retirement community with 247 beds and centre for long-term care with 391 beds) have a larger carrying capacity than Greetings. The remaining ten homes range in size from 78 to 192 beds. I focused on institutions that had a large volume of residents. Therefore, early on I excluded the remaining ten homes that had a carrying capacity of less than 200 beds. The reason for selecting a site with a large volume of residents was based on the fact that I was not performing a comparative study. I wanted to focus on a one case scenario. Therefore, I wanted to have access to a variety of participants. While the results of this study remain particular to the case study and do not aim to be generalizable to a larger population, having access to a large volume of potential participants allowed me to include varying perspectives and experiences. Also, an institutional home that is able to house more than 200 beds, functions as a space that is 'public', while aiming to also provide 'private' functions. Such a home, then, becomes a

‘semi-public’ space. A large volume home allowed me to focus on the objective of this study, which is to provide a more nuanced understanding of how ‘semi-public’ spaces function and related to the ‘private’ sphere of the home space.

2. *Operation and ownership*: Having excluded the ten homes that had less than 200 beds, I was left with three facilities. I then focused on the home’s ownership and operation. ‘Greetings’ is a public institution. It is owned, operated and funded by the City of London. The other two facilities are either privately owned or function more like a hospital than a ‘home for seniors’.

3. *Focus on Seniors*: In keeping with the aim of my research and to focus on the experience of seniors, I excluded one facility that functioned like a hospital and I focused on the two remaining retirement homes. Both facilities were initially contacted by phone. I spoke to the Manager of Community Life and with the Recreation and Program Manager. Both homes expressed interest in my research and wanted more information that would allow them to determine if they would be able to participate.

4. *Willingness of the Home*: On August 18th, 2011 I mailed contact letters to both homes and then followed up through phone calls (Contact Letter is located in Appendix B). In the end, ‘Greetings Home for Seniors’ continued to express interest. In order to work with the home, I had to meet their requirements. These included submitting: my proposal; the Ethics Approval Notice; Letters of Information and Consent; and present a Powerpoint that outlined my research. I also applied and received Vulnerable Screening through the London Police Department. Upon meeting all conditions, I received approval from the Director of Care to interview from eight to fifteen women. However, before recruitment began, I also met with the Resident and Family Councils. As outlined below, I incorporated this step into my recruitment strategy.

2.5 Recruitment

The study takes the form of purposive sampling. Below I list the process of recruitment. I feel that in terms of the feminist agenda, in comparison to the rest of the study, this step was the least ‘empowering’. The reason for this relative ‘disempowerment’ is two fold:

in order to gain access to the population of study, I had to go through various gate-keepers; and these 'gate-keepers' must adhere to public guidelines about research conducted at the home.

The 'gate-keepers' and public guidelines act as a 'filter' and limit the access to, or participation of, certain women. This 'filtering' process, although necessary, excludes the 'view points' of women who suffered from severe cognitive dysfunction (dementia, poor memory recall, confusion, or scored low on a cognitive functioning scale) or were of a poor health status. To determine, who was 'unfit' to participate, I therefore had to rely on the expertise of the retirement home practitioners (various gate-keepers: Director of Care, Social Worker and nurses).

Suitable participants were recruited with the aid of a social worker. Assistance of the social worker was necessary (and unavoidable) for two reasons: accessibility and protocol. As already mentioned above, to gain access to the research site and to the population of senior women, I had to adhere to the facility's protocols. Upon receiving approval, first from the *Western Ethics Board* (December 08, 2011) and then from the Director of Care (December 21, 2012), I recruited participants in two phases:

Phase 1: Resident & Family Council Presentations

In order to work with the home, I had to share my research with two councils: The Resident Council and the Family Council. These presentations were a requirement made by the Director of Care (to ensure transparency of all activities at the long-term care home). However, they also allowed me to begin my recruitment. While presenting, I was able to directly communicate with Resident Representatives and with their families. This action allowed me to share and introduce my research before individually approaching potential participants.

I first presented at the Resident Council (January 5th, 2012). The Resident Council is a monthly meeting that consists of both women and men that represent the residents and discuss issues faced by the home. My presentation provided the council with information about my research, my affiliation with the university, and my contact

information. I also answered questions and distributed information letters (located in Appendix C), which contained my phone number and e-mail address. I advised the women present that I can be contacted my phone, e-mail or through the social worker that helped me with recruitment.

A few women became interested in participating at that point. I left additional information letters with the social worker for any other potential participants who were not at the meeting. Within the following week, the social worker made contact with additional women, who she thought would be interested in participating. An announcement was also made to the nurses on each floor, who also recruited participants.

The second recruitment/information presentation took place on January 17th, 2012. This time I shared information with the Family Council – a body of individuals that represent the families of the residents. Once again, I distributed information letters and contact information.

Phase 2: Follow up recruitment

Phase one produced 16 interested participants (women who were recruited either at the Resident Council, Family Council or through the social worker and nurses). Phase two consisted of visiting each of the interested women. At each visit, I provided further information, answered questions and explained participant rights. At this stage, I also gained consent signatures (Consent Form is available in Appendix D) and left information letters with women who decided to take part in the study. At the end of the recruitment period, 12 women signed consent letters. However, one participant changed her mind and dropped out early on (before any data was collected). 11 women decided to participate and were interviewed for this study.

2.6 Participants

Given that this is a qualitative study, ideally the number of participants would be adjusted until a point of ‘theoretical saturation’ (Charmaz, 2004). Practically, however, I initially aimed for a sample of between eight and fifteen women. My findings are not meant to be ‘generalizable’ to a larger population or follow the logic of a survey or quantitative

research (Nagy Hesse-Biber, 2004). As stated earlier, the aim is to reveal the underlying patterns in the lived experience, specific to the given group of participants.

I selected a sample size of eight to fifteen participants, as it allowed me to gain a depth of information, rather than breadth, while remaining manageable (in terms of data collection, analysis and scope in a limited timeframe) for one researcher to handle (Miller and Crabtree, 2004). Although, initially I had no way to tell whether my sample size would allow me to reach ‘theoretical saturation’, I felt that I did achieve that point after 15 interviews with eleven women.

These women provide a diverse range of personalities, experiences, perspectives, ‘abilities’, interests, backgrounds and meanings. Their presence at the long-term care home, is also the result of various health concerns and circumstances. While all the participants were deemed ‘fit’ to participant by the ‘gate-keepers’ that helped with recruitment, they present a variety of ailments that keep them in the long-term care home. Though I did not inquire directly about the specifics of their health (as I felt that such questions would breach privacy), these women volunteered information about a variety of health concerns and personal circumstances that did not allow them to be cared for within the ‘private’ sphere of their personal or their kin’s homes. They discussed heart issues, hip problems, not being able to walk. Various family dynamics and breakdowns were also shared. Three women reported being divorced. Three were widowed. One resident was married and her spouse resided at the institution. In terms of years of residence at the long-term care institution, participants range from six months to more than twelve years. In age, they range from late 40s to 88 years.

2.7 Data Collection

Data collection took place in the winter (January & February) of 2012. As I noted earlier, while in the process of data collection, several floors that my participants were on had to be placed under quarantine due to an outbreak of the Norwalk virus. This impacted about two weeks of data collection. During that time, I still visited the site, however I did not have access to the quarantined participants.

I interviewed all participants in their rooms at the institution. The time of the interviews ranges from over an hour to about seventeen minutes. Most women were interviewed twice. However, due to the difficulty of the subject matter and the frailty of the women, some women were interviewed only once.

All interviews were audio-recorded and transcribed verbatim by me into written text for analysis. I also documented observations in a field notes journal. Interview questions addressed overarching topics such as: (a) life at the institution/day-to-day (b) specific characteristics that 'make' a space a home (c) how the home is 'experientially' sensed (in the 'mind's eye' how it looks, smells, sounds, tastes and what is its texture (d) what makes some spaces a 'home', while not others (e) how does one know she is 'at home'.

A full interview guide is available under Appendix A. Prior to using the guide, I ran several pilot interviews with fellow student colleagues. I checked for clarity of questions, understandings, flow of interview, and duration.

However, I must note that this interview guide was used rather 'loosely' in the field. Upon conducting the first two interviews, I quickly realized that asking retrospective questions about past homes (in particular questions: 5, 6 & 7), made most of my participants uncomfortable. Some women avoided such questions by veering off topic, while others communicated discomfort through their emotional reaction. Therefore, I reworded my questions and focused on the 'present' experience of home within the institution and only inquired about the past in a limited manner (unless, of course, retrospection was brought up by the participant).

I took all reasonable measures to assure confidentiality and anonymity of the women who took part in this study. All identifying information has been removed and pseudonyms are being used in order to protect the women's identities. I want to state that the 'participation' of these women does not end with the data collection. Upon full completion of this project, all the participating women will be invited to a presentation at 'Greetings Home for Seniors' that discloses the findings.

I also consider this project to belong to my participants as much as it belongs to me. I share ‘their’ story. This project is a co-construction. However, I am aware of the presence of my ‘voice’ among ‘their’ voices. In the section that follows I discuss how I analyzed and interpreted this project to ensure that the ‘presence’ of these women is explicit beyond the ‘data collection’. While I communicate ‘their’ voices to the readers of this thesis, I am aware of the strength of mine. However, ultimately this project is neither theirs nor mine, it is ‘ours’.

2.8 Analysis, Interpretation and ‘Trustworthiness’

I discuss above that I adopt the philosophical ‘lens’ of social constructivism, which proposes that ‘reality’ is socially constructed and constricted through social forces, such as for example: discourse, culture, norms, practices, or laws, to name but a few. My ontology of ‘reality’, then, maintains that there can be a multitude of interpretations of the same data set (each being equally valid). Also, as already mentioned, I view this study as a co-construction between the women who chose to take part and myself (Koro-Ljungberg, 2008). All these assumptions complicate ‘analysis’, interpretation and communication of my findings. How do I, then, ‘analyze’ and interpret my findings to produce ‘trustworthy’ research? I engage in the ‘art’ of interpretation (Denzin, 2004; MacKian, 2010).

First, it must be stated that although this study is a ‘co-construction’, undoubtably I remain the ‘primary’ speaker. My ‘voice’ is an important consideration as I am the one who analyzed and interpreted the shared information. My presence cannot be understated or assumed as inconsequential. I never exist ‘outside’ of this work.

I am not an ‘objective’ or a ‘distanced’ observer. I also never ‘position’ myself in that way, not at any stage (from field work, through to the written work) (Denzin, 2004). As mentioned by Denzin (2004), “[t]he Other’s presence is directly connected to the writer’s self-presence in the text. The Other who is presented in the text is always a version of the researcher’s self.” (452). I, therefore, exist in the text. I am present not only along side my participants, but, fundamentally, I cannot be ‘detangled’ from them.

The findings that come out of the data collected, then, are simultaneously (and paradoxically) a co-construction, and are also my own.

Nevertheless, I took certain steps to ensure that my ‘voice’ did not drown out the multiple ‘voices’ of my participants and that the findings represent a ‘reality’ experienced by the participating women. These steps included: staying ‘close’ to the data by following the iterative process of grounded theory (Charmaz, 2004); following an iterative hermeneutic cycle that involves ‘sense-making’, representation, legitimation and desire (Denzin, 2004); not ‘dehumanising’ what was shared with me and always interpreting information within context (MacKian, 2010); (as stated above) I also never treated my participants as ‘vessels of answers’ (neither during the interview process nor during analysis). This allows for my ‘findings’ to be more ‘empirically’ based as any interpretations are ‘grounded’ in the data (Charmaz, 2004). I also engaged in the ‘art’ of interpretation and storytelling (Denzin, 2004; MacKian, 2010).

But what does my ‘art of interpretation’ entail? To provide transparency, these are the steps I took: I began ‘analysis’ early. As stated by MacKain (2010), “[t]he reality is we analyze and interpret from the minute we decide to tackle a particular research topic, and bring with us an outsize range of baggage prior to even researching that point” (359). Therefore, early on I tried to remain cognizant of my ‘embeddedness’ in the research and I aimed not to ‘other’ my participants (Denzin, 2004). I was aware that the research would be a co-construction and aimed to take steps that would allow the women who took part in this study as much input as possible. For this reason, my interview guide (discussed earlier) was ‘unstructured’ and my interview sessions were akin to conversations.

I also follow the suggestion of Longhurst (2008) and use my own body as an ‘instrument of research’. Longhurst’s work on the body (1997; 2001; 2008), along with other feminists who problematized this geography, is used extensively in the Literature Review, Discussion and Conclusion chapters. Following Longhurst (2008), I ‘learned’ through my body by being cognizant of how I felt at each stage. Since, as discussed above, I am treating emotions as “relational but not impersonal” (Bondi, 2004: 445), I

view my own emotional state as a qualitative tool for the creation of meaning. My emotional reaction would, to some degree, be relational to the overall exchange between the participant and I. Therefore, I used my body, and the emotional reaction produced by my body, as a tool to gain more depth about what was being shared with me. I try to ‘tune into’ my emotions and paid attention to them as I engaged with my participants.

I not only listened, then, but I also ‘felt’. I ‘felt’ the stories that were being shared with me – laughed at the good and funny times shared; felt disappointed when failures were shared; felt sadness when illness, deterioration or death were discussed; and felt pride when I heard stories of triumph or resistance. I engaged emotionally, which required that I feel things. I felt things with my body. The interpretations and findings are, then, derived by using not only my thoughts (mind) and also my body and my emotionally. Ideally, of course, I would want to capture the ‘feelings’ and ‘emotions’ of my participants. Practically, however, I do not have access to ‘their’ feelings. I could ‘ask’ about ‘feeling’ or ‘emotion’. However, such an action would reduce ‘feeling’ to ‘language’, which as already discussed poses many ‘representative’ issues. I, therefore, utilized my own emotion and body (accepting that it was reacting in context to my ‘situatedness’) as a tool in gaining understanding.

Once I gathered my data, I then began to transcribe all interviews verbatim into text. To ‘stay close to the data’, I coded as I transcribed. Coding was done inductively. Some ‘themes’ were already apparent during interview sessions. I followed up on those themes with consecutive participants to gain further understanding. Therefore, initial codes were derived both inductively and iteratively.

Following ‘initial’ coding, I then coded for answers to the overarching research questions. I then coded for major emerging themes. Lastly, I went over all the transcriptions again and coded for any important, but missed themes.

During analysis, important to me were context of what was being said, word choice, grammar and sentence structure used by the participants. I looked for ‘how’ the concept of ‘home’ was being discussed. Language use and how the ‘home’ was imagined were important here. I also looked for contradiction in what was being

communicated. As already mentioned in the interview section, I also paid special attention to exchanges that might seem ‘off topic’. I treated all information shared as ‘telling’ and aimed to understand what my participants were trying to communicate ‘indirectly’. This meant that I was cognizant of and tried to make sense of lengthy disorderly monologues that ‘seem’ as digressions (Riessman, 2003). I treated such exchanges as revealing.

I also focused on gaining an ‘emotional’ understanding, that meant that I paid close attention to the emotion that was contained in the words that were being spoken. At no point did I ignore emotion. I paid attention to it during the interviews, while transcribing, while coding and listening to interview tapes. I made note of incidence of laughter, joy, pride, shame, sorrow, tears, complaints and praise. Since I transcribed all interviews myself, I stayed very ‘close’ and am quite familiar with the data. This step aided in analysis and interpretation. All codes and themes were organized through the use of the Microsoft Word software.

I will also mention that the three approaches discussed earlier (critical humanism, feminism and emotional geography) were linked together in the analysis. While analyzing the data, I looked for how the concept of ‘home’ was discussed by the individual women and looked for their understanding of ‘being-in-the-world’. I also paid special attention to the socially constructed ‘role’ and ‘place’ of women and older people in relation to the concept of ‘home’. Lastly, I was interested in the ‘home’ as an emotional place.

2.9 Summary

I close this chapter by repeating Denzin’s (2004) words, which remind that “[i]n the social sciences there is only interpretation. Nothing speaks for itself” (447). In the following chapters, I am present on every page and in every interpretation. My thesis and the findings that come out of it are ‘constructions’. However, in assessing the ‘truthfulness’ or ‘trustworthiness’ of my analysis, I follow the social constructionist understanding that maintains, all “[c]onstructions are not more or less ‘true’, in any absolute sense, but simply more or less informed and/or sophisticated” (Guba & Lincoln,

2004: 26). Therefore, in what follows I engage in reflexive storytelling (Denzin, 2004) and hope that I have provided a more ‘informed representation’ of the meaning of home among women who reside in long-term care.

In aiming to document the meanings of home, I had to undertake many important ontological, epistemological and methodological considerations. The methodology presented above achieves one of the main objectives of this project, which is to contribute not only to social theory or the documentation of experience, but also to the advancement of important methodological considerations. I accept the philosophical stance of social constructivism, and work with a framework that allows for a multitude of ‘truths’. Such an ontology allows ‘truth’, and social reality, to be something that allows for, and is comprised of, ‘diversity’, ‘fluidity’, but also ‘conflict and ‘tension’.

By utilizing critical humanism, I ask existential questions that perhaps allow for, otherwise concealed, power structures or spatialities to be revealed. The theoretical considerations provided by feminists allow me to question dualisms, the production of knowledge and prior ontological or methodological approaches to reality (positivism). In the spirit of feminism, my work is also ‘situated’, ‘embedded’, champions subjectivity, while it addresses and questions social discourse about knowledge and the ‘place of women’ in society.

I aim to ‘share’ the voice of my participants and ground my work in the data collected. However, I remain cognizant of my own presence in this work. As stated above, this work is a co-construction build from “dialogically agitated and tension-filled environment of alien words, value judgments and accents, [that] weaves in and out of complex interrelationships, merges with some, recoils from others” (Bakhtin (1986), quoted in Folch-Serra, 1990: 256). It belongs solely neither to the women who took part, nor to me. This work is ours. My voice remains strong, and should be considered when assessing my findings, but the participants or I cannot be ‘detangled’ from one another. Our shared understanding were created through the interview sessions, during which communication included not only language, but also emotions. Methodologically, then, this study relies on the ‘relational’ quality of language and emotion for the construction

of its findings. The findings present ‘a’ reality, which just like language and emotion is fluid and changing. I also remind the readers of this thesis, of their own ‘presence’ within the text as they interpret what I wrote. We share the ownership of this work.

This study also remains mindful that places, such as a long-term care facility or ones ‘home’, are also not fixed or ‘natural’ categories, but rather processes. I am aware that not only my participants or our exchanges construct the ‘meanings’ shared in this research, but larger forces, such as social norms, customs, culture or laws, also shape the findings. These forces often oppress. However, by revealing the ‘texture of space’ and ‘textures of the experience’ (Adams, et al., 2001) some agency can be gained, where public institutions can ‘feel’ more like ‘home’.

Chapter 3

The subject of feminism, then, depends on a paradoxical geography in order to acknowledge both the power of hegemonic discourses and to insist on the possibility of resistance...fragment the dead weight of masculinist space and rupture its exclusions. Above all, they allow for the possibility of a different kind of space through which difference is tolerated rather than erased. (Rose, 1993: 155)

3 Literature Review

Home, body, emotion and aging remain to be interdisciplinary topics. In this *Literature Review* I build upon, and am indebted to, the work of various scholars, ranging from geography, sociology, psychology, and work situated in nursing, medicine, environmental psychology and architecture. However, this *Literature Review* is centered on three assertions made by geographers that: place, within the study of health (Kearns & Moon, 2002), emotions (Anderson & Smith, 2001; Davidson et al. 2005; Milligan, 2005) and women 'matter'.

In this review, I also aim to problematize the various dichotomies that exist within Western philosophy and research. These dichotomies include: the separation of space into public and private spheres; the inside/the outside; the mind/body dualism; the distinction between the 'rational' and the 'emotional'; or the Self and Other. Therefore, the review is purposely structured into sections about: home and body, my discussion about emotional geographies and aging ties the two concepts together. A 'dualist' structure may seem unfair to those scholars who work towards overcoming dualistic assumptions. Nevertheless, I think that by structuring this chapter into a 'dualism' (Home/Body), I display the prevalence and hegemony of such ontology within Western thought. I demonstrate in this review that dichotomies prevail and continue to provide the main framework within which home and body are understood and studied.

In particular, I draw attention to how the body and home are socially constructed through discourse: as palpable entities, as boundaries, as processes, as objects of subjective inscription, as sites of struggle, oppression, contestation, resistance and identity construction. I also address the questions: 'what is the body?' and 'what is

home?’ in relation to geographic research and dualist thinking. I tie both concepts together by discussing novel trends in research on: emotional geographies and aging. I discuss contributions and new directions within ‘emotional geographies’. I demonstrated that health geography is embracing ‘emotion’ in place conceptualizations. The work of Rowles (1978) and Milligan et al. (2005) shows that geographers are calling for the inclusion of ‘emotional’ spaces into research on the geographies of older persons.

As the quote that begins this chapter demonstrates, the feminist argument for social equality, the acceptance of difference, and the deconstruction of the current oppressive hegemonic status quo, does require a ‘different kind’ of geography. This new ‘space’ has already placed demands on the discipline of geography and challenged it to work within ‘different kinds’ of epistemologies and methodologies, which have been introduced by feminist, humanists, poststructuralist, or postmodernist, to name but a few scholarly approaches. To contribute to contribute to such ‘different’ theoretical spaces, I build upon the work of Rose (1993, 1995, 2003) and Longhurst (1997, 2001). Rose (1993) presents us with the imaginary ‘paradoxical geography’, while Longhurst (1997, 2001) reveals the ‘messy’ geography of the body. Rose and Longhurst both argue that places and bodies are porous and exist within diverse spatialities and temporalities.

To share my findings I not only discuss, but also create the ‘paradoxical’ space that Gillian Rose (1993) describes in her work, *Feminism and Geography*. In the chapters that follow, and provide my *Findings (Chapter Four and Five)* and *Conclusion*, I purposely construct a ‘paradoxical space’ by moving away from dualist thinking or positivist assumptions. However, next I must first reveal the current theoretical *space* that I find myself within. A space that is filled with various dualist assumptions in relation to: home, body and emotion. Below I will discuss research on the: *home, body, and emotional geographies and aging*. I conclude by discussing the concept of ‘paradoxical’ space, introduced by Gillian Rose (1993), in geography.

3.1 HOME: from cradle to sea

Research on ‘home’ has progressed from viewing this landscape as humanity’s ‘cradle’ to accepting the vastness of the term and appreciating the ‘sea’ of meanings that home evokes. The aim of this section is to discuss the wealth of geographic work on the meanings, interpretations and values contained within the place called ‘home’. However, in that aim I, at times, transverse outside of geography and discuss other pivotal works.

Scholarly work on ‘home’ remains multi-disciplinary. It is a place that intrigues: sociologists, anthropologists, psychologists, historians, architects, philosophers, and geographers. In human geography, the rich complexity of the quotidian place of the home has been demonstrated by the work of various geographers such as Blunt (2005); Blunt & Dowling (2006); Blunt & Varley (2004); Dobash & Dobash (1980); Elmwood (2000); Massey (1994; 1998); Saunders (1989); Saunders & Williams (1988); Sommerville (1992); or Valentine (2001), to name only a few.

Ultimately, I in this review move beyond a romanticized and idealized understanding of ‘home’, beyond Bachelard’s (1994) spatial fixations with nooks, garrets, corridors or attics, and hope that this section will give ‘critical’ insight into the true complexity and intricacy of the term (Blunt & Dowling, 2006; Brickell, 2012). I aim to address the question: ‘what is home?’ and explain recent debates about the definition of the term.

Far from being a mere shelter, a place of intimacy or a sanctuary from the world, the ‘home’ is a landscape filled with varying, and often contradictory, meanings. Older individuals, who reside in long-term care, call a public institution their ‘home’. In an effort to understand that place, I review research on ‘home’ that includes a problematization of the distinction between public and private space. Home is traditionally constructed as a domain of the ‘woman’ and it reinforces specific gender, cultural and family roles. This section reveals that far from being a mundane or an unremarkable, the quotidian geography of home is a landscape that exists on many scales, and is filled with many spatialities, surprises, contradictions, paradoxes, conflicts, emotions and, yes, also poetics.

3. 4. 1 Dualist Space: The Private and Public Sphere and Domesticity

The Western understanding of ‘home’ traditionally perceives (and preserves) it as a private, intimate, exclusive, perhaps even secret, if not a sacred, entity (Blunt & Dowling, 2006; Blunt & Varley, 2004; Mallett, 2004; Valentine, 2001). More than shelter, the home is a personal haven from the world and from Others (Blunt & Dowling, 2006; Mallett, 2004). In his classical work, *The Poetics of Space*, Gaston Bachelard (1994: 7) states,

In the life of a man, the house thrusts aside contingencies, its councils of continuity are unceasing. Without it, man would be a dispersed being. It maintains him through the storms of the heavens and through those of life. It is body and soul. It is the human being’s first world. Before he is “cast into the world”, as claimed by certain hasty metaphysics, man is laid in the cradle of the house. And always, in our dreams, the house is a large cradle.

Bachelard (1994) presents home as a necessary adobe – a ‘large cradle’ - where the hu(man) is protected from the world and maintained. According to Bachelard (1994), home offers existential protection and is always, in ‘dreams’ and imagination, a space of refuge that maintains and sustains (if not creates) the Self.

The early work of geographers, especially humanists working in the 1970s and 1980s, perpetuated such spatial conceptualizations (Brickell, 2012). Sommerville (1992) in his work lists seven meanings that are often attributed to home: shelter, hearth, heart, privacy, roots, abode and paradise (72). Work on the ‘sense of place’ (Relph, 1976; Tuan, 1976) further perpetuated romanticised and static notions of home. Home, at that time, was seen as an ‘idealized’ space, which was synonymous with protection, belonging and refuge. Within an increasingly displacing world positive aspects of home were valorized and exaggerated (Brickell, 2012). However, the poignancy of such definitions was much stronger than merely presenting positive qualities of place-attachment. In such definitions we notice a perpetuation of a specific ontology of home that: clearly demarcates inside from an outside; separates nature from humanity; and creates a distinct public and private sphere. Without the private sphere of the home, the public sphere also ceases to exist. Such an ontology of home has existed in Western thought since at least the ancient Greek world. As pointed out by Kaika (2004), Plato

(360BC) in *Republic* discussed the *polis*, the public sphere, which is defined by the creation of the private sphere. In the broadly defined ‘Western culture’ the concept of ‘home’ is closely tied to the idea of the private space versus public space. However, the two spheres do not exist at the same time, but are rather seen as opposites.

In his work, *Home: A Short History of an Idea*, Rybczynski (1987) argues that this marked division originates in the seventeenth-century with the Dutch and the ‘invention’ of the idea of ‘domesticity’. Rybczynski (1987) explains that it was in the United Provinces of the Netherlands that a new ‘boundary’ was drawn,

When visitors were required to take off their shoes or put on slippers, it was not immediately on entering the house – the lower floor was still considered to be a part of the public street – but on going upstairs. That was where the public realm stopped and the home began. This boundary was a new idea, and the order and tidiness of the household were evidence neither of fastidiousness nor for a particular cleanliness, but instead of a desire to define the home as a separate, *special place* (66, my emphasis).

Through such practice (the act of removing shoes) two ‘geographies’ are born: that of the public (lower) space and the private (upper) space within the Dutch home. Rybczynski (1987) also notes that the idea of ‘home’ being a place of private intimacy was unknown during the Middle Ages, but emerged sometime prior to the seventeenth century.

The space of home becomes, not only a means through which many dualisms are constructed, but also the very idea of the ‘individual’ is created and maintained within the home. Kaika (2004) argues that,

The dwelling space of the modern (bourgeois) individual became constructed not only as a line separating the inside from the outside (a house), but also as the epitome, the spatial inscription of the idea of individual freedom, a place liberated from fear and anxiety, a place supposedly untouched by social, political and natural processes, a place enjoying an autonomous and independent existence: a *home* (266, emphasis in original).

The space of the ‘house’ becomes an idealized and imagined ‘home’. It becomes an imaginary ‘large cradle’. Such a home really is composed of dreams, thoughts, imagination and poetics (Bachelard, 1994).

It is an imaginary geography that is a means through which the independent White bourgeois Enlightenment man carves out a space for himself. His ontological understanding of space, his imagined superiority, his 'daydream' become 'reified' through the creation of his 'haven' home. As demonstrated by Kaika (2004), within his home, he imagines himself to be 'safe' from social processes, relations or natural elements.

3.4.2 *The 'Porous', yet 'Fixed' Home*

Yet, as pointed out by 'critical geographers', especially feminists, the experience of home often does not live up to its idealized notions. The definition of home remains elusive and nebulous. The home is a multi-dimensional and a multi-scalar entity (Blunt & Dowling, 2006). The home varies from a house, to a neighborhood, a town, city, nation or even to the planet earth. Constellations of relationships and experiences construct the space. Therefore, Blunt and Varley (2004: 3) provide a succinct definition by stating,

As a space of belonging and alienation, intimacy and violence, desire and fear, the home is invested with meanings, emotions, experiences and relationships that lie at the heart of human life.

Yes, home is a sense of belonging, security, privacy or intimacy, but it also encompasses the lack there of within that space (Blunt & Dowling, 2006; Blunt & Varley, 2004).

Critical geographers, such as Blunt and Dowling (2006) or Massey (1994) have demonstrated that the concept of the home remains 'fixed', bounded and confining by idealized notions that are attached to the term, yet is simultaneously fluid; permeable and changeable (Massey, 1994; Mallett, 2004; Valentine, 2001). Massey (1994) states,

...that place called home derived precisely from the fact that it had always in one way or another been open: constructed out of movement, communication, social relations which always stretched beyond it (171).

In their work, *Home*, Blunt & Dowling (2006), discuss home as: the nation, the empire, as well as the transnational home, migration and meanings attached to belonging, home-making, exile, asylum, nostalgia and alienation (Blunt & Dowling, 2006). They point out

that the study of this landscape must take into account that “[h]ome as place is a porous, open, intersection of social relations and emotions” (Blunt & Dowling, 2006: 27). Home is idealized as ‘stability’ and rootedness. However, it remains open, porous and fluid. Paradox exists within the experience and meanings attached to the term.

Nevertheless, feminist geographers and critical geographies of home have demonstrated that although the space of the home may be ‘porous’ and ‘open’, the social meanings attached to the place often ‘fix’ and bind individuals into rigid social roles and identities (Blunt & Dowling, 2006; Massey, 1994; Mallett, 2004; Valentine, 2001). Therefore, home is simultaneously an open concept and an entity that ‘fixes’ and ‘encloses’ humanity within space.

3.4.3 Home and Gender, Class, Sexuality, ‘Race’ and Age

This ‘fixation’ is expressed as a ‘material structure’ that has permanence; a sense of attachment or bond felt within or towards a certain place; or as a set of normative social practices or political structures that secure and perpetuate gender, class, sexuality, ‘race’ and age roles (Blunt, 2005; Blunt & Dowling, 2006; Blunt & Varley, 2004; Blunt et al., 2007; Floyd, 2004; Mallett, 2004; Parr, 1999; Valentine, 2001). Traditionally, as I already demonstrated above, the ‘home’ is experienced as a “comforting bounded enclosure” (Massey, 1994: 168). Home along with demarcating space also expresses social limits and norms (Blunt & Dowling, 2006; Floyd, 2004; Parr, 2002; Rose, 2003; Valentine, 2001).

Feminist geographers have demonstrated how oppressive and limiting the ‘space’ of the home can be (Blunt & Dowling, 2006; Floyd, 2004; Parr, 2002; Rose, 2003; Valentine, 2001). ‘Home’ maintains the social structures of patriarchy, which binds oppressed groups into certain spaces. In particular, women are designated to the sphere of the private ‘home’ (Blunt, 2005; Blunt & Dowling, 2006; Valentine, 2001). Studying the physical structure of the build environment, feminists argue that through housing designs and space allocation, ideas about the ‘place’ of women, or the elderly, or the ‘sexed’, or the ‘raced’ are reinforced (Valentine, 2001).

The home becomes an enclosure for women or the elderly, who are the focus of this study. It is a place of oppression or bondage, rather than a place of security and protection (Blunt, 2005; Blunt & Dowling, 2006; Valentine, 2001). The separation between public and private spheres has become even more pronounced into a separation of work and home with the emergence of industrial capitalism (Mallett, 2004; Valentine, 2001). This separation is reflected within the built environment of the city, neighborhoods and houses particularly in the postwar years (Parr, 1999; Valentine, 2001). Valentine (2001) points out that, “[o]n a city scale residential areas developed along roads and railways, allowing men to travel into the city to the workplace, leaving women and children in residential suburbs in the urban fringe” (66). The home, especially for women and the elderly, is not a ‘retreat’ from work or an ‘adobe’, but rather a place of restriction, unpaid work and, at times, of violence (Blunt, 2005; Blunt & Dowling, 2006; Valentine, 2001).

The separation between the public and private spheres reflected in the build environment is not only problematic for women and the elderly, but also the young, the non-heterosexual or the disabled (Blunt & Dowling, 2006; Valentine, 2001). Through its structure, build form, material objects and performed practices, the home is a site that perpetuates cultural norms, ideas and ideals, especially favoring the ‘nuclear family’ and heteronormacy (Blunt, 2005; Blunt & Dowling, 2006; Blunt et al., 2007; Floyd, 2004; Rose, 2003; Valentine, 2001). Home ‘fixes’ social, political, economic processes, norms and values within space. But the meanings attached to home may be contested and altered as practices, ideas and values change. The home is a ‘fixed’ and yet a ‘fluid’ entity. Its fluidity is predicated upon changing ideas, if not ideals, about a sense of living.

3. 4. 4 Spatial Imaginary

The ‘home’ is expressed as a material object, but it is also a “*spatial imaginary*” (Blunt & Dowling, 2006: 2). Being more than a physical structure; a place of ‘dwelling’; an emotional attachment; or a site of social practices, the home is an imaginary concept and a process that has to be sustained (Blunt & Dowling, 2006; Rose, 2003; Valentine, 2001). For example, the feminist geographer Dolores Hayden argues that home, in

particular the suburban home, is a “landscape of imagination” (Blunt & Dowling, 2006: 7). The ideals associated with the ‘nation’ are expressed within the suburban home in North America (Blunt & Dowling, 2006; Parr, 2002; Valentine, 2001). However, as discussed above, the concept of the ‘ideal’ home creates oppression, alienation or restriction for women, the elderly, the non-heterosexual, or anyone who chooses to dwell within a different arrangement (Blunt & Dowling, 2006; Valentine, 2001).

Feminist geographers are proponents of designing built environments that alleviate some of the inequalities created within the current structure of the urban design (Blunt & Dowling, 2006; Valentine, 2001). In particular, Dolores Hayden proposed designs for houses that centre on collective space and allow the inhabitants to share in the activities of the home more equally (Blunt & Dowling, 2006; Mallett, 2004; Valentine, 2001). Since the home is an idea, feminist geographers argue that through re-conceptualization and restructuring of the built form, the home can become a space of equality, belonging and refuge for all members of society (Blunt & Dowling, 2006; Mallett, 2004; Valentine, 2001). These are perhaps also ‘idealistic’ notions, but since the ‘home’ is a ‘fluid’ and an imaginative entity, its meaning and experience can, and should be contested (Blunt & Dowling, 2006; Floyd, 2004; Mallett, 2004; Valentine, 2001).

Lastly, the home can also be a site of liberation and an expression of identity. As pointed out by Valentine (2001), feminist writers, such as bell hooks remind that “black women have constructed the home as a space of care and nurture in the face of the brutal reality of racist oppression” (82). bell hooks (1991) further argues that the home is an open-ended entity by stating,

At times home is nowhere. At times one knows only extreme estrangement and alienation. Then home is no longer just one place. It is locations. Home is that place which enables and promotes varied and ever changing perspectives, a place where one discovers new ways of seeing reality, frontiers of difference (148).

hooks’ (1991) understanding of home is a conceptualization that allows for self-realization and identity formation. The formation of identity is predicated upon the formation of formative bonds, or in some situations, lack there of, within and between one’s place of origin (Blunt, 2005; Blunt & Dowling, 2006; Blunt & Varley, 2004; Blunt

et al., 2007; Valentine, 2001). As pointed out by Valentine (2001), home can be a source of identity and meaningfulness. This understanding of the meaning of home agrees with Bachelard's (1994) perception of the 'poetics of space'. A home is a 'poetic', where an imaginative expression of culture, society, bonds among individuals and space, one's origin of being, of social, political and economic struggles, practices and structures, and an expression of the self. Home does "lie at the heart of human life" (Blunt & Varley, 2004: 3) and expresses its 'poetic'. However, a 'heart' implies a body and at this point I move on to the next important concept, the body. After all, one's ultimate 'home' is always the 'body'.

3.2 BODY: A messy geography

In geography, it can be asserted that feminist scholars brought attention to and have put the geography of body on the 'map' (Simonsen, 2000). Interest in this 'geography' did not become prominent until the 1990s, behind other social sciences or humanities studies. Research on the body also remains interdisciplinary.

Although in some geographic approaches a 'body' is implicitly present. In Marxist geography the body of the labor force can be detected and within Humanistic geography the concept of 'lived experience' implies a body in as early as the 1970's and 1980s. However, these approaches never explicitly deal with or treat the body as a geographical 'space'. Critical work on the 'body' begins with feminist geographers, such as Grosz (1993; 1994); Longhurst (1995; 1997; 2001); Bell and Valentine (1995); Nast and Pile (1998); Rose (1995) or Shilling (1993). Their cutting-edge work not only expands geographic debate about the topic, but also leads to a 'body craze' (Simonsen, 2000:7) that becomes quite trendy in the 1990s (Moss and Dyck, 1999).

According to Simonsen (2000) the body is explored, at that time, in three main notions: as 'the geography closest in'; Other bodies; and transcending dualisms. The body is also treated as a: space, a boundary, a project, a site and a location (Valentine, 2001). Nevertheless, the body is always seen as a socially and culturally constructed entity.

3.5.1 Mapping the 'Closest In'

Much early work in geography was concerned with the 'nature' of the body and tried to 'flesh' out an answer to the question: 'what is the body?' (Rose, 1995; Longhurst, 1997). Grosz (1992: 243) provided the following definition (original emphasis),

By *body* I understand a concrete, material, animate organization of flesh, organs, nerves, muscles and skeletal structure which are given unity, cohesiveness, and organization only through their psychical and social inscription as the surface and raw materials of an integrated and cohesive totality...The body becomes a *human* body, a body which coincides with the 'shape' and space of a psyche, a body whose epidermic surface bounds a psychical unity, a body which thereby defines the limit of experience and subjectivity, in psychoanalytic terms through the intervention of the (m)other, and ultimately, the Other or Symbolic order (language and rule-governed social order).

It is clear from this definition that the 'body' has a 'materiality' – it is flesh, organs, nerves and muscles. But also, more importantly, the body is more than mere skin, bones or cells. It is also a socially constructed entity with 'limits of experience' that are determined by "the intervention of the (m)other" (Grosz, 1992: 243).

Feminists and social constructionists argued, during those debates (and still do now), that the body is a physical and a social process (Longhurst, 1997). Bodies, and the identities attached to them, are not 'natural' or 'neutral' (Rose, 1993). They are created by social interaction. In this way, the body is also a political 'battlefield' (Simonsen, 2000). Longhurst (1997) hoped, in the 1990s, that by studying the body, there would be "potential to prompt new understandings of power, knowledge and social relationships between people and places" (496). The 'body' - used as a unit of analysis – allowed scholars to consider important power relationships. The importance of the 'body', as a geography and a unit of study is made clear by Adrienne Rich (1986: 215) who states,

[T]o locate myself in my body means more than understanding what it has meant to me to have a vulva and clitoris and uterus and breasts. It means recognizing this white skin, the places it has taken me, the places it has not let me go.

In this statement, Rich's body is not a 'neutral' container, but is 'gendered' and 'sexed' – by its vulva and clitoris and uterus and breasts – to be a woman; and 'raced' – by its white skin. Through her body, her life experiences are limited or expanded. The

meanings attached to her body are not ‘natural’ but socially created. Her body is ‘flesh’ – material – but that ‘flesh’ is socially inscribed with meanings.

For feminist geographers the body is a site of ‘politics’ (Longhurst, 2001). Of ‘politics’ that involve inclusion, exclusion, control, oppression and resistance, that centers on the age, color, gender, sex, ‘race’, ability or management of the body (Bell & Valentine, 1997; Valentine, 2001). The ‘body’ is never a mere ‘vessel’ of the Self. It is an intimate geography that allows or denies access to all other geographies. Feminist geographers, not surprisingly then, focus on the ‘body’ in its relation to gender, sex, sexuality, homophobia, heterosexism, disability, ‘deviant’ bodies, ageism, ethnicity, racism and the creation of space and place.

In terms of gender relations, attention is paid to the experience of women, who historically have been considered to be ‘close’ to nature based on upon the function of their bodies by their ability to give birth, menstruation and ‘emotionality’, which was equated to the ‘uncontrollable’ forces of nature (Valentine, 2001). Men, on the other hand, were able to ‘transcend’ their bodies or embodiment. Kirby (1992: 12 – 13, emphasis in original, quoted in Longhurst, 1997: 491) states that,

Although it is granted that Man has a body, it is merely as an object that he grasps, penetrates, comprehends and ultimately transcends. As his companion and complement, Woman *is* the body. She remains stuck in the primeval ooze of Natures’ sticky immanence, a victim of the vagaries of her emotions, a creature who can’t think straight as a consequence.

In this understanding, men are ‘contained’ in their bodies, but not ‘controlled’ by them. Assumptions that the ‘male’ body can be ‘controlled’ or ‘transcended’, while the ‘female’ body is inherently unpredictable have been in Western thought since at least the sixteenth or seventeenth centuries (Valentine, 2001).

Differences in the bodies - sex, skin color or ability, and so on - were used to exclude, oppress or control individuals and groups. ‘Essentialist’ arguments that assume ‘natural’ and ‘pre-discursive’ bodies were used to justify and maintain the status quo of inequality. The essentialist understanding of the ‘body’ sees it as a ‘fixed’ and stable essence (Valentine, 2001).

Social constructionism and feminist theory – upon which this study is based – challenges such assumptions. In current debates, the body remains as a socially constructed, rather than a ‘naturally’ occurring entity. As Abrahamsson and Simpson (2012) state, “the body can never be understood as an essence or as a self-contained entity” (332). As it is never detached from the geography in which it finds itself in be it the place in which the body resides, the social relations that define it – laws, morals, customs, culture or values - or the emotional geographies with which it interacts.

As pointed out by Longhurst (2001) “[t]he question ‘what is a body?’ can only be answered by ‘locating’ bodies” (5). The question ‘what is the body’ cannot be answered by viewing the body as a static entity – or an ‘essence’ – rather the body is a geography and it is constructed by all other geographies and the discourses that exist there. The body, then, is a process of endless becoming both in terms of its biology (ie the ageing body) but also in terms of its social interaction (ie the places that an ageing body can go) (Longhurst, 1997; 2001; Valentine, 2001).

Yet – as mentioned above - early geographical scholarship drew from the work of phenomenologists and tried to provide a phenomenological understanding a ‘pre-discursive’ body (Dorn and Laws, 1994). Such work conceived of ‘essences’ that ‘fixed’ the body and assumed a ‘natural’ core. Although, a search for ‘essences’ has been rejected by later social theory that drew from the work of Foucault (Valentine, 2001). Humanistic work did champion the ‘everyday’ ‘place centered’ experiences of the body and brought forward arguments for the rejection of the dualist theories of mind and body (Longhurst, 2001).

3.5.2 Body Chopped In Two: Dualisms

With the theories proposed by Descartes in the seventeenth century, the ‘Cartesian subject’ emerges and the ‘body’ becomes chopped into two: into the body and mind. The ‘mind’ – and its assumed intelligence, ‘objectivity’ and rationality – is separated from the ‘body’ - which is understood as a mere machine (Valentine, 2001). This understanding of the ‘body’ leads to many dualisms in Western thought.

In those early debates that took place in the 1990s, many dualisms, such as body/mind, gender/sex, culture/nature, subject/object, essentialism/constructionism had to be questioned by feminist scholars (Rose, 1995; Longhurst, 1997; Simonsen, 2000). As argued by Rose (1993) the assumption that ‘thought’ – the mind - can be disembodied from its ‘social position’ allows ‘rationality’ to “claim itself as universal” (7). Positivist assumptions about rationality, ‘objectivity’ and ‘detachment’ are not only disembodied, but also lead to some interesting discourses about the body’s position.

As demonstrated by Longhurst (1997; 2001), who builds upon the work of Grosz (1989), dualist thinking and the discourse that accompanies it leads to a “division of a spectrum into one term or its opposite leaves no possibility of a term which is neither one nor the other, or which is both” (Longhurst, 1997: 490). In other words, such dualisms see the world as made up of: ‘one’ or ‘the other’; the ‘Male’ and the ‘Female’; ‘old’ or ‘young’; ‘heterosexual’ or ‘homosexual’; the Self and the Other – with nothing in between. Grosz (1989: xvi), demonstrates the impact of such a world view when she states,

[w]ithin this structure, one terms (A) has a positive status and an existence independent of the other; the other term is purely negatively defined, and has no contours of its own; its limiting boundaries are those which define the positive term...Dichotomies are inherently non-reversible, non-reciprocal hierarchies, and thus describe systems of domination.

Dualist thinking, then, not only divides continuums into two opposites, but also creates a positive/negative binary. Meaning that if the male body – based on its anatomy - is understood to be one point (the positive; the Self; the rational, the objective, the controlled) then the female (based on its anatomical difference) must be the other (the negative; the Other; the irrational; the subjective; the uncontrollable). One point also negates the other or leads to hierarchy and domination (Rose. 1993).

As a space the body remains highly problematic. Kirby (1992: 1), cited in Longhurst (1997; 2001) goes as far as to say that the body is ‘*a terra incognita*’. Recent scholarship further problematizes the body by not only trying to stitch it back together, by questioning dualisms and attaching the mind to the body, it is also concerned with

emotional and affectual aspects of the body. Two new ‘bodies’ of scholarly work: emotional and affectual geography nuance the relationship of the body to space even further.

The two approaches differ in their understanding of the body. As noted by Pile (2010), for emotional geography,

the body is a site of feeling and experience. These experiences and feelings are socially embedded, but they are localizable in the body, and relationships between bodies. The body, though embedded in social relations, is ultimately personal: it is the location of the psychological subject. (Pile, 2009: 11).

However, for affectual geography,

the body is not seen as personal, but as transpersonal. More, the body is used to challenge the expression of emotions: the body, in this, sense is the location of the non-psychological. (Pile, 2009: 11)

In this study, I also try to stitch all the constructed dualisms back together. Therefore, I not only see the ‘body’ as mind and body, but also use both emotional and affectual geography’s definition of the ‘body’. This allows me not to Other either the mind or body and not to place boundaries or limits on that intricate geography.

3.5.3 Other Bodies: Boundaries and Limits

In looking at emotion, gender, age, and landscapes of care, I am also concerned about the limits and boundaries that surround the geography of the body. In particular, I build upon the work on Longhurst (1997, 2001) and her arguments about the ‘messy’ geography of the body. In her work, *Bodies: Exploring fluid boundaries*, Longhurst (2001) discusses pregnant bodies in public spaces; men’s bodies in bathrooms; and managerial bodies and the disciplining attire of the ‘suit’. Ultimately, Longhurst’s (2001) work shows that bodies question any ‘fixed’ or bounded definitions of identity, meaning, materiality, or space. Braun (2004: 272) agrees by stating,

There is no beginning to the body, no origin and no end. We are only, always, in the middle of ‘human becomings’ of many different types.

Bodies are a process of becoming. They remain 'messy' geographies within their aging and changing 'fleshiness'. The fluidity, 'messiness', and inevitable instability of the body (Longhurst, 1997; 2001) disputes any socially constructed meanings about age, ability, or sexuality. In other words, the changeable morphology of the body questions the rigidity of the meanings and identities attached to the human body, especially dichotomous divisions on the body into mind/body, Male/Female, or heterosexual/homosexual.

This problematization of dichotomous assumptions is also evident in gender and sexuality studies. Critical work on sexuality and gender has demonstrated that transsexuality, queer identities or 'third' genders introduce complexity into simplistic dualist assumptions about Male/Female or heterosexual/homosexual categorization (Johnston & Longhurst, 2010). These 'bodies' and such Other genders, or sexual identities provide examples of 'difference' and heterogeneity in identity constructions. However, their prevalence is often silenced by the assumption that such identities are anomalies, or unusual deviations from the norm. These 'different' identities, and their geographies, are written-off as unexpected or atypical occurrences. These identities and these bodies are Othered and displaced in discourse about 'normalcy'. Nevertheless, these Other bodies that present queer identities, transsexuality or 'third' genders problematize 'standard' categories.

The importance of Longhurst's (2001) work on the 'messy' body is her ability to show that all geographies problematize dualist categorizations. Her work on the 'everyday' geographies of pregnant bodies, male bodies or managerial bodies demonstrates that all bodies question rigid, bounded or 'fixed' identities and meanings that are attached such bodies. In other words, all geographies are as 'messy' as the body itself. This problematization of dichotomous space divisions has significance for this research. In my work I demonstrate that the 'everyday' geographies of 'home' and care remain 'fluid' within the boundaries zones between identity construction such as Self/Other or space conceptualizations, such as the division of space into a public and a private realm.

Cultural and societal understandings about the body and place reify certain philosophical ideas into reality. The body may be the ‘geography closest in’ (Rich, 1986), but it is within the home that the body first begins to be ‘shaped’ and ‘inscribed’ by the world. In one’s body and home one learns about places and the meanings that are attached to those landscapes. Those landscapes can be composed of emotional geographies or other geographies of inclusion and exclusion that initiate and maintain the process of the endless ‘becoming body’. In varying ways, the home and body are emotional landscapes of diverse experiences. But to what extent has this ‘emotionality’ that can exist within spaces and places has been considered as consequential to the construction of lives, landscapes or identities? In the next section I will address this question.

3.3 Emotional Geographies and Aging

In a recent progress report on Human Geography, Sharp (2009) contemplates ‘what belongs to feminist geography?’ (Sharp, 2009: 75) and argues that: emotion, power, and change are the domains of feminism. The aim of the report is to assess the relationship between feminism, cultural geography and emotional geography. Sharp (2009) concludes her review by stating that for feminism “the emphasis on the political manipulation of emotion/affect is key, and indeed offers a necessary line of examination for geography” (78). The necessity to include emotion and affect into study is centered on the unavoidability of emotionality in all landscapes and the recognition that emotion has a constructive power. Sharp (2009), along with other emotional geographers, argues that feminism in its aim for social change has never been devoid of emotion. Neither has scholarship. Nevertheless, an ‘explicit’ examination of ‘emotion’ has not been a part of geography’s agenda until quite recently.

The acceptance, acknowledgement of, and focus on emotion within place has not been recognized in geography until a decade ago. In 2001, with their classic editorial on ‘emotional geographies’, Anderson and Smith begin, what has been termed, as an ‘emotional turn’ within human geography (Bondi, 2005; Sharp, 2009; Wright, 2010). In that editorial they lament,

we have been forced to confront the glaringly obvious, yet intractable, silencing of emotion in both social research and public life... this suppression produces an incomplete understanding of the world's working...to neglect the emotions is to exclude a key set of relations through which lives are lived and societies made (Anderson and Smith, 2001: 7).

This often quoted commentary was a necessary and timely outcry that has moved geographers to stop ignoring the ubiquitous emotional aspects of landscapes.

The 'emotional turn' (Sharp, 2009; Wright, 2010) is concerned about an explicit focus on 'emotiospatial' geographies and has transformed geographic research. However, emotions and the study of affective landscapes have not been completely ignored in geography's past. The work of humanist geographers, such as Tuan (1976), Buttimer (1990) or Relph (1976), intended to understand the meanings, values and experiences attributed to the 'essence' of being human (Entrikin, 1976; Entrikin & Tepple, 2006). This inquiry included the emotional 'condition' of 'man' (Buttimer, 1990; Entrikin, 1976; Entrikin & Tepple, 2006; Tuan, 1976). Poetics, emotional experiences and intimate places, such as the home or places of care, were of interest to humanists as they 'encapsulated' the human experience (Buttimer, 1990; Entrikin, 1976; Tuan, 1976).

Undoubtedly though, it is the work of feminists that allows for the 'emotional turn' in geography to take place. The ontological, epistemological, and methodological advances brought forward by feminist that allows for 'emotional geographies' to be considered as 'researchable' subjects and important landscapes of experience (Bondi, 2005; Davidson and Bondi, 2004; Sharp, 2009; Wright, 2010).

But why were 'emotions' ignored until just recently? In Western thought the binary of feminine/masculine or mind/body, confines 'emotion' to that limited 'geography' of the feminine/body. Emotion is not permitted to enter the 'enlightened' sphere of knowledge (Bondi, 2005; Sharp, 2009). Therefore, as argued by Bondi (2005: 436) it is feminist geographers who had to,

...undo the mapping of emotion onto and into women's bodies, at the same time as questioning the exclusion of emotion from the domains of rationality and masculinity.

In other words, emotion is not perceived to be an enlightened 'way of knowing'. It was purposely excluded from claims made about the structure or knowledge of the world. Emotions were not only excommunicated from the sphere of knowledge, but were also not seen as integral components in the construction of space. This is pointed out by Anderson and Smith (2001: 7) in their lament by stating:

The gendered basis of knowledge production is probably a key reason why the emotions have been banished from social science and most other critical commentary for so long.

Nevertheless, with the 'emotional turn' in geography, research now looks at the 'emotiospatial' (Smith et al., 2009) aspect of life.

There is recognition of the significance of emotions within private, public and scientific life (Anderson & Smith, 2001; Davidson, & Milligan, 2004). Emotion and geography are discussed in a plethora of articles, within two books: *Emotional Geographies* (2005) and *Emotion, Place and Culture* (2009), and even a journal, *Emotion, Space and Society*, which is devoted to emotion. In particular, recent work has looked at: women, agoraphobia and bodily boundaries (Davidson, 2000); politics of affect (Thrift, 2004); 'potential' space and the space of 'love' (Metcalf & Game, 2008); the constructive power of emotion and memory in the shaping of place (Harris, 2010); methodological issues surrounding interviewing and the 'capture' of the concept of enjoyment through psychoanalytic methods (Proudfoot, 2010); boxing, survivors of violence and the spatialities of anger as a politically relevant response to violence and social injustice (van Ingen, 2011) affect and transnationalism (Kobayashi, et al., 2011); emotional geographies of rural women in relation to care-giving, sustainability and community well-being in rural Ontario and the paradox of their 'emotional work' (Herron, et al., 2012); the 'emotional geography' of method acting in the Asian American theater (Rogers, 2012); or arachnophobia, phenomenology and Jean-Paul Sartre's philosophical work (Smith, et al 2012). In other words, the work on emotional geographies is extensive and addresses a variety of different topics. In recent progress reports Sharp (2009), and others, are able to argue that emotions 'belong' within scholarly work that is concerned about gender, power, or social change. 'Emotions' are

no longer being ignored. They are also subjects present within studies that are concerned about aging or, more generally, health geography.

The study of health, health care system and aging is allowing itself to empirically look at 'emotional spaces'. This concern for the emotional and relational aspects of social life is bringing forward groundbreaking investigations and questions to the study of health and aging (Kearns & Andrews, 2005; Kearns & Moon, 2002). With the abandonment of 'medical geography' for the new 'geography of health' and the renewed realization in geography that emotions really do 'matter' (Bondi, Davidson & Smith, 2005: 1) places are being examined in quite unprecedented ways. Investigation of health and emotion now include: a new context of study for the 'taken-for-granted' spaces of 'in-place' well-being (Kearns & Andrews, 2005); and a concern for the 'topologies' of emotions and affect that exist there (Davidson, Bondi, & Smith, 2005). Questions asked within health and emotional geography are concerned about: relationships between 'proximity; and 'distance' within caring relationships (Milligan & Wiles, 2010); 'everyday' geographies as special sites of 'healing places' (Gesler, 2005); relational 'selfhood' and 'ecological formulations' of place (Conradson, 2005); an effort to 'situate' emotions in caregiving (Milligan, 2005); or an aim to focus 'sensitively' on emplaced experiences and spatial affect (Andrews, 2011). Championed largely by influential work of feminists, poststructuralists, postmodernists or social constructivists, new philosophical, epistemological, and methodological standpoints are being taken into account that provide researchers with new 'toolkits' that include emotional considerations (Wright, 2010). The scale of study has also changed and now takes into account micro and macro processes (Kearns & Moon, 2002; Kearns & Andrews, 2005). Traditional concepts that have been prevalent in geography since at least the 1990s have are neither being abandoned nor ignored. There is still concern for 'therapeutic landscapes' (Gesler, 1992, 2005) and 'landscapes of care' (Milligan & Wiles, 2010). Health and emotional geography still use: place as a framework for understanding the creation of space, society, and knowledge; are concerned about the power of discourse in the construction of space and society; and aim to contribute to critical debates about space and place (Anderson & Smith, 2001; Kearns & Andrews, 2005; Kearns & Moon, 2002; Thirft,

2004). Nevertheless, new trends allow health geographers to develop more sophisticated ideas about the relationship between health, society, and space.

This 'emotional turn' would be praised by those who decades ago called for more sophisticated conceptualizations of the geography occupied by older individuals. In particular, work on 'emotional geography' and older people would be of interest to Graham D. Rowles, who wrote the classic *Prisoners of Space? Exploring the Geographical Experience of Older People*. Over three decades ago, Graham D. Rowles (1978) set out to provide a more sophisticated understanding of the geographical experience of older individuals. His work has become a classic as it revolutionized the academic understanding of the geography occupied by older persons and questioned the societal assumption that older people have a limited 'geography'. Rowles (1978) argued - and empirically demonstrated - that physical deterioration does not imply geographical retreat. Rowles (1978) maintained that older individuals occupy a 'geography' that is composed of not only 'concrete' aspects of place, such as housing or environmental characteristics, but also geographical 'lifespaces'. These 'lifespaces' include 'spatialities' that are dependent on action, orientation, feeling and fantasy. Rowles' (1978) *'Prisoners of space?'* can be considered as one of first attempts to study the emotional attachment of older people to place (Milligan, et al. 2005). For Rowles (1978) emotional attachment to place was personal but also socially and culturally shared.

Researchers, such as Milligan et al. (2005), build upon the work on the emotional space of the elderly that Rowles (1978) advocated. Milligan et al. (2005) remind that cultural discourses create shared understandings about what old age 'means' and the emotions that one is 'supposed' to feel when 'old'. They argue that the emotions of 'old' people are often ignored, leading to 'objectification'. Milligan, et al. (2005: 50) state that there exists a,

...sidelining of older people's emotional distress...they are, at times, treated as objects that generate tasks for those responsible for providing and delivering care. Objectification of the older person renders unnecessary any concern for their dignity and self-worth, undermining the status of both the care professional and the elderly patient as thinking, feeling and emotional individuals.

They call for the study of the emotional lives of older individuals to avoid ageism, which can create the assumption that ‘old’ people possess few emotions. They demonstrate that ‘stoicism’ is often attributed to older people, but ‘desire’ or ‘passion’ are suppressed. To ‘remedy’ such ageist assumptions, Milligan et al (2005) recommend that ‘emotionally textured’ spaces become available to older individuals; that natural environments are particularly important to that aim; and that simple ‘informal rituals’ – such as making tea, sharing memories or tending to a garden – can significantly contribute towards creating those ‘emotional’ spaces and contribute to better well-being. ‘Emotional’ environments and activities can contribute to a ‘sense of home’ within the space. Thus, as also pointed out by Milligan et al. (2005: 60),

The need to plan, work, and nurture the communal garden draws older people into relationships with each other and with a particular place, more akin to those associated with the ‘home’, but without the complexities associated with familiar relationships.

Rowles (1978) and Milligan et al (2005) demonstrate that ensuring that ‘emotional’ spaces are available to older people can be used to combat ageist assumptions about their lives. The ‘shrinking’ of physical geography, which is often associated with old age, should not imply that the ‘emotional geography’ of older persons also decreases (Rowles, 1978; Milligan et al, 2005). The built form and the daily activities that take place within places of care should ensure that they do not interfere with the ‘emotional’ space of its inhabitants. Emotional geographies are spatialities that often are often experienced as ‘paradoxical’ spaces that allow for diversity, difference, multidimensionality and ‘plurilocality’ to exist simultaneously within the same place.

3.4 ‘Paradoxical’ Space

In geography, Gillian Rose (1993) first introduces the idea of ‘paradoxical space’. Rose identifies ‘paradoxical space’ is a place of resistance for women who, as I demonstrate above, are often objectified, treated as ‘Other’ and denied ‘place’ within what she calls ‘transparent’ space. ‘Transparent’ space is the space constructed by patriarchy in an effort to sustain itself. But what does ‘paradoxical’ space look like? According to Rose (1993), ‘paradoxical’ space is a spatiality that allows for: simultaneity,

‘pluri-locality’, paradox, tension, difference, contradiction, and multidimensionality to exist simultaneously within the same space. It is the counter space to ‘dualist’ space. To explain Rose (1993: 140 – 141) explains that,

These notions of space, location, place, position, mapping and landscape imply radically heterogeneous geometries. They are lived, experienced and felt.

This concept of ‘space’ also requires that geographers, not only think about space differently, but that they fully accept difference as the basic human condition. Rose (1993) calls attention that in “recognition of difference, two-dimensional social maps are inadequate” (Rose, 1993: 151). ‘Paradoxical’ space counteracts ‘dualist’ or ‘transparent’ space. Returning to the quote that opens this chapter, Rose (1993: 155), maintains that feminists require ‘paradoxical’ space because,

[t]his geography describes that subjectivity as that of both prisoner and exile; it allows the subject of feminism to occupy both the centre and the margin, the inside and the outside. It is a geography structured by the dynamic tension between such poles. And it is also a multidimensional geography structured by the simultaneous contradictory diversity of social relations. It is a geography which is as multiple and contradictory and different as the subjectivity imagining it.

In working within ‘paradoxical space’, this study is concerned about the ‘interface’ zone, the boundary line between the Self and Other; the private and public; the body and mind. In other words, as pointed out by Bondi (2004) it “highlights instabilities at the interface between many other distinctions” (12). My focus is the deconstruction and problematization of binaries.

The concept of ‘paradoxical’ space has also been adapted by other recent geographical studies. Brown (2003) looked at the spatial paradoxes of ‘home’ within terminal care and the hospice. He maintains that “questions of care and death, then cannot simply be mapped onto existing liberal democratic maps of the political. They transform its very foundations” (Brown, 2003: 835) in relation to care, death and the hospice. Brown also considers different spatialities. While Spandler (2009) studied ‘psychiatric contention’ and healing within a therapeutic day hospital. He contrasted ‘convergent’ and ‘paradoxical’ space. In his conclusions, Spandler (2009: 677) discusses Rose’s (1993) work by stating,

The importance of this spatial vision is that whilst it is paradoxical, it engenders a *conscious* ‘double vision’ of these ongoing contradictions. Rather than being paralyzed by such conflicts, it finds these tensions productive by enabling the articulation of difference.

The concept of ‘paradoxical’ space offers much potential and creates a space of resistance from the oppressive status quo. Such a conceptualization of ‘space’ is slowly creating a place for itself within scholarship. My study contributes towards such work.

3.5 Summary

This Literature Review provides a selective yet rich review of the literature upon which this research is built. In reviewing the literature on ‘home’, I move from conceptualization of home as a ‘cradle’ to a ‘sea’ of meanings. I question the *dualist space of the private and public sphere* and discuss the origin of *domesticity*. I move from ‘idealized’ notions of ‘home’ to critical debates that allow for the space to be revealed as ‘porous’, yet ‘fixed’. To that aim I discuss home and its relationship to the construction of *gender, class, sexuality, ‘race’ and age* roles. Ultimately, I demonstrated that home is a *spatial imaginary* and a social ‘poetic’ that allows for the imaginative expression of culture, society, bonds among individuals and space, one’s origin of being, of social, political and economic struggles, practices and structures, and the self to be expressed. The Self implies a body. I discuss the ‘geography closest in’ (Rich, 1986) and show that it is a ‘messy’ and ‘fleshy’ geography. First, I provide a definition of the ‘body’ by *mapping the ‘closest in’* and trying to answer: ‘what is the body?’. I show that the body is a political entity and its ‘fleshiness’ must always be considered. To answer what is the body, one must ‘locate’ the body within place. I then try to stitch mind and body back together by discussing the *body chopped in two: dualisms; other bodies; boundaries and limits*.

To move away from dualisms, I show that places are being re-conceptualized within geography and emotions are being considered. The newly developing body of work on *Emotional Geographies* continues to call for research that is sensitive to ‘emotional’ aspects of place. Studies that are cognizant of emotions are questioning long held concepts about proximity, distance, effect, affect, ‘emotiospatial hermeneutic’,

vulnerability, spatiality and temporality. With the ‘emotional turn’ in geography, emotion is no longer being ignored nor neglected. ‘Emotional geographies’ allow for research on aging to include discussions about the emotional lives of older people. It also does not view them as ‘*prisoners of space*’. Rowels’ (1978) study was perhaps one of the first attempts to study the emotional lives of older individuals. However, today researchers, such as Milligan et al. (2005), continue to advocate that we should avoid ageism and not deny that older people possess rich emotional lives.

I close this chapter by introducing Rose’s (1993) concept of ‘*paradoxical*’ space. ‘Paradoxical’ space is discussed as a space of resistance. In this chapter I ‘overcome’ dualisms (Sprague and Zimmerman, 2004) by discussing and revealing their existence. Dichotomies are ‘problematized’ by first ‘putting them on display’ and, in the next two chapters, I will attempt to ‘tear them down’ and create a ‘paradoxical’ space of discussion. My findings and conclusions draw attention to the intimate and intertwined relationship between body and home. I argue that the space of the body and home exist not as separate entities, but rather as complex and paradoxical constellations of relationships. Ultimately, a space that is constructed as a dualism is an imaginary geography that can be challenged. Any dualism does not capture the full intricacy of what it is trying to represent. Therefore, even this chapter and its structure is not a true dualism, though I aimed to divide my discussion into two spheres: Home and Body.

Chapter 4

4 The Spatiality of the 'Elsewhere' Home-Body

The women who participated in this study did NOT identify the long-term care institution they found themselves in as their 'home'. Rather – 'home' for them is a space that exists 'elsewhere' – in memory, in daily 'musings', in social relationships with family members (located outside of the institution), in books, or in spatialities that are not physically located within the 'concrete' walls of the long-term care facility. Home, for them is 'elsewhere'. Home is displaced and is a 'state' of displacement. These women are not 'traversing' from one home (their personal 'home') to another (the institutional 'home'). The end goal for them is not to 'feel at home' in their institutional homes. Rather they exist in a perpetual state of 'displacement': neither materially and immaterially here nor there. They live with the knowledge that their home exists but its 'site' has no physical location. Their 'home' exists as a loss. It is lost in time. Though traces of it exist in the past or in memory, time itself seems to have no substance. It is 'forgotten'. However, most interestingly, home also has an intimate and complicated relationship with the body: the aging, changing, unstable geography of the body. The meanings attached to the 'home' are constructed by understandings of the 'body'. In this way both concepts construct one another. But not as separate entities, but rather both meanings twist and turn, weaving a complex fabric of understanding for each participant. If "place is an organized world of meaning" (Tuan, 2008: 179), then that understanding is bound up with meanings attached to the body.

4.1 The 'Elsewhere' Home

The narratives shared by the elder women who took part in this study reveal that their 'home' is situated 'elsewhere'. Their 'home' exists in several spaces but 'home' for them is not 'located' within the 'concrete' walls of the long-term care institution. The 'home' exists: in the past (as a memory), but also in other locations and forms (perhaps at a different address, in storage, or in books). As demonstrated by Linda, who states:

Home? I look in the past... now, my home is in the past. Home now means my sons. If I'm going, it means my oldest son's...ya because it doesn't mean my own home because that's long gone. Ya it means my sons. So that if I'm going home, I automatically think of I'm going to his. If somebody says 'you're going home this weekend?' and I'd say 'ya' and it's automatically I'm going to my oldest son's. Quite often I'm going to my youngest son's but I automatically, the first thing I think of is, I'm going to my oldest son's. That sense of going home. That's my home. And that's the address I give as a home address on everything. It's my oldest son's the address I give out. That's the address I give on everything.

For Linda, 'her' home is "long gone". A space she had ownership over and in which she could 'create' a home through home-making practices no longer exists. But the 'sense of home' exists. Her current 'home' is located in two spatialities: it exists in the past *and* at another address (at her son's). It is just displaced and disembodied from her current residence and body.

Ironically, it is her body that keeps her in this spatiality. A 'malfunction' of her body - a brain injury that she suffered and is still trying to rehabilitate from - requires that she receive care. Legally her oldest son is her guardian. As a result, it is his home address that is *her* home address. This administrative requirement and 'material/concrete' action (of mail going to her son's address) seems to have symbolic value for Linda. Her 'address' is now somewhere else (at her son's). It is not at the long-term care home. Her address is not at the location where she finds herself or where her body finds itself. But, rather her 'address' is with her family.

It is her 'unable' body that has suffered an accident and cannot be 'fixed' or 'transcended' that keeps her in the long-term care home. But, she does transcend the space by keeping that "sense of going home" is with her family. She ties to current social relationships and obligations. It also exists *currently* in her 'past' - temporally her home is: "now in the past". It *currently* exists 'elsewhere'. It exists spatially (at her son's) and temporally (now in the past) at another 'site'. This state does not simply exemplify displacement: it is displacement.

A 'displaced' sense of home does not imply that the residents feel discomfort at the long-term care institution. Linda explains,

I feel very comfortable in here, very comfortable. As long as I have my book and my telephone is working because I figure if I'm feeling home sick or whatever I can make a phone call and talk to somebody. And books are very comforting.

Linda feels comfortable living at the institution. But that comfort is mediated by having the ability to 'stretch' the home into various spatialities. Comfort is reliant upon books and a working telephone. These devices or tools create 'spaces' that allow for escapism. Upon entering these spaces, Linda transcends her physical location and situates herself *somewhere* else. In Other spaces that exist as imaginary geographies or emotional 'places' that are constructed out of connections with loved ones.

When asked about her home, Sally's response also demonstrated that her 'home' is located in a different place, "home! When I mention home, I mean back home". With this statement Sally makes sure to communicate that she is not referring to the place she currently finds herself in. Her home is 'back' somewhere else. Another participant, Grace very eloquently summarizes the feelings of many of the participants. When asked "when someone says the word home to you what does that mean to you? When you think of home?", Grace replied:

your own place... your own place. Your own room and your own bed. You can make it, you can bring it to something like it once was at home, but the thing that I don't understand and this happens from the very beginning...they keep referring to it [the long-term care institution] as my home, but it isn't my home. It's where I am now, where I have to be because of my health, but they will say things like: 'ok, it's your home'. And give credit where credit is due. The nurses are wonderful and eventually we got to go into a home. We were talking about this space and not where I came from...I mean when you think about it, what are they going to say: 'your other home!' (laughing) and it is as much of a home as they can make it, as we can help them make it.

Just like for Linda, for Grace 'home' is a place she can 'make' her own. It means a sense of ownership. There is 'ownership', which is not necessarily 'possessive' (though it can be), but rather 'creative'. Home is a place she can *make*, 'bring to something like it once was', a place that is her *own* through a creative process: *home-making*. Domestic practices here 'create' and re-create the home (Blunt & Dowling, 2006; Blunt & Varley, 2004).

But ultimately, because Grace is unable to partake in such home making practices, the space she finds herself in “isn’t [her] home”. She finds herself in a space defined by Others as ‘home’. Others will say to her: “it’s your home”. But Grace knows the paradox of her situation. She knows her ‘home’ is ‘Elsewhere’. But she feels she can’t explain that to others. She laughs and explains “what are they going to say: your other home!?” However, that is the ‘location’ of her home. Her home is displaced from her current physical/material location. Her home is an abstraction: it is an Other home elsewhere. It exists only as an idea that is made up of memories, past experiences with other spaces considered ‘home’, or idealized cultural understandings about what an ‘ideal’ home should be. In practical terms, Grace does not have an Other home (unlike Linda, Grace does not have *another* address, even symbolically). Her only address is the long-term care home. Grace does, however, have a storage unit.

This storage unit contains some of the belongings that didn’t fit into her room. What is interesting is that when asked about her belongings and their meaning: “how about some of the items that you have here? Do you find that they help this room become a home?” Grace replied, “...ummm the things that I have in storage could probably help in here too but I don’t want to keep packing up and unpacking and packing up and unpacking. It’s just too much on me”. Bringing items out of storage and into the space could perhaps add to the space becoming a ‘home’. This action would allow Grace to create a home within that space and to ‘bring’ it to “something like it once was”. It would also allow her to feel that she has some ownership within the space. It would fill the space with items that belong to her, are hers, that are ‘her’. Yet, Grace dismisses this notion.

To bring her items out of storage and into her room would mean that she would have to “keep packing up and unpacking and packing up and unpacking”. She assumes that she will not stay long in the space she currently finds herself in. So it seems reasonable, not to pack and unpack. Engaging in that activity would be “too much” on Grace. *Too much* here could mean a variety of things. It could mean: too much in terms of Grace’s *physical health*. Grace’s body is ‘failing’ her. It could be too much *emotionally* to constantly set down some ‘roots’ only to be uprooted again. It could also

be too much *spatially*, as Grace's room is quite small and bringing additional items into the room would make it seem crowded. By moving her items out of storage and into her room, Grace could *bring* more of herself into the room. However, such an action may cause her to feel *oppressed* by her own belongings. Her 'things' could *dominate* her: requiring from her physical and emotional strength and spatial room that she simply doesn't have within her current space. So for Grace, her 'home' is in 'another' space. It is an Other home – a home that is purely an abstraction and an idea. It is displaced from her current residence. She insists that her current residence is not her home – “it isn't my home”. The *geography* of her home and its situation resides in the understanding that her current 'home' is her 'other' home elsewhere. Grace's home exists and it is as rich as it can be under the circumstances. It is filled with idealized notions about 'what home should be' and with actual experiences and memories of specific spaces. Grace has a 'sense of home', but her home is displaced from her current physical 'location' - it is displaced from *the geography closest in* – her body. However, it nevertheless exists – it just exists 'elsewhere'.

4. 1. 1 *Spatially 'too small'*

In terms of spatiality, it seems that the 'home', along with being situated 'elsewhere' and at times being *too much*, was also 'too small'. Susan's response about the location of her home makes this poignant. She states, “my room is home now.” Susan's response presents a reality faced by all of the interviewed women. In material terms, their room is now their home. Their home occupies a relatively small geography. It seems that they are aware of this limited geography and deal with it in a variety of ways: by 'situating' the home 'elsewhere', relying on memory, and maintaining connections to loved ones.

This sense of a 'spatiality' that is 'too small' was also evident in other conversations. For example, when I asked Linda what she would like to change or improve about the institution, she stated, “I'd like a bigger bed...I'd rather have like a regular double bed”. Linda would like a 'bigger' place to *lay her head down*. She would like a *regular* bed rather than a hospital bed. Linda knows that such a bed is impractical

(the hospital bed she currently has is designed to ensure optimum safety and function). Nevertheless, she still misses having a bigger place to sleep.

4.1.2 Home lost in 'time' – which year? Which home?

The experience of space and time is largely subconscious. We have a sense of space because we can move and of time because, as biological beings, we undergo recurrent phases of tension and ease. The movement that gives us a sense of space is itself the resolution of tension. When we stretch our limbs we experience space and time simultaneously – space as the sphere of freedom from physical constraint and time as duration in which tension is followed by ease. (Tuan, 2008: 118)

The elderly women who participated in this study, also experienced home by purposely forgetting about time. They made a conscious effort not to count time. They 'fought' and 'controlled' time in such a manner. They purposely 'lost time'. These women faced many losses. Upon entering the nursing home, they lost their personal 'homes', the communities that were attached to those spaces and the identities that were constructed around those places. They sometimes faced the loss of life partners, of family or friends. Loss was also experienced – at times - on a daily basis. As their bodies aged, they experienced loss of physical function or control over their body, loss of memory or loss of access to certain spaces that require 'able' bodies.

These women, just like most individuals who enter a long-term care, had an intimate and 'raw' experience of loss. Loss was in their life histories and in their daily lives. What is interesting, then, is to find that most of these women purposely allowed themselves to get 'lost' in time. As demonstrated by Betty, who states,

yes, ya I don't go by years (laughing)... oh I just remember the year I came and when people ask me how long I've been here I just say: 'quite a while' (laughing).

'Quite a while' – Betty didn't want to count the years going by. She preferred to think of her time at the long-term care as lasting 'quite a while'. She consciously chose an abstract, imprecise, untidy measurement. It seemed that was her way to 'master' time. She had control over it by ultimately 'forgetting' about it. In doing so she erased it from her daily experience. She deliberately tried to have a 'sense of place' that was divorced from time. This was Betty's way of 'controlling' the inevitable and the 'uncontrollable'

passage of time. Betty not only aimed to forget about time, but she also made light of it and laughed about it.

Betty was not the only participant who joked about the situation. Sally, when asked how long she has been at the long-term care home, answered: “Oooooo you like dates (laughing)”. Just like Betty, Sally “didn’t like dates”. She preferred to ‘control’ time by not counting it. She allowed herself to ultimately and simply get carried by it without noticing its existence. To lose time made it easier to face all the other losses that these women faced before and after coming into the long-term care home.

Although, Betty and Sally were able to laugh at their attempts to get ‘lost in time’, other women had different approaches. For instance, Grace felt a sense of shame about not counting time.

You know what I’m ashamed to say it but I haven’t even sat down to figure it out. I just go wherever I’m supposed to go, do what I’m supposed to do and get ready to do it again.

In Grace’s statement we see a sense of resignation. Grace moves with the flow of time and the daily activities that are coordinated by the staff. She seems to have lost control over her daily activities. Grace purposely chooses to not ‘sit down and figure it out’. She feels shame. Yet not counting time seems to be the only way that she can deal with her current situation.

Some women tried to dismiss time by make light of the matter, others felt shame, while others still seemed not to attach too much value to their action. Ruth simply stated: “I’m not sure how long ago I came. I don’t really remember”. She did not remember and that was satisfactory for her. It didn’t trouble her. While Joan said, “oh how long have I been here? To be honest with ya three years anyway that I know of. I kiddy forget the time I came... we have been in so many places I forget now where we went.” Joan seemed lost in time and in space. Katherine, on the other hand seemed to be confused and truly ‘lost in time’. When asked about her experience of home, she asked: “this year?”. It seems that Katherine has moved around so much that she needed to know

‘which’ home, within ‘which’ year. Her ‘displacement’ seemed both spatial and temporal.

Other women also experienced confusion about their situation. Betty shared a story about her friend, she recalled, “that’s right, ya but she’ll say to me everyday: ‘how did I get here?’ And I have to explain how her little house got too much for her. You know, I’m sure Otis at the table must be getting sick of hearing this story but I mean I have to tell her and she’s satisfied.” Although Betty’s friend suffers from dementia and perhaps needs Betty to remind her how she got there, it seems as if her question is also existential. Betty provides a rational explanation. The house was *too much*. Her health was failing. The confusion contained within the question: ‘how did I get here’ is not solved by rational explanations. Betty’s friend is also trying to resolve an emotional conundrum.

4.2 The Home-Body

The sense of ‘home’ is situated ‘elsewhere’ and is spatially and temporally ‘displaced’ from the walls of the long-term care facility. However, simultaneously and paradoxically there also exists an intense and intimate relationship between the meaning of ‘home’ and the ‘body’. The two experiences and meanings are inseparable.

Of course, places are always experienced through and with the body, as the body is the inescapable ‘geography closest in’ (Rich, 1986). However, it seems that the geography of the long-term care home and the meanings attached to that landscape are mediated and made ‘raw’ by the experience of the changing/aging body. The sense of home is enmeshed with the experience of the ‘body’. The ‘home’ is simultaneously ‘elsewhere’, displaced and disembodied, while remaining deeply embodied and tied to the changes of the aging body.

4.2.1 *The Body and Home*

The story shared by Ruth makes this intimate connection between home, the (deteriorating) body and emotion explicitly clear. While being interviewed, Ruth shared her experience of the death of her husband. It is evident in Ruth’s words that the death of

her spouse denoted a ‘death of part of her home’. It is an event that is difficult for Ruth to describe, but its emotional importance is nevertheless shared. But what is also interesting is the connection between that ‘part of the home dying’ and the deterioration of her body. Ruth shares,

then the end, when he passed away and ohhhh the 30th of August or September 2010, I just crashed from there, I gave up, I...stopped eating, I lost 36 pounds, I...gave up and everything, I stopped eating, I stopped everything. I stopped doing it. I couldn’t believe it. I just...that was part of home, isn’t it. And sorry, it’s just... we used...together were...what I’m trying to get out of saying is that we were it together, in this, we were home together and then he was gone. And I gave up more than I ever thought I ever would. That was it.

Throughout the rest of the interview, Ruth makes a point to be eloquent and answer questions with precision. However, while discussing the death of her husband, she has trouble communicating and becomes ‘tongue tied’ and ‘emotional’.

There is confusion, disorientation, and lack of words in her sentence. Although, it is difficult to understand what Ruth is saying, the message is still shared. For her, the meaning of the death of her husband is precisely that - it is inexpressible. The emotional struggle that the event entailed, and still entails, is evident in the structural confusion of her sentence and in the position of the words themselves. Ruth says she “couldn’t believe it” and she is still disoriented by the event.

Ruth tells us that she ‘crashed’, ‘gave up’ and ‘stopped’. She reacts to this experience and loss through her body. She loses weight (36 pounds) and falls ill, which leads to requiring twenty-four hour care and a move into a long-term care facility. With the death of her husband, she loses her life partner, her ‘able’ body and her personal home. The death of Ruth’s husband equates to a loss of “part of home”. The depth of her connection to her spouse is evident in the confused “it’s just...we used...together were”. There is confusion in this sentence and yet it precisely describes their connection. They “together were”. To communicate her meaning, Ruth tries to clarify “what I’m trying to get out of saying is that we were it together, in this, we were home together and then he was gone”. For Ruth, her ‘home’ was inescapably tied to her husband. With his loss, she loses a ‘part of home’ and her body falls apart. In losing that ‘part’, Ruth

loses the 'grounding' or 'rootedness' in her life and 'crashes' physically (her body stops eating, gets smaller and falls ill) and mentally (she 'stops', she stops 'everything'). Ruth demonstrates the depth and intricacy of the connection between the 'home and the 'body. She resides in a long-term care home because she lost her home (husband and personal home) and body.

While Ruth discusses the way her body radically changed prior to entering the long-term care facility, other participants discussed the connection between their bodies and their experience of 'home' within the long-term care facility. When asked about home, Anne shares with us the painful experience of no longer being able to stand up. The exchange occurs in the following sequence:

Me: So basically today I just wanted to get to know you and then find out from you what it's like to live here or some concepts that you attach to the concept of home. So, in terms of, when someone says the word 'home' to you what does that mean to you?

Anne: a place to come home to.

Me: so it's more of a...so like a comfort area? [I was sensing that the Anne was getting up set] Ok...and so let me get some of the other ones [referring to other questions]. That's a tough question.

Anne: ...every time backwards. Right now I can't even stand up.

Me: I know it's hard on the body.

Anne: yes. (indecipherable – crying and talking through tears).

Me: oh I'm sorry

Anne: (indecipherable – crying and talking through tears). Once this summer, [name participant's daughter] requested we have...(indecipherable) that's as far as I could go to the bathroom. I don't know why (indecipherable – crying and talking through tears).

Me: I'm sorry, I know that's a tough question.

Anne: I don't know why (indecipherable)...I can't walk with a walker.

Me: Take your time. Here [handing a tissue to Anne].

Anne: Thank You.

It is clear from this exchange that the meaning of home is intensely emotional and tied to the experience of the (aging) body. With her initial response, Anne communicated directly that to her, home means “a place to come home to”, but her ‘explanation’ doesn’t stop there. To stop at the initial response would mean that the researcher would miss the full richness of what Anne is trying to communicate. The emotional breakdown subsequent to the first question of the interview is telling and builds upon the initial response.

Just like Ruth, Anne has a hard time ‘explaining’ or ‘representing’ her understanding of ‘home’. The meanings attached to her sense of home are further elucidated by her emotional reaction. She breaks down and starts to cry making her words ‘indecipherable’. We cannot directly ‘understand’ the indecipherable words she utters, but their meaning is nevertheless shared. We do not understand Anne’s words ‘directly’ (they are non-representational) but we can understand what they communicate.

They are communicating pain, sadness and grief. When asked about ‘home’, Anne experiences and expresses pain and sadness. Her body starts to communicate pain by shedding tears. What is communicated to us is that when asked about home, Anne thinks about and demonstrates to us with her emotions that there is a complicated relationship between home and body. A question about home is answered by talking about the body.

For her, ‘home’ means ‘a place to *come* home to’. There is movement attributed to the term. However, Anne literally - and even figuratively - cannot ‘go’ or ‘come’ home since she can no longer ‘stand up’ (stand up in a physical sense – to stand; and ‘stand up’ figuratively, she cannot ‘stand up’ for herself – she feels oppressed by her ‘unable’ body and the meanings attached to it). She attributes the abstract ‘sense of home’ to the concrete reality of not being able to move her body on her own. To ‘stand

up' means to have autonomy and some sense of control over ones body. To have that autonomy and control means to have some 'sense of home'. Anne is grieving the loss of a fully functioning body and home.

There is also immediacy in her grief. She tells us, "Right now I can't even stand up". She can't do it 'right now' and can't make sense of it. She prefaces this sentence with "every time backwards". It seems 'backwards' to her not to be able to 'even' stand up. A simple action – standing - that most able-bodied individuals take for granted, is intensely grieved by Anne and tied to her understanding of home. Perhaps, it is easier to discuss the deteriorating body than to communicate the experience of home.

A relationship between the meaning of 'home' and 'body' was also observed in other interviews. For example, Patricia discussed home, illness, body and 'kid' places. When asked about the meanings of home, she replied:

Home? Oh this is home to me. Except without kids places. And...ummm my father bought a next farm after he finished working for a next-door neighbor. It was right across from my grandfather, grandmother that was my dad's father and my grandmother came over and delivered me. I was only 5 pounds old...I weighed 5 pounds, I mean and I already had pneumonia.

Patricia quickly answers the interviewer's (my) question with "this is home to me", but then adds "except without kids places". Patricia, then, reminisces about her own family – her grandfather, grandmother – and her own birth. She tells us her body was "only 5 pounds" and "had pneumonia". This is just one excerpt. But at many other times throughout the interview, Patricia answered questions by providing a 'direct' answer ("this is home to me"), but then reminiscing about the past and relating it to bodily illness or pain. For example, to clarify, I asked whether 'home' to her meant a sense of comfort, but also ownership, of being able to call a place her own. Patricia replied,

ya – when I was with my parents and ...ummm my mom and dad retired they had cottages up North. Up away from [Name] river. Well their cottages were on [Name] that's what it was called. It wasn't a real high mountain. It was just a big hill. But my mom and myself went up to pick blue berries on the hill there and she got stung [body reference] three times. It must have been yellow jackets or something. And she had to go to the doctor and get her shot. So I would say she would be allergic to that oh one time something stung me [body reference] on the

back of the neck and my goodness! I was just so irritable and the stinger came out to here where I could see it. So I took a needle and I got it out.

Here again Patricia provides a quick answer – ‘ya’ – but then elaborates by discussing her childhood, her family and her body. She shares pleasant memories of her family, time spent together, being outdoors, and picking blue berries together. Interestingly, this pleasant memory is juxtaposed with a painful experience – being stung. She discusses her mother’s body being stung and then thinks back to her own similar experience.

When asked about ‘home’, Patricia communicates that the spatiality of her ‘home’ includes her childhood, her family, and memory, but is also situated in her (present and aging) body. References made to the body are linked to experiences of suffering, either from illness (pneumonia) or pain (being stung). There is also irritation, puncturing, stabbing and expelling (she got the stinger out with a needle). She could see it piercing her body, but she “got it out”. There is a sense of ‘empowerment’ and ‘control’ in the reminiscent recollection of ones ‘childhood’ body, yet the concept of home remains ‘elsewhere’ – in the past, in childhood, in memory – and is tied to the (presently) suffering body.

4.2.2 Aesthetics/public display/canvas for Self expression/wearing the ‘right thing’

The theme of the aging, changing body and home was present in many conversations. However, not all associations of the body and home were painful or dealt with suffering. There was also quite a concern about how the body ‘looks’ within the space of the ‘home’. After all, the space of the long-term care home belongs to the semi-public sphere. Paradoxically, the long-term care home retains aspects of the private sphere and co-mingles them with the public sphere.

Living within a semi-public space, meant that these women were concerned about keeping the body in ‘good’ order. Presentation and appearance played a prominent role. While talking about a ‘ladies club’, Linda explains:

a ladies club...we get together once a week and it’s just a talk ladies club. And we talk about clothes because we still get to go together with our families and we talk about fashion, like what should I wear. You know. Mom and dad, or [Name] and [Name] are taking me out to dinner, their son and daughter, son and daughter-

in-law or whatever, what should I wear? What's the latest thing to wear? You have to look at my wardrobe and see what I should wear you know this is a big thing.

These women worried about their hair (haircuts, hair coloring), their nails (hand and toe nails were mentioned in several interviews), fashion trends and wearing the 'right thing'.

As stated by Linda, maintaining the body's appearance was a 'big thing'. It seems that it supplied a level of control over the body. Maintaining bodily aesthetics allowed these women to treat their bodies as canvases of 'self expression'. However, concern over the body's image presents another paradox. Although there is joy and enthusiasm in Linda's explanation of the 'ladies club', such a club nevertheless reconstructs strict gender assumptions. A woman's body within the club becomes objectified. It is something to 'look' at and worry over. The 'image' here matters more than the substance. It is important not to be out of 'fashion' and to wear the 'latest thing'. 'Others' are invited to come over and look at the wardrobe and judge what is the appropriate thing to wear.

Unfashionable, unkept, and uncontrolled bodies are judged as 'unfit' and in need of 'maintenance'. The club functions as a mechanism through which such 'unfashionable' bodies can be tamed and reconstructed so that they can 'fit' socially acceptable norms – norms that value appearance over substance, conformity over difference, the outside over the inside.

The club exemplifies paradoxical space. It allows for Self expression, while simultaneously reifying the judgments of Others. The Self cannot be separated from the Other. There are no two 'spheres' of identity (Self/Other). Yet the relationship is not dialectical, but rather paradoxical. As pointed out by Rose (1993), quoting De Lauretis, "[t]hese two kinds of spaces are neither in opposition to one another nor strung along a chain of signification, but they coexists concurrently and in contradiction" (140). Adherence to social norms and worrying about the body's image becomes a mechanism through which the body is controlled and constructed. Grace's words also demonstrate her concern about wearing and looking the 'correct' way. She states,

I try and get up and get ready for the day and umm the board is where all the activities are listed so that's how we know what we are doing for the day. I like to have that organized. So that I wear the appropriate thing and umm know what time I'm supposed to be where I'm supposed to be.

Grace's entire day is planned out by Others. The activity board lists all the daily functions. The institution offers a variety of activities and has an events coordinator on staff. However, it seems that the only way that Grace can 'contribute' towards these daily events is by showing up and wearing the 'appropriate thing'. Everything else is predetermined for Grace. She is a participant, not an organizer of daily life. Paradoxically, her deteriorating body – that forces her to reside within a long-term care home – presents the only geography she still has control over. Her appearance or presence at social events is still under her 'control'. Grace's body - the flesh and the meanings that are socially inscribed onto it - paint it as 'unable' and keep her within the long-term care home, while simultaneously providing a 'space' of expression, a sense of autonomy and control.

4.3 Summary

In this chapter I aimed to demonstrate that there is a paradoxical relationship between the meanings of 'home' and 'body'. Both meanings twist and turn constructing one another in a complex manner. The 'sense of home' is simultaneously experienced as displacement and embodiment.

Home is a spatiality that is situated 'elsewhere' from these women's bodies. It is located at another address, in relationships with others, in memory, in books and in daily musings. Ironically, this disembodied spatiality of the home is simultaneously concrete and abstract. At times, the spatiality of the home feels 'concretely' too much and too small. The self cannot be maintained within that space as the rooms and beds are too small and too much. However, there is also abstract longing to be among the items that define the self or to be at another address where family resides. A displaced sense of home does not imply that these women are not 'comfortable' within their current residence. They are quite comfortable. However, ultimately they know they are not 'at home' within their current location. Therefore, they construct 'other' geographies for

themselves. They exist in spatialities that are often purposely without time. ‘A-temporal’ spaces allow them to control their temporalities, perhaps in an effort to manage their ‘elsewhere’ spatiality.

This ‘a-temporal’ elsewhere home is also located within the body. The body, and so the home, are mourned. To lose a ‘part’ of the home – for example a spouse or the ability to walk – means to lose home. The experience of losing the body-home is intensely emotional. Yet, the body-home are also used as a canvas for self-expression ensuring that the self remains aesthetically appealing and does the ‘right-thing’ when on public display. This home-body spatiality and temporality presents many interesting dynamics for spaces that are experiences within boundary zones that question the space of the home or body. In the next section, *Chapter 5*, I discuss the space of the ‘interface’ and reveal the complexity of the landscape of home within a long-term care institution.

Chapter 5

5 Boundaries: Body Boundaries and Bodily Fluids

The sense of home for the women interviewed is situated ‘elsewhere’, while paradoxically being tied closely to the aging body. However, to gain an even deeper understanding of the meanings attached to ‘home’, boundaries – the *interface zones* - must also be considered. The boundary zones between the self /other; the public/private; the subjective/objective; and inside/outside are interface areas. Here is where the experience of home is continuously constructed, contested, reconstructed and felt.

In discussing boundary zones, I rely heavily on Longhurst’s (2001) work and arguments. She states that ultimately all bodies are unstable and share fluidity, volatility and abject materiality. Longhurst (1997, 2001) reminds us that due to their ‘fleshiness’ bodies cannot be understood outside of context. She makes this clear by pointing out that “this fluidity, volatile, abject corporeality cannot be plucked from the spaces it constitutes and is constructed by” (Longhurst, 2001: 135). To understand the entity of the ‘home-body’ (that I discussed in *Chapter 4*) we must examine the boundaries zones that surround that geography.

The meaning and the experience of home are located within *interface zones*. The boundary provides context. The sense of home discussed below illustrates a variety of boundaries, but focuses closely on the construction and transgression of the boundary zone between the self/other and public/private space. It reminds that the definition and experience of home, just like the body, is fluid, messy, in motion, and heteronomous. The sense of ‘home’ presented below problematizes and questions the ‘solid’, the indisputable and the ‘clean’ definition or understanding of space.

I begin my discussion with the leaking body, more specifically, the leaky bladder and the relational boundaries that surround such leakage. Leaky bodies are discussed to

provide a deep elucidation of the experience of home and to demonstrate the complexity of the realms that are constructed, negotiated, questioned and transgressed.

5.1 Urination and Respect

For many of the women any departure or travel beyond the boundaries of the long-term care home, such as a day trip to a store - Shoppers or Walmart (which are organized by the care home and take place on a monthly basis) - or any other outing is mediated by an anxiety about ones 'leaky' no longer 'controllable' and unable body. As the body ages, it goes through a variety of changes that are often difficult to deal with, such as loss of bladder control. Such a dysfunction can be considered a normal aging process. However, for the women who reside in long-term care, that change or 'leakage' brings about a transgression of other 'boundaries' that are also simultaneously 'broken'. What is 'private' versus 'public' about the body is transgressed. This social transgression destabilizes these women's sense of 'control' over their bodies, autonomy and sense of dignity.

Betty's story illustrates the impact of transgressed boundaries. Betty's deteriorating health requires that she reside within a long-term care home. However, to maintain a sense of autonomy, Betty tries to live an active life. On a somewhat regular basis, Betty arranges to have a van pick her up and she goes shopping. These trips insure that the facility does not restrict her, does not confine her or feel like a 'prison'. While sharing the experience of these day trips, Betty demonstrated enthusiasm, joy and pride at her ability to organize them. However, there is still embarrassment and unease concerning her body. Particularly, Betty recalled an incident when a staff member—however well meaning—inquired about Betty's ability to control her bladder. Betty recalls:

This one nurse [said] "and what if you have to go to the bathroom?" Well I just go to the handicap bathroom. I have no problem. You know. I can go by myself. All they do for me here is help me with my bath and make my bed and that's it.

Betty demonstrates a level of defiance. She resists her body being labeled as 'leaky' or 'uncontrollable'. She feels offended that the nurse—a public official—would inquire

about a very private function: urination. She declares, “I have no problem”, and “I can go by myself.” She resists being ‘infantilized’ by the nurse (Milligan, 2005). It is evident that the situation and the nurse’s question leave Betty upset and disturbed. She feels her privacy, dignity, and autonomy have been questioned and transgressed. She reacts emotionally with frustration. When posing the question, the nurse may have had the best intentions. However, her inquiry results in Betty becoming disturbed. Milligan’s (2005) work on home, caring and emotions is useful for interpreting this situation. Milligan (2005) points out that along with physical care for a patient, care workers are also asked to engage in emotional care. Although the particular nurse here may have had good intentions, the emotional care presents many paradoxes and complicates relationships. Milligan (2005: 2107) states:

[E]motional work [such as demonstrating or withholding care] is thus seen to represent a mechanism through which order can be maintained in a residential setting. Such a mechanism employs elements of both nurture and control, with care workers developing techniques, autonomously from the official care regime, that enable them to exert control over the conditions of their labour.

The nurse’s inquiry brings up power structures that complicate and mediate the experience of home. Her inquiry could have been well intentioned and it could have been an attempt to ‘nurture and control’. The inquiry crosses and breaks down a plethora of boundaries: boundaries between private and public information; the autonomous body and its capacity for involuntary leakiness; power structures that define the relationship between the Self and the Other, to name a few. In this example, Betty’s body ‘leaks’ and transgresses its boundary involuntarily; she cannot ‘control’ its functions in a manner that is considered appropriate by society. This constructs her as ‘unable’ and her body as ‘uncontrollable’ and ‘deviant’, but she also remains ‘defiant’. Betty resists constructions of herself as ‘unable’ or ‘uncontrollable’. She does not want to be ‘infantilized’ and proclaims, “I have no problem.”. Betty wants us to know that she is under her own ‘control’. Yet, Betty is left vulnerable. She cannot ‘transcend’ her leaky body.

In order to maintain that ‘control’ over one’s body, at times these women must be prepared to make sacrifices. For example, Anne discussed a ‘strategy’ that was suggested to her in order to control her bladder on day trips.

I used to go but I can't go at 9 o'clock in the morning to 1pm. I said I would try to go but I can't stand up and nobody can take me. Last trip I went on, they said just don't eat anything the night before and for breakfast and don't drink anything. And I said alright, those hours I can keep, and I got along alright but you never know how much longer you are going to be.

Above Anne is talking about not eating or drinking anything for long periods of time prior to the trip. By not ingesting food or keeping hydrated, Anne can 'control' her bowel movements and urination. By not having her body 'transgress' its body – urinate - she is able to transgress the boundary of the institution and go on a day trip.

A leaky body that is constructed as no longer 'controllable' has variety of consequences for these women. A physiological dysfunction is not only inconvenient or embarrassing. It requires that strategies be adopted that manage day-to-day activities and also the meanings about the Self and its relation to the Other. Personal identity is questioned as different power struggles surround the transgression of boundaries. The respect received and expected from others has to be negotiated and fought for. The 'home', then, is a site of negotiation, resistance, and struggle.

5.2 Ingesting – Other into Self, food

From expelling urine outside the body, I move onto ingesting food into the body. A discussion of food subsequent to a discussion about urination may seem disturbing, if not gross or disgusting to some. It upsets social conventions about what is appropriate, ordered or pleasant. Certainly, thinking about food following a lengthy discussion about urine is not appetizing or appealing. Nevertheless, such a transition supports Longhurst's (2001, 2008) arguments that in order to understand our embodied selves, we must not be afraid or squeamish about topics that disturb, in this case the appropriate order of discussion.

In her work, Longhurst (2001) considers 'abject' zones. She advocates using the researcher's body as a 'tool' (Longhurst, 2008). I discussed the 'body as a tool' within the *Methodology* chapter; but to gain a deeper understanding I present Longhurst's (2001: 215) argument about food. While conducting her research she was not afraid to immerse herself in her research and embody it by ingesting food. She states:

Sometimes we found our interviewee's culinary creations to be delicious, other times our bodies involuntarily gagged at smells and tastes that we were unaccustomed to...in this case confronting our own feelings of disgust with certain food, food contaminations, and culinary practices when we prepared ourselves to not just figuratively but also literally ingest Otherness has caused some anxious moments.

By ingesting food we ingest Others and Otherness into ourselves. The shared preparation or taste of food problematizes the relationship between the Self and the Other.

The transgressions that surround food preparation and consumption play a large role within the experience of home within a semi-public space. Others prepare all the meals at the long-term care home. These 'others' include the kitchen staff, who are in charge of making and serving the food, and Others, meaning public guidelines that determine the composition of the food. Food is prepared according to government dictated nutritional guidelines that determine the food's taste, composition and nutritional value. Personal preferences and choices are limited: they are 'bounded' by others. At each meal, residents can choose from one of two meal choices. However, the taste, smell, texture or 'look' of the food is predetermined by 'other/Others'. In order to accommodate a variety of tastes and health conditions, the result is food that is 'plain'. As pointed out by Linda, "the meals are ok. They are not... they are rather plain... ummm they're rather blah. They are not...I'm not complaining about them. This isn't a complaint. They are just rather blah. There's no... ya there's no zing to them". The intimate act of eating usually stimulates all of our senses. However, the experience of food at a long-term care home remains *plain*, *'blah'* and has no *zing* to it. In other words, the food is boring. It has no 'life'.

This 'boring' sensory experience captures and elucidates other aspects of the home life, such as day-to-day activity. For instance, when I asked Katherine what her day looks like, she replied: "Nothing... Laid back and forth in bed". While Nancy described Sunday as,

ya – it was pretty dull. Nothing doing. It was dead-like. You know. Like church and sing-thing downstairs. But not much, not much, not much. It was just dull. Sundays are kinda dreary. (laughing). Dead-day.

There are aspects of the long-term care home (food or day-time activities) that remain ‘boring’ and ‘rather plain’ on an everyday basis.

The act of ingesting – of crossing that boundary between the Self and Other – can also bring about complex power struggles. For instance, Betty explains:

The health care aids have to serve the food to us; most of them smoke and it’s in their clothes: you can smell it. It’s in their hair because they’re constantly smoking and it’s just terrible (laughing). But I don’t say anything because I like the girls and I don’t want to cause trouble for them. I understand about the smoking but I feel like if you’re sick or something, like I just said to you, then they’re going to have to do something different because let them go out like this, I know that’s what’s spreading it [referring to the quarantine – discussed in more detail below].

Betty describes smells of Other’s smoke-scented clothes and hair; food being served to her, ingesting it while she fights feeling nauseated from cigarette smoke; and thinks about illness: quarantine that plagues the home, lung cancer, or heart disease. She is also aware that she cannot leave and doesn’t want to cause ‘trouble’.

5.3 Quarantine: an Impermeable Boundary

During data collection, a quarantine period was invoked at the institution due to an outbreak of the Norwalk flu: it lasted for about a month. To contain the outbreak, most floors were on ‘lockdown’: visitors were not allowed onto those floors and residents were mostly confined to their rooms. Such events do not happen on a regular basis. However, due to the ‘public’ nature of the facility, infectious diseases do occur.

Once the outbreak was over and the quarantine was lifted, I inquired about the impact of such an event on the ‘home’ life of these women. Below are the stories they shared.

Sally described her family coming to visit:

...you’re in jail...because anyone can’t come pass the door. Hi [Name], hi mom (laughing) we can’t come in but we just want to check on you...but ya that was really rough because we couldn’t, couldn’t go out. And my physio [Name] wants me to walk and so I walk around down the wall, the other hall and I’ve gotten to know a lot of people ...and we’re hollering back and forth. And you are more

isolated after a while you felt like the walls were closing in on you because you were so sick of looking at them, but ya time was long.

The sense of time seems 'long' during quarantine as most residents are isolated and their already limited geographies are severely restricted. Family visits and friendships are impacted. Sally also discussed how her friendship with a fellow resident from another floor had to be placed on hold during quarantine: "We were playing bingo TV bingo on Monday nights. Her daughter used to get the cards and we made a night of it and kept that up. Until this flu that killed everything because you couldn't get of your floor or your unit". The flu 'kills' Sally's ability to see her friend. Sally becomes isolated from friends and loved ones.

During quarantine, these women experience a fear of Others within the walls of their home. They are confined and worry that Others are sick. Patricia explains, "We're not allowed to leave the floor... we can't go over there. This side there. Because they're sick. I think five people. But on some floors there's a lot of people sick. But what they have. I don't know." The experience of home includes confinement and fear during an outbreak. Fear is understandable. A common flu for a senior can lead to health complications and, in extreme cases, death. Therefore, Others are avoided and feared. They remain 'nameless' and depersonalized.

There is also frustration. When I asked if quarantines happen often, Betty explains:

Well it has lately. This is the second time within about two months that we had this outbreak, but I don't know what the answer is. I guess I shouldn't say this but I'm gonna. I feel like you see they allow the smokers to go down even though they have the flu! And they are spreading the germs all over. But I brought it up and they told me like they are addicted to smoking and umm they might go into have DTs and all that but you see I smoked myself for 58 years and I quit cold turkey...and I guess I figure if I can do it anybody can do it I just don't feel that they should be allowed to leave the unit, especially when they themselves have the flu. Go down and touch all these buttons and they are spreading it through the building. But I'm not going to argue it anymore, because I've had my say in it.

Betty feels frustrated. She cannot leave and is stuck within the walls of home. She feels that it is unfair that she, who gave up smoking, must remain indoors, while smokers are permitted short breaks on the outside.

The quarantine brings up tensions between individuals that go beyond the concern about the flu. During quarantine the Self is isolated and confined within the home, while remaining fearful and frustrated with Others. However, contact with significant Others can be maintained through other means. Technology allows these women to transgress the impermeable boundaries of quarantine and reach out to friends and loved ones through computer and Internet use.

5.4 Computer Use: Home is a Network

An unexpected finding was the theme of computer use within the long-term care home. While constructing my interview guide, I did not explicitly include questions about technology, the Internet or computers. I had the mistaken assumption that seniors would not be interested in contemporary information technologies. However, early on in the data collection process this assumption was challenged. While most of the women interviewed did not seem interested in computer use and reacted similarly to Anne. When I asked, “do you use a computer?” Anne laughed and said,

no (laughing)... my daughter has three at home, but she says: I don't even need to type because I [meaning her daughter] could type it in 16min. But I don't know why I don't go down there. But I sure like to write letters.

Most women did not consider the computer as a tool that could allow them to transgress the boundary of the walls of the long-term care home.

However, the few women who did use the Internet, e-mail or Facebook praised the technology's ability to connect them to others. For example, I include a fragment of my conversation with Sally. I asked: “so tell me a little bit about living here, what are some of the activities that you like to do? Because I know they have bingo nights and they have exercises. Zoomba nights I think?” Sally replied: “ummm I'm into the computer most of the time...I'm not good at it, but I like it and so that's what I do and I'd be lost without it.” The Internet and, more specifically Facebook, allow Sally to stay connected to her family. During the interview, Sally expressed that she has a large family. At one point she stated, while laughing, that her whole family would not fit into her room at the institution. It was her granddaughter that introduced Sally to Facebook

and they stay in constant contact that way. The computer and access to the Internet was important to Sally. It is her tangible 'elsewhere' home and she "would be lost without it". Sally also shared the importance of the staff. She expressed that they were helpful and considerate. Sally could not understand why other residents were not interested in the computer,

...why people don't take advantage. They don't realize how lucky they are to have somebody right there. At their beck and call. And I find that everybody is so good. Because I can be on the computer and stuck. To me is stuck. I can't. And anybody passing in the hall: 'are you having trouble Sally?' I say: 'ya' 'ok what is it?' and they will look around because those computers are for residence only and they will get me across whatever it is and totally good. People are really helpful, I've never met anybody that gave me an uncomfortable feeling. They are really good to me.

The staff, nurses and volunteers allow Sally to expand her capabilities and move her pass a difficult point. Sally has gratitude for such considerate and mindful care. The staff, volunteers and the computer provide a valuable function to Sally. They allow her to feel at home.

Other residents also used the computer. When describing the daily events of her day, Betty recalled:

And then it's time for breakfast and after breakfast, unless there is some kind of activity I come here and watch some TV and ummm and then we have lunch and in the after noon if there's bingo we play bingo, if there's a birthday party I go to that, and then I go some and keep track of Maria too, plus I do go to the computer too. I work on the computer too. We have one up here on the floor.

Betty was proud of her ability to use the computer. However, she was also cognizant of how uncommon such an interest was. She stated:

It was in the paper. I forget her name, but it was very nice. But you see a lot of people are not interested here in the computer. Ya, you know yourself if you don't do it you are going to be let behind. I would far rather send an e-mail than talk to somebody on the phone now. Especially somebody you know you might argue with. You know what I'm saying?

The use of the Internet, Facebook and computers remains limited within the generation of women who took part in this study. However, this may not be the case with succeeding

generations. Subsequent generations will be accustomed to using the computer/Internet/personal technology on a daily (if not hourly) basis. It was important to follow and discuss this theme. It also demonstrates that assumptions about senior's comfort level with technology are often limited, at best, or 'ableist', at worst.

5.5 'Violated' Boundaries

In extreme situations, these women also deal with boundary transgressions that cause them to feel insecure in their own home-rooms. Patricia's experience of theft is such an example. This experience has left her 'on guard' within her home. She remains vigilant about not having the event reoccur while being interviewed, Patricia discussed two incidents of theft:

Sorry let me get that (reaching for an item)...put it away or else someone might come into my room and take it. I've had that problem on this side [referring to the side of the institution where she resides]. On the other side, when I was over there it wasn't so bad. I know one person here who stole my money from me.

In the quote above, Patricia discusses a financial loss: stolen money. However, Patricia also reported other losses, "I've had Tums taken, but I should have given the Tums to the nurse because they say, but I guess it's true Tums has more calcium than milk. Is that right or wrong?" Patricia's Tums are taken. This loss may seem trivial. However, it signifies to her that her 'home' is not a secure place. Her possessions are not 'safe' here. Patricia's experience demonstrates more than a transgression. The boundary that has been crossed can be considered a 'violation' of her security. Intruders and thieves do not only exist on the outside of the home, but reside within it. Valentine (2001) considers such an experience of space as a 'paradox'. She discusses domestic violence, but a similar experience of insecurity is generated here too. Valentine (2001) states, "[w]hile the home is generally regarded as a safe haven in a dangerous and heartless world, for those who experience domestic violence this is a paradox" (80). For Patricia, her home becomes a place where she has to be 'on guard'. Her 'territory' has to be defended against intruders and thieves at all times. Her experience of 'home' does not include understanding the home as a 'safe haven' or a 'hearth'. It remains a 'shelter' that she defends. The theft crosses a boundary that leaves Patricia feeling unsafe in her own

home. This violated boundary creates a spatially of insecurity and constant vigilance about not being taken advantage of.

5.6 Boundaries and Close Bonds

An 'insecure' spatially can be transformed when cohesive bonds with others are formed within the institution. Betty's unique friendship with a fellow resident is one such example. Boundaries are negatively transgressed everyday, but there can be positive consequences to the consequences of insecurity: bonds of friendship may grow deeper. Below I leave Betty's exemplary narrative intact. I think only Betty's direct words capture the depth of her amazing friendship with a fellow resident. Betty begins her story by explaining to me why she introduced me to her friend, Maria:

I wanted you to get to kind of know her because her and I are good friends. I help her a lot. She got a bit of dementia and see her daughter, she has a daughter but she lives in Toronto and she doesn't come in the winter time at all because she doesn't like to drive. So I more or less help Maria. Do you know what I'm saying?... everyday we go through the months. I get her to say January, February, when she comes to August I say: 'what happens in August?' She says: 'my birthday'. But she can't remember the date unless we go over it. You know what I'm saying.... I even practice trying to learn her room number and there for a while she could pick it up, but you know they get slower. I know I shouldn't say this, but like you said it's confidential right, I ya, ya she's a bit slower but she does pretty good you know. Ya, ya and I take her teeth at night, her false teeth, I take her teeth and her glasses. I bring her teeth here and I put them in water and that Polident. And I clean her glasses for her, because see if she keeps them, she hides them and nobody can find them. Like when I was in the hospital and broke my hip, the nurses found out then what I had been doing because they couldn't find her teeth [laughing]. She doesn't do it to be mean, but you see she came from the Ukraine and it was during the period when Hitler was in power and it was during the war and they put her in a work camp. I found out from her daughter and see she hid stuff in order to survive in those days you had to, you know what I'm saying?... and she would hide stuff because she would always say to me...she didn't trust me at first when she first met, uuummm [meaning no]. I couldn't go near any of her things and but now she will let me go in her drawers or anything like that but it's because of that, I know it is... oh ya, she really missed me. Like when I come back that day from the hospital the nurse brought her down because I was gone for over two weeks. And she looked at me and she held my hand and she said: 'now I know you are alive'. See she didn't understand. I can understand. You know what I mean?

As pointed out by Betty, a very special friendship has formed between them. They really are “good friends”. Betty takes care of her friend’s most intimate and bodily belongings: her teeth and her eyes. She takes her friend’s teeth and glasses at night, cleans them for her only to return them in the morning. On a daily basis Betty crosses a boundary. However, that transgression creates a special relationship between her and her friend. Without such transgressions, the depth of care that Betty has for her friend would be difficult to communicate. The demonstration of care – by a boundary transgression – allows these friends to feel less ‘insecure’ within their home. Belongings do not need to be hidden. Betty’s friend knows that a person who cares for her has taken them and will return them.

Past history of trauma (experiences of World War II) and the fears that accompany such a history persist in other spaces for Betty’s friend. However, Betty’s friendship, kindness, understanding and emotional connection allow for such experiences, memories and fears to be managed. Betty crosses several ‘boundaries’ with her actions. However, in doing so she also mediates and, to a certain degree, reconciles the ‘insecurity’ that her friend feels. The relationship that forms between the two friends allows for the institution to feel like a home.

I came across another caring and ‘bounded’ relationship while collecting data. It was the unique occurrence of a married couple residing at the institution. Most residents do not have family members residing in the same home as them. However, Joan and her husband were able to make sure that they are not separated. I asked if it was difficult to arrange such a situation. Joan explained:

Oh yes! We had to fight for that! We would...we made it quite clear at the time when we were looking for a nursing home that we insisted that we wanted to be together. After all we’re a married couple!... and we just didn’t want to be split up or anything you know so we wanted to be together and we...it turned out that we came here and like I said we’re not really together in one room because on the count of...well we’re not.

Joan’s husband resides two doors from her room, but he lives at the same home. It was important to Joan to be with him. She did not want them to be separated. When talking about their life at the long-term care home, Joan referred to all activities as shared

experiences. Often, instead of saying ‘I’, she used the word ‘we’. In a similar manner to Ruth (mentioned in *Chapter Four*), for Joan, her and her spouse are inseparable. She exists as a part of him. All activities that her husband is involved in are either shared or in some manner involve Joan. Even if ‘involvement’ only means the worry experienced by Joan about her husband. In Ruth’s words, they ‘together were’. Joan explains:

...and so but... we are...well he’s on the same floor as I am and it’s just two doors between us actually. You know. So we kinda go back and forth all day long it doesn’t matter. And we go to the meals together, like you know. We have meals together and I help him with somethings because he’s still limited because he’s now in the electric wheelchair, which gave him a lot of independence because now he can come and go whenever he wants to go. Before that he was in a wheelchair and I had to push him all the time, which I didn’t mind. But umm he felt that it was too much for me to be pushing him constantly wherever he wanted to go so finally got through to get the electric chair and he was just so delighted with it because now he can go wherever he wants to go... so um but he still has to go to dialysis every... three times a week he’s gotta go today as a matter of a fact.

It is evident in Joan’s description that her spouse sometimes tries to gain independence. He positions it as *too much* for Joan. But it seems that it may have been *too much* for him. Nevertheless, he seems lost without her. During our interview, he drove up (in his electric chair) to her room and they spoke:

Husband: You want something?

Joan: No dear! I’m not...you go on and do what you want. Did you eat your lunch yet?

Husband: I beg your pardon?

Joan: Did you eat?

Husband: (not hearing)...Can you repeat the question?

Joan: Did you eat your lunch!?

Husband: I think I better!

Joan: Oh! Alright!

Joan: (to me) He has hearing aids. He’s got two hearing aids in his...and he’s lost one

Me: Oh no.

Joan: And now we have to just yell at him when we say anything but he's got to go on... I think it is tomorrow... he's gotta go to the hearing doctor to be tested for his other hearing aid that he lost so we have to buy him a new hearing aid for his...ya his right ear. He's lost it. He doesn't know...well actually he thinks he lost it while he was out on his dialysis trip.

As mentioned earlier, Joan rarely uses the word 'I'. She refers to herself as 'we', meaning either her husband and her or her children and her. There is a strong bond between them. Both she and her husband construct each other and the Self falls away. She is a part of him and he is lost without her (although he seems to resist this connection at times, nevertheless he relies on her). They are both home for each other. They constantly transgress each other's boundaries. However, because their union is so strong, it is difficult to tell where one begins and the other one ends: they are 'bound' for life.

5.7 Privacy and Autonomy

This theme focuses on 'privacy and autonomy'. It presents the paradox and complexity of residing in a semi-public space, while maintaining assumptions about the home being a 'private' sphere. Traditionally privacy and autonomy are expected within the 'home'. However, as the experiences of these women demonstrate, their home is a space filled with complex tensions, power struggles, boundary transgressions, paradox and resistance that surround the topic of privacy and autonomy. In terms of privacy, the long-term care facility provides a limited space for getting away from disturbance. For example, while I was interviewing Ruth three different nurses came into the room on three separate occasions. At one point, Ruth scolded one of the nurses by saying, "Hi, I'm in an interview and what did you want?!".

This lack of privacy and constant intrusion means that these women develop varying strategies to gain a 'private' space. For instance, Betty dealt with the situation in the following manner: "When someone is coming, if someone is coming who I don't want to see, I hide in the bathroom (laughing). No I don't but I could. You know what I mean? (laughing)". Betty is able to laugh at the situation. But it seems that she does not have a 'territory' that belongs to her. Her space is constantly invaded and remains

unbounded to others. In order to gain a sense of privacy, she discusses hiding in a space that is socially constructed as ‘out of bounds’ to Others: the bathroom. It is the only space where she can hide and not be disturbed or invaded. The bathroom for Betty is a safe haven. It serves as an impermeable boundary. Interestingly, the bathroom is also socially constructed as a space where the body can cross its boundary and not be seen. It is a space where it is permissible for the body to become ‘out of control’, where the bladder or defecation can be released. It is also a space where the ‘dirty’ body can be cleaned up before it interacts with public space.

The lack of privacy can get tiresome and lead to frustration. As Linda explains she has to become, in her own words, a “bit of a bitch” in order not to be disturbed by others,

Ya, some days I just, ok I had breakfast, just leave me alone. If I’m going to have a nap, I’m going to have a nap. Shut the door and go away. I’ll let you know when I want to see you again (laughing) but that means that I’m being a bit of a bitch, excuse me but it is.

Linda feels uncomfortable that she has to go to such a level in order to gain privacy. She is aware that she can be labeled as uncooperative or a ‘bitch’. Her struggle for privacy paints her as ‘deviant’: a ‘bitch’. A label attributed to women who do not follow accepted standards or social norms. She laughs at the situation. However, there was a mixture of bold disobedience and embarrassment in her statement. To understand the situation further, I asked: “what happens if you shut the door?” She replied:

The nurses will still come in, the nurses, that’s their job. You know that’s their job to check on me and make sure I have my medicine and I know that. You know. I just tell them, I’m just not having a great day today. You know. Try. If I have to have pills, just leave them. Unless you need to speak to me. I’m just having a not a good day. And if I’m not having a good day it’s best to just leave me alone for a couple of hours. I’ll be fine. In a couple of hours and it’s usually I’m just down... you know tired or maybe missing my family or just...blah...

Ironically, as Linda was saying these words, a nurse came in and asked if Linda was coming to lunch.

These women also lacked autonomy. For instance, Grace explains, “Well at home I can take a bath whenever I want. I’m not told when to take a bath. Or if I need to at all”. Other women discussed also being ‘infantilized’. Linda shared:

...and then they usually come at 11 o’clock and tell me, time to turn the lights out. I’ve got one more chapter to read, can I please read it? Yes, Linda, you can read one more chapter (laughing).

Linda does not have control over the lights going out. The institution determines when she should go to sleep. While Linda laughs at the situation, it seems that she is being infantilized and treated like a child. To be cooperative, she responds like a child and asks if she can read one more chapter.

While most stories focused on lack of autonomy in social situations, some women also grieved loss of autonomy and control over the body. For example, Anne mourned the loss of handgrip: “I can’t print or anything...I used to have beautiful writing and I can’t write and I can’t print anymore. It’s terrible...”. The deteriorating body, in this case, inhibits autonomous communication as others need to assist in tasks that require writing. In such a case another deeply intimate process is transgressed.

In situations where close kin relationships deteriorate or when relatives and friends reside too far away, trips outside of the institution are also determined by the will of others. For example, Nancy described the shopping trips that she goes on with volunteers:

I have a girlfriend, excuse me (pause) a woman that comes in. That I know...well...I know this group because my aunt got them to come and they come in and take me out. We have a coffee and we go shopping. I have one Wednesdays and Friday and she takes me out every two weeks. Oh for supper and to the show we go Friday night. They are really good and they will take you. And I got another one coming on the Wednesday but she just visits and goes.

Nancy considers the volunteer, who visits her, a friend. She has to correct herself when talking about their relationship. The volunteer may be just a ‘woman’ that comes in. However, to Nancy she is a friend, someone who cares about her and takes her out. Grace sums up the experience of the ‘home’. She states:

Ummm at home I can get up in the middle of the night and grab a bag of peanuts (laughing). It's not gonna happen here! (laughing)...Everything has to be arranged. And then whether or not you get that, it doesn't always happen...I have made some wonderful friends here!

Grace says those words while expressing surprise. She is surprised she has made a friend. Grace does not have the autonomy to be able to grab a bag of peanuts in the middle of the night. However, Grace and many of the other women were happy to be able to make friendships that they did not expect. These women sacrifice privacy and autonomy for care. It seems that, as the next section describes, they resolve the tension that is produced by such a sacrifice by practicing and fostering acceptance.

5.8 Acceptance

While tension, struggle and resistance are themes evident in the preceding interviews, a fourth clearly emerges: acceptance. I conclude my discussion by sharing words these women expressed to me about life and acceptance. It seems that acceptance is a strategy used by them to resolve the paradox that they find themselves in. In order to maintain a 'peace of mind (and body)' while living within a tension and paradox filled environment that is supposed to be their 'home', they practiced acceptance. This resolves feeling, as Rose (1993) stated, both as a "prisoner and exile, both within and without" (159). Susan explains:

I don't mind...Life's acceptance...that's what life is all about. Whatever you go through, you can do nothing about it. Accept it and move on. I don't know if I'll always be that way, but that's how I feel...ya, no kidding. As long as you're not accepting, you're fighting it. But once you've accepted it...life's about that. That's a big part in our lives. Now you can accept it and roll on or you can fight it and be miserable... I might be a rowdy grouch...a grump down the road.

In order to resist "being a rowdy grouch", Susan chooses acceptance and does not fight life. To her "that's what life is all about", "Life's acceptance".

Other women also shared this same perspective. Linda said, "You just have to make do (laughing) you know," and Grace concluded, "you just live with it right". This is how Betty understood it:

Well I'm as happy as I will ever be. Sure, I'd like to be out on my own, but I don't think I could handle it anymore. Not since I broke my hip, I know that for sure. Ya, no. I'm better off here. That's what I tell Maria too. You know, you're in your own house you have to shovel the snow, cut the grass, cook your meals. It isn't easy you know. No. (laughing).

Betty laughs at her comments, but also stated:

Well you have to be here. You've got to make the best of it. I might as well tell you, you just got to. And you don't let it get to you because sometimes it's really hard. You know. It really is. I'm going to be honest with you. But...

What is evident in Betty's comments is that she mixes acceptance with struggle. The struggle that she experiences is difficult to explain and accept. Yet, she does accept it by *making the best of it*.

In order to *make the best of* the institution, I asked these women what *they* would like to improve or change. Susan summed it up by stating:

For seniors... you know who adds a lot to this is the volunteer people because we have a lot of functions because they raise money different ways. And umm ya I don't know if all places have coffee shops like we do. I don't go down a lot, but I do go down. But if you want to, when the family comes we often go down there and just have coffee, cookies or something. Bottom line again life is what you make it. Smile through everything. Don't know how long I will be smiling. I might be grumpy next time you see me.

It is clear from Susan's words that people – caring volunteers and loved ones – are the ones who create the 'home' within the public institution. Care and community is important. Place in her understanding also plays a vital role. She appreciates a comforting 'coffee shop' where she can relax with her family. Susan communicates not what needs to be changed, but rather what needs to be maintained and strengthened. Important to her are caring people and a comfortable environment.

There is also paradox in Susan's statement. She says, 'life is what you make it', yet 'life's acceptance' (previous quote by Susan above). Life for these women is both:— it is *what they make it* by accepting things that they cannot change, or feel powerless to change. However, ironically and paradoxically acceptance becomes their tool for

resistance. The only way to resist is to accept. Ironically and paradoxically, acceptance becomes a tool for their resistance.

5.9 Summary

The paradoxical home-body, which was discussed in *Chapter Four*, is contextualized by looking at the boundary zones that it exists within, constructs, and ultimately continuously recreates. The interface zone is discussed by looking at the boundary of the body; body fluids (urination); ingestion of food and the Other; the impermeable boundaries of the quarantine; contrasted against the free-flowing connection that is permitted through technology, such as the use of computers/e-mail/Facebook; Internet connection to the outside world does not mean that these woman do not guard their personal boundaries; at times personal boundaries are broken at the institution through the ‘concrete’ act of theft; to guard against a feeling of insecurity and alienation, close bonds with ‘concrete’ others, such as friends or spouses – who do not exist in cyberspace, but possess fleshy bodies that occupy the same space as these women – aid in the creation of a ‘sense of home’; ultimately notions about privacy and autonomy need to be reconsidered; as acceptance seems to be the only form of resistance of the paradox and tension that builds up within the space.

Specifically, by discussing *urination and respect*, I point out that as the body uncontrollably ‘breaks’ its boundary through unwarranted urination, other boundaries need to be renegotiated. Self-dignity and respect from others becomes contested and needs to be campaigned for. With uncontrollable urination, other social boundaries are transgressed, negotiated, questioned and ultimately need to be reconstructed.

This brings forwards questions about ones relationship to the Other. To elucidate that point, I discussed the act of *ingesting food* that is prepared (and controlled) by the *Other*. Fear of the Other is also experienced during times when, seemingly impermeable, boundaries are set up to control the spread of disease, such as during *quarantine*. During a quarantine period, participants described the sense of home as a feeling of being ‘jailed’, cut off from significant ‘others’, while in a state of constant fear of the ‘sick’ Other.

From the isolating experience of the quarantine, I move to discussing the connectivity that is offered through Internet and *computer use*. Most of the participants did not use, or show interest in, Internet or computers. However, the few women who did praised and prized the technology highly. They integrated Facebook and e-mail into their daily lives as it allowed them to remain connected and integrated with significant others.

A severe form of a transgression of boundaries is the experience of theft. I call this a form of *violation*. The one participant that described the experience was left feeling insecure and uneasy within her home. She felt she had to be on constant guard against Others in relation to her belongings.

However, a comforting and a tranquil experience of home can be achieved through the construction of genuine friendship or the continuation of already established *close bonds*. To demonstrate that experience of home, I discuss a close relationship between two friends and the relationship between a wife and husband. These relationships demonstrated that boundaries and constructs about the Self fall away when close bonds with others are formed.

However, ultimately the space is filled with tension and paradox. I demonstrate that by discussing *privacy and autonomy*, or the lack thereof, within a semi-private space. Boundaries, between the Self and Other, are continuously transgressed, negotiated, constructed and reconstructed. These boundary transgressions can be negative, positive or somewhere in between. Nevertheless, there is always tension as all constructed boundaries are in a constant state of influx and fluidity.

The long-term care home can be described as a landscape of paradox. To deal with, or in an effort to resist, this fluctuating, changing, fluid, tension filled landscape, these women talked about practicing *acceptance*. It seemed that acceptance was a form of resistance. However, as I will discuss in my *Concluding* chapter, perhaps, rather than acceptance, what these women are practicing and constructing is a 'paradoxical' geography. As I discussed in the *Literature Review*, 'paradoxical space', as imagined by Rose (1993), is a space of resistance. A spatiality that is necessary as other spaces can oppress women or those aged as old and construct them as the Other.

Chapter 6

...there is a need to break free from prevailing social attitudes, which have served to alienate the elderly and to instill within us a view of their lives as ones of inevitable spatial withdrawal. Such liberation will involve neither maudlin sentimentality nor anguished wringing of hands, but a realism based on authentic relationships in which the beauty and the blemishes, the constrictions and new freedoms, and the joys and the sorrows of old age are openly acknowledged. (G. D. Rowles, 1978: 216)

6 Conclusion: Home as Displaced, Embodied, Paradoxical and Elsewhere

In this study, I looked at the often taken-for-granted seemingly mundane landscape of the long-term care 'home'. A landscape that from afar may seem standardized, controlled, sterile, saturated with adherence to traditional gender norms of the WWII generation, and filled with stoic older people (Milligan, 2005; Valentine, 2001). However, this study demonstrates that any place, even the seemingly mundane long-term care home, can be a site of paradoxical geography that questions simplistic binary constructions. In this concluding chapter I will discuss how I addressed my research question and will summarize my findings.

6.1 Addressing the Research Question

The overarching objective of this study was to provide a more sophisticated understanding of the concept and experience of 'home' within a long-term care facility. To achieve that aim, I followed a specific *Methodology* that is based upon a specific set of ontological and epistemological assumptions. This study is a social constructivist undertaking. When presenting my findings I do not argue for a single objective 'truth' about the experience of home. Rather I maintain that reality and the meanings attached to concepts or places are socially constructed and change over time.

In my *Literature Review*, I demonstrate that the concept of home is a social construction. Home is idealized as a place of refuge, security, and is seen as one's adobe from the world. However, it is more than a shelter from the natural elements. The concept of home divides space into an inside and an outside, into private and public

realms, and perpetuates ideas about individuality (Kaika, 2004), social gender, age, sexuality, 'race', and class roles (Valentine, 2001). Through critical problematization the full complexity of the place of the home can be revealed. For example, geographers such as Massey (1994) or Blunt and Dowling (2006) argue that although home perpetuates static notions, such as where the divide between the private and public sphere begins and ends. Home in fact is a porous and fluid geography. The home is porous since it is a place of intersection of social processes, values, politics and emotions that change over time. As such societal assumptions about social roles and space change and so does the place and experience of home. Nevertheless, the home is not a neutral place, but is a space filled with politics. These politics restrict or 'fix' certain individuals into specific spaces. These spaces can be physical, such as long-term care facilities, or social positions, such as being gendered an old woman. The home is a material structure that reifies into existence a plethora of societal understandings, processes and spatial imaginaries (Blunt and Dowling, 2006).

Therefore, I argue that the findings that I presented in *Chapter Four* and *Chapter Five* are the 'effects' of socially shared and constructed truths about space, gender and age that are reified into a reality. My findings reveal how individuals, who are gendered as 'woman' and 'aged' as old, experience the concept of 'home' within the semi-public space of a long-term care facility. I conclude those chapters by arguing that the women who took part in this study exist in a 'paradoxical space' in an effort to overcome some of the oppressions and tensions that they experience in patriarchal/positivist, or as Rose (1993) calls it 'transparent' space.

To arrive at my findings, I asked the overarching research question: 'what are the meanings and identities of home among senior women living in long-term care?' In order to address that question, I ask several key supplementary questions, such as (a) what does day-to-day life at the institution look like; (b) what specific characteristics 'make' a space a home; (c) how is the home 'experientially' sensed (in the 'mind/body's eye') how does it look, smell, sound, taste and what is its texture; (d) what makes some spaces a 'home', while not others; and (e) how does one know she is 'at home'? These questions were designed to address the humanistic, feminist and emotional geography objectives of this

research. Namely, they provide a glimpse into the experiential/existential ‘being-in-the-world’ in relation to the concept of home (humanism), provide a voice and share the standpoint of the participants (feminism) and focus on the emotional experience and construction of space (emotional geographies).

6.2 Findings: The ‘Elsewhere’ Home-Body located within Boundary Zones

The narratives shared by these women suggest that ‘home’ for them is situated ‘elsewhere’, while paradoxically being closely tied to their bodies. Home is simultaneously displacement and embodiment. The meanings attached to home also remain fluid and in tension as they are constantly renegotiated within interface zones. The home is constantly renegotiated within constructed zones such as those that exist within the division of space into private and public realms or within the distinction between Self and Other. Succinctly, the home for these women is: *an ‘elsewhere’ home-body spatiality that is located within a multitude of boundary zones.*

6.2.1 ‘Elsewhere’ Home

The geography of the *displaced ‘elsewhere’ home* is first revealed by me in *Chapter Four*. In that chapter I show that home exists as, and is located in, an *Other* space. I demonstrate that these women possess a ‘sense of home’, but that sense is displaced from them (their ‘concrete’ geographical locations and bodies). Home for them exists as several spatialities that are *situated ‘elsewhere’*. Home is a place that is at another address, in storage, in the past, in memory, with family, in relationships, or in books. Often home exists simultaneously in more than one spatiality. It exists in and is an ‘elsewhere’ space.

Paradoxically, the ‘elsewhere’ home can also be *too much*, while being *too small*. In concrete terms, home now is a single room. For example, by sharing Grace’s narrative I demonstrate that calling a small geographical space, such as a room, a ‘home’ can at times leave these women feeling overwhelmed. These women would like for home to occupy a larger geography. For example, Linda talks about having a bigger bed (a bigger

place to *lay her head down*). However, as the narrative shared by Betty of her friend's experience demonstrates, occupying a larger geography, such as ownership of a house and the maintenance that it requires, can also be *too much*. The feeling of home being *too much* has a variety of meanings: it can be too much in terms of physical health; too much spatially to deal with either a small geography of a single room or the larger space of an owner occupied home; and it can mean too much emotionally. To resolve such spatial tensions, these women use strategies that expand their 'spatialities' rather than expanding their concrete geographical space. Living within a small physical geography does not imply that these women are 'prisoners of space' (Rowles, 1978). In an effort to extend their geographies these women disperse home into multiple Other spatialities. Home is 'elsewhere'.

The temporality of their home also questions simplistic or absolute assumptions. These women purposely allowed themselves to be 'lost in time'. Time was often not kept and home was discussed as *currently* existing in Other temporalities. For example, home for these women *currently* exists in the past yet time within a long-term care institution, in a purposeful way, is forgotten. It seemed that temporality and the passage of time was controlled in such a manner. Some women made light of this and laughed about their inability to recall how long they have been living at the long-term care home. Others were concerned about their temporal loss, while few did not seem to care and felt comfortable living within an a-temporal spatiality.

Nevertheless, there was a temporal and a spatial displacement that was experienced by these women in relation to the concept of home. Some women summed up the sense of spatial and temporal displacement by asking the existential question: 'how did I get here'? Rational answers can be provided to that question, such as that their personal home got *too much* for them. Nevertheless, such a question demonstrates an emotional conundrum that is at play that will not be resolved by rationalistic explanations.

6.2.2 Home-Body

However, even though home is experienced as a displaced entity (as displacement), it is also closely linked to these women's bodies. The experience of home seemed to be intensified and mediated by the constant changes, deteriorations, transitions and fluctuating abilities of the body. In that sense, as the body changes, so does the meaning of home. Both entities remain unstable and fluid. Yet both are linked and construct one another. The meanings twist and turn constantly renegotiating the experience of both geographies.

Ironically, it is the 'unable' (unstable) body that keeps these women within the long-term care home and it continues to play a significant role in the experience of home. It determines what the home means and how it is experienced. But the body is more than a *geography closest in*. Home is a home-body entity. To understand what is home, we must understand what is the body.

As demonstrated in the Literature Review, the body has a materiality. It is *flesh, organs, bones, skin, nerves, and muscles*. But it is also a socially constructed entity, with social limits that do not stop at the epidermal layer of the skin. The body, just like home, is a political battlefield (Longhurst, 2001; Simonsen, 2000). The bodies of these women are socially constructed by various meanings. To name a few, they are gendered as 'women', aged as 'old', and sexed as 'heterosexual' or 'asexual'. They are also perceived as 'unable' individuals, who are without emotion, history, achievement, passion, creativity or (economic) purpose. These women at times seem to be *stuck* in their bodies.

Many feminist scholars have articulated and revealed the entrapment that women may experience within their bodies. Feminist geographers have argued that 'essentialist' assumptions about women have historically perceived them to be close to 'nature' based upon the function and 'emotionality' of the body. While men are perceived to be able to 'transcend' and fully control their bodies, women are seen as only their bodies. The female body is understood to be unpredictable and uncontrollable. Kirby (1992), who is quoted by Longhurst (2001), has pointed out that a woman "remains stuck in the primeval ooze of Nature's sticky immanence, a victim of vagaries of her emotions, a

creature who can't think straight as a consequence" (491). Women are assumed not to be in charge of their bodies rather it is the body that is in charge of them. A woman is the body, while a man merely has a body.

In suggesting that for these women there is a close relationship between the meanings of the home and body, I do not mean to suggest, or add to, essentialist assumptions about women and their bodies. Rather, I argue the opposite. Along with researchers, such as Longhurst (1997, 2001), I maintain that in order to understand what the home means, we need to locate the socially inscribed meanings that are attached to the body. Home is mediated and constructed by the body. What is the body then? As pointed out by Longhurst (2001), "[t]he question 'what is a body?' can only be answered by 'locating' bodies" (5). To answer 'what is the body', we need to locate home and, as I pointed out above, meanings about the body and home twist and turn constantly renegotiating and reconstructing each other. Home and body cannot be divided into two geographies as both exist simultaneously together. The meanings that surround, and are attached to, both terms defy any dualist assumptions or divisions of the space. Home is a home-body entity.

The home-body entity also questions the division of space into rational or emotional realms. Yes, the home-body is an intensely emotional landscape. All the narratives in the *home-body* section of *Chapter Four* demonstrate that when examining the home-body emotion cannot be ignored. The narratives that are shared show grief (tears that are shed about the inability to write, to walk, to stand up), suffering (illness, being stung, weight loss, death of a spouse), emotional and physical deterioration (depression, emotional crash, loss of words, loss of self, loss of part of the home), sorrow and confusion (about the changes that are happening to ones body and home that seem 'back-wards' and unthinkable), but there is also joy (when thinking about the memories that were created with loved ones, time spent outdoors, being in touch with others/Others and nature).

The landscape of the home-body is emotional and perhaps the emotiospatial aspect of home are revealed because I allowed myself in this study to become

‘emotional’. However, emotion does not consume the entire geography of the home-body. Rather, it disobeys dualisms by remaining rational and emotional.

My assertion that home for these women is a home-body entity may question ‘rational/positivistic’ conceptions of space. However, in discussing the body and the emotional aspects of the space I do not ignore nor deny the ‘rationality’ that also permeates within that space. In other words, in my arguments I stitch back together mind and body. I allow that the space/spatiality of home contain rational and emotional components. I do not favour emotion nor rationality in the conceptualization of the home-body. I merely argue that within the geography of the home there is room for both concepts.

Along with emotionality, there is also an aim to ‘rationally’ control the body. In discussing *aesthetics and public display*, I demonstrate that the body is always a canvas of self-expression, while simultaneously a mechanism through which the Self is disciplined. By participating in a ‘women’s’ club and worrying about the exterior ‘look’ of the body (haircuts, hair color, hand and toe nails, or fashion trends), these women showed that home is not a space that is free from social judgment. In co-mingling the public and private realms by being a semi-public space, the long-term care home remains a landscape where residents need to constantly worry about their social appearance. There is paradox as the body allows for self-expression while at the same time becoming objectified.

Social judgments also reinforce strict gender assumptions about what women’s bodies should look like. These women’s bodies are perceived as uncontrolled and their bodies as uncontrollable. They are nevertheless expected to control the look of their body. In the ‘ladies club’ Others are actually invited to come, take a look, and judge the appropriateness and fashionability of the body and its wardrobe. These social judgments allow for norms that value the external appearance over substance, conformity over difference, and the outside over the inside to persist within the long-term care home. Within such an environment, although the Self is separated into an outside and an inside, the Self nevertheless exists in paradox as it cannot be separated from the judgment of the

Other. The Self and Other exist in the paradoxical space of judgment, discipline and objectification.

6.2.3 *Paradoxical space of boundaries*

I therefore argue that in order to overcome some of the tension and paradox mentioned above and to rationally and emotionally create a space of resistance, these women not only exist within the 'elsewhere' home-body space, but also live within 'paradoxical' geographies. The 'elsewhere' home-body is itself a paradox at it requires that these women experience embodiment and displacement simultaneously.

Nevertheless, the 'paradoxical' qualities of home are shared in the narratives about the boundary zones and fluidity. Interface zones surround *urination and respect; ingesting 'Other' into self; the impermeable boundaries of quarantine; the network home of computer use; 'violated' boundaries; close bonds; privacy/autonomy; and acceptance.* These boundary zones also provide context for the 'elsewhere' home-body spatiality. It is within these, at times, fluid, at other times tension filled and paradoxical, interfaces that the home is experienced. Within these zones the meanings about home and body are constructed, contested, reconstructed, and felt.

Incontinence, ingestion, violation, quarantine, Internet networks, and close bonds problematize notions about the Self/Other and private/public space. Incontinence requires that the Self renegotiate being perceived as uncontrollable by the Other. By ingesting the Other into the Self, oddly enough food and home become boring, 'dead-like' and plain rather than create a feeling of Otherness or foreignness. Nevertheless, food invigorates all the senses and at times can bring up bodily smells (cigarette smoke carried on nurses clothing), a fight against nausea (from the cigarette smoke), and thoughts about illness (lung cancer, heart disease) or quarantine (and the inability to leave). Quarantine aims to keep the Other out, keeping the Self isolated, frustrated, safe from illness and fearful. Computer and Internet use can extend the confines of a quarantined home, but only few of the women utilize the technology. However, even if more women used technology, it would not protect them from boundary violations such as theft. Violated boundaries require that the Self remain vigilant about not being taken

advantage of or lose property. Violated boundaries create a feeling of insecurity and shatter ideal notions about home, such as it being perceived as an ‘adobe’ or a ‘haven’.

Ultimately, relationships with Others allow for the landscape of the long-term care home to feel like a secure, comforting and nurturing ‘home’. Others, who may be feared during quarantine, who prepare ones food, or who inquire about ones incontinence are the ones that, with time, transform into close Others. These close Others by questioning, contesting and constantly renegotiating the boundary zones between private/public realms of space allow for the long-term care facility to feel like a home. Notions about ones privacy and autonomy are reconstructed. In some relationships, such as Betty’s special relationship with her friend or Joan’s relationship with her spouse, boundary transgressions actually allow for bonds of closeness to mature.

Boundary constructions and transgressions can be negative, positive or somewhere in between. However, it is evident that the space of the home remains in constant tension and paradox. The ‘sense’ and meaning of home is situated – spatially and temporally – ‘elsewhere’, while paradoxically and simultaneously being located within the aging body and the boundary zones that the Self/Other or private/public space create.

6.3 Theoretical Considerations and Contributions

It is evident from my discussion above that the ‘elsewhere’ home-body ‘home’ is a multidimensional spatiality that resides in ‘non-Euclidean’ space. In revealing that home exists as an ‘elsewhere’ home-body entity, I contribute to debates about the experience of place. In particular, I contribute to the work of humanists, feminist and emotional geographers, who call for a move away from positivist assumptions about space that only allow an absolute, Cartesian or Newtonian space to be considered as ‘valid’ or ‘real’. The problematization of conceptualizations of places is important as it allows for the full intricacy of spatialities to be revealed. As pointed out by Pickles (1985),

Only when the place-character of spatiality and space is fully recognized can we avoid treating actual human places and spaces as subjective and relative distortions of some absolute space.

My study contributes theoretical considerations by providing a glimpse into the geographical, emotional and experiential space of home for women who reside in long-term care facilities. In recognizing that home for these women is an ‘elsewhere’ home-body space, I create a place where the full richness of their spatialities can be appreciated. The ‘elsewhere’ home-body is not a ‘distorted absolute space’. It is a spatiality within which human places, such as the home, are experienced. ‘Elsewhere’ home-body is a way of ‘being-in-the-world’ for these women and it is a spatiality on its own.

The ‘elsewhere’ home-body spatiality questions simplistic, dualistic or two dimensional assumptions about space. The ‘elsewhere’ home-body ‘home’ is a ‘plurilocality’ (Rose, 1993: 151). It is a spatiality that is simultaneously: displaced, a home-body, embodied, past, present, elsewhere, here, fluidity and fixation. The home is an emotional landscape of paradoxical space. It exemplifies what Rose (1993) calls “heterogeneous geometries” (151), where one can be simultaneously a “prisoner and an exile...occupy both the center and the margin, the inside and the outside” (155). In such a way the spatiality of the ‘elsewhere’ home-body exemplifies the space of resistance that, as argued by Rose (1993), is frequently present in feminist work. She points this out by stating:

The subject of feminism insists that spaces are extraordinarily complex...Its multidimensionality refers to complicated and never self-evident matrix of historical, social, sexual, racial [sic], and class positions which women occupy, and its geometry is one strung out between paradoxical sites. These feminist maps are multiple and intersecting, provisional and shifting, and they require ‘ever more intricate skills in cartography.’ (Rose, 1993: 155)

I argue that a ‘cartographer’ who wants to map the ‘meaning of home’ among senior women who reside in long-term care must be sensitive to the complexity of this landscape and to the intricacy of space. Two dimensional or dualistic assumptions about the space will never create places in which women can feel ‘at home’ in. Dualistic assumptions, such as the division of space into private (traditionally attributed to the space of home) and public realms, always construct a positive and a negative ‘status’

(Grosz, 1986: xvi) within space. This positive and negative ‘status’, with nothing in between, always constructs women as the men’s Other and outcasts women (or all those constructed as Other) into an *entrapping* spatial realm (Grosz, 1989: xvi; Rose, 1993). However, in this case, these women seem to defy such restrictions. Though they advocate practicing ‘acceptance’ (a major theme in the interviews), it seems that what they are actually practicing is the construction of ‘paradoxical’ spaces. Such spatialities allow them to overcome being constructed as Other within patriarchal/positivist/‘transparent’ space. These women create messy, “extraordinarily complex” (Rose, 1993: 155), multidimensional, tension and paradox filled “heterogeneous geometries” (Rose, 1993: 151) in an effort to live in a place that reflects their equally complex life experiences. They are not ‘at home’ in patriarchal/positivist/‘transparent’ space. Their geography is much messier and more paradoxical. Home for them is a complex geography of the ‘*elsewhere*’ *home-body* that is *located within a multitude of boundary zones*.

6.4 Future Research

The notion of ‘paradoxical space’ offers much potential, but it is a difficult landscape to understand and discuss. However, Rose (1993) articulates its importance by stating, “[p]aradoxical space...is a space imagined in order to articulate a troubled relation to the hegemonic discourses of masculinism” (159). In this thesis, I argue that the women in my study exist in ‘paradoxical space’ since that is their only way to resist the oppression they experience in patriarchal/positivist/‘transparent’ space. However, this assertion needs to be explored further. There is also a need for debate about how such complex spaces can, and should, be managed to ensure that they maintain being healthy spaces to live and age in. Currently, there is still a limited body of work that specifically looks at the emotional landscape of seniors (Hepworth, 2005; Milligan et al., 2005). Further research into embodied emotion, home and care is needed to better understand the landscapes of long-term care.

Further research could also look at other ‘seemingly’ mundane spaces to see if those too are ‘paradoxical’ geographies. Recently, Brown (2003) looked at paradoxical qualities of the space of the hospice in relation to terminal care and the landscapes of

death. While Spandler (2009) argued for the potential offered by ‘paradoxical’ space in his study of therapeutic landscapes of psychiatry. However, research needs to further examine ‘paradoxical’ geographies or different spatialities. Nevertheless, the ‘paradoxical’ *‘elsewhere’ home-body* that is *located within a multitude of boundary zones* does provide various practical contributions.

6.5 Practical Implications for Policy Makers and Senior Citizens

By providing a more nuanced and sophisticated understanding of home in a long-term care setting, I demonstrate that the emotional lives and paradoxical geographies of older individuals cannot be ignored. In writing policies that are supposed to create the feeling of home within the semi-public landscape of care, policy makers need to become ‘comfortable’ discussing emotions and the tension, fluidity and complexity that emotion and paradox evokes. After all, this study demonstrates that long-term care residents are not emotionless ‘prisoners of space’. Along with other aspects of care, the emotional and paradoxical lives of the elderly need to be considered in all policy and management recommendations. Only then will we avoid ‘ageist’ assumptions that lead to objectification of the elderly by depriving them of their emotionality (Milligan et al., 2005) and the complexity of their spatiality. The importance of considering the full intricacy of home that includes paradox, tension and emotion, is demonstrated by Milligan et al. (2005: 50):

...[in the] sidelining of older people’s emotional distress...[older people] are, at times, treated as objects that generate tasks for those responsible for providing and delivering care....

To avoid such objectification and denial of emotion there are several steps that can be taken to ensure that the emotional lives of the elderly are not only noticed, but also expressed and valued.

For one, specific ‘emotional spaces’ can be created within long-term care facilities that allow for the ‘expression’ of emotion. These spaces can be as simple as the introduction of an ‘artistic’ space within the long-term care home. The humanities have

much to offer to the landscapes of care in that endeavor. The primary areas of concern for humanities deal with tension, paradox, emotionality and complexity. Trained professionals could offer art classes, writing workshops, or music lessons. However, though these classes or lessons will offer new skills to the residents, this should not be the primary goal. Rather the aim of the creation of an ‘artistic/emotional’ space should be to foster a universal acceptance among staff and residents of the importance of the ‘emotion’ within a long-term care home. Many activities are currently offered in most long-term care facilities and most homes have a full time ‘activities coordinator’ on staff. However, what is most important is that emotions are not ignored nor stigmatized by care providers. To that aim, all ‘emotional spaces’ in all forms need to be respected. An ‘emotional space’ can be as simple as having a cup of tea with a friend (Milligan et al., 2005), gardening in the communal garden, or allowing oneself to get lost in a good book. Such ‘emotional getaways’ should be regarded as vital to the creation of a healthy home within a long-term care facility. After all, a long-term care home is a space of care and a landscape of care is not an emotionless space. Care implies emotion. Emotions and emotional spaces cannot be ignored nor denied to those who occupy such a space, be it home residents, care staff, or the health care providers who manage those spaces. By acknowledging the importance of the emotiospatial aspect of long-term care the ‘*elsewhere*’ home-body that is *located within a multitude of boundary zones* a healthy comfortable feeling of home can be fostered.

6.6 Concluding Remarks

The acknowledgment that spaces are comprised of complex and paradoxical spatialities that include emotion, tension, or fluidity creates a theoretical space in which the geography of ‘*elsewhere*’ home-body that is *located within a multitude of boundary zones* can be accepted. An acceptance of such a spatiality would answer the call of researchers, such as Rowles (1978) or Milligan et al. (2005), who advocated that we deepen our understanding of the geographical experience of elder individuals. In the quote that opens this chapter, Rowles (1978: 216) points out that,

...there is a need to break free from prevailing social attitudes, which have served to alienate the elderly and to instill within us a view of their lives as ones of

inevitable spatial withdrawal. Such liberation will involve neither maudlin sentimentality nor anguished wringing of hands, but a realism based on authentic relationships in which the beauty and the blemishes, the constrictions and new freedoms, and the joys and the sorrows of old age are openly acknowledged.

Over three decades after Rowles' (1978) appeal there is still a need to change our attitudes about elderly individuals that deprive them of their emotionality and spatially complex geography. The acceptance of the 'paradoxical' *'elsewhere' home-body* that is *located within a multitude of boundary zones* allows for such limited conceptualizations to be overcome. Recent research into health, aging, place and landscapes of care within health and emotional geography allows for a consideration of spatialities that question positivist/'transparent' assumptions about space. To understand and accept such spatialities means to understand the struggle that an elderly woman faces as she experiences loss, deterioration, deterritorialization, change, displacement, and tries to practice acceptance. It means to understand that she must negotiate boundaries as she creates a 'home' for herself within a spatial structure that treats her as Other and offers her either displacement or entrapment. It means to feel for her when she is excluded or included based upon her body and as she ultimately deals with a culture that often treats her as if she is disembodied, as if she is someone without emotion, history, memory, language, someone who is 'unable' to 'transcend' her gendered aging body. After all, her body is her home and place in the world.

Bodies and places are never finished. Bodies are entities in a constant state of transformation. Never static, still or fixed. They morph in their materiality and meaning. The only constant is the transformation. The body changes on a daily basis. Our cells die, mutate and regenerate carrying on a process that is imperfect, allowing us to age, to change, to become 'different', to be something Other than we are. We move from childhood, to adolescence, to middle age and into old age. We live in a constant state of becoming. We are 'unfinished projects' (Valentine, 2001). Our bodies are never stable, closed, individual or separate from the places they inhabit or transverse (Longhurst, 2001). By leaking (sweating, crying, urinating), shedding (skin, hair, clothes, menstruating), absorbing (food, socially constructed meanings about the self and other), producing (waste, energy, babies), our bodies interrogate any sense of concrete

boundaries or stable definitions (Longhurst, 1997; 2001). Braun (2004) makes this point clear by stating, “[e]verywhere, bodies made and transformed, the human defined and dissolved” (269). Humans, and our bodies, are fluid entities.

Places, such as the place ‘called home’ (Massey, 1994), are also in a constant state of metamorphosis. They are physical locations, with concreteness, even cyberspace is a geographical ‘site’ with some tangibility, expressed either as ‘circulation’ or as an ‘exchange’ that has ‘felt’ impact on the world at large (Braun, 2004). But ultimately, places are multidimensional entities (Relph, 1976; Rose, 1993; Wiersma, 2008). They are composed of physical, social and emotional realities (Davidson et al., 2005). Being abstractions made tangible by being filled with meanings and values (Groger, 1995; Wiersma, 2008). But most importantly, places are,

constructed out of movement, communication, social relations which always stretched beyond it. In one sense or another most places have been ‘meeting places’ (Massey, 1994; 171).

Places, then, such as our homes, are fluids made solid only temporarily by spatiality and temporality. Both the body and a place are a geography that “constantly changes and still endures” (Abrahamsson and Simpson, 2012: 332). But how within this fluidity are places, such as home and bodies (aging body), understood? They are understood by the meanings that are attached, fastened, or fixed to those geographies. By assigning meanings to objects or experiences, the world becomes fixed within a certain framework of ontology.

To attribute meanings means to fasten something within a certain framework. It means to ‘dam’ the fluidity of life into a comprehensible and meaningful experience. Bodies and places constantly change, yet, endure through meaning. They morph through change, but still ‘live on’ by being fastened, secured, arranged and connected by the spatiatities they create. The meanings and identities of the long-term care home experienced by the elderly women in this study are ‘emplaced’ in the spatiality of the *‘elsewhere’ home-body* that is *located within a multitude of boundary zones*, which exists within a multitude of paradoxical geographies.

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Appendices

Appendix A: Interview Guide

1. Question: When someone says ‘home’ – what does that mean to you?

2. Question: Can you tell me a bit about living here?

Possible Prompt: What did yesterday look like? Or What does your day look like?

4. Question: How long have you lived here?

5. Question: Please tell me about the last home you had before moving here?

Possible Prompt: (Physical structure) What was the physical design of the dwelling like?

Type of building? How many rooms/stories?

Possible Prompt: (Social dynamics) Who lived there with you?

6. Question: Over the course of your lifetime, how many residences (dwellings) have you lived in? In other words: the number of different dwellings you’ve lived in.

7. Question: Of all those dwellings, which place or places do you consider as ‘home’?

8. Question: What made those places ‘home’ for you?

Prompts of ‘sensual’ landscapes:

- Visual: What did the ‘home/homes’ look like? Does ‘home’ have a certain ‘look’ for you? Does it have to ‘look’ a certain way to be ‘home’?
- Olfactory: When thinking about it now, are there any smells that remind you of ‘home’ (or smells that were common to or perhaps different in the places you considered ‘homes’)? What does home smell like?
- Tactility: Are there any textures that remind you of home?

- Auditory: How about sounds? What does 'home' sound like? Different at each home or are there similarities between the places you considered 'home'?
- Taste: Which foods or dishes do you associate with home?

Possible Prompt: Which spaces did you occupy most of the time?

Possible Prompt: Within your home, what was your favorite place/room?

Possible Prompt: Who lived with you? (social)

Possible Prompt: Favorite activities? (performance/acting space - roles: ex. mother (identities within that space created/recreated – mutual reinforcing) responsibilities within home

Possible Prompt: How far does 'home' stretch for you? By that I mean, is 'home' to you just the house you live in or does it extend further (to your neighborhood or community)?

Possible Prompt: Where does the home start and where does it end for you?

9. Question: You mentioned that you lived in 'x' number of dwellings, but only consider 'x' number to be 'home', why not those other places? In other words, why didn't you consider them home?

10. Question: what word/words best describes home?

11. Question: Is there anything else that you would like to add about home?

Appendix B: Contact Letter

August 18th, 2011
London ON

Dear,

My name is Malgorzata (Margaret) Milczarek. I am a graduate student in the second year of my masters program in The Department of Geography at The University of Western Ontario. As we discussed over the phone, I am contacting the 'Greetings' Home in the hope of gaining your assistance with my research project.

The aim of my research is to capture the multitude of meanings and interpretations of 'home' as held by seniors living in Long Term Care Homes. The 'home' is a fundamental concept in the life of an individual. The notion of 'home' is universal within all societies, but the 'home' is also a highly subjective term that has been of interest to geographers for sometime. Human geographers have identified the 'home' in a variety of ways: as a physical entity (a house, an apartment, or even a park bench), as a boundary (a neighborhood or a nation), a process (a set of practices) and as an idea (an attachment to place or a 'sense' of place). Most individuals acquire the 'concept' of home in their childhoods, however over the course of ones life, other experiences shape further the understanding of 'home'.

The question then arises: since the place of 'home' has such fundamental significance to an individual, what does the term 'home' mean to individuals who have a wealth of experience and may be residing in their last home? For this reason, my primary research question asks: **what are the meanings and identities of 'home' among seniors living in Long Term Care Homes?** To gain a deeper understanding, additional questions ask: how is the 'home' remembered? What did it look like? What spaces were occupied the most? What spaces were considered to be 'favorite' in the home? Out of all the residences that one has lived in, which was the 'favorite' home? Who lived there?

Such research will contribute to the academic understanding of 'home'. But more importantly I would like this project to be of value to the residents of the 'Greetings' Home. The semi-structured interview is designed to take the form of a conversation. There is also a small map/home drawing component. I would like my discussion with the participants to be an enjoyable activity that allows for a sharing of experience, contributing to your important mission statement that declares: **"compassionate people enriching the lives of others"**. This research honors the wealth of knowledge possessed by senior citizens. It also hopes to document, preserve and cherish the legacy of the participants.

I would be delighted to include any complementary questions or issues that you may have in my study. Once the study is complete, I would also like to share my findings with your organization. Because this research addresses the memories of 'home', I rely on your expertise when it comes to determining who would be best suited to participate in the project. I am looking to interview around twenty individuals between

the ages of 55 to 90. However, since this is a qualitative study, I can adjust that number based on how many individuals would actually be interested in participating. I am hoping that you will be willing to assist me with my research. Doing so will require not only your permission, but also approval from the Western's Research Ethics Office. Please let me know if there are any requirements that I need to fulfill in order to have your organization assist me with my project.

If you have any other questions about this project, please do not hesitate to contact me at [e-mail and phone number]. You are also welcome to discuss my research with my supervisor, Dr. Jeff Hopkins, who can be reached at the address below.

Thank you very much for your time and consideration of this matter.

I look forward to hearing from you.

Sincerely,

Malgorzata Milczarek
Masters of Arts (Candidate)
Department of Geography
University of Western Ontario
London, ON
N6A 5C2

Dr. Jeff Hopkins
Associate Professor
Department of Geography
University of Western Ontario
London, ON
N6A 5C2

Appendix C: Letter of Information

(Letter was printed on institutional letterhead.)

Emotional Geographies of Home: Meanings and identities attached to the place of 'home' among senior women living in retirement or long-term care homes.

You are invited to take part in a research study looking at the meanings attached to the place of the 'home' as held by senior women living in retirement or long-term care homes. I am a graduate student in The Department of Geography at The University of Western Ontario and the information I am collecting will be used in my Masters thesis.

The 'home' is a fundamental concept in the life of an individual. Especially for women, the space of the 'home' has historically represented an important geography. Therefore, my primary research question asks: **what are the meanings and identities of 'home' among senior women living in retirement or long-term care homes?** Such research may contribute to the academic understanding of 'home'. But more importantly, I would like this project to be of value to the residents of retirement homes, allowing residents to share their experience and memory of home.

The study involves:

- A semi-structured interview - designed to take the form of a conversation rather than a formal interview (estimated time: about an hour).
- A small map/home drawing component. (All materials: paper and markers will be provided).

I am hoping that you might be willing to discuss with me the possibility of participating in this research at a location and time of your choosing.

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time. Careful measures are being taken to assure confidentiality and anonymity of all respondents. All identifying information will be removed and pseudonyms will be used in order to protect the participants' identities and ensure privacy. All information will be stored under lock and key for the duration of the study, and upon completion of the study it will be destroyed – all files will be deleted and all paper documents shredded. You will not be paid to take part in this study. However, your participation is greatly appreciated and will allow for your 'voice' to be included into research that captures the experience of seniors living in retirement homes. All interviews will be audio-recorded. There are no known physical, social or economic risks to participants. However, since the study involves the 'memory' of home, some participants might experience some psychological or emotional discomfort while discussing their experiences. If this

happens, please advise the interviewer. The interviewer will adjust the interview (please keep in mind you can refuse to answer any questions), discuss these feelings with you or provide you with some contacts if you would like counselling. The estimated time of the interview is about an hour.

If you are interested in learning more information, I can be reached at [e-mail and phone number]. You are also welcome to discuss my research with my supervisor, Dr. Jeff Hopkins, who can be reached at the address below. Or if you have further questions about your rights as a research participant you may contact: The Office of Research Ethics at The University of Western Ontario, 519-661-3036.

I look forward to hearing from you. The aim of this research is to honor the wealth of knowledge about the 'home' possessed by senior women. It also hopes to preserve and cherish the legacy of its participants.

Once the study is complete, you will be invited to attend a presentation of the summary of the results. There will also be a written executive summary of the findings available for you.

Thank you very much for your time and consideration.

Malgorzata Milczarek
Masters of Arts (Candidate)
Department of Geography
University of Western Ontario
London, ON
N6A 5C2

Dr. Jeff Hopkins
Associate Professor
Department of Geography
University of Western Ontario
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Appendix D: Consent Form for Participants

Emotional Geographies of Home: Meanings and identities attached to the place of 'home' among senior women living in retirement or long-term care homes.

Malgorzata Milczarek, M.A. Student
The University of Western Ontario, Department of Geography

I have read the letter of information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Signature of Research Participant

Date

Printed Name

Signature of Person
Obtaining Informed Consent

Date

Printed Name

Curriculum Vitae

Name: Malgorzata Milczarek

Post-secondary Education and Degrees: University of Western Ontario
London, Ontario, Canada
2002-2010 B.A. (Honors)

The University of Western Ontario
London, Ontario, Canada
2010-2012 M.A.

Honours and Awards: Social Science and Humanities Research Council (SSHRC)
2011-2012

Province of Ontario Graduate Scholarship
2010-2011

Related Work Experience Teaching Assistant
The University of Western Ontario
2010-2012

Research Assistant
The University of Western Ontario
2010-2011

Presentations:

Milczarek, M. (2012). *Emotional geographies of 'home': meanings and identities of home among older women living in long-term care*. Canadian Association of Geographers – Ontario Division (CAGONT) at the University of Toronto Scarborough, October 12 – 13, 2012.

Milczarek, M. (2012). *Emotional geographies of 'home': meanings and identities of home among senior women living in long-term care facilities*. Schulich School of Medicine and Dentistry: Strong Bones, Strong Minds, & Strong Muscles, March 2, 2012.