The Public Life of Older People
Neighbourhoods and Networks

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy
Graduate Department of Public Health Sciences
University of Toronto

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Abstract

Preserving and improving the health and well-being of older people is a significant public health issue of the 21st century. The increased attention to the promotion of health in old age has given rise to an extensive body of literature on the subject of “healthy aging” – a discourse dedicated to understanding the multidimensional factors associated with aging and health and the application of this knowledge.

Adopting a place-based, qualitative approach, this dissertation addresses key gaps in the healthy aging literature. The public life of older people aging in place was examined to understand how neighbourhoods, as important physical and social places of aging, contribute to the well-being and healthy aging of older people.

This dissertation employed a critical geographical gerontology research framework and a methodology called ‘friendly visiting’ which combines ethnography, narrative and case study research and utilizes participant observation, visual methods and interview techniques. The qualitative data were analyzed using grounded theory and an adapted coding strategy that integrated the textual, visual, and auditory data. The analysis process highlighted theoretically-informed themes that characterized participant’s perceptions and experiences of their neighbourhoods.
Findings reveal neighbourhoods are important places of aging that impact the well-being of older people aging in place. This dissertation provides insight into the micro-territorial functioning of neighbourhoods for older people. Embedded within these environments are key sites for informal public life called third places (e.g., parks, streets and coffee shops). Third places are important material and social places for older populations. Preparing for, journeying to, and engaging in these public sites promotes healthy aging by providing opportunities for engagement in life and facilitating social networks. Results advance healthy aging and aging and place research, contribute to gerontological and geographical methodologies, and have implications for policy and practice in areas such as health promotion and age-friendly community initiatives.
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# Table of Contents

Abstract ................................................................................................................................. ii
Acknowledgments .................................................................................................................. iv
Table of Contents ............................................................................................................... v
List of Tables ....................................................................................................................... ix

Chapter 1 Introduction ........................................................................................................ 1
  1.1 Introduction .................................................................................................................. 1
  1.2 Geographical Gerontology: Integrating Aging, Health and Place ......................... 3
  1.3 The Study Approach and Research Questions ......................................................... 4
  1.4 Organization of the Thesis ....................................................................................... 4

Chapter 2 Review of Literature .......................................................................................... 6
  2.1 Part I: Healthy Aging ................................................................................................. 6
      2.1.1 Healthy Aging from a Biomedical Perspective ................................................. 7
      2.1.2 Active Engagement in Life ............................................................................. 8
      2.1.3 Healthy Aging from a Psychosocial Perspective ............................................ 9
      2.1.4 Social Support and Social Networks ................................................................. 10
      2.1.5 Summary of the Important Determinants and Gaps in Healthy Aging Research . 13
  2.2 Part II: Aging and Place ............................................................................................. 16
      2.2.1 Aging in Place and Place Attachment ............................................................... 16
      2.2.2 Identity and the Spatiality of Aging ................................................................. 19
      2.2.3 Therapeutic Landscapes .................................................................................. 20
      2.2.4 Places of Aging .............................................................................................. 22
      2.2.4.1 Neighbourhoods as Places of Aging ............................................................ 22
      2.2.4.2 Older People’s Perceptions and Experiences of their Neighbourhoods . 23
      2.2.4.3 Social Capital .......................................................................................... 24
      2.2.5 Summary and Gaps in Aging and Place Literature ......................................... 25
  2.3 Chapter Summary and Making a Contribution .......................................................... 26

Chapter 3 Theoretical Framework, Research Questions and Core Concepts .................... 28
  3.1 Theoretical Framework: Critical Geographical Gerontology (CGG) ....................... 28
  3.2 Research Question and Objectives ............................................................................ 32
  3.3 Core Concepts – Definitions and Conceptual Interrelationships ............................. 34
      3.3.1 Conceptual Description .................................................................................. 36
  3.4 Moving Forward to the Research Methodology ....................................................... 37
<table>
<thead>
<tr>
<th>Chapter 4 Methodology and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Methodology – “Friendly Visiting” (FV)</td>
</tr>
<tr>
<td>4.2 Data Collection</td>
</tr>
<tr>
<td>4.2.1 Participants: Selection Criteria and Rationale</td>
</tr>
<tr>
<td>4.2.1.1 Measuring Age</td>
</tr>
<tr>
<td>4.2.2 Description of Participants</td>
</tr>
<tr>
<td>4.2.3 Recruitment</td>
</tr>
<tr>
<td>4.2.3.1 Study Site Neighbourhoods</td>
</tr>
<tr>
<td>4.2.4 Data Collection Procedures: (For a summary see Table 4: Summary of Study Data)</td>
</tr>
<tr>
<td>4.2.4.1 The ‘Go-Along’ Method</td>
</tr>
<tr>
<td>4.2.4.2 Photographs as Visual Data</td>
</tr>
<tr>
<td>4.2.5 Four Stages of Data Collection: (See Appendix C: Interview and Observation Guide)</td>
</tr>
<tr>
<td>4.3 Data Analysis – <em>Think with your senses, feel with your mind</em></td>
</tr>
<tr>
<td>4.4 Assessing Quality</td>
</tr>
<tr>
<td>4.5 Ethical Considerations</td>
</tr>
<tr>
<td>4.6 Study Limitations</td>
</tr>
<tr>
<td>4.7 Conclusion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5 Public Life: Preparation and Journeys</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Preparation: The Forces Involved in “Going Out”</td>
</tr>
<tr>
<td>5.1.1 The Departure Point: Control Centers and Key Sites in the Home</td>
</tr>
<tr>
<td>5.1.2 Moving From the Home to the Neighbourhood: A Complex Process</td>
</tr>
<tr>
<td>5.1.3 Push-me Forces</td>
</tr>
<tr>
<td>5.1.4 Pull-you Forces</td>
</tr>
<tr>
<td>5.1.4.1 People</td>
</tr>
<tr>
<td>5.1.4.2 Animals</td>
</tr>
<tr>
<td>5.1.4.3 Nature</td>
</tr>
<tr>
<td>5.1.5 Discussion</td>
</tr>
<tr>
<td>5.1.5.1 Active Engagement in Life</td>
</tr>
<tr>
<td>5.1.5.2 Therapeutic Landscapes – Providing Insight into the Draw of Nature and Others</td>
</tr>
<tr>
<td>5.1.5.3 New Insights – The Preparation Stage</td>
</tr>
<tr>
<td>5.2 Journeys: Issues of mobility</td>
</tr>
<tr>
<td>5.2.1 Style of Mobility</td>
</tr>
<tr>
<td>5.2.2 Supports and Challenges</td>
</tr>
<tr>
<td>5.2.2.1 Supports: Transportation and Technology</td>
</tr>
</tbody>
</table>
Appendices ................................................................................................................................ 149

Appendix A: Recruitment Flyer ............................................................................................. 149
Appendix B: Telephone Survey ............................................................................................. 150
Appendix C: Interview and Observation Guide ..................................................................... 151
Appendix D: Information Sheet and Consent Letter .............................................................. 153
Appendix E: Consent to Use Photograph Form ................................................................. 158
Appendix F: Personal Information Survey ........................................................................... 159
Appendix G: Final Interview Guide ..................................................................................... 160
Appendix H: Audio Template ............................................................................................... 161
List of Tables

Table 1. Friendly Visiting Program Principles and Application to the Study ......................... 40
Table 2. Selection Criteria and Rationale .................................................................................. 42
Table 3. Description of the Research Participants ................................................................. 45
Table 4. Summary of Study Data ............................................................................................ 55
Table 5: Beyond Oldenburg: Common Features of Third Places from a Critical Geographical Gerontological Perspective ...................................................................................... 111
Chapter 1
Introduction

Introducing Brownie

My interest in healthy aging originated with my observations and participation in the life of my grandmother – “Brownie”. Despite increasing disability and limited economic resources, Brownie lived a joyful, dignified, and engaged life in her home until she died at 94. My quest over the past 10 years has been to unlock some of her secrets to ‘a good old age’, for how wonderful it would be to have a life that resembled hers. In my research process I hold her up as my ‘gold standard’, my ‘best practices’, and as a means by which I can ground my ideas. Respect for her motivates me to think critically, creatively, and question taken-for-granted assumptions of old age. Most importantly, she keeps me true to myself and to those I am most interested in understanding – older people.

Throughout this dissertation I will share some of my observations and understanding of Brownie and her life as a way to acknowledge the impact she has on my understanding of aging, and to demonstrate how this knowledge has filtered through my research process.

1.1 Introduction

Population aging is unprecedented, pervasive, profound and enduring (United Nations, 2002, p.xxviii). By the year 2050 the number of older persons (over 60 years of age) will exceed the number of younger persons for the first time in history. As a largely irreversible trend, the implications of this global phenomenon will permeate every aspect of human life from economics (pensions, taxation, labour markets), to politics (voting patterns and representation), to family and community life (living arrangements, housing and migration). Health has become a priority for local, national, and international governments as they anticipate the impact of population aging on health services, delivery, care and policy. Indeed, preserving and improving the health and well-being of older people has emerged as a significant public health issue for the 21st century.

This increased attention paid to the promotion of health in old age has given rise to specific government and university departments and research agendas, and has spawned an extensive
body of literature on the subject of healthy aging (also called ‘successful aging’, ‘robust aging’
and ‘aging well’). As a particular perspective for exploring the relationship between health and
aging, ‘healthy aging’ research is predicated on the understanding that the processes and
experiences of aging are, to a certain extent, modifiable. Healthy aging research is concerned
with understanding the multidimensional factors associated with aging and health as well as the
application of this knowledge to improve the health and well-being of older people.

Spanning four decades and various disciplines, the healthy aging literature is extensive.
Numerous models and theories have emerged, knowledge has been advanced, and interventions
developed and implemented. This literature makes an important contribution to our
understanding of the determinants and predictors of well-being for older populations; recent
‘report cards’ on the health and quality of life of aging Canadians (National Advisory Council on
Aging, 2006) indicate there is much we are doing right (e.g., improving the economic situation
for many groups of older people). There are, however, areas for improvement (for example,
seniors are more likely than any other age group to be socially isolated) and substantial gaps in
our knowledge and understanding have been identified. Healthy aging research has been
criticized for its narrow theoretical and methodological design and neglect of the important
social and environmental factors associated with health and well being in old age (Bryant,
Corbett & Kutner, 2001). In particular much of the work in healthy aging has been unable to
effectively contextualize aging experience and processes within the various environments
(places) that older people live, work and play.

This dissertation is founded on the notion that healthy aging is a useful construct in the discourse
of health and aging and that knowledge in this area could benefit greatly from diverse theoretical
perspectives and new and innovative approaches. There are many examples from outside the
field of healthy aging that provide alternative paths towards understanding the relationship
between aging and health. Concerned with contextualizing aging and health experiences, the
interdisciplinary field of geographical gerontology represents a promising framework for
furthering our understanding of the determinants and predictors of healthy aging.
1.2 Geographical Gerontology: Integrating Aging, Health and Place

Place is a key concept in geography that is described fundamentally as a “portion of geographic space” (Gesler & Kearns, 2002, p.4). Considered an amalgam of social, cultural, historic, political, economic and physical features, places make up the meaningful context of human life (Cutchin, 2005). From this perspective, ‘place’ is conceptualized not as a simple, static container or backdrop to life but instead as a kind of process in which “social relations and identity are constructed” (Duncan, 2000, p.582). Research from various disciplines including geography, health promotion, anthropology and gerontology, illustrate that place is important to both health (status and behaviour) and aging (processes and experiences) (Moon, 1995). The importance of place in gerontology is reflected in the growth of ‘geographical gerontology’, an interdisciplinary approach to the study of aging that investigates the ways that aging affects specific places and spaces, and the influence that specific contexts or places have on issues related to aging and older persons (Andrews et al., 2005; Wiles, 2005). Research from this perspective highlights the significance of place in conceptualizations of aging and reflects the emergence of place as an effective framework for understanding health (Kearns & Moon, 2002).

Using this approach, two key ‘places of aging’ have been identified – the home and long-term care facilities – and the majority of research to date has focused on the experience, meaning and construction of these private (or in the case of long term care facilities, semi-private) locales (Kearns & Andrews, 2005). Public places such as neighbourhoods, have received much less attention. This is surprising considering that most (93%) older people live either alone or in couples in private households in the community (Statistics Canada, 2007), there is both public and government support for older people to age in place, Health Canada and the World Health Organization have identified environments (both social and physical) as key social determinants of health, and healthcare services are shifting to models where home-care and community-care play increasingly larger roles.

Guided by the notion that ‘place matters’ i.e., that lives are situated and located, the purpose of this dissertation was to explore from an insiders (older persons) perspective, the neighbourhood as a significant place of aging.
1.3 The Study Approach and Research Questions

As a cornerstone of policy development and a growing priority among various government departments, healthy aging represents an important arena for scholarly inquiry. To be effective, healthy aging policies and programs must be informed by a comprehensive understanding of the complex relationship between aging processes and the contexts – physical and social – within which these occur. With a focus on addressing key gaps in the healthy aging literature, and in particular contextualizing aging within the neighbourhood as an important ‘place of aging’, I conducted a qualitative inquiry that adopted a place-centred approach to the exploration of healthy aging. In this thesis I explore the public life of older people aging in place to understand how neighbourhoods, as important physical and social places of aging, contribute (in both positive and negative ways) to the well-being and healthy aging of older people.

The overall aim of this dissertation is to **explore the public life of older people aging in place.**

**The key objectives of the study are:**

1. To understand neighbourhoods as the material places where public life occurs.
2. To understand networks as the social places of public life.
3. To examine how these neighbourhoods and networks shape the experience of healthy aging.

1.4 Organization of the Thesis

In this first chapter I introduce the topic area – The Public Life of Older People: Neighbourhoods and Networks – and contextualize this study within the fields of public health and gerontology. In Chapter 2 Review of Literature I introduce the two core knowledge areas for this thesis – healthy aging and aging and place – and locate the study with respect to the scholarly literature in these interdisciplinary fields. The focus of the healthy aging review is a summary of the literature from both the biomedical and psychosocial perspectives. Synthesizing the healthy aging literature I identify the key determinants, highlight the gaps and indicate how this study is positioned to make a contribution. The aging and place review includes a discussion of several relevant frameworks used to explore the relationship between aging and place and positions this study within the existing literature dedicated to places of aging.
In Chapter 3 Theoretical Framework, Research Questions and Core Concepts, I outline the theoretical framework for the study – critical geographical gerontology – and articulate the assumptions that inform this perspective. Also in this chapter, the research question and objectives that guide the present inquiry are outlined. Finally, the core concepts are defined and integrated into a larger discussion to articulate their significance within the context of this study.

In Chapter 4 Methodology and Methods the methodological approach used to guide the research process is described. I also include a detailed description of the recruitment process, the study participants, the interviewing strategy and the analytic procedures that were undertaken in order to generate study results. A description of the criteria used to judge the quality of the analysis and interpretation in constructivist modes of inquiry is provided and the specific methods used for data collection, including the interview technique, are explained. Included in this chapter is a description of the analysis procedures. Chapter 4 concludes with the identification of the ethical considerations and the limitations of the study.

In Chapter 5 Public Life: Preparation and Journeys and Chapter 6 Public Life: Neighbourhood Places and People I present the results of the data analysis. Data, including quotes, photographs and field notes, are used to illustrate the key findings in three thematic categories – Preparation: The forces involved in going out, Journeys: Issues of mobility and Public places: Material and social elements. Each of these sections is summarized in a discussion that reflects the key theoretical influences used for interpretation.

The final chapter, Chapter 7 Conclusion, provides an overview of the study and highlights the key findings in each thematic category. I then highlight the major theoretical contributions to healthy aging and aging and place knowledge. To conclude the chapter I articulate the methodological contributions of the thesis and consider the implications of the present findings for the design of future research as well as policy and practice.
Chapter 2
Review of Literature

Brownie – Searching for answers

Why do some people seem to age better than others? Why did Brownie’s old age seem so good, indeed quite fun? What was her secret? Was it her daily exercise regime as she walked up the ‘line path’ to the local shops every day? Was it her personality – full of humour and mischief? Could it possibly have anything to do with her diet consisting of coffee, instant mashed potatoes and toast? Or was her secret somehow related to her little council house in the small town of Potters Bar, England where she lived for almost 60 years? Early on in my search for answers to these questions I discovered the extensive body of literature dedicated to “healthy aging” and it is here where my journey began.

Based on my interest in the predictors of aging well, I have dedicated a considerable amount of time and energy over the past eight years to reading in the area of health and aging and this review is a reflection of this ongoing pursuit. Both theoretical and empirical work has been reviewed. Although the focus is on contemporary research, historical works dating back to the 1960’s have been examined to contextualize current thinking in this area. Keywords such as “healthy aging” “successful aging”, “robust aging” as well as “aging and place”, “health and place” and “attachment to place” were used to search databases including PsychoInfo, Web of Science, and PubMed for interdisciplinary research that supported my interest in health, aging, and place. This document summarizes over 100 significant works in two key domains, Healthy Aging (Part I) and Aging and Place (Part II), with a principle concern for the social and psychosocial research (although biology and genetics are recognized as important factors in healthy aging, they are not the focus of this work). Locating this dissertation within the existing research literature, this chapter reviews key knowledge from each of these areas, identifies the major contributions and gaps, and highlights the most important and relevant influences.

2.1 Part I: Healthy Aging

The genesis of this dissertation originates within the healthy aging literature, a discourse dedicated to exploring ‘a good old age’. Researchers from this perspective ask “what are the key
determinants of healthy aging, and how can we promote these determinants in order to sustain and improve the health of older people?”

According to Health Canada, healthy aging is “a lifelong process of optimizing opportunities for improving and preserving health, physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Health Canada, 2006). As a particular perspective for exploring the relationship between health and aging, ‘healthy aging’ research is predicated on the understanding that the processes and experiences of aging are, to a certain extent, modifiable. Accordingly, healthy aging research is concerned with understanding the multidimensional factors associated with aging and health as well as the application of this knowledge to improve the health and well-being of older people. As an alternative to the ‘decline and loss’ paradigm that was popular during much of gerontology’s short history, healthy aging (and its cousin terms including successful aging, robust aging and aging-well) is described as a new theoretical paradigm and a dominant force within research agendas, funding organizations, and governments (Holstein & Minkler, 2003; Scheidt, Humpherys, & Yorgason, 1999). The majority of healthy aging literature can be organized into two traditions – biomedical (focused on health status and concerned primarily with disease, disability and clinical standards) and psychosocial (focused on mental state and adjustment to aging processes).

2.1.1 Healthy Aging from a Biomedical Perspective

Much of what is known about healthy aging from a biomedical perspective is based on data from large longitudinal studies including the Duke Longitudinal Study of Aging (Palmore, 1979), the Manitoba Longitudinal Study on Aging (Roos & Havens, 1991), the Alameda County Study on Aging (Guralnik & Kaplan, 1989); (Strawbridge, Cohen, Shema, & Kaplan, 1996), and the MacArthur Successful Aging Study (Seeman, Lusignolo, Albert, & Berkman, 2001). A summary of research from this perspective reveals demographic characteristics (specifically age, sex and socioeconomic status) and health behaviours (in particular tobacco use and level of physical activity), as well as established social support networks are important predictors of healthy aging. The most significant model associated with this literature is Rowe and Kahn’s Model of Successful Aging (1997; 1998). Founded on the recognition of the heterogeneity of aging experience and the understanding that extrinsic factors (such as lifestyle) play a significant role in the determination of risk in old age, the Model of Successful Aging is a multidimensional
framework consisting of three hierarchically ordered components – low risk of disease and disability, high mental and physical function and active engagement with life (Rowe & Kahn, 1998). According to this model, healthy aging individuals are those who are able to maintain these three behaviors or characteristics.

2.1.2 Active Engagement in Life

There was little recognition of ‘engagement in life’ as an important determinant of healthy aging until the late 1990’s when Rowe and Kahn added it to their popular Model of Successful Aging (1997, 1998). ‘Active engagement with life’, which is also referred to as ‘engagement in life’ or ‘productive involvement’ is based on activity theory, an early theory of aging that emphasized the link between activity and health and well-being (Havighurst, 1961). Research on active engagement in life has primarily focused on physically active activities or activities that create societal value such as volunteer work and has most commonly been measured using a variety of scales and questions (such as participation rates in clubs). Findings from this approach suggest that activity (and in particular the frequency of activity) is positively related to life satisfaction (Garfein & Herzog, 1995; Menec & Chipperfield, 1997).

In response to critiques that the voice of older persons had been neglected in healthy aging, a new strand of research emerged in the late 1990’s which sought the opinions of older people. Research that seeks understanding from older people themselves provides rich insight and understanding of the subjective meaning of healthy aging, its relevance to older people and their age cohort, and the ways in which life satisfaction and healthy aging are determined (Fisher, 1992). There are two significant and interrelated findings from this perspective that illustrate engagement in life, and in particular meaningful activity and social engagement, are important predictors of healthy aging.

First, when asked to identify the important factors of successful aging from their perspective, older people indicate ‘involvement in life’ (also referred to as sense of purpose, engagement or activity) and ‘social support and relationships’ are the most significant (Bryant, Corbett, & Kutner, 2001; Fisher, Day, & Collier, 1998; Knight & Ricciardelli, 2003; Phelan, Anderson, LaCroix, & Larson, 2004; Tate, Lah, & Cuddy, 2003). These results support other (previously described) healthy aging research and provide new insights into our understanding of these concepts. Using semi-structured interviews with 22 older adults that were randomly selected
from a larger quantitative study sample, Bryan Corbett and Kutner (2001) learned that “to keep going” often involved the integration of social support and engagement in life and, importantly, involved meaningful activity. Health, for these study participants, meant ‘going and doing something meaningful’ which required four components: something worthwhile to do, a balance between abilities and challenges, appropriate external resources, and personal attitudinal characteristics (e.g., positive attitude vs. ‘poor me’ (p.927). Hedelin and Strandmark (2001) relate the importance of engagement in life to mental health in their phenomenological study with 16 women between the ages of 71 and 92. Their aim was to acquire a deeper understanding of the meaning of positive mental health from the perspective of elderly women and findings indicate “an active desire to be involved with people and in the world” (described as a ‘zest for life’) is a key component of mental well-being (p.12).

Secondly, older peoples’ descriptions of healthy aging illustrate that despite the assumption upon which much of the healthy aging research is based – that aging well requires one to be free from disease and disability and maintain high functional ability – healthy aging can (and does) occur despite disease, disability or other hardships (Boyle & Counts, 1988; Fisher & Specht, 1999; Knight & Ricciardelli, 2003; Tate et al., 2003). Healthy aging from the perspective of older people does not require the absence of limitations but rather a level of health and adaptation to the aging process that is acceptable to the individual (Bryant et al., 2001). Von Faber and colleague’s (2001) work is particularly illuminating on this subject. In a study in which they compared quantitative data on successful aging (defined as an optimal state) with qualitative data (from in-depth interviews that asked older people to self-report on their own successful aging) results indicated 10% of the 600 participants were classified as successfully aged according to the quantitative data but over 80% of these same people described themselves as successfully aged. Research that seeks the opinion of older people provides important insight to our understanding of healthy aging highlighting the possibility that function may not be the end outcome, but rather the means to the end – an end which is more a matter of meaningful activity and engagement in life than functional ability.

2.1.3 Healthy Aging from a Psychosocial Perspective

The psychosocial research is similarly concerned with identifying the predictors of healthy aging while additionally exploring the health behaviours associated with these factors (i.e., how the
determinants of healthy aging operate). The most significant model associated with psychosocial healthy aging research is the Model of Selective Optimization and Compensation (SOC) (Baltes & Baltes, 1990). The SOC model is a general framework for understanding developmental change and resilience (adaptation) across the life span that is thought to take on special significance in old age when there is an increase in social and biological losses (Baltes & Cartensen, 1996; Baltes & Baltes, 1990; Freund & Baltes, 1998). The model, consisting of three interrelated adaptive strategies – selection, optimization and compensation – makes an important contribution to healthy aging discourse. Rather than viewing healthy aging as a state of being, the SOC Model approaches it as a process of continuous adaptation. This perspective emphasizes human development and life course research, it supports the shift from the disease and disability models to mental health and coping, and it recognizes context (particularly social support and the physical environment) as an important factor in healthy aging. A summary of the psychosocial healthy aging literature reveals several important findings the most significant of which parallels research from other disciplines (including psychology, social work and health promotion) and highlights social support and social networks as the most salient determinants of health and well-being.

2.1.4 Social Support and Social Networks

Social support is defined broadly in the literature as the assistance and protection given to individuals (Hinson-Langford, Bowsher, Maloney, & Lillis, 1997). A more nuanced understanding of social support describes it as reciprocal, a characteristic that predicts its sustainability (Hooyman, 1983; Shumaker & Brownell, 1984). A review conducted by Hinson-Langford and colleagues (1997) highlights four key categories of support: emotional, instrumental, informational, and appraisal (p.96). The positive relationship between social support and the health and well-being of older people is well-established and findings suggest social support operates as a protective health factor for older people (Cassell, 1976; Sauer & Coward, 1985; Stewart, 1993) as well as being a predictor of healthy aging. Researchers report the need for social support increases over time for older people (Garfein & Herzog, 1995; Gurung, Taylor, & Seeman, 2003) and the most salient predictors of healthy aging are: frequent (Garfein & Herzog, 1995) and sustained (Vaillant & Vaillant, 1990) visits with family; having 5 or more personal contacts (Cohen, Hyland, & Devlin, 1999; Strawbridge et al., 1996), including telephone contact (Garfein & Herzog, 1995); and participating in group activities (Palmore,
Social support is also described as gender specific: older men receive the majority of their support from their spouse, whereas older women derive most of their support from friends and relatives (Gurung et al., 2003). In other research, social integration was found to be significant. Using a life course perspective and drawing on data from a two-wave (participants were interviewed in 1956 and again in 1986) panel study, Moen and colleagues (1992) explored the relationship between role occupancy and healthy aging. Results indicate social integration (defined as social role occupancy) was seen to promote healthy aging for 313 randomly selected women that were both wives and mothers. Using a series of open-ended interviews with a group of older women Day and Day (1993) found that those aging well were highest among women living only with their husbands or living alone and lowest among those living with kin other than husbands. The authors attribute this discrepancy to the loss of personal control. Social arrangement was also identified as an important psychosocial factor associated with healthy aging. Analyzing data from the Aging in Manitoba survey (1,267 respondents, 60% women, aged 69–101), Bailis and Chipperfield (2002) report ‘collective self-esteem’ (an individual’s self evaluation as a member of a social group) may protect the health of older adults whose feelings of personal control over health are low.

Social support operates within a structure or a social support network. In the gerontological literature the terms social support, social networks, and social support networks, are often used interchangeably to refer to the collection of interpersonal ties that are supportive to the older person (Litwin, 2001). Within this work, network typology is emerging as an important concept; the most recognized typology in the gerontological literature is proposed by Wenger (1991). Based on a mixed-method longitudinal study of aging in rural communities in North Wales, Wenger developed a typology of the informal support networks of elderly people. Consisting of both structural as well as interactional components, the five types of support networks were summarized as: the family dependent support network, the locally integrated support network, the local self-contained support network, the wider community-focused support network and the private or restricted support network (p.152). Wenger reports that network types are predictive of service use and availability of informal support. According to Litwin (2001), network type is correlated with morale. Analyzing secondary data compiled by Israeli Central Bureau to Statistics (n=2,079), Litwin (2001) examined the relationship between these five network types and morale. He reports that people who maintain diverse or friends’ networks reported the
highest morale whereas those in exclusively family or restricted networks had the lowest (p.516). Healthy aging research indicates social networks are positively associated with health status and well-being (Gurung, Taylor & Seeman, 2003). Investigators report social support networks are associated with higher physical (Michael, Colditz, Coakley, & Kawachi, 1999) and cognitive (Seeman et al., 2001) functioning. Seeman and colleagues (2001) speculate social networks may operate as a buffer, mitigating the effects of cognitive aging.

The literature on social networks, as separate from social support networks, is much less common in the aging literature. An exception is Litwin’s (1996) *Cross-National Analysis of the Social Networks of Older People* in which he describes social networks:

A social network constitutes the collection of interpersonal ties that individuals maintain and that provide them with several possible benefits, such as the augmentation of self-concept... The term frequently implies family and friendship ties, but may also encompass other forms of interpersonal contact, such as relationships with neighbours, work associates, and service personnel (Litwin, 1996, p.1).

Describing social networks in this way, Litwin makes two important distinctions. First, by inserting the word “possible” he points to the potential for negative consequences in social networks. Secondly describing the various types of interpersonal contacts he stretches beyond the more commonly recognized family and friends to include acquaintances such as service personnel. Findings from the cross-national (countries include Canada, the United States, the Netherlands and Israel) analyses illustrate that the networks of the elderly are: relatively small compared with the general population; composed primarily of family; and may be changing from independent type social networks to less independent types.

The potential for interpersonal relationships to be sources of negative social exchanges has been reported elsewhere (Rook, 1984). Research on negative social interaction highlights the potential for negative social exchanges within older populations and the impact of these experiences on health and well-being. Findings from this work suggest that although negative exchanges are less common than positive exchanges, they arouse considerable distress when they do occur and are, as such, important phenomenon for scholarly inquiry (Finch & Zautra, 1992; McQueen, Newsom, & Rook, 2005). Results also highlight the interpersonal relationships with the highest potential for negative interactions. Based on findings from a study of 467 non-institutionalized men and women between the ages of 65 and 90 who reported experiencing a negative social
exchange within the past 6 months, Sorkin and Rook (2006) report social exchanges occur most frequently between older people and their family members (older children, spouse, other relatives), less frequently with friends, and only rarely with acquaintances such as neighbours.

There is evidence that older peoples’ social networks both change (over the life course) and are changing (from a societal perspective). From a life course perspective there is research to suggest that social networks decline with advancing age and that in addition to losses in role functions (such as employee and spouse) (Moen et al., 1992, Sauer & Coward, 1985), there is also a reduction in both the amount and variety of social interactions that occur with others (Sauer & Coward, 1985, p.7). Findings from other work suggest the changing cultural patterns in families are causing changes in social support networks. Family has always been the most important informal support for the majority of older people (Hooymann, 1983; Nocon & Pearson, 2000). Today, however, researchers have observed non-family support and in particular friends and neighbours, are becoming increasingly important to aging individuals. This has been explained in part by the ‘changing face of social networks’ (Walker & Hiller, 2007) and in particular the changes in the availability of family support. The geographic dispersion of families, the increased time pressure on dual-income families and couples choosing to have children later in their life course means familial support for older parents is often less available today than in the past (Nocon & Pearson, 2000; Walker & Hiller, 2007).

2.1.5 Summary of the Important Determinants and Gaps in Healthy Aging Research

Healthy aging research supports (and is supported by) a shift in gerontology towards a recognition of the heterogeneity of older people and the positive aspects of old age. Regardless of the perspective, the main objective of healthy aging research is to identify and explore the determinants of a ‘good old age’. The extensive body of knowledge illustrates the multidimensionality and complexity of this phenomenon as it extends far beyond health status and longevity. Healthy aging is defined across a continuum of subjective criteria (such as life satisfaction and positive morale) and objective measures (such as morbidity and mortality). Each stream of research (biomedical, psychosocial, and that which seeks the opinion of older people themselves) provides unique insights and important knowledge that together make a significant contribution to the field of gerontology and to discourses dedicated to the health of older people. A synthesis of the literature highlights two important determinants of healthy aging – social
networks and active engagement in life. These factors were identified as significant in all three healthy aging research approaches and were seen by older people themselves to trump functional and biological determinants.

This review also illustrates three important gaps within the healthy aging literature. First, there is limited healthy aging research that is attentive to the social and environmental factors associated with healthy aging: despite the continued recognition of the multidimensionality of healthy aging, the research is dominated by biological and psychological perspectives; ‘aging’ and ‘health’ are narrowly defined; and there is a concentration on physical health and functional ability. Indeed, social and environmental factors are described as “underexplicated, undertheorized, and underresearched” in healthy aging discourse (Estes, Mahakian, & Weitz, 2001). Secondly, there is a narrow range of methodological approaches to the study of healthy aging; there are very few qualitative, interpretive or critical research designs and many populations are missing from the research including disabled, gay/lesbian, culturally diverse and those in poorer health. Finally, although the literature reflects a dominant focus on the individual, the subjective voice and lived experience of older people is scarce in empirical healthy aging research. Two recent reviews of the healthy aging literature support these observations: reviewing the ‘larger quantitative studies in the field”, Depp and Jeste (2006) argue for more multidisciplinary research and more work on the sociologic and psychologic variables integral to healthy aging; and findings of a review of the successful aging literature published in the British Medical Journal (Bowling & Dieppe, 2005) indicates there are few investigations into older people’s views and little empirical research on these lay views. These gaps may be understood, in part, as consequences of the larger political trend evidenced in most western countries towards neoliberalism. Neoliberal politics promote individualistic motifs such as individualism and independence (Moody, 2001) and support a shift in health discourses towards self-care and individual responsibility for health (Coburn, 2000). Critical gerontologists argue that a neoliberal agenda has spawned the ‘biomedicalization of old age’—a dynamic, complex and multidimensional process whereby old age is constructed as a disease and aging is portrayed as a medical problem (Estes & Binney, 1991). Extending beyond medicine to include structural, interpersonal and symbolic imbalances associated with perceptions of aging and the social position of older people (Estes, Biggs & Phillipson, 2003), the biomedicalization of old age
contributes to individualization and reductionism, victim-blaming and the lay public’s negative beliefs about old age (Estes & Binney, 1991).

As healthy aging researchers re-examine their field, broaden their conceptualizations of ‘health’ and ‘aging’, and begin to explore alternative approaches of inquiry, other disciplines are advancing innovative research programs dedicated to exploring the complex and multidimensional relationship between health and aging. Healthy aging from a place-based perspective is one of these emerging and innovative strategies. With its roots primarily in geography, place-based aging research is concerned with contextualizing aging within the various environments (places) that older people live, work and play.

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**Brownie and a need to look further**

*The healthy aging literature provided important insight into Brownie’s secrets – I do believe that those daily walks to the ‘shops’ were an important part of Brownie’s successful old age. She was physically as well as socially active on these outings as her routine included a quick visit with her friend Vi along the way, saying hello and ‘putting a fiver in at the betting shop’, and chatting with the butcher and the ‘cheese lady’. I also recognize, however, that Brownie broke many of the ‘rules’ of healthy aging. First, she was very old, relatively poor and lived alone without any family nearby (her husband died 25 years before she did and her only daughter moved away to Canada at 18). Beyond her daily exercise, her lifestyle could be described as a ‘health promotion disaster’ – she smoked like a chimney and I never saw her eat a piece of fruit, drink a glass of water, or eat any vegetable beyond potatoes or the occasional plate of mushy peas. Nor did she participate in any formal social groups – she never attended church, didn’t volunteer or belong to any clubs and by the time she was 90 many of her friends had died. During the last two years of her life Brownie moved downstairs to the front room of her house and spent most of her time in bed. Yet still she seemed to thrive! I realized that I would not find all the answers in the healthy aging literature and I began exploring the relationship between aging and well-being from other perspectives including anthropology, sociology, critical gerontology and geography. Discovering the aging and place literature was exciting – it seemed to be the most relevant to Brownie and therefore offered the most promise in helping me to discover her secrets.*
2.2 Part II: Aging and Place

“Aging is not only an embodied process but is emplaced as well” (McHugh, 2003).

Aging and place reflects a relatively new yet substantial and multidisciplinary field of study. Research from various disciplines including geography, health promotion, anthropology and gerontology, illustrates that place is important to both health (status and behaviour) and aging (processes and experiences) (Kearns & Moon, 2002; Moon, 1995). Geographical gerontology is an interdisciplinary approach to the study of aging that investigates the ways that space and place are related to the experience and needs of older persons. Researchers operating from this perspective seek to understand how aging affects specific places and spaces, as well as the influence that specific contexts or places have on issues related to aging and older persons (Wiles, 2005). Geographical gerontology provides important theoretical links between the triad of aging, place and health – highlighting the significance of place in conceptualizations of aging and the emergence of place as an effective framework for understanding health (Kearns & Moon, 2002). The age and place literature that was significant for this project can be organized into four sections: Aging in Place and Place Attachment, Identity and the Spatiality of Aging, Therapeutic Landscapes, and Places of Aging.

2.2.1 Aging in Place and Place Attachment

Aging in place is a relatively new concept in aging research, one that is receiving increasing attention in the literature (Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007; Cutchin, 2003). Aging in place is used extensively among policy makers and health and social service providers to describe individuals that remain living in their current home environments (for as long as possible) rather than relocate (Ponzetti, 2003). The literature illustrates that the majority of older people (93%) in Canada do age in place in their own homes in the community (Statistics Canada, 2007), that most prefer to do so (Callahan, 1992; Tilson, 1990), and that abandoning these environments (relocating) may be detrimental to their health (Andrews et al., 2005).

Geographical and critical gerontologists provide a more nuanced and theoretically informed interpretation of this concept. From this perspective, aging in place is understood as a complex set of processes mediated by institutions and other social forces (Cutchin, 2003). Pynoos (1990) identifies several factors that influence the experience of aging in place: the individual and their
changing health, income, marital status, the aging of the environment including the residence and the proximal neighbourhood, the changing ‘fit’ of the individual to their environment, and the public policy environment (pp.167-168). Other issues related to the experience of aging in place have prompted scholars to warn against romanticizing this phenomenon. For example, Katz (2005) reminds us that homes can be isolating places for older people who live alone (p.204). Twigg’s (2000) research on home residents and visiting home-care workers, highlights cases of theft and elder abuse for some people aging in place. In their work on community and later life, Gillear and Higgs (2005) observed that some older people, particularly those most vulnerable (without sufficient independent or family resources and therefore financially dependent on government benefits) age in place simply because they have no other choice (p.128). In addition to the potential aging in place problems, they highlight the potential problems of the aging of place (p.129). Places are dynamic and transform over time as significant sites disappear and neighbourhood social compositions change. These changes, including the disappearance of local stores and important historical sites may render these places less familiar and/or appealing to those who have either chosen, or are compelled to age in place (Gillear & Higgs, 2005). The deterioration of older homes and the anxiety this can cause older people (particularly those financially and socially vulnerable) are additional aging of place concerns.

Related to the concept of aging in place is attachment to place – a complex and multifaceted phenomenon that incorporates several aspects of people-place bonding (Low & Altman, 1992). Attachment to place and its similar sister terms including place attachment, sense of place, being in place, rootedness, and insidedness, have received much attention in the literature. Several key factors associated with attachment to place have been identified including: affect (emotion and feeling are central to the concept); physical scale (and its variability), temporality (places change over time), social-interpersonal relationships, culture, identity and life course (i.e., attachment to place may change over an individuals’ lifespan) (Andrews et al., 2007; Gustafson, 2001; Low & Altman, 1992). These and other related factors can be organized into three common features that are important to person-place bonding: the self, the environment (social and material), and others (Gustafson, 2001).

Researchers have used the concept attachment to place to, for example, understand why older people remain in an area despite rapid depopulation and the concomitant local problems such as loss of services (see for example, Joseph & Chalmers, 1995; Tahara & Kamiya, 2002). Findings
from a case study of elderly residents in two rural communities in New Zealand (Joseph & Chalmers, 1995) provides support for the idea of attachment to place and its significance for older people. Despite living in a community that has experienced a drastic loss of services such as banks and post offices (something that is said to be particularly salient for older people whose activity patterns are more likely to be locally-focused), researchers found strong feelings of attachment to place. The intensity of the attachment to place was reflected in an intense desire to ‘stay on’ despite increasing and impending challenges to their ability to do so; despite declining health and decreasing independence, researchers describe residents of communities that have experienced a drastic loss of services as displaying “a fierce attachment to their communities” (p.87).

The notion that place attachment may be particularly important for an older person has been suggested elsewhere (Rowles, 1983, 1993; Rubinstein & Parmelee, 1992). Two models that conceptualize the relationship between aging and attachment to place have been reported – Rowles (1983; 1993) comprehensive model of place attachment and Rubinstein and Parmalee’s (1992) conceptual model of the structure and development of place attachment. Based on results from a three year in-depth study of elderly residents of an Appalachian community, Rowles developed a comprehensive model of place attachment (1983; 1993). Using the concept ‘insidedness’, Rowles describes three dimensions of place attachment in old age: physical insidedness refers to familiarity with the physical environment that over time creates a kind of ‘body-awareness’; social insidedness stems from integration within the social fabric of a community and psychological or autobiographical insidedness integrates both the place of the present as well as remembered places to create a ‘mosaic’ of places that is internalized and referenced. Rowles describes attachment to place as a multidimensional phenomenon involving “physical, social and psychological components each of which may function somewhat independently and vary in their manifestation among different age cohorts” (p.310). He suggests that attachment to place is linked to preservation of a sense of identity, and as such place plays an important role in adaptation to old age.

With a similar view – that attachment to place may be important to self-image and identity for older people – Rubinstein and Parmalee (1992) introduced an integrative model for understanding place attachment. Their model consists of three essential elements: identity (the sense of who one is in the world), interdependence (the dynamics of interpersonal relationships)
and geographic behaviour (the geographic life world of the person). These three constructs may be viewed as existing across two dimensions, the collective (social norms and cultural meanings) and the individual (personal attitudes, beliefs, etc.). According to Rubinstein and Parmalee (1992), attachment to place is a process that is highly relevant for understanding the meaning of places in later life – i.e., how meanings are formed and maintained, and their influence on sense of self.

### 2.2.2 Identity and the Spatiality of Aging

“Place is integral to how old age is experienced and constructed” (Kontos, 2000).

The two prominent models (Rowles and Rubinstein & Parmalee) described above emphasize the significance of identity in aging and place research. Research that explores the relationship between identity and place represents an important avenue from which to consider the triad of aging, place and health. From this perspective place is interwoven into human experience and understood to play a significant role in the construction of self (Kontos, 2000; Peace, Holland, & Kellaher, 2005b; Williams, 2002). Findings indicate place-identity is related to health and well-being in particular through ‘sense of place’ (Eyles, 1985; Kearns & Gesler, 1998). John Eyles (1985) explores the interrelations between place, identity and the material life and presents a particularly useful interpretation of ‘sense of place’ as comprised of two interrelated experiences: that of actual, literal places and that of ‘place-in-the-world’ (Gesler & Kearns, 2002). His explanation of ‘place-in-the-world’ is the ascribed status (individually or externally) that comes from association with and occupation of a particular site.

According to Hepworth (2000) places provide the material and symbolic framework for the cultivation of personal selves; “Generally speaking, we expect to find older people in specific locations and these locations become identified with the process of aging as such” (p.77). Identities are spatialized, i.e., understanding the (re) construction of aged identities requires an understanding of the reciprocal relationship between the social and spatial as social identities are the product of the relationship between people and places (Laws, 1997; McHugh, 2003). The work of geographer Glenda Laws (1995; 1997; 1998) challenges us to reflect on the idea that as we age, our place in society changes, both materially and metaphysically. Using the concept of ‘spatiality’, she argues that the material spaces and places in which we live, work, and engage in leisure activities are age-graded and, in turn, age is associated with particular places and spaces.
This “age-segregation” is integral to the process of identity formation by both older individuals and other social groups who perceive elderly people in particular ways. Laws introduces several dimensions of her notion of spatiality: (spatial) identities are both externally imposed and self-nominated (Laws, 1995, p. 253), spatiality occurs at different scales (e.g., identity in domestic sphere as grandparent versus national scale as ‘old geezer’), and age segregation is produced by limitations on accessibility, mobility (both metaphorical and physical) and motility (an individuals’ body potential to move) (Laws, 1997, p. 93). According to Laws (1995, 1997), the spatiality of age relations with its concern for both material and metaphysical spaces requires much more attention from gerontologists.

2.2.3 Therapeutic Landscapes

Therapeutic landscape is a useful framework for investigating the dynamics between place and well-being (Gastaldo, Andrews, & Khanlou, 2004; Wakefield & McMullan, 2005; Williams, 2002). The concept was first introduced by Gesler (1992) to describe places that facilitated recovery from illness and research from this perspective focused on specific geographic locations with established reputations for healing such as Epidaurus, Greece (Gesler, 1993) and Bath, England (Gesler, 1998). The concept was later expanded by Williams (1999) to include places that promoted and maintained health. Therapeutic landscapes are conceptualized as dynamic, evolving places where physical, individual, social and cultural factors interact (Gesler, 1992; Williams, 2002). As a framework for exploring the relationship between health and place, therapeutic landscape research has been conducted in various settings including the home (Williams, 2002), summer camps (Kearns & Collins, 2000), respite care centres (Conradson, 2005), and health care settings (Andrews, 2004). As an ‘evolving concept’ in health geography, conceptualizations of therapeutic landscapes are expanding to include critical and sociological interpretations where the social and spatial are intimately intertwined (Gesler, 2005). From this perspective researchers have taken the idea of therapeutic landscape in new directions. For example, Gastaldo, Andrews and Khanlou (2004) explored the notion of ‘therapeutic landscapes of the mind’ and, in contrast to previous studies of exceptional places, Wakefield and McMullan (2005) studied everyday landscapes to illustrate how people construct therapeutic aspects of daily life.
Despite speculation on the theoretical and practical applicability of therapeutic landscapes to aging and place research (Williams, 2002), there are few attempts to open the discourse to empirical investigation. This review unearthed only one study – a mixed method ethnographic study of communal gardening practices of older people in England (Milligan, Gatrell, & Bingley, 2004). Researchers in this study used focus groups and semi-structured interviews to explore the extent to which communal gardening activity on allotment sites may be beneficial to the health and mental well-being of older people (Milligan et al., 2004). Nineteen participants over the age of 65 (who were not mentally confused and had some physical mobility) were recruited from general practitioners lists. The intervention study took place over a 9-month period during which time the participants gardened on two allotment sites which were provided free of charge and included a resource staff and all of the necessary equipment and seeds. Findings illustrate that the concept of therapeutic landscape operates at various scales and in three distinct ways: a) older people experience natural and built landscapes in very different ways, b) allotments as sites for communal gardening were seen as contributing to the social inclusion of older people, and c) the activity of communal gardening benefited the older person in various ways and operated at a deeper, emotional and experiential level. The results of this project suggest the potential of engineering therapeutic landscapes as a way to promote the health and well-being of older people.

As a framework for exploring the triad of aging, place and health, therapeutic landscape demonstrates great potential. It is theoretically informed, allows for an emphasis on health and well-being in place-based research (by introducing the therapeutic, health-enhancing, value of certain places) and has practical applicability. As a relatively new field of study, the opportunities to contribute are considerable. While there has been a focus on extraordinary or exceptional places (e.g., places of pilgrimage, therapy, treatment, spas, etc.), ordinary places and commonplace processes of healing have been undertheorized (Wakefield & McMullan, 2005, p. 299) and underexplored. Secondly, more empirical research is warranted, including studies that (continue) to extend or broaden conceptualizations of therapeutic landscapes (Conradson, 2005). Investigations that examine therapeutic landscapes via a particular population (such as older people), rather than beginning with a particular place as is the norm, may also provide unique insights and contribute to a more nuanced appreciation of the complex interactions between health and place.
2.2.4 Places of Aging

There is a considerable breadth of research dedicated to exploring the various contexts or ‘places of aging’ including the body (Kontos, 2000), the home (Cutchin, Owen, & Chang, 2003; Dyck & Dossa, 2007; Dyck, Kontos, Angus, & McKeever, 2005), institutions (Andrews et al., 2005; Milligan et al., 2004; Parr, 2000), and retirement communities (Katz, 2005; Laws, 1995; Masotti, Fick, Johnson-Masotti, & MacLeod, 2006; McHugh, 2003). The majority of this place-based aging research has focused on the experience, meaning and construction of the home – as either private dwellings or semi-private residential care facilities (Kearns & Andrews, 2005). Public ‘places of aging’, and in particular neighbourhoods, have received much less attention.

2.2.4.1 Neighbourhoods as Places of Aging

Investigation into the relationship between neighbourhoods and health reflects academic and government concerns regarding health inequities, in particular discrepancies in health outcomes that vary from place to place (e.g., between provinces, between urban and rural, and between different neighbourhoods within cities). The relationship between neighbourhoods and health is most commonly explored using large-scale, quantitative studies in which multilevel modeling strategies are used to assess ‘area effects’ on health (Diez Roux, 2003). While such approaches advance our understanding of how places can impact health status, including identifying the key factors that explain differences in health outcomes and whether these differences vary for different types of residents (e.g., according to gender, ethnicity or SES), they do not address the complexities which underlie individual relationships with neighbourhood environments and how these might impact on health (Raphael et al., 2001; Walker & Hiller, 2007). Investigations of individual accounts, i.e., the perceptions, and experiences of those living in communities, are emerging. This approach helps to prevent ‘context stripping’ (in which study design and data are unable to capture the complex environments in which people live) (Raphael & Bryant, 2000), and adds important insight linking the social and material environment to health (Walker and Hiller, 2007, p.1155).
2.2.4.2 Older People’s Perceptions and Experiences of their Neighbourhoods

With an interest in exploring the perceptions and experiences of older people as they participate in their neighbourhoods (not retirement communities or ‘extraordinary places’ but rather the local, everyday environments), I was drawn to the research of Russell, Hill and Basser (1998), Walker and Hiller (2007) and Peace, Holland and Kellaher (2005b).

Using an exploratory, qualitative design, Russell and colleagues (Russell, Hill, & Basser, 1998) examined the physical and social environments of older residents living in a low-income inner city area in Australia. In-depth interviews with over 40 local residents over the age of 60 were conducted and researchers maintained detailed field notes of their observations of the persons’ dwelling and immediate environment. Analysis revealed the complexity of the neighbourhood environment and older residents’ interaction with it. In particular, the neighbourhood was seen to present some serious challenges to its residents. For example, the heavy traffic in the area limited the mobility for many older people. However, results also demonstrate the residents ability to develop strategies to cope with certain ‘environmental hazards’ that created, for example, concerns related to personal safety:

Others had adopted a range of practices, which they saw as enabling them to take a more active role in negotiating this risk factor in their environment within the limits of their available resources. One man saw his walking stick as protection, a woman felt secure behind a shopping trolley and another walked only with her two dogs (Russell, Hill & Basser, 1998, p.102).

Two insights related to social participation stood out from this research. First, the work contributes to research that illustrates gender differences in social participation (Arber & Ginn, 1991; Day & Day, 1993; Phillipson, Bernard, Phillips, & Ogg, 1999). What is particularly insightful from this study is how the analysis embeds gender differences within the social and physical dimensions of the environment. Russell finds that the social needs of women are often met in their neighbourhoods whereas the mens experiences were in sharp contrast as they were resigned to “limited interaction with their difficult environment, seldom venturing out of their room or doing so in pursuit of essentially solitary activities” (p.103). Secondly, Russell and colleagues speak to the important issue of mobility –“The topic of social participation inevitably
involves consideration of transport” (p.103). Their approach integrates personal (limitations) and structural (transportation) dimensions of social participation.

With an interest in exploring the social and physical dimensions of neighbourhoods from the perspective of older women, Walker and Hiller (2007) conducted a series of in-depth interviews with twenty women aged 75-93 years living alone in Adelaide, Australia. Interview data were analyzed to determine how neighbourhood aspects (both physical and social) related to health and well-being. Their findings illustrate that the women’s sense of satisfaction with, and security in, their neighbourhoods is underpinned by trusting and reciprocal relationships with their neighbours (p.1154). The importance of neighbouring to the well-being of older people has been examined elsewhere (Kontos, 2000; Nocon & Pearson, 2000; Phillipson et al., 1999; Wenger, 1984, 1992), and there is much to suggest that neighbours play a significant role in the informal social networks of older people aging in place. Close proximity to services and a (perceived) stable environment were identified as important physical dimensions of the neighbourhood. Walker and Hiller relate their findings to the social capital literature reporting that social capital is central to the way that place potentially influences the health of older women living alone (p.1162).

### 2.2.4.3 Social Capital

Social capital is broadly defined as the resources (features of the social structure including interpersonal trust and norms of reciprocity) available to individuals and groups through their social connections to their communities (Coleman, 1990; Putnam, 2000). Distinguishable from social support and social networks by its collective dimension (Cannuscio, Block, & Kawachi, 2003; Lochner, Kawachi, & Kennedy, 1999), social capital is most often conceptualized and researched as an aggregate, community level measure used to infer neighbourhood level attributes. Social networks, both informal and formal, are described as components of social capital (Cattell, 2001). The potential usefulness and significance of the concept of social capital for research with older populations has been suggested (Barr & Russell, 2006; Cannuscio et al., 2003; Cattell, 2001; Walker & Hiller, 2007).

Finally, a recent British study *Environment and Identity in Later Life: A Cross-setting Study* provides further insight into the individual experiences of older people aging in place. Researchers conducted focus group and individual interviews with 20 men and 34 women
between 61 and 93 years of age from three locations (rural to metropolitan) living in various
dwelling types (including flats in sheltered housing, residential care homes, houses and
farmhouses) (Peace, Holland & Kellaher, 2005b). Although not focused on the neighbourhood
exclusively, the researchers paid considerable attention to the ‘journeys’ their research
participants made when they moved from their ‘anchor’ (favourite) places in the home and these
journeys included moving out into the ‘proximate neighbourhoods’ (within walking distance).
Findings illustrate that for older people who lived in their own homes (not residential care
facilities); neighbourhoods are extremely important places of aging, particularly in terms of self
identity:

No longer being able to go out independently is a critical stage in identity
construction because, without the wider contexts that lie beyond the dwelling, the
home itself becomes diminished as a source of identity construction. Continued
capacity to engage with ‘the other’ is represented by neighbourhood in a way that
immediate domicile cannot demonstrate or prove (p.202). Findings confirm a
spatiality of aging described by Laws (1995; 1997), and illustrate that the actual
engagement in material and social neighbourhoods is essential to well-being and
self-identity (Peace et al., 2005b, p.203).

Based on findings that suggest the majority of older people are seeking ways to be involved in
society, researchers conclude by proposing a theory of ‘re-engagement’ (p.200) in which
engagement in the material and social neighbourhood is understood as essential to well-being
and self identity (p.203).

2.2.5 Summary and Gaps in Aging and Place Literature

Aging in place research is concerned with understanding the relationship between places (social
and material) and the experiences and processes of aging. From this work we learn that
attachment to place is a multi-faceted process that is relevant to understanding this relationship.
Identity and in particular identity formation as a continuous and dynamic process, has emerged
as a key factor in the aging and place literature. Important for this study is the work that
conceptualizes self and social identity from a place-based perspective (such as the Spatiality of
Aging and the models of place attachment). Here an older persons ‘sense of place’ in the world
serves to link aging and place with well-being.

This review also highlights several gaps or key places in which further research could make an
important contribution. In particular the review illustrates that neighbourhoods, as local,
everyday, public places, have received much less attention (than homes and institutions) in the aging in place literature. Subsequently, there is less scholarly inquiry concerned with applying aging and place models (such as therapeutic landscapes) or investigating the linkages between the experiences and perception of neighbourhoods and older people’s well-being (e.g., identity formation). Although not extensive, investigations into older people’s perceptions and experiences of the local, everyday neighbourhoods provide important insight for this study. The literature from this perspective suggests mobility is an important aging in place issue that would benefit from further study and more empirical research designs that are able to addresses the complexity which underlies individual relationships with neighbourhood environments are warranted. The limited work on the neighbourhood, particularly from the lived experience of its older residents, has been previously noted – reviewing the literature in an article published in *Health & Place*, Michael, Green and Farquhar (2006) observed “few empirical studies identify built or social environmental features based on the perspective of seniors” and, “very little work has been done to understand the elements of neighbourhood context and urban form that allow for successful aging in place”.

### 2.3 Chapter Summary and Making a Contribution

These gaps (as well as those previously articulated in the healthy aging section), in combination with the insights gleaned from the existing literature in these two areas, provide several relevant and useful directions for this study:

a) Focus on social networks and engagement in life as key determinants of healthy aging

b) Consider the composition and negotiation of the broader informal social support networks of older people

c) Contextualize healthy aging within neighbourhoods as important, local and everyday places of aging

d) Consider both the physical and the social dimensions of the neighbourhood environment, the ways in which these dimensions overlap and integrate, and include both negative and positive perceptions of older residents

e) Pay attention to the journey and issues of mobility as potentially important factors in neighbourhood experiences

f) Adopt a critical, interpretive methodology that considers gender differences and highlights the subjective lived experience of older people
In my endeavor to make a theoretical and methodological contribution to healthy aging and geographical gerontology, these directions were influential in the study design, including the theoretical framework, research question and core study concepts. These are discussed in more detail in the following chapter, *Chapter 3 Theoretical Framework, Research Questions and Core Concepts.*
Chapter 3
Theoretical Framework, Research Questions and Core Concepts

Developing a theoretical framework for this dissertation required the synthesis of various viewpoints – an ontology that is situated in critical theory, an epistemology that leans more to constructionism, and a substantive area based on the concepts aging and place. Drawing from these multiple perspectives I adopted a composite theoretical framework for this dissertation which I call critical geographical gerontology. The borrowing and interweaving of theoretical perspectives for the purpose of research is consistent with qualitative inquiry, indeed, Lincoln and Guba (2000) suggest that there is great potential for incorporating multiple approaches (p.167). In this chapter I make explicit the key influences and assumptions that comprise a critical geographical gerontology perspective are made explicit, introduce the study aim and objectives and describe the core concepts.

3.1 Theoretical Framework: Critical Geographical Gerontology (CGG)

With an aim of understanding how older people make sense of their lives as they age in place, CGG adopts social constructionism as its core paradigm of inquiry. From this perspective, society is assumed to be actively and creatively produced by human beings; i.e., ‘reality’ is understood as negotiated and emergent mental constructions are socially and experientially based (Guba & Lincoln, 1994). Based on the seminal work by Berger and Luckmann (1966), social constructionism rejects any notion of essentialism (naturally given or taken for granted) and questions the accepted social and historical roots of phenomenon.

Social constructionism also assumes that constructed realities are modifiable and that people have the ability to consciously act to change their social circumstances – “To say something is socially constructed is to say that it is within human power to change it” (Cresswell, 1998). The ability to alter one’s circumstances however, is understood to be constrained by various physical, social, cultural and political forces which can present themselves internally (within the individual) as well as structurally (socially imposed). In this dissertation, with its concern for the
experience of aging, these forces are recognized as significant and interconnected. As Thomas Cole (1992) describes, aging is a multifarious endeavor:

...growing up and old is not only a process, rooted in our biological existence, structured by social and historical circumstances. It is also an experience, an incalculable series of events; moments and acts lived by an individual person (Cole, 1992, p.xxxii).

As a social advocate with a particular concern for older people who are vulnerable in our society, my constructionist approach also borrows from critical theory. As an alternative paradigm of inquiry to positivism and post-positivism, critical social theory views knowledge as socially constructed, subjective, and value-mediated. Critical researchers focus their efforts on the examination and subsequent transformation of the social structures (e.g., cultural, economic, gender) that constrain humankind (Guba & Lincoln, 1994). A critical constructionist perspective assumes that thought is fundamentally mediated by power relations that are socially and historically constituted. Further, power from this perspective is understood as distinguishable – as views of reality are socially constructed and culturally embedded, the views of those most powerful in a particular culture will dominate (Heiner, 2005; Kincheloe & McLaren, 1998; Patton, 2002). From this critical standpoint I was not only interested in understanding the constructed realities of study participants and the implications of these constructions on their lives and interactions with others (Patton, 2002), I was also concerned with how these realities may confine or restrict their lives.

With a focus on older people and an interest in exploring this population from a place-based perspective (specifically neighbourhoods), this study is also theoretically informed by the sub-disciplines of critical gerontology and human geography. Critical gerontologists have embraced the theoretical and methodological assumptions provided by critical theory to challenge conventional perspectives and develop new approaches to understanding the processes and experiences of aging and the relationship between aging and health (Estes, Biggs, & Phillipson, 2003). The critical gerontological writing dedicated to healthy aging, and subjective and interpretive approaches to aging research from humanistic gerontology are important for this dissertation.

Taking a reflexive approach that questions taken for granted assumptions, critical gerontologists expose important (and often hidden) ideological assumptions associated with healthy aging. In
particular, healthy aging has been criticized for its ‘implicit (and thus unacknowledged) normativity’ (Holstein & Minkler, 2003); critical gerontologists illustrate that values such as ‘individualism’, ‘success’ and ‘productivity’, are embedded in healthy aging frameworks and couched in terms such as individual responsibility, personal autonomy and independence (Holstein & Minkler, 2003; Moody, 2001, 2005; Taylor & Bengston, 2001; Tornstam, 1992). A critical geographical gerontological perspective makes the inherent values associated with the current healthy aging perspective explicit and adopts an alternative and interpretive design that challenge the hegemony of these values.

Humanistic gerontology (a strand of critical gerontology), advances understanding about the experience of aging, challenges the ways older people are marginalized within society and emphasizes the extent to which old age appears void of meaning and significance (Phillipson, 1998). Whereas most studies in gerontology, view aging from the outside, the humanistic approach is concerned with putting meaning back into old age with an exploration of aging from the inside, thus revealing the subjective and interpretive dimensions of old age (Moody, 1993). The task of (re)inserting the ‘lived experience’ into aging discourse prompted many developments in the field of gerontology; most notably for this research is the interest in narrative approaches. In narrative and biographical perspectives stories are seen to play a central role in the construction of lives. Researchers explore story-telling as an arena for understanding the experience of aging, as well as a space for self-discovery and change (Phillipson, 1998; Ruth & Kenyon, 1996; Winterstein & Eisikovits, 2005).

In its exploration of the relationship between older people and their natural environment, this dissertation also draws theoretical footing from human geography and in particular from the position of human geographers that ‘geography matters’ (Massey, 1984). Contributing to the theoretical underpinnings of social constructionism, human geographers insist on a kind of reciprocity between ‘the social’ and ‘the spatial’ –

While we in a spatial discipline accepted that the spatial was always socially constructed so too, we argued, it had to be recognized that the social was necessarily also spatially constructed. What is more, we argued that fact and nature of that spatial construction matter; they make a difference (Massey, 1999). The notion that place matters, i.e., that life (existence) is rooted in place, assumes that the consideration of place is necessary to our understanding of people (their life processes and
experiences). From this perspective, place is conceptualized not as a simple, static container or backdrop to life but instead as a kind of ‘process’ in which ‘social relations and identity are constructed” (Duncan, 2000). In this dissertation place as process is understood as a kind of ‘spatially inclusive’ critical social constructionism (Massey, 1999). The theoretical assumptions associated with this approach parallel and also build on those of social constructionism and critical theory (adapted from Wiles, 2005):

- places are simultaneously material/physical, cultural, symbolic and social
- places are subject to ongoing negotiation
- interpretations of place are varied and reflect different (and sometimes conflicting or contested) experiences
- power relations are expressed through, and shape, places
- places are interrelated – to other places, at different scales, at different times

A spatially inclusive constructionist viewpoint is important for this place-based dissertation because I believe (as do others) that by adding the spatial component to the constructed-ness of things, human geography can provide a theoretical link between the social and the physical – “Any understanding of the produced-ness of things must also recognize (and include with that produced-ness) their material embodiedness” (Massey, 1999). This link is helpful for conceptualizing the relationship between the material and social aspects of neighbourhoods as places of aging.

Two final assumptions related to researcher positionality guide this research. First, a reflexive stance is understood as a requisite for critical social science including CGG (Eakin, Robertson, Poland, Coburn, & Edwards, 1996). Adopting a reflexive standpoint, researcher positionality (representation) and basic assumptions must be identified and questioned. Although constructionist research assumes a subjective relationship between researcher and respondent, this relationship is not devoid of power differences and as such, a constructionist researcher must acknowledge her own role in the knowledge production process (Lincoln & Guba, 1985; Manning, 1997).

A researcher’s position(s) cannot be ignored on the assumption that they will not influence the study (Manning, 1997). As such, I make explicit the aspects of my position I believe played a role in the research process. First, with the exception of one participant (P), I was more educated
than the study participants (most of whom attained a maximum of high school training). The relationship therefore was established from the beginning as the educated researcher and less educated ‘researched’. Secondly, as a volunteer with West Toronto Support Services, I had a pre-existing relationship with four of the research participants prior to the study. I delivered Meals on Wheels to two of them, and helped out with a monthly social lunch program that two other participants often attended. This established a kind of ‘service’ relationship between us. Finally, my age (and more importantly the fact that I was a student) positioned me in some respects as naïve and less experienced. In response some participants assumed a kind of parenting role with me, telling me to “drive safely now, it’s slippery out there” or to “be careful with your time, you won’t want to miss your class”. In the case of the participant who had her PhD she took on a kind of mentoring role where she asked about my courses and assignments and challenged me on my work. I recognize that the ‘realities’ that I have co-constructed in the process of this inquiry, were shaped by these positions as educated researcher, volunteer, and younger person and student.

Finally, my participatory role in knowledge production makes specific assumptions related to study data and findings. The co-production of data assumes knowledge is elicited through dialectical and experiential processes (i.e., the interaction between researcher and participant and the active participation in another person’s life is where meaning can best be understood) and findings are transactional and subjectivist (Guba & Lincoln, 1994). The study methodology and methods emanate from the assumptions of this emergent CGG paradigm. These will be identified and described in detail in Chapter 4 Methodology and Methods.

A critical geographical gerontology framework rejects the positivist notion that there is a distinct reality out there that needs simply to be discovered, and acknowledges there may be multiple truths and ways of knowing or understanding our social world (Manning, 1997, Guba & Lincoln, 1994). My task, and indeed challenge, is to tell multiply-layered stories that are not mine (Lather, 1995). The plot of this story is defined by the research question and objectives which are described in the following section.

### 3.2 Research Question and Objectives

When I submitted my proposal in 2005 I intended to focus my dissertation on the journeys – the movement of older people. My overall research question was ‘How do journeys from the
(private) home environment into the (public) neighbourhood environment affect healthy aging?"

Although journeys remain an important piece of the work I am presenting here, as the project unfolded, something happened that changed my thinking and altered the focus of this work.

Feeling disconnected from the population I was interested in understanding (and serving) in 2004 I began to volunteer at a senior support agency (West Toronto Support Services – WTSS). In my capacity as volunteer in this organization I delivered meals on wheels weekly, drove people to and from appointments and also provided transportation and support for a monthly ‘social lunch’ program (this involved picking up 3-4 people, driving them to a local restaurant where we met up with approximately 30 others, dining with them, and then driving them home again).

Spending time with older people aging in place, in their homes as I delivered meals on wheels and also in their communities as I drove them to appointments, meetings and social events, highlighted for me the significance of their life away from home, of their public life. In addition to spending time with WTSS clients and other volunteers, I introduced myself to the executive director of WTSS and we began to meet regularly to discuss where and how our knowledge of aging and the needs of older people intersected, complemented, and conflicted with one anothers. These discussions, in combination with my personal encounters with older people, provided important ‘grounding’ for my work. From this place I was able to appreciate the application of what I was studying, and the relevance of place-based aging research to organizations such as WTSS whose mandate it is to support senior’s aging in place. I developed a stronger interest in the neighbourhood itself, the places that older people journeyed to, the elements (social and material that comprise these places) and how they impact on the well-being of older people. Prior to data collection (2007) and in consultation with my thesis supervisor, I decided to re-focus the dissertation to reflect my growing interest in the role and significance of neighbourhoods in the experience of aging and health. This new focus was reflected in a revised study purpose and objectives:

The overall aim of this dissertation is to explore the public life of older people aging in place.

The objectives of this research are:

a) To understand neighbourhoods as the material places where public life occurs.

b) To understand networks as the social places of public life.
c) To examine how these neighbourhoods and networks shape the experience of healthy aging.

3.3 Core Concepts – Definitions and Conceptual Interrelationships

Based on the CGG framework, the review of literature (Chapter 2), and following from the research questions and objectives, I identified several core concepts for this dissertation. In this section I define these concepts for the purpose of this study and describe in detail their conceptual interrelationships.

**Public Life**

Public refers to “a place accessible or visible to general view; open to common or general use” (Merriam-Webster online dictionary). For the purpose of this study with its focus on public life, public is additionally understood as a composite of material as well as social elements and ‘life’ is considered the active, participatory component. Public life therefore, is participation in places (material and social) that are accessible or visible to general use.

**Neighbourhood**

Neighbourhoods are the physical region outside of ones dwelling (home/apartment/condo). For the purpose of this study neighbourhoods were defined in two ways: Geographically according to the City of Toronto (Defined by Toronto’s Social Policy Analysis & Research Unit and are based on Statistics Canada census tracts as High Park North, Swansea, Stonegate Queensway and Runnymede-Bloor), and, as everyday places that an individual visits with regularity. The borders of these neighbourhoods were therefore defined by the individual and included places that were accessed through a variety of means including walking, mechanized scooters, public transportation and occasionally driving.

**Place**

‘Place’ is a key concept in geography that is described fundamentally as a “portion of geographic space” (Gesler & Kearns, 2002). For this dissertation, place is conceptualized as an amalgam of social and physical features that make up the meaningful context of human life (Cutchin, 2005), and as a kind of process in which “social relations and identity are constructed” (Duncan, 2000).
**Third Places**

Interested in integrating concepts and ideas about public places that were relevant to the study purpose and objectives, as well as resonate with the study data, I discovered the innovative yet rarely utilized concept “third places”. Third place was coined by urban sociologist Ray Oldenburg (1989) to describe “key sites for informal public life”. These gathering places are located outside of the home (first place) and work (second place) and include pubs, cafes, post offices and main streets. Third places, according to Oldenburg, share several common and essential features: they are on neutral ground, they act as a “leveler”, conversation is the main activity, they are accessible places, where ‘regulars’ hang out, they are physically plain and unassuming, the mood is playful and people feel like they are their “home away from home” (pp. 22-41). Third places serve as an important starting point for conceptualizing the interconnected spaces and places that comprise the public life of older people aging in place. This concept is expanded and discussed in more detail in Chapters 5 and 6 of the thesis.

**Journey**

This dissertation employs the term ‘journey’ as defined by Peace and colleagues (2005b). They describe journey as the physical movement of older people away from their anchor point (favourite space in the home) including movement to places outside of the home and into the neighbourhood (p.201).

**Social Network**

Social networks are social (relations to people) structures comprised of individuals and their interpersonal ties which reflect a kind of map of the social relationships of people’s lives. Integrating formal and informal features, social networks are different from social support – social network is the structure of an interactive process whereas social support is the function (Garbarino, 1983; Hinson-Langford et al., 1997; Wenger, 1991). Social exchanges are the micro-social interactions that occur between people within social networks; social exchanges can be either positive or negative, and include the interaction between relatives and close friends as well as acquaintances and strangers (Rook, 1984, 2003).

**Healthy Aging**

Health Canada’s definition of healthy aging was adopted for this study – “Healthy aging is a lifelong process of optimizing opportunities for improving and preserving health, physical, social
and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Health Canada, 2006). In particular, this research was concerned with two well-documented and interrelated factors of healthy aging – social support networks and engagement in life.

3.3.1 Conceptual Description

This dissertation is a micro-territorial exploration of neighbourhoods from the lived experience of its older inhabitants. I seek to explore the places around which older peoples lives are cast and the terms on which they engage with these places. I begin with the knowledge that there is a public component to the lives of older people aging in place, i.e., that unless they are completely housebound, the old interact directly, to some extent, with the larger outside world. There has been some gerontological research to consider the relationship between public and private spaces, particularly in terms of spaces of care. Here researchers explore “private lives in public places” revealing the interruption and exposure of private space rendered public within institutionalized residential care environments (Willcocks, Peace, & Kellaher, 1987). In this thesis however, the concern of retaining privacy in public places is taken 180 degrees – for this exploration is instead about a desire and a willingness of people to make public that which has become increasingly private. For urban dwelling, non-institutionalized elderly, these public lives are predominantly exercised in the spaces and places that comprise their urban environments – their neighbourhoods. Neighbourhoods are both physically (established and fixed ‘lines’ such as census tracts) as well as subjectively (based on an individuals activity patterns) bordered spaces. Emerging from their homes, older residents are immediately inserted into the landscape of their neighbourhoods and participate in a public life comprised of multiple elements: places, journeys and social networks. Places are spaces with meaning; they are material and social and they are also process – as dynamic and changing as the people who intersect with them. Inclusive and supportive public places such as third places, are of primary concern for this study with its attention to health and well-being; as aging research points out, some public spaces can be points of fear or violence for older people. Beyond places, the local geographies of older people are also reflected in their journeys to and from these places. Journeys involve movement away from the home; they are the trajectories of “interconnected transit” (Knowles, 2000, p. 217) where distance, time, transportation, mobility and access coalesce and contribute to individual
perceptions and experience. Finally, the local geographies of older people aging in place are also comprised of social networks. Neighbourhoods are settings for social exchange, most of which are informal. When they are positive and routine, informal social exchanges such as those occurring between neighbours, acquaintances and service personnel become part of informal social networks. From a CGG perspective, these three elements – places, journeys and social networks – are understood to play a role in the health and well-being of older people and in particular contribute in some way (positively and negatively), to the experiences of healthy aging.

Neighbourhoods are geographies of materiality and meaning; they are also geographies of well-being (or poor-being) for their inhabitants and as such represent key sites for examining the interrelationships between aging, place and health. Exploration of the public life of older people opens a window onto the neighbourhood through which we might come to appreciate these landscapes from a new perspective. From this position I examine the geographies of everyday life and am provided with insight into the mechanisms through which these urban elderly operate as they pursue their public lives.

### 3.4 Moving Forward to the Research Methodology

Aging, place and health are, in and of themselves, enormous constructs reflecting multiple fields of study. Together this trilogy reflects an open map rich with interdisciplinary opportunities for empirical research. The theoretical framework (CGG), research question and objectives, and core concepts provide the boundaries and borders necessary to locate the thesis research project and fieldwork. The next chapter, *Chapter 4 Methodology and Methods* outlines the methodological framework used to make decisions related to the research process and describes the procedures used to navigate this process (data collection and analysis).
Brownie – promoting the social advocate in me

My position as ‘aging activist’ was sparked by Brownie and the realization that not everyone was aging as well as she seemed to be. Brownie’s exuberance for life brought into sharp contrast the circumstances of those who appeared much less enthusiastic, and, indeed, very unhappy in their final stages of the life course. Brownie showed me how it could be, and as such, beyond my curiosity about her ‘secrets’, she also provided me with hope. When I see an older person struggling to negotiate an inaccessible building, or sitting alone in a coffee shop, or when someone I deliver meals on wheels to tells me they are lonely I am emotionally affected. Making my personal position transparent, it is because of Brownie that I have a fierce conviction in supporting change for older people in our society. I maintain a deep sense that somehow I can help to reduce the barriers that prevent older people from living joyful and dignified lives as respected and important members of our society. For example, I wonder how loneliness is possible in a city of 3 million and challenge myself to figure out how to make it not so.
Chapter 4
Methodology and Methods

In this chapter I begin by describing my research methodology Friendly Visiting (FV). I then introduce my research participants, describe how they were recruited into the study, outline my process of data collection and analysis and explain my approach for assessing data quality and study rigour. Finally I identify the ethical considerations and limitations of the study.

4.1 Methodology – “Friendly Visiting” (FV)

Critical geographical gerontology and its concomitant theoretical assumptions (outlined in Chapter 3) are not prescriptive in methods or methodological approach. Given my interest in understanding the experiences of older people within the context of their everyday lives, a combination of participant observation, interviewing and visual methods were selected as appropriate research methods for this study. As the data collection began, a methodological approach emerged that integrated these research methods with the theoretical assumptions of critical geographical gerontology, the study question and objectives, and the specific population of interest – older people aging in place. I call this methodology Friendly Visiting (FV).

Although not previously identified as a methodological approach in the research literature, Friendly Visiting programs are well-established within social support organizations working with seniors. Relying primarily on volunteers the aim of FV programs is to create lasting, meaningful relationships between seniors and volunteers (Friendly Visiting Worldwide, 2007). The specific details of FV programs (e.g., type, length and regularity of visit) vary from organization to organization, at the core of these programs however are basic principles that provide me with structure for data production (collection) and make an important contribution to data quality. These principles are understood as ideological goals of a Friendly Visiting Program and I recognize that in practice they are not always upheld, shared or desired by the parties involved. The Principles of a FV program and the application of these principles to this study are outlined in Table 1: Friendly Visiting Program Principles and Application to the Study.
Table 1. Friendly Visiting Program Principles and Application to the Study

<table>
<thead>
<tr>
<th>Principles of FV Program</th>
<th>Application to the Study</th>
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<tr>
<td>Interaction is as “visitor”</td>
<td>Visiting is an understood social ritual. This mutual understanding helps to establish a trusting, relaxed rapport. In addition, the rules of visiting (e.g., welcomed into the home, guest, purpose to chat and socialize) will support a dialectical, conversational style of data production Quality - supports the production of rich, meaningful and relevant data</td>
</tr>
<tr>
<td>A trusting and relaxed rapport between volunteer and older person</td>
<td>Structure – Supports an ‘open’ sharing of information in a non-threatening atmosphere Quality – Enhance the meaningfulness of data</td>
</tr>
<tr>
<td>Regular visiting over a significant period of time</td>
<td>Structure – Scheduling (i.e., visits occurred at regular intervals and took place over the course of several months) Quality – The frequency of visits will also support the production of rich, meaningful and relevant data</td>
</tr>
<tr>
<td>Friendship – the nature of the relationship is reciprocal and voluntary</td>
<td>The defined collaborative and mutually beneficial relationship helps to balance (although not eliminate) issues of power and control between researcher and participant</td>
</tr>
</tbody>
</table>

Embedded within a FV methodology are three well-established qualitative methodologies – ethnography, case study and narrative research. Ethnography, with its concern for culture and its long-term, observational approach to research (Patton, 1990; Wolcott, 1999), is evident in a FV methodology. As well as employing the two key methods associated with ethnography – fieldwork and participant observation – a FV approach is committed to a long-term data collection period. Through these methods ethnographers immerse themselves in a culture in order to understand, describe, and interpret its customs. To help me to understand the culture of older people aging in place I participated in their daily lives, I observed them, spoke with them, went places with them, and over a period of many months gained substantial insight into how they organize their lives, respond, react, and cope with situations of daily life, and interact with others and their surroundings.

Case study research is a specific way of collecting, organizing and analyzing data in order to provide comprehensive and in-depth information about each case of interest (Patton, 1990). Case study research investigates a phenomenon within its natural environment and emphasizes detailed contextual analysis of a limited number of events or conditions and their relationships (Yin, 1984). FV maintains a ‘multiple’ case study design (Yin, 1984, Patton, 1990) whereby
various forms of data were produced (audio data, field notes, photographs) from one-on-one interactions that took place over a substantial period of time within their naturalistic setting.

In contemplating the ethicality of narrative medicine, Rita Charon (2004) asserts “Sickness calls forth stories” (p.23). I would suggest, so does old age. Methodologies that are concerned with stories and storytelling may be particularly well-suited to research with older populations (Osis & Stout, 2001). Narrative research is fundamentally the study of stories. Founded on the notion that human lives are woven of stories, supporters argue the unique capacity of narrative inquiry to understand human experience (Clandinin, 2000). As a research methodology, narrative captures and investigates experiences as people are living them, in time, in space, and in relationships (Clandinin, 2000). Many stories are embedded within lives lived 80 years or more. In the same way that families and friends learn about the lives of aged relatives and neighbours through the telling of stories, researchers, if privy to these narratives, have the opportunity to do the same. Appreciating the value of this form of data production, and its appropriateness for this particular group of people, a study design that provides ample space (time) for the sharing of stories, such as FV, is considered felicitous.

The process (e.g., recruitment procedures) and strategies of data collection (methods), as well as the analysis of this data used for this study are well suited to this integrated methodology. These aspects of the research process are described in the following sections of this chapter.

4.2 Data Collection

4.2.1 Participants: Selection Criteria and Rationale

Consistent with qualitative research, participants were selected using purposeful sampling. Purposive sampling selects information rich cases for in-depth study and is used when there are theoretical reasons to select a sample according to specific criteria (Denzin & Lincoln, 2000).

Study participants were selected according to six criteria. These criteria and the rationale for each of them are described in Table 2: Selection Criteria and Rationale.
Table 2. Selection Criteria and Rationale

<table>
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<tr>
<th>Criteria</th>
<th>Rationale</th>
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<tr>
<td>Over 75 years of age</td>
<td>A chronological age was used to identify people who are beyond the “young-old” social age classification (usually defined as between 65-75 years of age). Despite the increasing number of “middle-old” and “oldest-old” people in Canada much less research has been conducted on these sub-populations. I also anticipated that people over the age of 75 would be in transition – finding it more challenging to participate in public life and yet not being ‘house-bound’.</td>
</tr>
<tr>
<td>Journeys into the neighbourhood at least once a week (including winter months)</td>
<td>The regularity of participant’s journeys was important from a scheduling perspective; it meant that there were ample opportunities for me to accompany them. This also indicated to me that they maintained a certain level of neighbourhood engagement; indeed, that they had a public life. Data collection took place during the winter (September to April); therefore it was necessary that they went outside of their homes with regularity during these months as well as during the warmer times of the year.</td>
</tr>
<tr>
<td>Live in specific neighbourhoods in downtown Toronto within the WTSS catchment area</td>
<td>I had been a volunteer at West Toronto Support Services (WTSS) for several years and my relationship with this organization eased the recruitment process considerably. Using several different neighbourhoods is useful for comparison yet their proximity to one another also provided an opportunity to observe commonalities and patterns.</td>
</tr>
<tr>
<td>Live alone in their own home or rented apartment within the community</td>
<td>The study focused on older people aging in place. Many old people in this age category live alone (women 43%, men 18%) and most (93%) reside in their own homes (i.e., not in a nursing home or LTC facility); I was interested in exploring this common experience.</td>
</tr>
<tr>
<td>Have lived in their current dwelling for a minimum of 1 year</td>
<td>Relocation is a transitional time. Although I was interested in this process and had several participants who had relocated in their old age, I did not want to focus on the particular challenges associated with this as a ‘new’ experience.</td>
</tr>
<tr>
<td>Willing to be photographed and also to take photographs</td>
<td>I had many reasons for wanting to generate visual data as part of this study: a) I understood ‘place’ to be visual and presumed that a study of place would substantially benefit from visual data. b) The literature supported its use – “People and places, in particular, demand visual representation as researchers struggle with the methodological means of imparting what they see in more than words” (Knowles, p. 2).</td>
</tr>
</tbody>
</table>
c) I had a ‘hunch’ that photographs may be particularly helpful in research with older people serving as an important memory tool for participants.
d) We have few ‘real’ images of older people (i.e., images other than consumer driven advertisements) and I wanted to create and examine images of ‘real’ older people, living ‘real’ lives.
e) Visual methods resonated with me personally; my partner and most of my friends are artists and from them I have learned to look beyond text and recognize the value of knowledge produced (and accessed) visually.

4.2.1.1 Measuring Age:

Critical and social gerontologists (Bond & Corner, 2004; Bytheway, 1990; Bytheway, 1995; Bytheway, 2005; Katz, 1996) have raised important questions related to age definitions, measuring age and age categorization. These scholars challenge researchers to consider what is more important - the subjective experience of ‘feeling’ old (or not), or the (objective) chronological age of 90? My decision to use chronological age and specifically ‘over 75’ as the eligibility criteria for this study was influenced by two factors:
a) Based on the purpose and objectives of this study, on personal observations and experience\(^1\), and in agreement with the literature (Coupland, Coupland, & Giles, 1991), I recognized the need for a more narrowly defined age categorization; old age today can span over three decades and I appreciated the shortcomings of research that lumped everyone over the age of 65 together.
b) I was most interested in learning about the group of older people that lie between the “young-old” age category (usually defined chronologically as 55-65) and the “oldest-old” (usually defined as over 85 or 90 years of age). This group (75+), is interesting because, a) they represent a growing population and foreshadow the upcoming baby boom generation b) less is known about this population, and c) they reflect a particular experience – most people in this age category have the ability (physical and cognitive) to go out into their neighbourhoods (i.e., they

\(^1\) My Meals on Wheels volunteer work with WTSS provided an interesting place to observe first hand different social age categories. Many of the volunteers I worked with were between 60 and 70 years of age and almost all of the people we delivered meals to were over 80. I witnessed a substantial difference in the lives of these two groups.
are not housebound) and yet many would be confronted with challenges in doing so (which is often less of a concern to 65 year olds).

To access this particular group I used two criteria. First, I used the chronological age of ‘over 75’. Chronological age is easy and straightforward and an effective way to make the first ‘cut’. Secondly I asked that participants “journey beyond their home at least once a week”. This process for explicating the middle age group was effective, i.e., access and participation in public life posed some challenges to these people but it did not prohibit them.

Beyond the eligibility criteria I was attentive to diversity on several dimensions of interest: age, sex, ethnicity, socioeconomic status, mobility/disability, and frequency of ‘journey’. This approach to purposeful sampling (maximum variation sampling), was appropriate for this study because I was interested in identifying common patterns that cut across variations (Patton, 1990). Individuals excluded from the study were ‘shut-ins’ (do not leave their home), people who were non-English speaking, those who recently moved into their neighbourhood and individuals who were cognitively or functionally impaired such that they were unable to comprehend the study itself or what was required of them if they wanted to participate.

4.2.2 Description of Participants:

Six participants were selected and participated in the study (See Table 3: Description of the Research Participants). Although my original proposal included ten participants, as my Friendly Visiting methodology evolved I realized that six was more appropriate for obtaining the in-depth and rich data required to address the research questions and considering the extensive time commitment that was involved in being a friendly visitor to each participant.
Table 3. Description of the Research Participants

<table>
<thead>
<tr>
<th></th>
<th>P</th>
<th>J</th>
<th>M</th>
<th>E</th>
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<td>F</td>
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<td>M</td>
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<td>Runnymede Bloor</td>
<td>High Park North</td>
<td>Stonegate-Queensway</td>
<td>High Park North</td>
<td>Swansea</td>
</tr>
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<td>House Two floors Own</td>
<td>Senior Apartment Own</td>
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<td>Rent House Single Floor Own</td>
</tr>
<tr>
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<td>20</td>
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<td></td>
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<tr>
<td>Mode</td>
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<td>Car, walk</td>
<td>TTC, walk (with cane)</td>
<td>Taxi, TTC</td>
<td>Scooter, walker inside</td>
<td>Walk, TTC, Taxi</td>
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<tr>
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<td>Limited – difficulty walking, short breath</td>
<td>Good – walks quite well, uses a cane since a fall</td>
<td>Good – eyesight is failing and limits him</td>
<td>Very limited – needs aids, slow</td>
<td>Limited – walks slowly, uses buggy, injured hand is limiting</td>
</tr>
<tr>
<td>Location</td>
<td>LAC, shopping, church, friend, daughter</td>
<td>LTC, doll club, restaurants</td>
<td>Shopping - Roncesvalles, downtown, malls, WTSS trips</td>
<td>Shopping, medical appointments, walks his dog</td>
<td>High park, mall, shops</td>
<td>Local shops, medical appointments, children’s program</td>
</tr>
</tbody>
</table>

It is important for interpretation and analysis (as well as to provide the reader with a general picture upon which to consider the data and findings) to contextualize this particular group of older Canadians by comparing them with others in their age cohort. Consequently, in the next section I have integrated population level and micro-level data. From this perspective we can appreciate that although in some categories there is diversity among the group itself, when
compared to the general population of older Canadians, this group as a whole is reflective of the ‘average’ senior in Canada.

I was able to meet my goal of maximum variation sampling in all categories except ethnicity. Despite my efforts to include participants of various ethnic backgrounds, all participants were white, and all but two were born in Canada. The lack of diversity may be attributed to the clientele who access the services of West Toronto Support Services (the organization through which I recruited), to the English-language speaking eligibility criteria of the study, or to the ethnic diversity within the identified neighbourhoods of study. The homogeneity of the group may also be explained by comparing them with others in their age cohort. According to Statistics Canada (2006), 72% of Canadians aged 75-84 are Canadian-born; among immigrants in this age category, most arrived in Canada when they were very young and 54% of them emigrated from Western European countries.

The age of the participants ranged from 77 years to 89 years of age with an average age of 82.5 years. The group of participants included 3 men and 3 women. This balanced split between men and women was intentional and required extra time and energy during the recruitment phase because there are more women than men in this age category. I wanted to include three men in the study because much less is known about men’s experience of old age; most aging research (both quantitative and qualitative) samples proportionally with regard to sex. I was interested in learning more about the experiences of older men and I also anticipated that any potential gender analyses would be stronger if I had more than one male in the study.

The study participants lived in various types of dwelling; 4 lived in houses of various sizes, R lived in an apartment building, P in a condominium and M in a senior’s condominium complex. All of the participants except one (R) owned their own home. This is common among this age group; 68.4% of seniors own their own homes in Canada (Statistics Canada, 2006). Everyone had lived in their current homes for at least 4 years; with all but P having resided at their current residence for 14 years or more (the average length of stay was 23 years). Again, this is consistent with the majority of older people in Canada; between 1996 and 2001, 18% of seniors aged 75 or older changed address (Statistics Canada, 2006). The level of education obtained by the participants was similar for everyone (completed or some high school education) except P who had obtained her PhD. Three participants (E, J, and A.) indicated they had an annual income of
$20,000-30,000, two participants (R and M) reported incomes ranging from $10,000-20,000, and one, P, identified her annual income as slightly higher than the others at $30,000-40,000. Level of income and education are key indicators of socioeconomic status. Comparing the study participants with other seniors in Canada indicates the socioeconomic status of the study participants is not uncommon. Statistics Canada (2006) reports 63% of people in Canada over 65 years of age have attained either less than high school (46%) or a high school degree (17%); the average income for (unattached) men in this age group is $25,500 (after tax) and for women (unattached) is $22,000 (after tax).

4.2.3 Recruitment:

All of the research participants were recruited through West Toronto Support Services (WTSS). WTSS is a community not-for-profit organization that provides practical assistance and social support to seniors, caregivers and adults with disabilities living in West Toronto. Recruiting through WTSS made sense for several reasons. First, I had an existing relationship with this organization through my ongoing commitment as a volunteer. Secondly, it was important to me that the work be ‘grounded’ in an applied or practical setting and I recognized that working through a community based organization would satisfy this need. WTSS staff and volunteers were very supportive and encouraging of my project and often commented to me that my work was relevant and important. Finally, through my volunteer work I had established a rapport with both the service providers (WTSS volunteers and staff) and the older people themselves (I delivered ‘Meals on Wheels’ to people in these neighbourhoods and subsequently I had already developed a friendly and trusting relationships with some of them). My relationship with WTSS meant that recruitment was easier and more personally significant than it would have been if I entered a community ‘cold’. The WTSS staff and volunteers liked me and were eager to help me with my study; they were instrumental in handing out my recruitment flyers to Meals on Wheels customers and were helpful with suggestions for recruiting. I recognize that my personality

\[\text{In my capacity as a volunteer over the past three years I was involved in many of the services provided by WTSS and became well acquainted with the organization’s structure and people (other volunteers, staff, and individuals who use the service).}\]
played an important part in the recruitment process as well as being advantageous to building a positive rapport with the study participants.

4.2.3.1 Study Site Neighbourhoods

Participants lived in four Toronto neighbourhoods – High Park North, Swansea, Stonegate Queensway and Runnymede-Bloor. All of these neighbourhoods are relatively close to one another in the southwest region of the city of Toronto. Two of the neighbourhoods – High Park North and Swansea – are considered part of the “High Park, Bloor Village Area”. This area has three features that, although not uncommon in other places and cities, collectively make it unique. First, this area is adjacent to High Park – a large and well-used urban park. High Park maintains many recreation areas including a skating rink, several children’s playgrounds, a zoo, tennis courts and a popular off-leash dog run called “Dog Hill”. It is a beautiful park filled with large trees, gardens, a pond and walking trails. There is also restaurant in the park that is open year round. Secondly, this area is located along one of two major transportation arteries which runs in an east-west direction across the city – the Bloor Street Subway. Finally, this region of the city includes a section of Bloor Street referred to as “Bloor Village” – a bustling retail area that houses many small businesses and other services. These urban features played a role in the neighbourhood experiences for these study participants as discussed in the following chapter.

The original research design was to recruit exclusively from neighbourhoods within the WTSS catchments area however the final group included two participants who lived outside of this area. J was included in the study because she was the first person to call expressing an interest to participate and except for her location (Runnymede-Bloor) she met all of the study criteria. E also lived outside of the area (Stonegate Queensway), however he was male and in addition he owned a dog which I thought was an interesting addition to the study; previous research (Rogers, Hart, & Boltz, 1993) suggests pet ownership contributes to well-being in the elderly. In
hindsight, I think these two participants were important additions to the study as their
neighbourhoods were considerably different from the others and this provided for interesting
comparisons; E and J both lived in areas that were more like older subdivisions and which were a
considerable distance from neighbourhood parks, shopping and meeting places and although they
both had access to public transportation, they had further to go to access this system and they
were not located along a subway line.

Participants were recruited using flyers (See Appendix A: Recruitment Poster) advertised
through several WTSS programs (Meals on Wheels, Social Lunch Program and Monthly
Newsletter). In addition, caseworkers, staff and other volunteers made suggestions about specific
individuals that they recognized met the study criteria and would likely be willing to
participation in the study. Arms-length recruitment procedures were used to manage the potential
conflict of interest that may occur because I was a volunteer with WTSS. Individuals who
responded to the posters completed a short telephone survey administered by me (See Appendix
B: Telephone Survey). The purpose of the survey was to confirm callers met the study criteria
and to ensure there was some diversity among the participants (e.g., men and women, some
living in apartments and others in their own homes, and those who venture out every day and
those who go out once a week). Although we managed to negotiate the telephone survey together
and I was able to get the information I needed from it, I think that for two reasons I would not
use the telephone in future studies for this age group. First, their hearing was somewhat limited
and a great deal of yelling (from both of us) was required to effectively communicate. Secondly,
because of the frustration and anxiety caused by frequent telemarketing calls, many older people
do not like to receive calls from unknown callers.

4.2.4 Data Collection Procedures: (For a summary see Table 4: Summary of Study
Data on p.55)

Data collection took place over seven months (November 2007 to May 2008). I began the
process with one participant and then gradually added another spending approximately four
months with each participant. Most participants were visited eight times and each visit lasted 1-3
hours. Staggering the participant recruitment process allowed me to incorporate what I was
learning from each visit and to change things throughout the inductive and iterative process. It
was also helpful with scheduling and provided time and thinking space for my ongoing analysis.
Study data was collected in a four stage process using two methods – the ‘go-along’ method, an
innovative technique that combines interviewing with participant observation, and a digital camera used to collect visual data.

4.2.4.1 The ‘Go-Along’ Method:

In keeping with a Friendly Visiting methodology, I used the “go-along” method (Kusenbach, 2003) as my primary means of data collection. The go-along method is a hybrid strategy that combines participant observation and interviewing so that researchers interview their participants ‘on the fly’ in their natural setting. As Kusenbach (2003) explains, this strategy addresses some of the limitations associated with interviewing, which usually take place out of context and would have removed the participants from the daily activities and neighbourhood journeys I was interested in, and traditional forms of participant observation, that occur in natural settings however participants often do not openly share ‘what is going on’. During the ‘go along’ I accompanied the participants into their neighbourhoods and asked them specific questions related to the study purpose and objectives (See Appendix C: Interview and Observation Guide). Through listening and observing in this way I was able to actively explore their spatial (physical and social) practices in situ, in their natural setting. In keeping with my methodology and in particular narrative research approaches, I was careful to leave space and time for the serendipity of conversation and was flexible in my questioning. In the end, because we spent so much time together, there were many wandering, ‘off-topic’ conversations which led to some important findings. For example, during a conversation about eggs that was sparked by a radio program that J and I had independently listened to, I learned that she went to a diner every Saturday (to have eggs and toast). Although I had spent considerable time with J and asked her on many occasions where she liked to go and where she spent time when she left her home, she had never revealed this weekly journey. This ritual was very relevant to the research and I would not have found about it had I not allowed for serendipity in our conversations.

I found the ‘go-along method to be very effective for exploring the role of ‘place’ (material and social) in everyday lived experience. This approach provided me with the opportunity to observe the participants while accessing their experiences and interpretations and through these dialogic conversations knowledge was co-created. For example, while I was on “Dog Hill” (a popular dog walking site in High Park) with P, freezing and surrounded by dogs (to which I’m allergic), I was able to observe the way she negotiated this physical and social place (e.g., how she got there –
which involved a mixture of walking and ‘dashing’ across the road to avoid having to wait for traffic lights, and the familiarity with which she approached the dogs and their owners), while simultaneously asking her specific questions about that experience such as ‘why do you like coming to Dog Hill?’, ‘how often do you come here?’, and ‘why don’t you have a dog?’

Many of the ‘go-along’ journeys, and in particular those at the beginning of the study, were audio recorded. Participants carried a small audio recorder in their pockets and had a tiny microphone clipped to the collars of their clothing. Due to the size and ease of use, I found that we both often forgot that the conversations were being recorded and this helped participants to relax. The hidden recorder also prevented questions and attention from others. After using this method on several trips with each participant we began to reach saturation (i.e., we all started repeating ourselves). At this point I stopped using the audio recorder and relied on my field notes. I wrote field notes after every visit, however, these were much more in-depth and important to the research process when I had not audio recorded the journey.

4.2.4.2 Photographs as Visual Data:

I used a simple ‘point and shoot’ digital camera as a data collection tool in this study. Visual data was used as resource (as a means of accessing data about other topics) rather than as topic (visual itself is the subject of investigation) in this study (Harrison, 2002). The images provided visual documentation of the contexts and actions of the everyday life of participants.

Understanding that “images do not make assertions and cameras do not take pictures” (Becker, 1979) I maintained a reflexive stance with my visual research process including data collection. To this end, I was conscious and made explicit note of where my photographic direction came from. These are summarized as follows:

a) Participants: I listened carefully to their narrations to learn what was important to them; I tried to identify the objects and places that were relevant to their stories, and I followed their direction (for example, when they told me to “be sure to take a photograph of that”).

b) Observations: Here I used a process described by Webb and colleagues (Webb, Campbell, Schwartz, Sechrest, & Belew Grove, 1981) to examine physical evidence for clues to its use. I looked for measures of both ‘erosion’ (degree of wear) and ‘accretion’ (deposit of some material/build up), and if I noticed something that hadn’t been discussed, I would inquire and then photograph it. For example, I could locate a favourite chair by the way the fabric was
worn, the popular seat at the kitchen table by the pile of crumbs or spills, and if visitors had been over for tea by the stack of cups and saucers in the sink. Outside I noticed worn paths in the grass to the hammock in the back yard or footsteps in the snow leading to the bird feeder.

c) Literature: I was guided in part by the gerontological literature, particularly that on aging and place. For example, there is a growing body of knowledge that explores the home as an important place of aging, some of which includes a visual inventory or description of key elements such as “control centres” (Lawton, 1990; Swenson, 1998). I took photographs of these places and objects.

d) My own interests: I was aware that I also took photographs of objects and places that I found most interesting. For example, I had many photographs of the old stove that A. keeps in pristine condition and that I thought was a very beautiful functional object.

### 4.2.5 Four Stages of Data Collection:
(See Appendix C: Interview and Observation Guide)

**Stage 1: Initial Home Visit (1 visit)**

I recognized that establishing a trusting and friendly rapport with the study participants was very important to the research. The aim of the first home visit was to begin (or continue for those people I knew already through WTSS) to establish rapport, to discuss the study in more detail, to answer any questions, and to explain the letter of consent and have it signed (See Appendix D: Information Sheet and Letter of Consent), and also to demonstrate the study equipment (audio recorder and digital camera). This initial visit was important to the overall success of the data collection – its relaxed pace and conversational style set the stage for future ‘visits’. In addition, this first visit provided the participants with an opportunity to familiarize themselves with the equipment, which led to an important insight – although most of the participants had heard about ‘digital cameras’, this was actually the first time most of them had ever examined digital equipment. All of them were very impressed by the technology and also somewhat confused about how it worked. The participants initial reaction to the equipment was summed up nicely by R who, when I showed him the camera screen after taking a photograph, whistled and exclaimed “wow, look at that...when were those things invented anyway?”

**Stage 2: Guided Home Tour (1 visit)**

My goal in stage two was to contextualize the neighbourhood journeys; I was interested in
learning about the inside private place (home) so that I could relate it to the outside public places that we would later visit. To get a sense of the home (material and social elements) I asked the participants to take me on a guided tour. Using the ‘go along’ approach, they led the tour and I listened and asked questions along the way. As we proceeded in and out of rooms they told me stories about whatever they chose to and also in response to my questions. During this visit I focused on two key types of information, the physical space including important and well used places in the home, and also the details and routines of daily life. These tours were audio-recorded and I also took photographs. After each of these visits I wrote extensive field notes.

**Stage 3: Public Life (Average 4 visits)**

We spent most of our time together in stage three of the data collection process where I joined the participants as they journeyed out into their neighbourhoods. I asked them to decide where we should go – “I’m interested in places you go when you leave your homes and I’d like to come along with you to any of these places if that is ok with you.” My goal during these visits was to observe and participate in their public lives and based on my research question and objectives, I focused on physical places (e.g., bakery, shopping mall, long-term care facility), means of travel (e.g., scooter, walking, public transportation), social interactions (e.g., neighbours, strangers on the streetcar), the supports and barriers to engaging in their neighbourhoods, and also any feelings and thoughts they had along the way. These visits were audio recorded and I also took photographs of the route and of the participants along the way (which served as a kind of photo-diary when it was completed). Again I took my direction from them and photographed anything they pointed out, talked about, stopped to look at, or exclaimed “Isn’t that something! You better take a photograph of that”.

I was very careful not to include passersby in my photographs. When I did take a photograph of someone that I thought may be used in the study (e.g., a participant’s friend) I obtained their written permission (See Appendix E: Consent to Use Photograph Form). From the outset, study participants did not shy away from the camera or demonstrate any concern about me taking photographs. Small digital cameras are unobtrusive, light-metering and focusing are automatic, and there is no stress related to the expense of taking many photographs – for these reasons participants were not distracted by the photo-making process.
I had originally planned to have the participants also take photographs during this stage of the research. However, due to issues of dexterity (old fingers and sometimes cold winter conditions) and an unfamiliarity and lack of confidence with the technology, the participants took very few photographs themselves. This issue is discussed in more detail in the Ethical Considerations section later in this chapter).

**Stage 4: Wrap up - Photo selection, final interview, thank you and goodbyes (2 visits)**

Stage 4 involved two visits; in the first we looked at all of the photographs together on my laptop computer so that they could select any they wanted me to have printed for them, and also which ones should be deleted (i.e., they did not want me to keep or use for presentation or publication purposes). Prior to this meeting I had edited the collection of photographs (deleting duplicates, blurry or dark photographs) and organized each visit and set of photographs into separate electronic folders on my computer. During this visit I also gave them a personal information survey to be completed on their own or alternatively we could do it together during our next visit (See Appendix F: Personal Information Survey). I also provided them with the final interview questions (See Appendix G: Final Interview). I gave them the interview in advance because I wanted them to think about the questions ahead of time; they called it their ‘homework’.

During the second visit of Stage 4 I collected the personal information surveys and conducted a more traditional open-ended interview. This experience turned out to be very strange for both of us as it took on a formal and serious tone. I was made very aware (physically and emotionally) of how this format produces very different data than the go-along method. Some participants were not as forthcoming with stories or information, their responses were sometimes forced and occasionally I needed to remind them of details as they responded. They may have been providing answers they thought I was looking for, or were filtering their responses as to what was “important enough” for a research study. For example, when I asked P why she went out into her neighbourhood she immediately responded “to get exercise”. I prompted her further and then eventually asked about the dogs she visits almost daily at Dog Hill – “Oh yes of course” she responded, “my main reason for going outside is to see the dogs and to visit Dog Hill”. This was a common experience with all of the participants and illustrates an important benefit of in-depth field-based research designs such as FV.
After these interviews we both visibly ‘relaxed’ with each other again. At this time I gave them each a thank you card and a photo-album with copies of the photographs they had selected. They were all very pleased with these small gifts and thanked me. Later in my field notes I reflected on how these final visits made me feel confident about the depth and richness of what I had learned about these people:

Today as I reached up into A.’s cupboard above his sink where I knew he kept the teabags, and I poured his tea into his favourite mug adding ‘whole milk and no sugar’ just the way I know he likes it, I thought to myself, “I know him, I understand some things about his life”(Excerpt from field notes).

These thoughts supported feelings of confidence regarding the quality of my data and with this ‘good’ data in hand I shifted my concentration to ensuring a rigorous process of analysis.

Table 4. Summary of Study Data

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<thead>
<tr>
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<th>R</th>
<th>P</th>
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</table>

4.3 Data Analysis – *Think with your senses, feel with your mind*

To manage the study data I established a two-file system (electronic and manual) for each participant. The manual file held the hand-written field notes, the paperwork for each participant (telephone survey, personal information survey), information they passed on to me (such as brochures from their clubs, menus from the places they go, etc.) as well as several collage pages of photographs that I printed from the digital files. The electronic file held the digital photographs (organized chronologically into folders), scanned copies of my hand-written field notes, and my observations, notes and thoughts that I had entered into the computer. Later the transcripts from the audio recordings (hard copy and electronic file) and my audio notes were
added to these files. In addition I kept a general file which contained my overall thoughts about the study, my general observations and reflections, and my analytic notes.

As the first interview (guided home tour) with each participant was completed, the digital audio file with detailed instructions (e.g., ‘do not tidy the transcript in any way’ and ‘note laughter’ on the transcriptions) was sent to a professional transcriber. Following Poland’s (2002) suggestions for ensuring transcription quality, I read the first hard copy that was returned to me very carefully to check for accuracy and also to ensure that my instructions had been followed. I was immediately disappointed. Although the transcription was technically accurate, it was ‘flat’ and many pertinent, relevant details were lost. I read “by March I can go up the steps on the streetcar and go back to my life” to discover M’s excitement was no longer palpable. There was content in her excitement – that mobility is extremely important to elderly people – and this data is lost in the translation. J’s sarcasm about her daughters visit reveals stress around family concerns which is not discernable in the written notes “oh she came”. Nor was the pride with which A told me how he dusted all his dining room furniture every week “like the wife did” revealing a sense of accomplishment in his ability to maintain a house as well demonstrating a coping strategy for such a loss. I reviewed my field notes and photographs and although they filled in some of the specific details (and I was very pleased to have both of these other forms of data), the overall feel of the conversations were gone, and importantly, so was my sense of (the) ‘place’. I was concerned that key insights and critical information would be lost if I relied on these transcripts for my analysis. While considering how to address these concerns I listened to the entire first audio recording. I put on my headphones, sat at my desk, closed my eyes and listened, and J’s house suddenly came alive to me again. While still listening, I retrieved my file of photographs of the home tour and began to scan through them – and the data was invigorated further. I turned off the audio at one point and just looked at the pictures for awhile and then I flipped back and forth between them, closing my ears and opening my eyes, closing my eyes and opening my ears, then opening up all my senses to the data so that I finally felt like I was able to ‘experience’ J’s home again. I began a word document on my computer and started typing in my thoughts and reflections of the tour as I was listening, sometimes transcribing comments verbatim). I spent approximately three hours with the first interview (1 hour file) and in the end had a collection of notes that I felt were more useful and meaningful to the data, and ultimately to my analysis and findings than the original transcripts.
In consultation with my thesis supervisor, I continued to have all the home tours professionally transcribed in addition to listening to all of the audio recordings myself. I decided not to have the audio files from the other stages of research professionally transcribed which made sense for three reasons: a) there was often a lot of ‘dead air’ (e.g., ping pong ball sound, traffic noises, times when we did not talk but just walked), b) I felt that it would be much more fruitful for my analysis if I listened to the transcriptions myself, and c) it was financially prohibitive as the trips were frequent and often two to three hours in duration.

“The sense of place, as the phrase suggests, does indeed emerge from the senses” (Lippard, 1997, p.34).

I came to believe that because ‘place’ is experiential and involves all of our senses, analysis benefits from a process that invokes multiple senses. There is important content that is uniquely found in visual and auditory data. As I looked at the photographs of the sweets in A’s favorite European bakery, and heard him breathe in deeply at the delicious smells and warmly greet the owners, I experienced with my senses the significance of this neighbourhood locale to A’s public life, and the role it plays in his happiness.

The final result combines strategies used in visual and anthropology research to enable me to (re) capture the essence of my interviews – the places themselves as well as our experience of them. I call this approach Think with your senses, feel with your mind (the name given to the 2007 Venice Biennial Art Exhibition which opened during the time that I was analyzing my data). Place, like art, is meant to be experienced and I felt that the process of integrating my thoughts, feelings, and senses during my analysis reflected and effectively described this awareness. Think with your senses, feel with your mind, uses the basic principles of a constructivist grounded
theory approach (Charmaz, 2000, 2003, 2005; Charmaz & Mitchell, 2001; Glaser & Strauss, 1967; Strauss, 1987) and an adapted coding strategy that consisted of a three stage process:

**Stage I: General Themes and Preliminary Analysis**

a) **Data collection:** Early data analysis involved thinking about and organizing my data (field notes and photographs), writing reflections and analytical notes, and interrogating these notes and the photographs to determine where the data was ‘weak’ or ‘thin’ and what I could do to enrich it for the next visit. As new participants were added to the study, the data accumulated and my analytic notes developed into more complex and multifarious observations and reflections.

b) **Early audio recordings:** During the first few audio recordings in each of the stages of data collection (guided home tour; public life and wrap up interviews) I wrote extensive general as well as analytic notes. These notes, in combination with the notes from the data collection phase (above), formed the basis of my preliminary and broad coding scheme.

**Stage II: Coding**

The coding process involved an immersion into the data and multiple close ‘readings’ (listening, reading the transcripts, examining the photographs) in order to generate descriptive codes.

a) As I progressed through the audio recordings of each participant, I integrated my analytic notes and preliminary coding scheme to generate an audio template (See Appendix H: Audio Template). This template evolved as new themes and ideas were highlighted in the data and added to the template. The audio template proved to be very helpful for maintaining my focus while I was listening, however I was careful to leave ample space for ‘miscellaneous’ thoughts, ideas and observations. Repeating concepts from the ‘miscellaneous’ section were eventually added to the template as their own category. As well as describing the general patterns and themes that emerged, the templates reflected the main purpose and objectives of the study.

b) The second part of the coding involved (re)examining and integrating the two other sources of data (field notes and photographs) with the audio notes. I used my field notes and my reflexive journal to provide context to the participants, I cut and paste sections of these notes into categories that mirrored those in the audio template. I examined the
photographs and categorized them according to the developing themes from the audio template.

**Stage III: Coding to Interpretation**

Once the data had been coded (organized into various categories on the template), they were transformed into meaningful data by looking for patterns, themes, contrasts, contradictions, paradoxes, similarities and differences.

a) I interrogated my audio notes from each interview as well as the final audio template for each participant and kept a running log of assumptions, impressions and new ideas in the form of memos (Miles & Huberman, 1984). These and other analytic memos represented the themes, hunches, interpretations, and ideas that I had regarding the meaning of the data, and were invaluable as I began to transform the data from its original state to a more conceptual level.

b) The photographs also played a key role in data analysis and I looked to them often to clarify my ideas, provide new insights, or as a way to organize or stimulate my thinking. Understanding that the ways in which we categorize photos influences the outcomes and what we ‘see’ (Pink, 2007), I continuously reorganized the photographs (e.g., chronologically, according to place, themes, in separate files for each participant and then grouped together). This technique proved to be particularly effective for analysis. For example, I grouped the photographs according to place and previously unnoticed patterns emerged. It was startling to realize that the exact same image revealed something different depending on ‘where it sat’ (i.e., that who or what each photograph stood *in relation to*, was critical).

4.4 Assessing Quality:

This study upheld the standards of rigor and trustworthiness for qualitative research as described by Cresswell (1998), Devers (1999), Lincoln and Guba (1985), Miles and Huberman (1984) and Patton (1990). Issues related to credibility, transferability, dependability and confirmability were addressed in the following ways:

*Credibility*

Study credibility (how accurately researchers are able to present the reality of their research participants) was enhanced in three ways: triangulation, member checks and peer debriefing. I
made use of multiple data sources – field notes, photographs, and the audio notes and recordings from the go-along interviews – to triangulate my data. The study design allowed for ongoing member checks which I did regularly (I asked participants questions to verify my understanding regarding what I had observed during our previous visit). Lastly, I met regularly with my supervisor and set up additional meetings with visual artists (to examine my photographic data), and WTSS personnel. Their comments and feedback, particularly in the early stages of data analysis augmented the credibility of my study.

**Transferability**

My field notes and the photographs provide a rich and detailed description of the study context and allow readers to assess the ‘transferability’ of my work to other research settings.

**Dependability**

In order to address threats to study dependability, I maintained a detailed audit trail which clearly outlined my data collection and analysis procedures.

**Confirmability and Reflexivity**

The confirmability (the extent to which data, interpretations, and findings are free of investigator bias and are rooted in the reality of respondents) of my study was enhanced in two ways: checking in with participants to ensure key themes were meaningful to them, and approaching the research from a critical reflexive stance. I checked in with the participants regularly to evaluate the meaningfulness (and therefore quality) of my data. I asked them to verify my observations of them specifically, and they were also excellent critics of my overall impressions and preliminary study findings. I was also able to verify the meaningfulness of my data using the photographs. Visual researchers postulate that if they are able to produce images that are meaningful to their participants, they can gain insights into their visual culture, and what is important to them (Pink, 2004). The responses I received from the participants as we looked at the photographs together was my cue that the data was meaningful – they laughed out loud, pointed, sighed, nodded, and occasionally tears welled up in their eyes, and mine.

Reflexivity, the constant self-conscious, scrutiny of the self as researcher and of the research process, is necessary in order to make explicit personal assumptions that are brought to the research process and data analysis. Based on my critical geographical gerontology framework, a ‘critical’ reflexive stance, one that is particularly concerned with knowledge of self in relation to
social structures and in particular issues of power within the research process was important. In order to reflect on my a priori assumptions and to consider how these assumptions as well as my position (e.g., young, educated, woman) influence my interaction with research participants and impact data analysis, I maintained a reflexive journal throughout the research process. I was especially diligent to maintain a reflexive stance with regard to my photographs – they are not, as Pink reminds us, ‘innocent’. I was careful to attend not only to the internal meanings of my images, but also to how they were produced and how they are made meaningful by their viewer (Pink, 2006).

I approached the present study from the perspective of one who is 40 years younger yet has an appreciation and curiosity for old age and the aging experience both personally and professionally. I am also someone who has observed what I perceived as a ‘good old age’ (Brownie, neighbours, family friends) and also what appears to me to be a ‘sad old age’ (next door neighbour) and I have spent considerable time contemplating the reasons for this discrepancy. As an advocate for issues of social inequality, I maintain a political as well as personal standpoint with regards to our societies treatment of older people and in particular issues of dignity and respect.

The most effective technique for reflexivity was listening to the audio recordings. This process heightened my awareness of my position in the research process as well as highlighting positive and negative aspects of myself. One of the most striking observations I made through this approach was that despite my awareness of ageism and the oppression of older people, I exhibit ageist behaviour. This behaviour was surprising and embarrassing and, captured on tape, it was also inescapable. For example, there were several instances when I responded to or addressed participants in a dismissive or patronizing tone, or I finished their sentences because I was obviously frustrated with the amount of time it was taking them to tell me something. The most concrete example of this was when P invited me to join her to play ping pong at her club as one of our neighbourhood journeys. I’m a very athletic person, and consider myself quite proficient at most sporting activities. On the tape I hear myself behaving so cocky and confident – “sure I’ll come, I’d love to play with you and your friends”. It turns out the 85 year old women are quite accomplished ping pong players and by the end of the two hours I’m completely out of breath, and feeling very competitive. Indeed, I’ve progressed from comments such as “nice shot P” to “hey there’s some spin on that one Ruth” to “You’re going down Doris!” This example
illustrates how I was given to pause to reflect on the assumptions I had brought to my research, my discomfort in acknowledging previously unconsidered assumptions, and how these may impact the research process.

4.5 Ethical Considerations

Prior to this study I identified two key areas of ethical concern – the unequal distribution of power between myself as the researcher and study participants as a (potentially) vulnerable population (and some of whom I deliver services to as a volunteer), and issues of confidentiality regarding the use of visual methods (photographs).

Considering the research participants (older people, some of whom were frail or isolated), I paid particular attention to issues of positionality throughout the study. I was particularly concerned with how my ongoing position as a volunteer may affect the research relationship. My experience however confirmed the work by others (Russell, 1999) who argue vulnerable people, including frail and socially isolated older people, are not passive observers but instead exert power and are active agents in the research process. Participants were key players in the co-production of knowledge; indeed, several of them were very bossy. They were my teachers throughout the process, providing excellent feedback, guiding me, and, at times, challenging me. I found that the dialogic style of my friendly visiting methodology and go-along interviews helped to reduce the power differential between researcher and research participant. In terms of the volunteer and consumer relationship, there were similarly few issues and no ‘problems’ as I understood it. In my capacity as volunteer I would see the participants at events or continue to deliver meals on wheels to them during the study and they clearly understood that this work was separate from the work we did together as part of the study. We were of course much friendlier with each other as a result of spending so much time together, and others noticed this close relationship. We were both asked by other people on many occasions if they could join the study. I think that having more opportunities to observe and speak with the research participants outside of the study increased the depth of the data and my understanding of their lives.

Visual methodologies raise important ethical issues, particularly in terms of anonymity, privacy, power and ownership. To address these issues, visual researchers (Harper, 2000; Heath & Cleaver, 2004) make the following recommendations all of which were adopted for this project:
a) Ensure written consent that includes permission to reproduce images for dissemination purposes (publications, conferences, etc.)

b) Use pseudonyms or other technique to disguise identity

c) Triangulate the visual data

d) Generate trust with participants

e) Prior to research, have a genuine involvement in and interest in participants

f) Collaborate with research participants

g) Ensure the research process is transparent and maintain a detailed audit trail

During the study, three unanticipated issues developed that I found challenging from an ethical perspective: using a participatory approach with cameras and this population; the cognitive ability of one of the participants; and concern related to how one goes about “getting out” of a friendly visiting methodology. These issues I addressed as follows: First, from the onset of data collection, participants made it very clear to me that despite agreeing to take photographs themselves for the purpose of the study (we discussed this carefully in our first meeting and they signed the letter of informed consent saying they would take photographs), they did not in any way feel comfortable or capable of doing so. I found myself at first trying to force the issue (“well, you did say you would take photographs”) but quickly recognized here was an example where cameras were disempowering rather than empowering (Harrison, 2002). I immediately realized that coercing participants to use the technology could damage their self-esteem, and abandoned the idea. I did provide each of them in turn with the opportunity to take their own photographs; however, as soon as they began to show any discomfort or tell me they did not want to, I asked them if they would rather that I take the photographs. All of them agreed to this and were noticeably relieved to be ‘off the hook’. I had made the decision to have participants take photographs themselves based on research that indicated this process was an effective research strategy with older people (Ponzetti, 2003). However, my experience here leads me to encourage other researchers to be very careful about this particular method. I think that participatory camera methods are likely acceptable with the ‘young-old’ population but there is an ethical concern with older age groups who may feel uncomfortable with the technology or may not have the dexterity to feel confident using them.

The second ethical struggle I faced arose specifically with one of the participant’s, P. P is a well-established writer and retired university professor. She is also suffering from dementia (perhaps
early Alzheimer’s, which she told me her mother suffered from) and repeats herself, is very forgetful, writes numerous notes on the various calendars she keeps to remind herself of appointments, and asked me on many occasions to explain to her the topic of my thesis. She also is a voracious reader, writes book reviews for a prestigious magazine, plays a mean game of bridge, has a cunning sense of wit, and is extremely knowledgeable in many subject areas. I was confident in her ability to participate and consent to the study until one particular visit when she reached into her pocket to retrieve a tissue and instead pulled out the audio recorder and exclaimed ‘what is this’? Not knowing whether this invalidated her consent, I spoke to my advisor, experts in Alzheimer’s research, and searched the literature. An article by Hellstrom, and colleagues (2007) eased my mind; the authors argue that there is support for the inclusion of people with dementia in research and that the benefits of participation usually far outweigh the risks, particular when a ‘safe context’ has been created (p.608). They suggest that a more effective and appropriate way to obtain consent from people with dementia is ‘ongoing’ and ‘here and now’. I did this regularly with P; anytime she seemed surprised or unaware that she was participating in the study I would discuss the research with her, answer her questions, and then ask her (again) for her consent. Her response was always very enthusiastic – she was extremely interested in the research, and eagerly agreed to participate. I felt as Hellstrom and colleagues did, that P’s dignity was enhanced rather than diminished through her participation (p.615) and that dropping her from the study could be problematic.

Finally, I recognized that the reasons for participation (and consent) in my study included the social interaction this project provided. As Kayser-Jones and Koenig (1994) query “If people are lonely, do they consent to be interviewed because of the social interaction it provides them?” (p.25). Based on my personal experiences as well as insights from study participants I would say yes they do (who wouldn’t?). At the completion of the study I asked participants to describe their reasons for participating and they were, as always, very forthcoming. They reported to me that they had agreed to participate for two main reasons, generativity (they wanted to make a contribution, felt they had something to say or to share) and social interaction (because they thought it would be ‘fun’ and ‘interesting’). I do not, however, believe that this reduced the significance or impact of the study findings. Social isolation is not uncommon for people in their eighties, many of whom live alone and have few friends still living and nearby. As such, findings from a study with a group of older people seeking social interaction may reflect commonly
shared experiences for this population. As I developed a more friendly relationship with participants, I began to consider (as did my supervisor) how I would ‘get out’ of a friendly visiting methodology once the study was completed. Of course I did not want to cause any harm to the participants and I admit that I worried about this possibility. Ultimately, it was not a problem; indeed I was much more concerned about how the relationship would end than they were. I came to understand that older people are very accustomed to people coming and going in their lives (friends die, partners are moved into long term care, and nurses and homecare workers come and go as illnesses flare up and recede). Although I know they were feeling sad the study was ending, and they would of course miss our regular visits (as would I), they all clearly understood that this was a research study with a clear beginning and a clear ending. They were always saying to me things such as ‘I’ll miss you when it’s all over but I’m so glad to have been able to meet you’ or ‘I think I’ll contact WTSS after this is over to join their Friendly Visiting Program’.

4.6 Study Limitations

This study is a micro-territorial exploration of the subjective, lived experience of older people aging in place. The level of analysis for this kind of inquiry is appropriately located at the micro-level which necessarily limits structural-level findings. Recognizing that the social determinants of health play a role in the individual, subjective experiences of these people however, I paid attention to these factors (e.g., level of income, gender) during my analysis whenever possible and appropriate.

The friendly visiting methodology required me to spend a significant amount of time with each participant over the course of many months. To maintain rigour in the research I restricted my study setting to a few neighbourhoods (within the WTSS catchment area as well as close to where I live so travel time was minimal), and six participants was the maximum that I felt that I could properly manage within the parameters (time and economic resources) of this thesis. The need to keep the number of participants (and therefore the variety) to six and the setting to three neighbourhoods may be viewed by some as a limitation of the study. It does invite future observation of different settings (e.g., rural, suburbs, different city, and different country) and different groups (low income, immigrants, gay/lesbian, and much older or younger age groups). However, the goal of this kind of intensive, participatory, research methodology is not the
generalizability of findings, but rather that these findings illustrate theoretical or practical jumping off points, which, I argue, they do.

Although based on established methodologies such as ethnography and narrative approaches, FV is a new, hybrid methodology developed with this particular study and population in mind. I think FV was successful and shows great promise for future research with older people. As FV evolved over the course of the research it did require some fine-tuning however, and particularly during the first few interviews I wasn’t clear about my position (as a friendly visitor). The methodology and the analysis strategy adopted for this study represents one way in which this study question could have been explored. Alternative theoretical orientations or approaches would have provided different insights.

I think that the digital camera and audio recording were excellent data collection tools for this project. Findings revealed their strength lies in their ability to collect data about the physical aspects of places. It was more challenging, however, to use these tools in social settings. For example, as we met other people in the neighbourhood (which we often did), I was required to stop the audio recording (not having consent to audio record these people). It was awkward to retrieve the recorder from people’s pockets to turn it off and served to remind participants that they were being recorded (which was sometimes distracting). Turning off the recorder also meant that the data would be limited to what I could later remember about these meetings and record in my field notes. In terms of the camera, although I found most people were very agreeable to having their picture taken, occasionally people refused, and this presented some uncomfortable moments during the data collection.

Finally, I acknowledge that participants may have ‘performed’ for me during the study, i.e., that parts of their lives may not have been revealed in an attempt to ‘put a best foot forward’. Indeed, the study design and in particular the participatory nature of the data production process means there were ample opportunities for “hiding” and I was only privy to the experiences and feelings that were shared with me. I acknowledge that this is a concern and may be described as a limitation to the research process. Within the literature on the ‘politics of participation’ however, scholars argue that participation is always a political act and as such we (as researchers), will only get what is given and, indeed, what is intended to be given (Croft & Beresford, 1992). All research (including designs in which participants have less (or no) role in the production of data),
carry their own issues of concern in terms of the ‘reliability’ of data that is collected. My experience demonstrates that people (and in particular less empowered people such as the elderly) want to be involved and share their ideas and that they have a great deal to teach us (the ‘experts’) about what is happening in their lives. This ‘inside’ data makes an important contribution providing significant theoretical and methodological insight and is essential to effective policy and practice.

4.7 Conclusion

In this chapter I have described the methodological approach and analytic procedures that were used in order to explore the public life of older people aging in place. I also outlined the criteria that were employed to ensure the quality of research and described the ethical considerations and limitations of the study. In the following chapter, Chapter 5 Public Life: Neighbourhood Places and People I present the findings from my analysis.
Doing research with Brownie

I knew little about Brownie or her life until ten years ago when I decided to go to England and stay with her for a while to “discover my roots”. I imagined days of sipping tea and eating small sandwiches with the crusts cut off as she shared with me her life stories. This image was derailed completely the moment I arrived to find her (at 90 years of age), straddling the peak of her roof adjusting her antennae “because Coronation Street’s gone all fuzzy again”. Watching her I thought about old age and for the first time I really understood that people do age quite differently. It turned out to be a month of adventure that continues to fuel my interest and passion in the experiences of aging and the lives of older people.

Recently I had the opportunity to reflect on how I prepared for that trip. Although at the time I knew very little about research, having not yet acquired any graduate school training, I remember I did think carefully about what I would need to take with me to help me to capture and remember Brownie’s stories. In the end I took with me three things I thought may be helpful – a notebook, my camera, and a small tape recorder I borrowed from a friend.

It wasn’t until I was analyzing the data for this study that I realized these continue to be my research tools of choice – although now the camera and audio recorder are digital and the notes are “field notes”. Beyond this however, I also recognized that my research led me to use a methodology and strategy for interviewing in this study that paralleled what I had done intuitively and naturally with Brownie – I visited her for an extended period of time, I participated in her life, I went along and asked her questions as we traveled around her neighbourhood. The trip to see Brownie taught me so much about aging and life, and, it turns out, it was also an excellent training experience for qualitative research.
Chapter 5
Public Life: Preparation and Journeys

Place is latitudinal and longitudinal within the map of a person’s life. It is temporal and spatial, personal and political. A layered location replete with human histories and memories, place has width as well as depth. It is about connections, what surrounds it, what formed it, what happened there and what will happen there (Lippard, 1997, p. 7).

The aim of this study was to explore the public life of older people, and in particular to understand the ways in which they construct and experience their neighbourhoods as social and material places of aging. The findings reveal a complex and diverse picture of this environment and older people’s interactions with it. The identification of key neighbourhood sites for informal public life is a major finding of the work. Three core thematic categories emerged from the analyses and follow a logical progression radiating outward from the home to these public places. In this chapter I include a discussion of two of these themes. The first, Preparation: The Forces Involved in Going Out serves to contextualize the neighbourhood within the lives of these older people and helps to answer questions such as why do they leave their homes, how do they prepare to do so, and what are the key factors that push and/or pull them into their neighbourhoods. The second theme, Journeys: Issues of Mobility, acknowledges the physical movement required to engage in the neighbourhood. Examples and explanations demonstrate the important mobility factors associated with going out and answer questions such as how do they get outside, how they move within their neighbourhoods, and what are the key factors that facilitate or obstruct their ability to do so. Findings from each thematic category are described using examples from the data and discussed in relation to the literature; together they set the scene for the following chapter (Chapter 6), Public Life: Neighbourhood Places and People where I discuss the final thematic category, Public Places: Material and Social Elements.

5.1 Preparation: The Forces Involved in “Going Out”

In order to contextualize the neighbourhood within the daily lives and routines of older people, I began all of the visits with the participants in their homes. I purposefully arrived early for our planned trips so that I could observe and ask questions about their preparations. My observations of this pre-engagement stage provided important insight into some of the important forces and
mechanisms through which this process operates. These forces are identified and described in the following sections.

5.1.1 The Departure Point: Control Centers and Key Sites in the Home

Although the focus of this research was on the journeys and places outside of the home, contextualizing the public lives of participants required me to first locate them within their homes. Despite living in various different types of accommodation (house, large apartment building and condominium), all of the participants maintained self-managed “control centers” (Lawton, 1990; Swenson, 1998) in their homes from which they connected to the outside world. In these spaces older participants kept several objects and devices that helped them to engage with what was happening outside of their homes, such as a radio or television remote, a telephone, and photographs of family and friends. The control center was often located close to a window, creating a “surveillance zone” (Rowles, 1981) in which participants could observe the neighbourhood and thus stay, in some way, attached to it.

In addition to these control centers, participants had other favourite places in and around their homes they used to actively engage in life. J is an avid sewer and doll-maker, who refers to her sewing room as “home”.

![Control Centers and Key Sites in the Home](image1.jpg)

![Control Centers and Key Sites in the Home](image2.jpg)
E is a voracious reader who relishes his time to do so now that he is retired and living in a smaller house that does not require much maintenance or upkeep. He told me he is happiest when he is “curled up on the couch for the day with the Globe [Newspaper] and the New Yorker [magazine]”. A. loves to putter around his yard and house which he built himself 50 years ago. If he was not sitting in his chair when I arrived I knew he would be fixing something (like his old kitchen stove) or out in his back yard (cleaning up sticks or attending to his garden).

Despite these comfortable (and comforting) places, participants chose to move from them with regularity. They moved out beyond these private places into their neighbourhoods which, I came to understand, was a complex process.

5.1.2 Moving From the Home to the Neighbourhood: A Complex Process

Sometimes the decision to go outside into the neighbourhood appeared straightforward. For example, J’s husband of 60 years had recently been moved into a long term care facility. For J it was a “no-brainer”, she explained “I have to visit him everyday”. Still however, I learned there were issues to consider – the weather, the road conditions, the amount of daylight available, and the way she feels when she doesn’t go, now that visiting him has become such a large part of her daily routine:

When I don’t go see [husband] sometimes I don’t know what to do then... I’m thinking about him - and some days I get a bit antsy and can’t settle down really on those days... but sometimes I do enjoy the time.
Observing, listening, and asking questions of participants as they talked through their process with me, (both during and after the preparation) revealed a process where physical, social, emotional and psychological forces were weighed against one another. Depending on, for example, the weather, the material conditions of their homes, or the length of time since they were last outside, decisions were made daily about going out. Interrogating the data in order to understand the preparation and decision-making process from a place-based and also an older person’s perspective, I identified two sets of interrelated forces at play – “push-me” and “pull-you”.

5.1.3 Push-me Forces

The most important push-me force (i.e., the strongest, most salient reason for leaving the home), was the need to get away from the sameness of the home. The perceived staleness and subsequent need for escape related to both the physical as well as the social environment. R explains – “Ya, it’s like a prison... really it’s like you’re stuck in the same place everyday, ya don’t talk to nobody, and so you go out and you see something different”. Participants described this experience similarly as a need for fresh air and "to see something other than these four walls" (A.). Although not explicitly mentioned by the participants, I observed the ways in which the material elements of the home influenced the need for escape. The size of the space, the temperature, the noise, the quality of the furniture, all of which reflect a level of social status, played an important role in the decision to go outside. The home was frequently referred to as a prison from which escape was necessary. My understanding of the need to get outside was also rooted in a particular experience I shared with R during one of my visits. R lived on less income than most of the other study participants. He rented his high-rise apartment unit, had little control over the physical environment (such as heat and noise), it was very small and housed worn and mismatched furniture he regularly referred to as “just a bunch of junk”. I described my experience in my field notes from that particular day:

R had planned to take me to the local mall where he likes to go to buy lottery tickets and “look around”. It had been snowing for several days and although it had stopped the day before, the roads were slick and it was cold outside. When I arrived he asked me immediately about the weather. I told him the conditions and he paused, thinking about it. He thought maybe we should “wait awhile” to see if things “cleared up a bit”. “The scooter isn’t so good in the snow” he informed me. I made us some tea and we sat in his small apartment talking about the winter weather. I noticed the heat first. It was really hot in there. Then I noticed the smell, a mix of
sweat and old food and old air as it sat stale and damp in the small apartment. I began to feel a bit claustrophobic. I looked at my watch, as I was sure I’d been there half a day – 40 minutes had passed. There was a banging sound coming from the apartment pipes upstairs which R said happens a lot and is “very annoying”. My head started banging. I stayed longer. I began to look around a bit more but R lives in a small one bedroom apartment so there is only so much to see. When I picked up the photograph of him as a football player when he was in high school for a third time, I knew I would go crazy if I didn’t get out of there. I tried to get a sense from R if this was going to happen today or not. His response was a confident yes – “Ya, got to” he said, “It’s been 6 days since I’ve been outside these four walls. And anyways, I already got my long johns on”. So we went, and fresh air never tasted so good. R’s demeanor changed from quiet to chatty, his appearance changed from grey and ashen to bright-eyed and cherry-red cheeks. As I ran (literally) along beside him on his scooter I too felt the wind on my face and we laughed together for no other reason than how good it felt to be outside.

The strength and frequency of the push forces were also shaped by individual personalities and life histories. J and E were more home-bodies than the others and often mentioned to me that they were quite happy to spend extensive periods (days) in their homes doing things that were meaningful and made them happy. Although these two individuals did eventually feel a need to get outside, it was more the pressures and needs of others that pushed them into the neighbourhood. J felt a need to visit her husband everyday and E’s dog Jesse needed to be taken out regularly – “In the morning whether I want to or not I have to get up and take her outside”. The other participants also felt this kind of pressure, for example, the need to visit a sick or housebound friend, however they ventured outside long before the need to do so became urgent.
5.1.4 Pull-you Forces

Although interrelated, I came to appreciate a separate set of forces that played a role in the process of going out into the neighbourhood. The pull you forces were what drew these older people out of their houses, and reflected a desire to, rather than a desire from, something or somewhere. For all of the participants, the most important pull you force was others, which included both people and animals. The natural environment was also a draw for participants and played a role in decisions to leave the home.

5.1.4.1 People

Places in the neighbourhood where there were other people, or the potential of people, were an important draw for these individuals. When asked why they go outside, the desire to interact with others was the most common response. Participants described this to me in similar ways – to "meet up with other people" (P), to "see people" (M). Their responses were confident and carried a strength of their conviction – "ya gotta get out and try to meet somebody" (R).

The pull-me force of others, I observed, could be either a planned event (for example, P and M often arranged to meet friends for a specific purpose such as having a coffee or going for a walk) or, as was more often the case, simply the possibility of social interaction that drew people outside. I came to appreciate that when you are very old, you live alone, and you have few visitors, the best (and in many cases the easiest) way to increase your chances of seeing or talking to other people, is to go outside – "Even if ya just talk to a couple of strangers" (R).

5.1.4.2 Animals

‘Others’, I learned, includes animals. The chance to see animals was important for several of these older people. A. and J often spoke about birds they would see from their yards or porch – "when the sun comes out in the afternoon they sit in the hedge and talk and talk and sometimes we have a cardinal that comes to sit on top" (J), and M is very friendly with all of the neighbourhood cats. For P, it is the chance to spend time with dogs that pulls her outside. A former dog owner who loves dogs but now lives in a condominium that does not allow them, P is drawn to the local dog run. She visits Dog Hill (a specific site in High Park where dogs are
permitted to run off leash) most days and although she does interact with the dog owners and dog walkers, it is clearly the dogs she is most interested in spending time with.

5.1.4.3 Nature

Finally, nature proved to be an important force that pulled people outside and into their neighbourhoods. All of the study participants felt attracted to and interested in the natural environment. They often pointed out things they noticed and found beautiful in their neighbourhoods and they paid attention to the changing seasons in relation to plant life.

"Look at the shape of the trees and how the prevailing winds have changed them, I love the trees when they are naked" (J).

"Oh look at that vine, its spectacular and there are nice wildflowers on this bank over here in the spring" (P).

The interaction with nature occurred in parks and along neighbourhood streets, as well as closer to home in backyards or gardens. E was very proud of his yard and insisted that I explore it with him. He pointed out the various flowering bushes and described the array of flowers that were buried deep beneath the snow. "Isn't that a great maple back here? Such a huge thing". A. enjoyed watching his garden over the changing seasons. Even in the winter months he went into his backyard regularly to "walk around back there to see what was going on". He often gave me a report about his plants – what was in bud, whether or not it would be a good season for his rhubarb, or what damage the storm had done to his trees. The backyard paths in the snow that were always evident in the winter months demonstrated the frequency and regularity with which he ventured there.
Listening to participants as they described what excited and interested them and, ultimately, what pulled them outside and into their neighbourhoods, I recognized how fortunate these people are. The neighbourhoods in which they live are rich in the elements that draw (these) people outside – other people, animals and nature. I comment in my field notes that it is particularly advantageous for those that live close to such a resource-rich neighbourhood and how this is different for the two who do not.

How lucky for P and R and M that they live so close to High Park and Bloor Village! They know when they go to these places that they will see and likely talk to other people. And if not, they have their dogs or cats to visit or the ducks to feed at the pond! This is much different for J and E. They have farther to travel to be 'somewhere' where they can informally meet up with others and there is no big beautiful park close by. Although still ‘nice’ neighbourhoods with trees and well-kept houses, the more suburban-type design and location offer much less in the way of gathering places for inhabitants.

5.1.5 Discussion

To interpret these findings, I draw on the ‘active engagement in life’ and ‘therapeutic landscape’ literature.

5.1.5.1 Active Engagement in Life

Engagement in life has been identified as a key determinant of healthy aging (see Chapter 2 Literature Review), a predictor of mental well-being (Lampinen, Heikkinen, Kauppinen, & Heikkinen, 2006), and has been described by older people themselves as a significant attribute of their health status (Bryant et al., 2001). Active engagement in life refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active (World Health Organisation, 2002). As others have noted, active engagement in
life does not necessarily require leaving the home and findings illustrate that participants are successfully engaged in life from within their homes – sewing, reading, watching television, talking on the telephone, and observing others in their neighbourhoods.

However, what my analysis additionally revealed was that there was a desire to supplement this indoor, *private* engagement in life with outdoor, *public* engagement. Participants maintained a strong desire to move from their “anchor points” (Peace et al., 2005b), or control centers in their private homes to the public sphere of their neighbourhoods. The work by Peace and colleagues in the UK acknowledges and describes the significance of this kind of *actual* engagement:

> We have seen in the “Environment and Identity” study that alongside trans-spatial engagements with family and wider communities through technology (telephone/television/internet), for many (most?) older people, actual engagement in material and social neighbourhoods is still essential to well-being and self-identity” (Peace, Holland, & Kellaher, 2005a).

The notion that *public* engagement is an important element of active engagement in life is significant. Although the importance of engagement is well-documented in aging research, the identification and explanation of the mechanisms of this micro-process have been largely absent. Findings from this study provide an enhanced understanding of ‘engagement’ including insight into how it works, why it is important, what it looks like, and places where it occurs. My analysis revealed that participant’s decisions to participate in public life was shaped by the interrelated forces of needing to get out of the house and the draw of others and the natural environment.

### 5.1.5.2 Therapeutic Landscapes – Providing Insight into the Draw of Nature and Others

The concept of therapeutic landscapes provides insight into some of the pull-me forces evidenced and described in this section. Located within the ‘landscapes of healing’ literature, therapeutic landscape is predicated on the idea that certain places facilitate well-being, i.e., they maintain certain qualities that promote physical and spiritual wellness. At the core of this discourse is the question – what makes a place a healing place? Scholars working in this field argue that places, including therapeutic places, are relational, i.e., the way in which one feels about a place (or the benefit one accrues from a place) is influenced by combination of interrelated factors – environmental, individual and social. Over the past 15 years many key
factors within these three realms have been found to be significant to a therapeutic landscape including ‘nature as healer’.

Nature as healer is an idea with historical as well as cultural credibility; the healing powers associated with the natural environment are well-documented in many societies (Gesler & Kearns, 2002, p.121). Research exploring the health-benefits of natural environments including gardens (Milligan, 2004), parks (Palka, 1999), and rural countryside (Conradson, 2005) demonstrate these places provide respite and facilitate relaxation and spiritual restoration. Water, flora, and fauna, have been described as elements of the natural environment that contribute to good health (Gesler & Kearns, 2002).

Although originally focused on historically significant healing places, recent conceptualizations of therapeutic landscapes have expanded to include everyday places and urban environments such as the neighbourhoods within which the participants of this study live. A consequence of this broader perspective is the important position of the natural environment as a contributing element of therapeutic landscapes is sometimes diminished. The findings from this study suggest however, that nature, including that which is constructed or domesticated and found within everyday urban environments (gardens, parks, cats and dogs) is an important determinant of therapeutic landscapes, and plays an important role in the quality of life for older urban residents.

Findings also support Conradson’s (2005) work on therapeutic landscapes in which he reports although not a universal experience, sociality can be an important dimension of therapeutic landscapes (p.344). Results from his study of residents attending a respite care centre in rural England illustrate the benefits of a self-landscape encounter are improved (for some individuals) when opportunities for meeting new people and social interaction are provided. Urban sociologists explain the draw of human interaction from a place based perspective; with over 40 years experience observing people in public spaces William Whyte (1980) writes: “What attracts people most, it would appear, is other people”. For the older people in this study who live alone, moving out and participating in the public sphere is an important strategy for satisfying the need to engage with others and represents an important determinant of their overall well-being.

A final note about therapeutic landscapes that I found interesting and may be worthy of future investigation was also introduced by Conradson (2005). He notes that “most therapeutic landscape experiences involve temporary movement away from an everyday domestic location”
and that this relocation affects an individual through their “immersion into a different set of place relations” (p.341). Although he was referring to more exotic travel or at least travel that was further than the end of the driveway, I think the idea that ‘a change is as good as a rest’ may apply here. In other words, one of the (health) benefits of therapeutic landscapes lies simply in the fact that they are different from our usual landscapes. For older people with health and mobility restrictions the local neighbourhood may be the only option for different.

5.1.5.3 New Insights – The Preparation Stage

Beyond the work that I have identified in this section, there is limited empirical research to explore the complex decision-making factors older people contend with when they journey from their private homes into their neighbourhoods. In addition, much of what is available is based on interview data in which people were asked to reflect on their (now past) experiences in light of the present or their future experiences. Because I was an active participant in the research process, my data is unique. I began data collection in the participant’s homes which allowed me to observe and ask questions regarding the preparation as well as the anticipated experience of the neighbourhood. These pre-journey conversations and observations allowed me to make comparisons with what I observed during the actual engagement. Three important elements associated with the preparation stage and the impeding forces that shape the neighbourhood experiences were revealed through this process. First, the forces are interrelated (i.e., there is a blurry line between the push-me, pull-you) – is it a pull towards others or a push away from loneliness? Second, the process is dynamic, i.e., the strength, frequency, and priority assigned to the factors leading to a journey can change from day to day and even from minute to minute. A plan to go outside could be abandoned upon hearing a weather report on the radio or having a near-fall experience the day before. Finally, there are an amalgam of physical, social, and psychological considerations that shape these processes and experiences including the time of day, the material circumstances of the environment, the weather, and the perceived urgency of the need.

One final observation that I found illuminating about the preparation stage is the understanding that what is an unconscious decision for me is a carefully considered decision for them. It took a long time for participants to get ready to go outside and during this time they described, and I observed, their decision making process – boots or shoes, light coat or heavy, should they take
the cane or not, walk or use public transportation, did they have to get back at a certain time or not, etc. I admit I felt impatient sometimes and wished they would hurry. Until I recognized they had to make these decisions – consciously and seriously – every time they contemplated an outdoor journey. Their physical safety was at stake and the repercussions of an ill-planned trip (e.g., returning for the right coat) were exhausting. It struck me how younger people with good health and mobility just ‘go outside’. It is an unconscious, unconsidered process. We just do it because we have to or we want to. But for these older people (most of whom are well into their 80’s) it was a decision, and something that required time, energy and their full attention and consideration every time, every day.

5.2 Journeys: Issues of mobility

“Lives are not static, fixed in place, but lived in the threading together of places through a process of journeys from one place to another” (Knowles, 2000, p.223).

Journeys connect places; they are the pathways to participation. The ‘journey’ – the physical movement from the home into the neighbourhood – emerged as an important theme in this work. Analysis revealed three key elements of journeys: style of mobility, supports and challenges, and strategies for change and coping.

5.2.1 Style of Mobility

Whether there is the bottom of the driveway, the diner on the other side of town, or the bakery at the top of the hill, getting there requires movement. The ways in which study participants moved (i.e. their style of mobility) varied both among the members of the group as well as within each participant. Circumstances such as the distance to be traveled, weather conditions, and their present health condition affected the manner in which they moved on any given day. The following descriptions are based on my field notes and photographs and illustrate this variety:
J drives a car. Her “wheels” as she refers to them, are her freedom, her independence – “I can’t get anywhere now without my car”. At home J moves slowly, especially on the stairs where she gets out of breath easily. But in her car, J is free and she enjoys driving, especially on the Gardiner Expressway (downtown highway) where she is up high above the city, has a view of the Lake, and can move fast. J drives more often now that her husband has moved into a long term care facility. She tells me, and I see for myself, that she is a good driver. If another vehicle cuts her off or does something she considers dangerous she responds enthusiastically – “dick head”!

A thin and agile man, E moves quite freely and easily within his home and around his property. His deteriorating eyesight however, has altered the way in which he moves about in his neighbourhood, seriously limiting his mobility – “It’s the eyes that are the biggest impediment I find. It’s astonishing the degree to which you depend on your eyesight”. E gave up his car several years ago and relied on public transportation to get to appointments and run errands. His house is close to a major transportation route and he tells me the transit system in this city is “truly marvelous”. Recently however his eyes have gotten much worse. Now he is nervous about crossing roads where there is a high volume of traffic, and he has fallen a couple of times outside while trying to hurry across a road. He has almost completely stopped using public transportation and relies instead on cabs and rides from neighbours to get to get around. E still tries to walk his dog Jessie regularly, although he does so in ever diminishing circles from his home. He has begun to carry a “walking stick” when he goes outside on his dog walks.

P is the most agile and physically mobile person in the study. She moves easily about her condo including the stairs up to her second floor and out to her patio garden. Outside in her neighbourhood she seems to have only one speed - fast forward. P rides her bicycle if the weather is nice, otherwise she walks (jogs really) to places close to home or takes public transportation for places farther away. She lives very close to a subway stop and often exclaimed how convenient this was. She gave up her car when she moved back to Toronto five years ago and like E, she thinks the public transportation system in the city is very good “why would I need a car, the subway is right here!”. P often describes the distance to places according to how many subway stops they are from her condo: “the grocery store is just 1 easy stop from here”. P is confident moving around in her neighbourhood and often ‘J-walks’ across major
roads “for a bit of excitement”. On one particularly slippery day, I asked her if she was worried about falling. She appeared indignant that I would even ask – “I watch where I’m going but I don’t think I’m more likely to fall than anybody any other age”.

R’s “wheels” are his scooter. He got his scooter 3 years ago and he tells me often how it changed his life – “I don’t know what I’d do without it now, I use it all the time, its nice to get out”. R’s scooter has a prominent place in his apartment – he parks it in his living room where he spends quite a bit of time checking on it and charging it “I’ve read the manual a hundred times”. R suffers from angina and a number of other health concerns that severely limits his mobility. At home he uses a walker and moves very slowly and carefully around his small apartment. On his scooter however, he moves confidently and easily around his neighbourhood. The difference between his movement at home and his journeys on his scooter is remarkable. I nicknamed him ‘scooter-man’ (which he likes) and running along beside him or standing on the back of his scooter I shared in his feeling of freedom and the thrill of moving fast. Zooming up the road he yells back to me “now I’ve got my scooter, next I’ll have an airplane”.
A. is a tall man who demonstrates a real presence and confidence as he moves around in the tiny house he built and has lived in his entire adult life. In the house he moves steadily, knowing the distance to every door frame and unconsciously adjusting for the slight slope in the kitchen floor. He has begun to experience more pain in his legs as they swell up more often and his knee and hand are very sore from a recent fall. Now the stairs to his basement as well as the steps outside are becoming more difficult to negotiate. A. walks to most places in his neighbourhood. He usually takes his bundle buggy (which used to be his wife’s) as he often picks up a few groceries when he is out. He uses the buggy to hold his purchases and also as a kind of walker which he leans on for balance. A. stops frequently to catch his breath and rest when he is out in his neighbourhood. It is uphill from his house to the row of shops where he frequently goes and this slows him down considerably. When I comment on the hill he admits it’s a challenge – "ya this is the hardest part because they jack it up a bit more every time I come, ha ha." When he has to go further than his shops, A. uses public transportation. He is finding the stairs going down to the subway increasingly difficult however, and recently on days when his legs are swollen or the weather is bad he calls for a cab.

M spends a great deal of time out in her neighbourhood. Although she fell six months ago and has been using a cane to move around outside, she is "getting better every day" and anticipates she will soon no longer need it. Both in and around her condo and outside, M favours her good leg slightly, but is relatively agile and walks confidently with a steady pace. She uses public transportation regularly, even if she is only going a short distance and could walk there because, as she points out to me, her condominium "is built in a hole, so it's up no matter which way you go". If she is going somewhere close by and the weather is good she will often take the subway there and then walk home (downhill). M has never owned a car and told me she never saw the point given the extensive public transportation available to her in Toronto.

5.2.2 Supports and Challenges

Both supports for, and challenges to, neighbourhood journeys were identified. The two most important support systems for these older people were public transportation and technology. The most salient challenges were their bodies, the built environment, and the weather.

5.2.2.1 Supports: Transportation and Technology

Four of the six participants lived very close (within walking distance) to one of the city’s two main subway lines and three of them (M, P and A.) used this main transportation artery regularly. R was the fourth to live close to the subway but he did not use the system as it was much more difficult, and in some cases impossible, to access with his scooter. For the others, the proximity to such an important transportation corridor had a significant impact on their ability to move around their neighbourhoods. E also lived fairly close to a main public transportation corridor (a major streetcar route) however this route was a fifteen minute walk from his house and with his deteriorating eyesight he no longer used the system. At one time J would get on a
bus and then the subway to get around the city but nowadays she finds this process exhausting and relies completely on her car. All participants, (even those who did not use the system) reported that they thought public transportation was "important" (J), that Toronto had a "good system" (R), and that they were very pleased to have access to this form of transportation. The two complaints against the system were the height of the stairs on the buses and streetcars and the steep stairways down into the subway stations. The regular users explained to me however, that elevators had been installed in several of the subways stations over the past few years which "has made a big difference" (A.). The cost of using public transportation for ‘seniors’ was seen as fair; the system was (perceived to be) accessible to everyone, "including those on a pensioners income" (M).

Technology was highlighted as another important support for neighbourhood journeys. This was most obvious with R’s scooter, without which he would have been unable to leave his apartment on his own. Others also made use of various, mostly manual forms of technology to assist them as they moved into and about their neighbourhoods. M used a cane and E a walking stick for balance, A. used his bundle buggy as a tool for carrying purchases as well as a physical support, and P’s bicycle was useful for carrying heavy groceries – "I hang two cloth bags on the handlebars". Interestingly, none of these aides or equipment, including R’s scooter, had been prescribed by a physician; the participants were either given or loaned them by friends or family, or purchased themselves from private businesses. Other technological advances that were mentioned as supports were the ‘fobs’ or key card systems now used in many condominiums. These technological gadgets meant some people no longer had to fumble with keys which is
made difficult "with these old fingers" (A). Also the increasingly-common, automated doors on public and private buildings and businesses were very well received – "look at that" R points out to me, “It’s great, ya, you can just press the button and go right in!”

Without the various technological aides or the availability and access (including having the personal resources necessary to utilize the system) to Toronto’s public transportation system, the journeys would have been much more challenging and the neighbourhoods much less accessible for these older people. Indeed, their public lives and neighbourhood experiences were greatly enhanced by these supports.

5.2.2.2 Challenges: Bodies, the Built Environment and the Weather

“The world is a challenge always, even shopping” (A.).

Participants faced a number of challenges during their journeys, the most salient of which related to the changes associated with their aging bodies. During the eight months I spent with these older people there were many occasions that I witnessed, and participants described to me, the slowing down and increasing deterioration of their bodies. Although not a universal phenomenon, and indeed there was quite a bit of variation in the severity among the group, increasing bodily aches and pains are not surprising in a group whose average age is 83 years. As A. explains:

"Aging I call it. Ah well. We’re like a machine I always say, we break down, can’t do nothing about it..., we’re like an old car – we go to the wreckers but they haven’t got the parts to put in it."

The increasing illness and disability they experienced over the years was something that worried all of the participants, it also frustrated them and made them angry – "Getting old sucks!" (J). On certain days participants showed they were resigned to it however on most occasions they fought back continuing to do things and go places despite the challenges. The kind of “system breakdown” that I observed with many of the participants created numerous challenges in terms of their mobility. They found their slower pace of life the most evident change. Speed was something they desired, thought was important, and they mourned the loss of it. Activities that used to take “no time at all” now consumed increasingly larger parts of a day and, in many cases,
left them fatigued – “So far it [aging] doesn’t bother me that much but it bothers me that I get a little slow. I used to be very fast” (M).

The issue of fatigue was brought to my attention early on in the data collection phase. After each visit I sat down with the person to schedule our next meeting; they all had calendars they used to keep track of their appointments. They would lay out their calendar on the table in front of us and explain “You can’t come tomorrow because I have a doctor’s appointment at ten. And Friday is no good because the plumber is coming at three in the afternoon...” At first I didn’t understand and wondered about the other 8 hours of the day? Later, after observing and reflecting on this process over a period of time I realized that most of them kept to a schedule of one appointment (event, visit or meeting) a day and that was considered enough. Although participants did not articulate this to me, I came to appreciate this kind of scheduling was a way in which to balance both their limited social lives as well their energy level. I comment on this awareness in my field notes:

R. asked me again to come on the weekend rather than a weekday to visit him and it finally hit me. He gets meals on wheels delivered Monday to Friday (which is quite often his only social contact for the day). If I come on a Saturday or Sunday it helps to fill his ‘social calendar’, otherwise he may not see anyone for 2 or 3 days. I also think this ‘single event’ scheduling has a lot to do with stamina. My visits involve movement and participants likely have to balance “moving” days with “rest” days. Hmmm. This is probably why A. has what seems to be a very rigid schedule for someone with very few appointments. He organizes his week, his trips to the grocery store, the bank, etc. to balance (spread out) his energy and also his social contact.

Even among the most mobile, participants recognized that their energy was finite and must be conserved. Journeying with them, I watched as M slowly climbed the steep subway steps pausing at each level to rest for a moment, I heard A’s breathing became more laboured as we made our way up the hill to his bakery, and as J slowly and carefully walked out of her house, down her front steps and then struggled into her car, relieved to have ‘made it’. And this, I came to appreciate, was only the beginning, for the journey doesn’t stop at the door of the place, it continues all around it, and then there is always the way home to be considered. As I mentioned previously, P was the most physically active and agile of the group (she was also the youngest at 77 years of age), although she too admits she has a nap in the afternoons now which she never used to.
For P, it was not her body that created barriers to engagement in life, it was her mind. She recognized (as I came to) that her memory was beginning to fail her. As a result she kept a very strict schedule (ping pong on Wednesdays and Fridays, bridge on Tuesdays, etc.) to help her to remember where she was supposed to be and on which day and time. She wrote notes to herself continuously and made sure that our meetings were noted on several of the calendars she had lying around her apartment. Occasionally however, her system let her down and she missed appointments or planned outings. I observed as other members of the group also suffered some minor memory loss, however this didn’t seem to create any significant barriers to their engagement in life.

Besides their own bodies, the built environment created numerous challenges for study participants as they journeyed into their neighbourhoods. Curbs that were high or weren’t properly graded at street corners, sidewalks that were not cleared of snow, ice, leaves or branches, and uneven pavement and cracks in the sidewalks made movement both difficult and worrisome.

M explains how roads and sidewalks that were insufficiently maintained created barriers to getting outside:

“In the winter I’m careful not to go out when it’s icy or snowed. I just stay in. But if the sidewalks are nice and clean, if the city cleans them, then I go out for a walk. I go to Bloor Street, there are some nice fruit stores there or I go all the way up to Loblaws [supermarket]. Loblaws has the good fish.”

For several participants, particularly those who had experienced a fall in the past such as A., the fear of falling was a serious concern: “Fear starts in automatically, ya know, trying to get off
the sidewalk on the road to cross to the other side the hair stands up on the back of my neck... scares ya all the time”.

Certain aspects of the built environment contributed to unfavourable social conditions which were also barriers to neighbourhood journeys. Concern for personal safety (i.e., fear of crime or violence) was described by several participants. They explained in certain neighbourhood spaces such as parking lots, alleys between tall buildings, and improperly lit corridors, they did not feel safe. These places were avoided, particularly at night; all of the participants reported they do not go out alone at night.

Participants often acknowledged that barriers associated with the built environment were alterable and improved public services would significantly enhance their ability to negotiate their neighbourhoods. The lack of resting places such as benches was often mentioned: “On Saturday I walked all the way from [street] and back [approximately 2km], whew, oh my gosh and there’s no benches there where you can sit. They should put them out!” Access to and movement within buildings was made more difficult if the doors were heavy and manual, if the only way in or out required “getting run down in one of those merry-go-round doors” (E), if there was a lack of elevators or escalators, steep or long stairways, or a lack of resting places and seating.

Seatbelts in cabs, cars, and on small tour buses also posed challenges for most participants; they found them very difficult to locate and awkward to put on. The lack of open or accessible washroom facilities in public places was also mentioned as a concern when journeying in the
neighbourhood. In a public park where E likes to walk Jessie he told me "there are washrooms down there, but don’t try to use them, they are always locked". R uses an empty water bottle when he is out, "I don’t know what the ladies do!"

Finally, the weather posed a considerable challenge to neighbourhood journeys for all of these older people. Originally I had planned to collect the data for this study over the summer and fall months instead, however, the collection period began in the fall and stretched over the winter. This switch provided me with the opportunity to learn about the impact of the winter season on neighbourhood engagement as well as how changes in weather from the fall to winter and then into spring affected neighbourhood journeys. Weather, including sun, wind and heat was often a consideration for outdoor excursions. In a country such as Canada, winter brings snow, ice, and temperatures that hover below zero degrees centigrade for many weeks which posed significant challenges for these older people. Dressing in proper winter gear required having the “right” clothing – this meant not only appropriate for the weather, but also for "stubborn old fingers" (A), and stiff bodies that didn’t “bend like they used to” (J). I learned boots should be waterproof and warm but not too heavy, shoes not too tight and easy to get on and secure. Coats need to be warm, keep out the wind, and have "good pockets for Kleenex" but no "tricky" zippers or small buttons. Gloves are better than mittens for movement but not as easy to get on and both are a nuisance. Preparing to go outside in the winter required dexterity, flexibility and patience. Then there was the physical environment to contend with – snow was bad, ice worse. Wind is a concern when strength or balance is an issue or you are fighting against a strong headwind on your scooter. Rain is a problem for participants who need their hands to hold canes or buggies or steer their scooters and couldn’t also manage an umbrella.
In most cases these factors were challenges to journeys rather than barriers because they did not stop participants from going outside (of course they, like many other Canadians, did change their plans on days of extreme winter weather). Instead participants changed their plans, altered their routes, adapted themselves or their environments or developed strategies so that in most cases, they were able to overcome the challenges and journey into their neighbourhoods. A quote from J illustrates this process: “The roads are icy today but I know a route that has less up-hill spots, it takes quite a bit longer but that’s what we’ll do.”

5.2.3 Strategies for Change and Coping: You can “teach an old dog new tricks”

In reference to older people, I have heard mention a hundred times or more the expression that “you can’t teach an old dog new tricks”. This was not at all what I observed during this study. Indeed, these older people demonstrated an extraordinary ability to learn new tricks which they developed, mastered and then performed on an almost daily basis. Beyond having to adjust to enormous emotional changes (such as J’s partner of 60 years being moved into long term care facility), participants regularly faced bodily changes that required major adjustments.

In just 6 months R’s eyesight deteriorated to the point where he is now considered legally blind. He contacted the CNIB and is beginning to adapt his house and acquire aides so he can continue to read. Rather than use public transportation he call cabs now to get him where he needs to go.

Until this year, A. was capable, and pleased, to do all his own house repairs and yard work including cutting the grass and cleaning out his gutters. This year, for the first time in his life, he has decided he can’t do some of these things anymore and has decided to hire someone to cut his grass once a week.

Since her fall, M has been anxious on slippery surfaces and has not felt confident getting onto the streetcar. As a result she was unable to visit her favourite shopping areas this past winter. Instead she took the subway to malls that she could access from the subway without having to go outside.

Participant’s ability to adapt to certain changes and overcome barriers is due, in part, to their financial resources. I accompany A. on a day when his legs are particularly painful and he decides to take a cab rather than use public transportation. Later I reflect in my field notes:

Although these people are on a fixed income and all of them worry about their financial situations, they are definitely not destitute as are some elderly. Their ability to cope and adapt to the changes in their bodies and other aspects of their lives is due, in part, because their basic
needs are met. They all have a roof over their heads, food to eat, and at least some social support nearby. How much more difficult (even possible?) this would be without this!

Changes in the physical environment also required considerable adaptation:

The construction at P’s subway station this winter has meant she has to walk much further than she used to or take a bus to access the system she relies on.

A Home Depot [large chain home improvement store] opened in the area shortly after the local hardware store close. A. can no longer pick up what he needs himself so he asks a neighbour or does without.

The small grocery store close to E closed and the new one that opened in its place is too big so he goes with a neighbour once a week to a different grocery store: "There’s a Sobeys right next to there but I don’t like Sobeys, its too big - I remember one time I was looking in there, I was just looking for a jug of milk, well 2%? Skim? Buttermilk? Well whao! So now he [neighbour] takes me up to Valuemart which is more of a working class place but I know where everything is and there’s a little drug store quite close to it which I insist on giving my little bit of business because its family owned".

I observed as these people coped with these challenges with grace, dignity, the occasional swear word, and an amazing sense of humour I think I would have found difficult to sustain in their situation.

“Jessie [his dog], she’s an idiot. She has no sense of direction and neither do I especially since now I can’t see anything anymore, so we make quite a pair!” (E).

“I get up, that’s a monumental task” (J).
5.2.4 Discussion: Making Connections and Aging Identity

Analysis revealed that older people’s perceptions and experiences of their neighbourhood are shaped in part by the journey itself. To interpret these findings I draw from scholarly work that theorizes the relationship between journeys (movement) and place and also provides insight into how aging may be integrated into this movement-place relationship.

5.2.4.1 Connecting Place, Journey and Movement

The ideas of philosopher Edward S. Casey (1993) provide insight into the connection between place and journey and journey and movement:

Even on mundane journeys, places are the areas of possible immersion. Far from being superficial “positions” – which, having no dimensionality can offer no room for immersion – they are loci of and for involvement. But such multilocal involvement requires motion on my part: motion in/between places. I effect the motion of a journey by linking places in significant propinquity to each other on a more or less coherent (if not always definite) path. At any given moment, my motion also immerses me in the where of the place I am in. Paradoxically, it is precisely from (and in) such immersion, such motionless motion in place, that I am able to move to the other way stations of the journey, and eventually to my destination. *Movement is therefore intrinsic to place* – thus to what is often taken to be the very paradigm of the lasting and the unmoving in human experience. As holding and marking the stages of a journey, places exhibit notably stationary virtues. But as the loci of engaged motion – both the more conspicuous motion of moving between-places and the more subtle motion of being in place – places show themselves to be remarkably nonstatic. They are the foci of flow on the pathway of the journey (p.280).

This perspective resonated with the study findings where journeys were not just seen to connect places, they were important in and of themselves. Journeys describe the relationship between aging and place. Analysis from this study reveals journeys are integral to place and the experience of places, such that we can’t talk about *there* (place) without also talking about *how we got there*.

Casey’s ideas also provide insight into the body and how our physical selves relate to place and movement. Casey prioritizes the insights of the body when it comes to learning about a place – “For we feel the presence of places by and in our bodies even more than we see or think or recollect them” (p.313). This notion of feeling a place and the relationship between place and aging bodies in particular has been noted elsewhere. Based on their detailed ethnographic study
of older people and their environment, Peace and colleagues (2006) found that as bodies age and begin to fail, bodily senses become much more in-tune with or aware of (and indeed impacted by) the physical micro-environment (p.70). I witnessed the heightened acuity of the senses among the group, particularly when we were in places they visited infrequently or places which had been in some way altered (e.g., a new sidewalk). Long before I was aware (at least consciously) of a change in ground texture or level they would mention it to me – “it’s starting to slope over here, I think I’ll cross to the other side where it may be more flat” (M).

My experience participating in the journeys of these older people not only made me aware of their bodies, but also of my own. The experience also facilitated a heightened awareness of the neighbourhood itself. This was due in part to our pace; in order to match the tempo of my participants, I had to significantly slow down my own natural rhythm of doing things (e.g., walking, talking, and eating). From this perspective the neighbourhood appeared to me fresh and different. Although I had walked along a particular stretch of sidewalk many times previously (I lived close by to the area), I had never noticed that the pavement was in disrepair – there were huge cracks and most of it was uneven. I also hadn’t noticed the wind tunnel that was created when a new apartment complex had been erected or the very large oak tree that looked like it might fall over at any time. When we don’t rush past a place, when we have cause to slow down and experience it as these people do when they are out in their neighbourhoods, places, or at least our perception of places, change.

Casey (1993) too acknowledges the connection between time and place describing the dialectic of everyday journeys as temporal as well as placial – “It is a matter of now and then as well as here and there” (p.279). Knowles (2000) also integrates the elements of time and movement in the place of neighbourhoods. In her empirical research “Burger King, Dunkin Donuts and community mental health care” she reports on a day spent journeying through a city with two community mental health care clients. From this experience she learns much about their transient lives as they are forced to continuously move about in a city that does not want to know that they are there. She theorizes this experience in terms of the relationship between time, space and movement – “Lives are hence best framed and understood as multiple journeys from place to place and not as the processes occurring in one particular place. Time and space intersect each other and give each other form and substance” (p.217). Place, I have come to understand, and our
perception of place, are shaped in part by the way in which we physically experience it, and also by the pace with which we engage with it.

5.2.4.2 Aging, Identity and Neighbourhood Journeys

Self or personal identity can be broadly defined as an individuals’ comprehension of him or herself as a separate and unique entity (Peace, Holland & Kellaher, 2006). Social identity is how we perceive ourselves (and others perceive us) as part of a social group (e.g., seniors) (Laws, 1997). Findings from my study suggest that the self and social identity of these older people is shaped by their journeys. The sense of accomplishment they felt at overcoming challenges to take these journeys, the pace with which they move, their methods of transport, and the mobility aides employed, played a role in the maintenance and construction of their identities.

Despite the difficult process of preparation as well as the physical, social, and environmental elements that they were forced to contend with during their journeys, these participants still elected to go outside. This decision was likely a consequence of the lifelong nature of experience; these people have been going ‘outside’ and engaging in their neighbourhoods their whole lives and as such, it is not an experience easily relinquished. It was also a decision influenced by a desire to maintain their identity as an independent, capable person; engaging in the neighbourhood demonstrated to others and to themselves their ability to do so and they felt a sense of pride in this accomplishment.

As participants in a research study, I tried to understand to what extent this (and my coming along with them) was a factor in their decision to journey outside. In cases of bad weather or when I knew that someone was not feeling well, I called the participant to give them an opportunity to postpone our visit. They occasionally changed their minds, but not very often and I definitely got the sense that my being there either did not or only minimally affected their decision-making process. Russell, Hill and Basser (1998) report on the potential hazards of neighbourhoods and older people’s ability to address these hazards in their research on older inner city residents. Similar to their findings, participants in this study developed strategies to cope with hazards such as not going out after dark, avoiding areas they perceived were unsafe, and if the ground was slippery using a cane or other device they may not normally use. I also observed a certain willingness of participants to throw caution to the wind and take a risk to go outside. As R explained to me while starting up his scooter and preparing to go out on a day
when it was minus 10 degrees and the ground was covered in ice – “You wear your long johns and you take a chance” (R). Taking risks and demonstrating an ability to overcome hazardous environments demonstrate individual skills and competencies both to themselves and to others (including me); these acts were important to maintaining self-identity.

The pace, or public speed adopted by participants as they moved in and around their neighbourhoods were also important to their self-identity. They explained to me, and I observed, their desire to keep a “decent pace”. This meant that although they were not trying to match the pace of others, they were concerned, and adjusted (increased) their speed if they felt they were “slowing things down” (J), or “getting in people’s way” (A.). To try to avoid this situation, they purposefully chose places and particular days of the week or times of the day when they knew there would be less people or that the crowds would be moving less quickly (e.g., not during rush hour on public transportation).

Findings suggest that who you are, is also a matter of how you move. One of the ways in which style of mobility reflected self-identity was through its relationship to independence. Independence is highly valued; participants did not want to rely on others unless absolutely necessary. I observed a hierarchical system of independence that was common to the participants which I documented in my field notes.

*I just spent the afternoon with E and Sam, his neighbour who takes him grocery shopping every Saturday. I know E would prefer not to have to rely on Sam but he is left with no choice now he can’t see well enough to use public transportation and feels like taking a cab is too expensive every week…. I’m starting to see that there is a kind of unwritten “hierarchy of independence” when it comes to mobility. It goes something like: “Walk if you can, and use an aid only if necessary. If it is too far to walk use public transportation as your first option. If you are unable to negotiate public transportation, cabs are the next choice. Offers of rides from neighbours should be used sparingly”. No one has explained this to me directly of course – it’s unconscious and assumed – this is how it works.*

The type of mobility aid used to support neighbourhood journeys is also an important reflection of self-identity. As R so eloquently expresses, “Wheelchairs say sick, scooters say sexy”(R). I observed participants select the least medicalized type of aids possible – R uses a scooter rather than a wheelchair, the brand name of which he pointed out was called “Moxi” – “that means nerve eh, if you have moxy you got nerve right?” E takes what he carefully describes is a “hand carved, New Zealand walking stick” rather than choosing to use a cane on his walks with
Jessie. A. employs his bundle buggy (an upright shopping cart) in a similar way to a walker but, importantly, it is not seen as such. When I ask him about the possibility of using a walker he replies "It may come to that". These examples suggest that journeys, and in particular the kind of mobility aides that are used in a journey, play a role in maintaining the personal identity for older people; that who you are is not only about *where you are* but also *how you got there*.

Laws’ (1997) work on spaces and age-segregation sheds some light on how journeys may also shape the social identities of older people. Laws (1997), argues that social identities can be imposed externally by forces such as ageism, sexism and racism or internally through the internalization of stereotypes (p.91). She asserts that space and place play a critical role in social identities through “spatiality” (p.93) and views identities as spatialized. Laws identified several dimensions of spatiality – accessibility, mobility, motility, spatial scale, and spatial segregation – which she argued are involved in the mutual constitution of places and identities. The dimensions ‘mobility’ and ‘motility’ are particularly useful here. Style of mobility was highlighted as an important marker of one’s position relative to others. Motility, or the body’s potential to move, was reflected in the perception of ‘frail’ older bodies. Together these forces have a consequential impact on the public identity of people. These older people have internalized ageist stereotypes that are reflected in their social identity. That they felt they were “in the way” (M) in certain places and situations, or they were unable to keep up to the pace that was necessary to participate in these places, illustrates Laws’ spatiality of age theory – these are age-segregated places.

M describes how she feels in these places:

> “Going downtown to Yonge Street [a major road in the downtown core], sometimes I like to go to the Eatons Centre [famous shopping mall] but it gets overcrowded and pushy so, ha, I haven’t been to the Eatons Centre in two years, I stay away. But I go to Sears [shopping centre]; it’s my favourite place now.”

Older people demonstrated a lack of entitlement to these places; they did not feel “in place-in-the-world” (Eyles, 1985) in these places. Older people’s social identities are thus defined not only by *where they go* and *how they move* but also *if, and how, they take up space* in the public world.
The Friendly Visiting methodology and data collection strategies (the ‘go-along’ interview and photographs) provided me with a unique opportunity to directly, and intimately, experience the physical movement of older people as they journeyed into and around their neighbourhoods. From this perspective I gained important insight into their subjective experiences and the forces that shape and sustain their identities. At the beginning of their book “Environment and Identity in Later Life”, Peace, Holland, and Kellaher (2006) ask ‘does where you are affect who you are?’ To this I would add a second question, “does how you move in the world also affect who you are?” and based on the findings from this study I would report that yes, it does.
Building on the two thematic categories discussion in the previous chapter – *Preparation* and *Journeys* – in this chapter I describe and discuss the third key theme, *Public Places: Material and Social Elements*. Addressing questions such as: where is public life experienced for older people aging in place? What happens in these places? And what are the core features – both material and social – of these neighbourhood sites? Findings are described using examples from the data and discussed in relation to the literature. The chapter concludes with a discussion on the outcomes and benefits of participation in these public places.

### 6.1 Public Places: Material and Social Elements

I begin this section with a discussion of ‘third places’ including how I was introduced to the concept and why it is significant to the study data. Adopting a research gaze that extends beyond these specific places I also introduce and discuss ‘in-between’ places as significant transitory zones in the neighbourhood. The second section in the chapter focuses on the social elements of these public places and includes a discussion of a new informal social network typology. In the final discussion I interpret these findings in relation to the existing literature.

#### 6.1.1 Introducing Third Places

During the 8 months of data collection, I began to identify certain key places located within the neighbourhoods of these older people. Initially I didn’t understand what made these places important or significant except that something happened in them (or was spoken about them) that made them ‘noteworthy’. I began to make lists of these kinds of places for each participant which I referred to as “sites of significance”. I started paying closer attention to these locales when I was in the field and noted factors such as where they were located and what kinds of places they were (e.g., business, park or streets). I also began to ask the participants specific questions about these places such as why do you like it here (there), and how does it make you feel when you come here? In my field notes I began to reflect on what defines a site of significance and what seemed to be happening in these places.
I identified these places as significant because they had an impact on the study participants – i.e., engaging in these places caused some kind of change within them. Upon leaving these sites of significance I noticed a participant’s mood was often enhanced, they spoke with more enthusiasm, they had a ‘spring in their step’, and often a smile on their face. Sometimes they explicitly described their positive experience telling me they “always felt good after spending time there” (J) or “now, wasn’t that nice” (M). There were other, more subtle changes too, which I came to recognize only after spending considerable time with these people. For example, I noticed the way that A. straightened his back and stood a little taller in these places, how engaging in these places brought a twinkle to R’s eyes, and sparked new topics of conversation from P.

Several months after data collection and during my analysis stage, I attended a health promotion conference (Assessment and Action for Healthy Setting, St. Johns Newfoundland, June 2007). At this conference I participated in a workshop organized by two planners who were beginning to exploring the concept “third places”. They were interested in third places from a design and planning perspective although they recognized its potential link to community health. As they introduced the concept and highlighted the key factors, I immediately realized my sites of significance were, in many ways, third places.

As explained in Chapter 3 (Core concepts section), third places are key sites for informal public life (Oldenburg, 1989). These places are located outside of the home (first place) and work (second place) where people gather and interact. Third places share several common features – they are inclusive, accessible, everyday places where conversation is the main activity and the mood is playful (pp. 22-41). The concept of third places resonated with the study data and I adopted the term in place of sites of significance. Third place is a useful starting point for organizing public places and provides insight into the role of these places in the lives of the study participants.

**6.1.1.1 Third Places – Key Sites for Informal Public Life**

The most important third places for study participants were site specific, public places located in their neighbourhoods. Although these places varied for each person, they can be organized into three main categories – parks (and specifically High Park), business establishments, and formal social groups and services.
Parks, and in particular High Park for the three participants living closest to it, were important third places. P walked to Dog Hill almost every morning regardless of the season or weather conditions. Once there she talked to the dogs and to their owners, she delighted in watching the animals play, and she laughed with the group when the dogs performed funny antics. High Park is also an important third place for M: although for different reasons:

"High Park for me is the key. In the summer I go there, I walk quite a bit, then I go to the restaurant and have a coffee or a cold drink. I sometimes go down near where the water is, there's a hill to go down, it's not the going down it's the coming up!"

In A.’s case, it is the sports park near him that is significant:

"It's a good place to go." “Well, down at the sports park you can have a coffee and just sit around and always someone will come up and talk to you and pass the time of day and the little kids, the wild ones are letting loose - like they have electricity in them - they don't stop, ha!"

Certain local business establishments including coffee shops, restaurants, small retail food stores and (in the case of M) a bank were also established third places for participants. J has been going to the same restaurant for breakfast every Saturday morning for seven years. She used to go with her partner but now she goes on her own. I witness the significance of this diner for J when I am invited to accompany her one Saturday. The place is busy, noisy and filled with families and couples, young and old. J is instantly recognized by the host and we are seated at a “good table” up high where she can watch other people, “as far as I’m concerned, it’s the most interesting thing to do”. She watches and says hello to children and the people sitting next to us – the wait staff stop by regularly and she talks and jokes easily with them. She describes how she feels about it to me – "They are soooooo sweet to me here. I told the owner once, ‘I have a lot of problems in my life right now and I find this place a haven, a home’. It’s always a comfort and I just really enjoy coming here".
In terms of retail stores, all of the participants explained how the size of a business affected whether they liked shopping there which in turn determined whether or not it was a third place for them. Everyone preferred smaller stores and commented on how difficult it is nowadays to find these kinds of places. In these smaller retail shops participants are able to get to know the owners and staff and feel more comfortable and confident negotiating them because they can find what they need. This, they explained, was not so easy in the larger stores – “That other place is so big, you need a Seeing Eye dog to find anything in there” (A.). Access and accommodation are important aspects of third places and larger stores require much more energy to negotiate. Even in his favourite small grocery store, A. stops at the top of each aisle to peer down and confirm he needs to make the trip. The small single-purpose shops along Bloor Street (e.g., A.’s bakery and R’s fruit stand) are much more accessible to older people and therefore more likely to be third places for them. In these small intimate spaces the staff recognize their regular customers and it is possible to make your purchases quickly and easily. Although many of these places were not big enough to accommodate R’s scooter, the merchandise spilled out into the street and the staff happily (it seemed) came outside of the store to serve him.
Finally, several participants maintained third places that were specific to formal social groups and services. Once a month J drives to the other side of the city to her Doll Club meeting; along with her Saturday restaurant, this monthly meeting is her most significant third place. P and M both attend church regularly in their neighbourhood and they also both participate in a monthly social lunch program organized by a local seniors’ agency. P joined the activity centre associated with M’s senior’s residency for $10/year. Although she doesn’t live there it is a short walk from her condominium and is definitely her most significant third place. She is usually there four times a week playing ping pong or bridge with a group of women who have become her friends, she is known and welcomed by the staff, and she demonstrates a feeling of comfort in the building.
This same housing complex also sponsors one of A’s third places – an intergenerational program that meets there once a month. A retired teacher runs this program which integrates a group of older people in the community and a classroom of students from the nearby school. Working together the groups help each other with craft projects, learn and perform songs, and spend time talking to each other.

6.1.2 Transitory and In-between Places

Once I had identified third places as important public places, I extended my gaze to consider where else we were going in the neighbourhood and what was happening in these other places. I realized that unlike younger populations (who commonly make multiple trips over the course of their day and routinely incorporate several stops during these trips), most journeys into the neighbourhood by older people consist of a simple three part trajectory: home – (to) – someplace – (to) – home. Rarely (for reasons discussed earlier such as fatigue) did participants make several stops on their journeys nor did they typically make more than one neighbourhood journey in a day. As a consequence, I realized, the places between places become significant; i.e., what are relatively unconsidered and unimportant transitory zones for people who are going many places and interaction with many people, become very important places for those who are older, less mobile, live alone, and are likely journeying to just one place.

6.1.2.1 Places between Places

On every kind of journey, one moves between heterogeneous places. A beginning-place and an end-place may stand out as the most conspicuous parts of a journey – they delimit the diurnal aspect, the daily duration, the diēs, of the journey – but the in-between places are just as interesting, and sometimes more so (Casey, 1993, p. 275).

There are some places in our lives that we rarely think about or comment upon. Yet these are, perhaps, the most common places of everyday life. They are the places we pass through during the course of daily life – the line up at the grocery store or the bank, the sidewalks in our neighbourhoods, the lobbies of buildings, and the seats on buses or subways. My analysis revealed these in-between, throughways served as important public places for study participants.

“The street is the river of life of the city, the place where we come together, the pathway to the center” (Whyte, 1980).
For several participants the streets within close proximity to their homes were important neighbourhood places. This was especially true for A., who had lived his entire life in his neighbourhood; it was impossible to walk through the residential streets close to A.’s house without seeing someone he knew. When this occurred he waved or yelled a ‘hello’ to most people, and occasionally stopped to talk to someone or someone stopped to talk to him as we paused on our journey elsewhere – “What do you say there John?” “Not much A how about you?” “Less all the time” he jokes. Zipping along on his scooter, R would take in the sights along the bustling row of small shops on Bloor Street. He looked around intently and shared with me the various things he noticed – ”that’s a new store over there, looks like they may open it soon”. He smiled to people, said ‘hello’ to the dogs being walked, and had brief conversations with people as we stopped at traffic lights or storefronts.

Other less obvious places were highlighted as significant among the participants. These included the line up areas at banks and grocery stores and the seats on buses and subways. M regularly talks to the people in front or behind her while she waits in line at her local grocery store. She tells them what she heard on the news about the weather forecast, she points out the increasing price of food items, or she explains what she is planning to do with her purchases “I’m going to decorate these eggs for Easter and put them in baskets for people”. I notice these interactions are more frequent for some participants however all of them engage in this kind of activity to some extent.

As a retired transit worker, A always speaks to, or at least says hello to, the transit drivers. P looks out of the bus window and notices the comings and goings in her neighbourhood, and M usually exchanges at least a few words with whoever is sitting near her.
These ‘waiting’ spaces or places between places operate as a kind of social holding tank where a captive audience provides opportunities for social interaction and engagement. Although there is the potential for negative interaction (including a refusal to interact) I witnessed most people willingly and happily engage with these older people. On the few occasions when someone demonstrated they did not want to engage, participants seemed not to take it personally and simply turned to speak with the next person in line.

6.1.2.2 Thresholds

Thresholds are the hybrid, semi-public spaces that straddle the private dwelling and public neighbourhood (e.g., porches, patios, backyards and balconies). They are the spatial areas located outside of the home that are attached to and surround the accommodation (Peace, Holland & Kellaher, 2005b, p.76). Findings illustrate thresholds were important public places for most study participants. Both E and A. enjoyed puttering in their backyards and, especially in the warmer weather these spaces facilitated an informal public life by providing opportunities to interact with neighbours as well as the natural environment. A’s driveway and front yard also worked well for him in this way – “You can stand on the edge of your home and say good morning to people with the little kids going to school and they give you a smile back and that’s a reward you get”. Balconies, lobbies and elevators replace backyards and operate as thresholds for those living in high rise dwellings. During his home tour R explained how important his balcony was to him and how much he enjoyed spending time there: “like in the summer time its nice sitting out there all the time and watching the world”. He lived on the 11th floor and from this vantage point he could “watch people coming and going for a mile”. M used her balcony too, "A lot. I plant flowers there too. I have my breakfast here first thing in the morning. And in the summer I have views of the garden". The garden she is referring to is located in the backyard of the house next to her condominium unit. M received great pleasure from watching this house and its inhabitants: "I noticed from their blue bin they enjoy a lot of wine, ha ha". R talks to everyone as we ride the elevator down to the lobby of his building; M. spends a few minutes talking to other residents or staff as she gathers her mail from the lobby of her senior’s condominium.
Thresholds were important for P in a very different way than the other participants. She has a tiny patio adjacent to her ground floor condo which is heavily treed and surrounded by a fence. P did not know, or seem to want to get to get to know, her neighbours and told me she was glad that her patio was very private. She used her thresholds as an extended private space, enjoying it to engage with the natural environment and for the outdoor solitude it offered.

Close to home and therefore easily accessible, thresholds were key sites of informal public life for most study participants. These kinds of public places served as gateways to the outside world and offered opportunities for direct as well as indirect contact with the neighbourhood and its residents.

Although very different than third places, I observed similar social benefits accrue to participants engaged in these in-between places. They too operated as inclusive places where participants demonstrated a sense of ownership and comfort; they not only welcomed, but anticipated the easy interaction that was associated with these places. Living alone, no longer employed, and having few friends meant that these people had less opportunity to engage with the world and its residents than younger people. “All our lives as adults we want more peace and quiet but as older people we want less” (A). Like third places, these throughways of everyday life provided opportunities for engagement and thus represent important public places for older people aging in place.
6.1.3 The Social Nature of Public Places: Performance, Engagement and Networks

As the previous sections highlight, third places and in-between places offer significant opportunities for social interaction. My analysis reveals two important and interrelated social features associated with these particular sites: they provide a social ‘stage’ for performance and participation in life, and they house some important, and often unconsidered, actors in the social networks of older people.

People act differently in public than they do in private and because I was stranger this was difficult to “see” at first. Indeed, it was not until I had visited participants several times that we could relax and I was introduced to more of their private selves. Only then was it possible to see the performative aspect of their public selves. These public places served as social ‘stages’ for the informal public life of older people. Engagement and interaction with others could be both direct (e.g., sociality/conversation) or indirect (e.g., a smile/nod or people-watching). In these neighbourhood places I witnessed these older people take up (and be provided with) space to participate in, and perform life. Excerpts from my field notes help to illustrate this point:

*Joan obviously adores the people at the diner. They do fuss over her, talk to her, hug her, come over to chat, pay attention – J takes up space and is given space here; of course she comes back.*

*P walks confidently and with a sense of purpose as she heads to Dog Hill. She is made comfortable there by the dog owners and space is opened up for her to participate, despite not owning a dog herself. P and the other women play a fierce game of ping pong at the activity centre – a third place where the ‘regulars’, including P, demonstrate their athletic competence and skills (very well too, they put me in my ‘place’ several times).*

*E putters around his yard often, as do his neighbours. On his road people are always out discussing or helping each other with various house projects and repairs. E tells me “Oh if I want to talk to anybody all I need to do is go out into the yard and stare at a tree or look like I’m about to do something back there, and Sam or one of the other neighbours will be over in a second to see what I’m up to.”*

*On the streetcar M says hello to the driver. She nods to the other passengers; she sits upright in her seat and watches out of the window for her stop. She notices things like a new condo being built in the neighbourhood and points this out to the woman sitting next to her. M has used public transportation for 40 years and knows all the stops and routes. She shows me and everyone else that she belongs here, that she too ‘is on her way somewhere’.*

*A. performs on his driveway in front of his house regularly. I watch him from inside his house. He is laughing and animated and joyful out there. When he comes back inside I ask him what he...*
was doing – “Oh I like to go out the front, talk to the neighbours, sometimes on subjects that we don’t know nothing about. The world is an open space and there’s lots of time for you to speak and do it.”

6.1.4 Natural Neighbourhood Networks

There are people in these public places; actors that play an important role in the social networks of study participants. Findings reveal third places and in-between places facilitate natural relationships and positive interactions. These relationships are considered natural because they are not forced, formal or familial but instead informal, simple, spontaneous, and comprised of people who are not family. I have organized these relationships and actors into a social network typology I call “Natural Neighbourhood Networks” (NNN). NNN’s are informal social networks comprised of three types of relationships and people – relationships of proximity (neighbours), relationships of service (business people including cab drivers, sales and wait staff), and relationships of chance (strangers).

6.1.4.1 Relationships of Proximity - Neighbours

Neighbours play an important role in the NNN’s of most of these older people. Except for P who had little relationship with her neighbours, all of the participants engaged regularly with the people living in close proximity to them. Most of this interaction was described as positive. For example, when M injured her knee and had to stay home for several weeks her neighbours stopped in to see her regularly and brought her food. Usually participants had important social ties with one or two specific neighbours. A.’s neighbour two houses up from him calls him every morning at eight o-clock “To make sure I’m still alive ha ha. Oh ya and to ask if I need anything at the store”. J has always had a mutually helpful relationship with her neighbours next door, which has become even stronger since her partner was moved to a long term care facility – “The look out for me, they bring in my garbage and recycling bins, shovel my driveway, and even invite me over for a meal occasionally”. J tells me “that’s what neighbours do for each other” and she explains how she helped out her neighbour the other day when their furnace broke down and they needed to use her phone.

When he had to give up his car, E’s neighbour Sam began offering to take him once a week to do his grocery shopping. In exchange for a small item or two that Sam slips onto the conveyor belt and E purchases for him, every Saturday Sam drives E shopping and carries his shopping bags.
Participants explained they did occasionally have negative experiences with their neighbours however this was not the norm. J. did not get along with the neighbours on one side of her “she's really not a very nice person”, and E felt sometimes his neighbours didn’t allow him any privacy and were “a bit pushy for my Anglo-Saxon, reserved ways”.

6.1.4.2 Relationships of Service - Business Personnel

Cab drivers, transit employees, waiters, bank tellers, mall staff and check out clerks at grocery stores – these are the everyday, ‘regulars’ in the public life of older people aging in place. This study illustrated the important and often unconsidered role that business and service people play in the social networks of older people. Illustrating this point from my field notes and audio recordings –

M talks to all the staff at the mall. I watch her as she walks over to a display and asks the sales staff “what are you going to do with these chocolates now Easter is over”. He explains that they will save them until next year and she tells him “you know what's going to happen for next year? The chocolate is going gray and you can't eat them and you can't sell them”. She laughs and throws up her hands.

E has to take cabs a lot more often now with his failing eyesight. He has developed a close relationship with one particular cab driver (Yahim) and now calls him whenever he needs a cab. I watch their easy rapport with each other as they joke and banter back and forth. On the way home from a doctors appointment, Yahim looks in the rearview mirror and with a twinkle in his eye asks “Do you need to stop at the medicine shop on the way home from the doctors today?” E chuckles a bit and answers, “No, thank you, Yahim”. I assume they are talking about the pharmacy and wonder what is so humorous. E lets me in on their joke – “He's asking if I want to stop at the liquor store on the way home”. They laugh together at their inside joke. Despite the not-so-nice ordeal that E has just endured at the eye doctors, he gets home in good spirits after sharing a laugh with Yahim.

6.1.4.3 Relationships of Chance - Strangers

Strangers can be the actors in third places and are often the actors in in-between places. They represent another group of people that are rarely considered as part of the social network of older people. These relationships of chance however, were found to be frequent and played an important role in the social networks of these people.

A. talked and joked frequently with the strangers that occupy his third places and in-between places. One day I watched as he stopped to chat with the construction worker who was repairing the roof of a house on his road. “Whatcha doing over there young fella?” he began.
R engaged with and relied on the kindness of strangers whenever he went out on his scooter to his third places. Traveling in his in-between places I would often watch him up ahead of me and wonder ‘how is he going to get into there’? He would simply stop by the door and wait, and never for very long, until someone offered to “get the door?” He would reply “ya, great, thanks” and sometimes he would initiate a longer conversation – “Hey, where’d you buy that?”

I notice how these relationships often maintain an element of reciprocity. Neighbours do things for each other; they support each other, and whether this help was in the past or present, it did not seem to matter. Sometimes the assistance involved a trade as in the case of E and Sam. With the business and service people there was an understood ‘business transaction’ – it was their job to serve customers which included talking to them and answering their questions and if they drove you some place, you paid them. Even with strangers when the relationship was one of chance, often an exchange occurred (words or a wave, or help with a door) which was then reciprocated (with a nod or a thank-you). I observed the most simple of interactions as social ‘exchanges’ and recognized this reciprocity supported the ‘natural’ element of these neighbourhood social networks.

6.1.5 Discussion

In this chapter I provide a more nuanced and comprehensive understanding of the previously identified core ideas – third places, in-between and transitory places, performance spaces, and NNN’s. Using other sources of literature, findings are expanded, interpreted, and discussed, and new insights are presented.

6.1.5.1 Public Places – Beyond Oldenburg and New Places of Aging

Several important attributes describe the third places of these older people, many of which parallel Oldenburg’s list of common and essential features. Based on the methodological and theoretical underpinnings of a critical geographical gerontological perspective however, findings from this study enhance our understanding of third place in two ways. First, a critical approach provides a more discerning and nuanced appreciation of the concept and how it operates. Secondly, the gerontological focus of this study means that the identification and analysis of neighbourhood third places is filtered through the perceptions and experiences of older people. Analyzing third place from a population specific (versus a place-based) perspective opens up new possibilities for its applicability and usefulness. New insights emerged from a CGG approach to third places that contribute to a revised list of common features. My (CGG) list
makes additions to, adapts, and clarifies Oldenburgs original list, and is summarized in Table 5. Beyond Oldenburg: Third Places from a Critical Geographical Gerontological Perspective.

Table 5: Beyond Oldenburg: Common Features of Third Places from a Critical Geographical Gerontological Perspective

<table>
<thead>
<tr>
<th>Oldenburg</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive, on neutral ground; acts as a leveler</td>
<td>Third places are age-friendly places; they operate as a buffer against the impact of social inequalities, including ageism. Is it not possible to eliminate issues of power and inequality; there is always the potential for exclusivity and negative interaction to occur, even in third places</td>
</tr>
<tr>
<td>Conversation is the main activity</td>
<td>Conversation is the most common activity however engagement also occurs with animals and the natural environment (where conversation is not so common). Engagement can also be indirect through observation.</td>
</tr>
<tr>
<td>Accessibility and accommodation</td>
<td>Accessibility is key; must accommodate mobility aides and located very close to home or easily accessed using public transportation. Accessibility is not a static attribute; individual, environmental and structural changes can create inaccessible third places</td>
</tr>
<tr>
<td>The Regulars – the main attraction</td>
<td>Regulars are quite often the staff. It is often more important that ‘someone’ is there, rather than ‘who’ is there.</td>
</tr>
<tr>
<td>A low profile/physically plain and unassuming</td>
<td>These places can be taken for granted places where their importance is unnoticed (which makes them difficult to protect). Other third places however, such as High Park, are anything but “physically plain”.</td>
</tr>
<tr>
<td>Mood is playful</td>
<td>Sociality (playfulness) is common although not necessary</td>
</tr>
<tr>
<td>A ‘home away from home’</td>
<td>Is a comfortable place physically (places to sit down, accessible, etc), and a comforting place psychologically (relaxed, safe). In the case of socially isolated older residents, bustling third places are nothing like their (current) homes.</td>
</tr>
</tbody>
</table>
The dynamic and subjective nature of these sites is a particularly significant addition to Oldenburg’s description of third places.

Third places are dynamic spaces. As people change across the life course, as their circumstances change (physically, materially) and as environments change there is the potential for an individuals third places to also change. For example, J’s life changed dramatically when her partner was moved into long term care (LTC) and in the process she accumulated a new third place. When the staff of the LTC facility proved to be welcoming and the material environment inviting, this place emerged as a new and previously unconsidered third place. Other life changes including new illnesses or increasing disability or diminishing personal resources can reduce or completely eliminate access to previously established third places. Third places change over the life course.

Third places also change as neighbourhood environments change. When the local hardware store closed A. lost a third place that had been important to him for over 50 years. These key sites for informal public life can also change daily or seasonally depending on the weather – the rooftop garden at M’s condo is deserted in the winter or on a rainy night but it is a thriving third place for her on a warm clear summer evening when many residents gather to talk, listen to music, and dance.

As well as dynamic places, analysis reveals third places are subjective places – individually experienced and defined. Although there are many common neighbourhood third places that share specific characteristics with similar benefits and outcomes of participation, whether or not a third place is a third place for an individual depends on a myriad of factors including individual history, personality, and culture. Whereas High Park is a shared third place among most of the participants, other neighbourhood sites which are equally accessible (close and also affordable) such as A.’s bakery, are not shared third places.

Findings suggest third place is a useful concept for place-based gerontological research, an idea that has some support in the literature. Cheang (2002) used the concept of third place in his research with older adults in Hawaii. Using a qualitative, ethnographic approach with 26 older people (57-83 years of age) who regularly met at a fast food restaurant, Cheang found the notion of third place applicable (p.318). His findings revealed the inclusive and informal setting of the public restaurant created an environment conducive to sociability, laughter and play for the older
adults. Beyond Cheang’s work however, there have been very few empirical studies to take up the concept third place (and none that I am aware of with older populations). Most of the available research is focused on the potential of cyberspace as a type of third place (Minahan & Cox, 2007; Soukup, 2006).

Findings reveal third places are important neighbourhood places in the public lives of these older people. These sites support engagement in life and facilitate informal social networks and, as such, promote and maintain healthy aging. Findings suggest third place is a useful concept in place-based aging research. Although important for everyone regardless of age, third places assume an enhanced significance for older people aging in place. Oldenburg called third places, third places because they are outside of the home (first place) and work (second place). I would argue that because there is (often) no second place for older people, their third places become their second places, and as such increase in their significance for older populations.

### 6.1.5.2 Public Places – Performing and ‘Taking up Space in the World’

A passage from Nicole Krauss’s novel *A History of Love* (Krauss, 2005), offered important insight during the data analysis phase of this thesis. In this passage, the main character Leo Gursky (an elderly immigrant living alone in New York City), describes how he purposefully ‘acts out’ in public –

I try to make a point of being seen. Sometimes when I’m out, I’ll buy a juice even though I’m not thirsty. If the store is crowded I’ll even go so far as dropping my change all over the floor, the nickels and dimes skidding in every direction. I’ll get down on my knees. It’s a big effort for me to get down on my knees, and an even bigger effort to get up. And yet. Maybe I look like a fool. I’ll go into the Athlete’s Foot and say, *What do you have in sneakers?* The clerk will look me over like the poor schmuck that I am and direct me over to the one pair of Rockports they carry, something in spanking white. *Nah,* I’ll say, *I have those already,* and then I’ll make my way over to the Reeboks and pick out something that doesn’t even resemble a shoe, a waterproof bootie, maybe, and ask for it in a size 9. The kid will look again, more carefully. He’ll look at me long and hard. *Size 9* I’ll repeat while I clutch the webbed shoe. He’ll shake his head and go to the back for them, and by the time he returns I’m peeling off my socks. I’ll roll my pants legs up and look down at those decrepit things, my feet, and an awkward minute will pass until it becomes clear that I’m waiting for him to slip the booties onto them. I never actually buy. All I want is not to die on a day when I went unseen (pp. 3-4).
Leo’s behaviour serves to demonstrate (to himself and others) that he exists – people have to notice him, look at him, react to him, talk to him, and remember him. We learn from Leo that this is important when you are very old, you live alone, and you have few friends.

Rubenstein and Parmalee (1992) argue that one of the important elements of place attachment for older people is that it provides a way of ‘enacting or representing independence and continued competence’ (p.140). My data suggests to me that key public places, including third places and in-between places, provide this and, perhaps, more. These places provide a space or a ‘stage’ for older people to not only enact or perform their independence and competencies, but also to demonstrate (to themselves and others) their very existence. In other words, a public (outdoor, neighbourhood) life is important because it provides opportunities for older people to engage with life, including others, and to ensure they (like Leo) are seen.

I sensed that this experience was shared by the participants in this study – that they too perform their existence, as well as their competencies, in public places. However, this was extremely difficult to ascertain – my being with them immediately satisfying any need to be noticed or feel they exist. On two occasions however, I had the opportunity to observe them from afar and witnessed behaviour that may demonstrate a desire, if not a need, to be seen. These occasions are described using excerpts from my field notes:

*I was late today and had to meet A. at the store. When I arrived I watched him for awhile aware that I rarely get an opportunity to do so. He was standing in front of the bin of faucets in the hardware store carefully thinking through what he needed and picking up and putting down various parts. A stranger is doing the same close by and I notice A. shift towards him. Still looking into the bin, he shifts closer, until finally he is standing next to the stranger. The stranger then notices A. and, acknowledging their similar pursuit, strikes up a conversation – “oh I see you are having plumbing problems too…” I know that A. didn’t need any help picking out parts it just looked like he wanted to be, noticed?*

*Today on a journey in High Park with M. we went into the restaurant to have a cup of tea and I noticed P was in front of us in line. For some reason, it felt strange to have them both there together…. Anyway, P did not notice me and bought her tea and I watched her as she looked around for a seat in the nearly empty restaurant. It was so interesting, without hesitation she walked to the busiest section and sat down very close to a group of women. I would have immediately gone to the quietest section of the restaurant where there was less chance of having to talk to others, a place for quiet, escape… I think she, however, was hoping someone may look over and talk to her...*
Aware of this idea, I re-interrogate the audio recordings and find support in several narratives. Quotes from conversations in which participants comment on previous journeys, made alone a day or two before I arrived, suggest public opportunities to be noticed are important and desired:

“\textit{I like going to the Sears, the sales girls are good there, they never ignore you even though you may not buy anything}” (M).

“The staff at the diner always talk to me, it makes me feel important!” (J).

“I like standing out on my driveway, people can’t miss me then, ha ha” (A.).

I found some support for this idea in the literature. Using a phenomenological approach, Hedelin & Strandmark (2001) conducted qualitative interviews with 16 women between the ages of 71 and 92 to gain a deeper understanding of the meaning of mental health. One of their central findings was that ‘confirmation’, of an individual’s human existence and dignity is a key to good mental health. Confirmation they explain, is experienced in one’s relationship to oneself \textit{as well as in one’s relationship to others}; family plays an important role in confirmation however so does relationships within a wider social network including \textit{friends, neighbours and even encounters with strangers} (p.10).

Performance and participation requires space and I am suggesting that these social ‘stages’ operate as performance spaces where older people take up, and are provided with, space in the world. In third places, Laws’ (1997) spatiality of aging (places are age-segregated) exerted less pressure than in other public places. In other words, in third places, membership is less about age, than living in the neighbourhood, enjoying the company of dogs, or having a sense of ownership because you’ve been having breakfast there every week for seven years. Indeed, places that are perceived by an individual as inaccessible physically or socially (age-segregation), will not be a third place for them. More than age (although interrelated), I witnessed a kind of “spatiality of disability” where public places were segregated according to mobility. For example, R. identified several important third places that were located on the other side of the city (where he spent most of his adult life prior to locating to his current location). He explains these places are still socially available to him, however with his limited mobility he can no long access these places:
“Yah, it’s too bad I can’t get over there [a bar] anymore, I always had such a good time and I still have friends over there. But I can’t go no more. I found out the hard way that I only got 6 kilometers on my scooter. Yah, 3 out and 3 back, or I’m screwed, ha ha, I called CAA the last time, and the guy gave me a boost, but I don’t think they’ll do that again, ha ha.”

Laws’ acknowledges this idea to some extent when she suggests age segregation is produced by limitations to accessibility, mobility (both metaphorical and physical) and motility (an individual’s body potential to move) (p.93). However, whereas Laws places age at the forefront of spatiality, I’m suggesting mobility or accessibility may be more, or at least as, appropriate. I observed that except for the formal programs and facilities that were explicitly focused on seniors, age seemed to be ‘suspended’ temporarily in third places. Meeting people in these places (e.g., line-ups, on buses or in the backyard) was “normal” – “I go and buy my food here like everyone else” (M).

6.1.5.3 Natural Neighbourhood Networks

Findings from this study illustrate that neighbours, business people and strangers can have an important impact on older people’s perceptions and experiences of their neighbourhoods. In third places, as well as in certain in-between places (thresholds) these people are part of a positive social network of informal, everyday relationships. Natural neighbourhood networks are theoretically informed by the current social support literature with two important and interrelated distinctions. NNN’s are founded on sociality versus support, and interdependence rather than independence.

Although not a prerequisite of NNN, participants did both receive and provide support in these relationships. Four kinds of social support have been identified in the literature – emotional (caring, empathy), instrumental (tangible goods and services), informational (knowledge), and appraisal (relevant to self-evaluation,) (Hinson-Langford, et al., 1997). In various circumstances and to varying degrees, examples of all of these kinds of support were found in the NNN relationships.

NNN’s are, however, more about sociality than support. Sociality is a concept originally introduced by Simmel (1950) to describe the social ‘playfulness’ that can occur in social interactions (p.45). The interaction in third places is often playful as participants shared a joke or a laugh with each other. The literature offers some support to the idea that sociality extends to service people and strangers. In his work on geographies of the city, Latham (2003) reports – “It
[sociality] consists of interactions with friends, neighbours, work mates, and – at least to some degree – those everyday strangers met at the supermarket checkout, shopping mall, café or pub” (p.118).

Support and the significance of support systems for older people, are often linked to independence. Older people’s natural neighbourhood networks however, were more synonymous with the principles of interdependence. Interdependence is defined as “shared dependence” (Merriam Webster online dictionary) and is founded on the premise that no one leads a completely independent life – “None of us is totally independent of our context– social, political and economic; rather, we live within complex webs of mutual dependence or interdependence” (Robertson, 1997, p.436). Interdependence is focused on relationships rather than on functional ability (Beeber, 2008, p.22). Social connectedness, respect and reciprocity are the cornerstones of interdependence and, I argue, key social factors associated with third places.

The results of this thesis provide support to the literature that acknowledges the important role of neighbours in the quality of life and independence of older people. In addition it contributes new insights into other important, and often unconsidered, actors in the social networks of older people and presents a social typology for organizing these relationships. These natural neighbourhood networks do not replace informal systems of family and friends or formal support systems provided by public and private agencies and services, they complement them.

6.1.5.4 Summary: The Benefits and Outcomes of Public Life

Third places and in-between places are important neighbourhood places of aging. Oldenburg (1989) insists that “benefits accrue to those who regularly attend third places” (p.43). What then, are the benefits or outcomes of participation in these spaces for these older people? Findings reveal there are many, mostly positive benefits, the most important of which are: companionship, sense of purpose, sociality, enhanced personal autonomy and positive self-identity, and the opportunity to give as well as receive social support. The most significant, and overall benefit of third places is, as this study suggests, that they facilitate and indeed, promote, engagement in life. Engagement in these places is most importantly about social interaction, although not in the formal or usual way that it is often discussed in relation to older people. The social interaction that happens in third places is more ‘normal’, i.e., natural, informal, playful, and reciprocal. The social elements of third places coalesce to form natural neighbourhood networks that are
comprised, in part, by what may be considered ‘unusual’ actors (i.e., strangers and business and service personnel).

I believe that third places are important places for most people; “hanging out”, telling stories, sharing information and joking around, is a universal past-time. For older people however, particularly those in the later stages of the aging process, and who live alone, and who are experiencing increasing limitations to mobility, third places play a very significant role in their quality of life, health, and happiness.

6.2 Chapter Summary

The neighbourhood plays a significant role in the public lives of older people aging in place. Third places and in-between places are key sites for older residents and participation in these neighbourhood spaces is an important determinant of healthy aging. The key findings of this study contribute new understanding and provide direction for future research. In the next chapter, *Chapter 7 Conclusion*, I summarize the study, highlight the key contributions to knowledge, and identify the methodological contributions. Insights for policy and practice are also discussed and the chapter concludes with directions for future research.
**Brownie and third places: Were they important?**

Up until she was 90 Brownie walked everyday to the “shops”. The small row of stores including the cheese shop and the butchers and yes, even the betting shop where everyone knew her name, were her third places. She chatted with everyone; she had a laugh, learned about the latest gossip and local politics. She shared her thoughts and ideas with others, and I feel pretty confident saying Brownie’s life was greatly enriched and her longevity is partially a result of these places.

But then I remember the last two years of her life during which time she was confined to her bed (which was set up in the front room of her house). Brownie no longer went out into her neighbourhood to participate in those sites of informal public life and I wondered “what then?”, for even in those final years she continued to live a joyful, engaged and happy life.

I think back and try to remember what her life looked like in those final years and realize that even though Brownie was confined to her bed there were always people around. She often left her backdoor open and it was BUSY – neighbours would pop in to say hello, the local kids would come over to make Brownie (and themselves) a cup of tea, her ‘dinner lady’ would sit on her bed and they’d have a smoke together…

Brownie I realized, had manage to merge her private home space with her neighbourhood public life and in doing so had created a third place, right in her house. The space around her bed in that front room of her tiny home became a third place to many people in that neighbourhood, including her.
Chapter 7
Conclusion

7.1 Introduction: Overview of the Study and Key Findings

The purpose of this study was to explore the public life of older people aging in place. In particular, I was interested in understanding the (material) neighbourhoods and the (social) networks of older people and how these shape the experience of healthy aging.

In order to explore the neighbourhoods and networks of older people, I spent 8 months “visiting” six people over the age of 75 in three neighbourhoods in the city of Toronto. With an interest in the public life of older people, and their perceptions and experiences of their neighbourhoods, the main focus of these visits was leaving the private home environment and engaging in the public neighbourhood. Where we went, what we did, and how we got there was decided by the study participants; I accompanied them to various places in their neighbourhoods including grocery stores, malls, parks, doctor’s offices, diners, and various social clubs.

Data from these visits includes recordings of our conversations, my field notes, as well as digital photographs. The data were analyzed using grounded theory and an adapted coding strategy – Think with your senses, feel with your mind – that integrated visual, oral and textual data into the process of analysis. Three key themes emerged from this process:

**Preparation: The Forces Involved in Going Out**

Concerned with contextualizing the outside excursions within the inside environments, I spent considerable time in the homes of study participants. In addition to the in-depth interview of their home (Guided Home Tour), I arrived early for each outdoor visit to witness and ask questions about the Preparation Stage. There has been very little written about this process of preparing to engage in the neighbourhood, likely because most people (including younger, mobile researchers) do it easily and unconsciously. Findings illustrate for older people the preparation stage is a complex and multidimensional decision-making process where push and pull forces intermingle to initiate movement away from the home.

Theoretical insight into this process was provided by the therapeutic landscape and active engagement in life literature. The concept of therapeutic landscapes acknowledges both the
attraction and benefits (healing, health) of natural and social environments. From this perspective, people go outside because interacting with their natural and social world makes them feel good and accordingly, these experiences are health-benefiting. Drawing on the engagement in life literature, I make the distinction between actual, outdoor, activities and indoor, more passive forms of interaction. I argue that although home-based “control centers” and “surveillance zones” provide opportunities for older people to maintain a connection to the outside world, supplementing this with outdoor engagement is both desired and beneficial to health and well-being.

**Journeys: Issues of Mobility**

Public engagement in life requires movement, and the second key finding of this study relates to the journey – the physical movement from the home into the neighbourhood. Participants moved within their neighbourhoods using their bodies, often in combination with mobility aides. They moved in a variety of ways including walking, walking with canes or bundle buggies, driving (cars or scooters), public transportation and taxis. Most used several styles of mobility depending on their physical health, how they were feeling on a particular day, where they were going, as well as a host of environmental factors including the weather. Participants encountered various barriers and supports to their neighbourhood journeys; they developed strategies to cope with challenges and managed to get outside on most occasions.

Accompanying these six older people as they journeyed throughout their neighbourhoods was a physical as well as a temporal experience and one that I found both fascinating and humbling. I had not anticipated the phenomenological insight that I would acquire through this experience. I rely primarily on Edward Casey’s ideas to understand the relationship between physical movement, time, journeys and place. Journeys, I understand, connect places. Journeys require movement and movement is both physical (felt in the body), as well as temporal. Journeys, as Casey (1993) describes are a “matter of now and then as well as here and there” (p.279). They are also I suggest, a matter of here and now – an addition that acknowledges and integrates the immediate physical experience of the journey with its temporal aspects.

Journeys are also important to identity. Movement, and in particular the style of mobility, the speed, and the aide used (or not used) to support movement, played a role in shaping the identity of these people. Analysis reveals the performance of independence, as demonstrated by the
determination and the ability to negotiate the outdoor environment, was an important aspect of identity. Findings suggest who you are (identity) is a reflection of how you move in the world. Laws’ work on the spatiality of age, and in particular the dimensions of mobility and motility was helpful for interpreting these findings. The limitations caused by the perceived and actual frailty of aging bodies (motility) fused with the dimension of mobility (a marker of one’s position in society) to shape the social identity of participants. My analysis revealed certain places, or places at certain times, were age-segregated. I am suggesting, in other words, that these older people were not permitted to (i.e., space was not provided or opened up to them), nor did they feel comfortable with, taking up space in certain neighbourhood places such as crowded shopping malls and busy subway stations.

Public Places: Material and Social Elements
There are key places in the neighbourhoods of older people where they do feel comfortable with taking up space. They are inclusive and accessible places where fun, relaxed, informal social interaction is the main activity. These are the key sites of informal public life for older people; these are their third places, i.e., not home (first place) or work (second place). Third places are important places for everyone, I believe, however that they are particularly significant for older people. Extending my research gaze beyond third places I also identify thresholds and in-between places as important neighbourhood places of aging. These are the throughways and the transition zones between public and private spaces where much of the activities of everyday life take place.

Important things happen to older people when they attend third places. They become more engaged, more animated, happier. They relax, have fun, and participate in life. Interpreting these findings I rely on Rubinstein and Parmalee’s (1992) conceptualization of place attachment as well as the social support literature. Third places provide a space to perform independence and competencies as well as to demonstrate existence to a world in which they may go unnoticed (to themselves as well as others). The people found in third places are diverse; they are neighbours, business personnel, and strangers who together form an important social network for older people. Natural neighbourhood networks (NNN’s) are based on the principles of interdependence and in particular reciprocity. Finally, as places that facilitate social networks and promote active engagement in life (key determinants of healthy aging), I argue that third places promote healthy aging.
To conclude, findings reveal that *place is intrinsic to healthy aging*. Analysis demonstrated that neighbourhoods are important places of aging that play a significant role in the well-being of older people aging in place. Embedded within neighbourhoods are key sites for informal public life where the self and social identities of older people are nourished and constructed. Preparing for, journeying to, and engaging in these places, provides people with the space to demonstrate (to themselves and others) who they are as well as where they belong. This sense of belonging, of feeling entitled to take up space in the world, is an experience that generates well-being and promotes positive experiences of healthy aging.

### 7.2 Contributions to Knowledge

This study provides insight into the growing body of interdisciplinary literature dedicated to the triad of aging, health and place. Specifically, study findings make a contribution to two key knowledge areas – healthy aging and aging and place.

#### 7.2.1 Healthy Aging Revisited

Healthy aging is a useful construct in the discourse of health and aging. Although there has been some attempt to approach healthy aging research from alternative perspectives, most of the work in this area maintains a very clear set of boundaries, philosophies, tools, conceptualizations, and methodologies situating it within positivist or postpositivist paradigms of inquiry. The persistence and hegemony of this approach sets limits on the theoretical and practical contributions of healthy aging research, and knowledge in this area could benefit greatly from diverse theoretical perspectives as well as new and innovative approaches.

Findings from this critical, qualitative, interpretive, place-based, healthy aging study are well-positioned to make a substantial contribution to healthy aging research and policy. From this perspective the focus of healthy aging research is shifted in a number of ways – from people to people in places, from objective measures to subjective, lived experiences, from description to explanation, and from biological health to the broader-based determinants of health and mental health. Findings from this unique approach provide several significant insights:

**Inserting place into health aging**

Place is important to both heath status and behaviour, and aging processes and experience. Findings from this study provide insights into an area of inquiry that has received limited
attention in healthy aging research – the interrelationship between health, aging and place. Analysis reveals neighbourhoods are important places of aging and that these places play a substantial role in the well-being of older people aging in place. Most healthy aging research fails to contextualize aging within the various environments occupied by older people. This study situates the aging experience within a key place of aging – the neighbourhood.

**Active engagement in life and the role of functionality in healthy aging**

Findings contribute to our understanding of active engagement in life as a determinant of healthy aging. There is an important distinction made between home-based private engagement and outdoor, public engagement. While recognizing that the former is important and meaningful to older people, analysis from this study demonstrates that complementing home-based engagement with outdoor engagement is essential to healthy aging.

A major focus of healthy aging research is based on biological functional ability. There is an implicit and unconsidered assumption from this perspective that functional ability is the main predictor of older people’s health and research has focused on measuring and improving functionality. This study examines the role of functional ability from the perspective of older people aging in place. Findings suggest functionality is a means to an end. That is, older people want to get outside their homes and maintain an active public life and functional ability operates as an enabler, facilitating the pursuit of meaningful activity in meaningful places. These findings also reveal functional ability is best understood as an amalgam of social, environmental, psychological and biological determinants that together predict and promote healthy aging.

**Social networks and healthy aging**

Social support including social networks is an important arena for gerontological inquiry and a key determinant of healthy aging. This study recognizes older people live much of their lives in close proximity to their homes and, as such, local, informal social networks are significant. Findings contribute to knowledge in this area by introducing a new place-based social network typology – Natural Neighbourhood Networks. NNN’s inject the concepts of interdependence and sociality into healthy aging and highlight some of the important yet often unconsidered people (business personnel and strangers) in the social environments of older people. I argue that NNN’s can play a significant role in healthy aging for older people aging in place.
According to Health Canada, healthy aging is “a lifelong process of optimizing opportunities for improving and preserving health, physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Health Canada, 2006). This study demonstrates healthy aging research should begin by understanding what the aging process means for older people, and then work with them to determine how (collectively) we can best promote this process. Insights from this study contribute to a fuller understanding of the healthy aging process which will aide policy makers in developing relevant, informed policy with pertinent interventions to help facilitate these policies.

7.2.2 Aging and Place

The research framework, critical geographical gerontology (CGG), was an effective framework for exploring aging and place. There are many scholars working within the field of geographical gerontology that approach the work from a critical perspective however there are tensions in the discipline which reflect differing viewpoints on the need and importance of critical social theory in aging and place research. In addition, my work sits in two fields of geographical gerontology – “aging in place” and “healthy aging” – that although widely adopted, have been traditionally approached from a very ‘uncritical’ perspective. As such, I think that it was useful and important to make it explicit in my research approach by placing ‘critical’ in front of the term ‘geographical gerontology’. By doing so we remind ourselves as researchers that it must play a significant role in our process, we articulate to others in the field where we are coming from and what we think is important, and, I have found it opens up dialogue with those outside of the field including those in practice and policy to discussions about how ‘common sense’ assumptions are the beginning of exploration, not the final definitive answer. Merging several well-established paradigms of inquiry a CCG approach successfully focused the data collection, provided guidance and direction for analysis, and explicitly inserted a critical perspective into aging and place research.

**Neighbourhoods as important places of aging**

‘Places of aging’ is emerging as an important area for gerontological research. Compared to other places of aging such as the home and institutional settings, the neighbourhood has received minimal scholarly attention. Findings from this study provide insight into the neighbourhood as a significant place of aging and contribute to aging and place knowledge in several ways. These
findings support research to illustrate that active engagement in neighbourhoods is important to the quality of life and identity of older people. Findings provide insight into the mechanisms of actual engagement and contribute to a more comprehensive understanding of how, where, and why, engagement actually occurs. Revealing the importance of direct (rather than passive) engagement to health and well-being is important. As health and service delivery models shift from hospitals and long term care facilities to home and community care there is a concomitant increase in home-based programming and services for older people. Very frail and housebound elderly benefit from this necessary service. For others however, including the people in this study, these kinds of services (e.g., home-based exercise programs, home-visiting and home-health programs) may be unwanted or unknowingly intercept experiences that promote health such as engaging in neighbourhood public life.

There has been a tendency in aging and place literature to study one particular setting in order to gain in-depth understanding and identify key characteristics of these places (e.g., home or LTC facility). Much less is known about the linkages between places of aging. This study provides insight into the connection between the home (private), thresholds (semi-public) and public places. Findings highlight the preparation stage (in the home) and the journey (movement away from the home) as gateways to participation and important constructs for understanding the linkages between places.

**Identity**

This study supports the notion that the identity of older people (self and social) is influenced by neighbourhood experiences. Adding to this literature I argue that the ways in which older people move in their neighbourhoods (their mobility aides, means of transport and pace), as well as their sense of accomplishment at being able to do so, contributes to their identity. The locations where people feel entitled to take up space, (and space is opened up for them) in their neighbourhoods also contributes to their sense of self. Who you are is a matter of where you take up space and how you move in your neighbourhood.

Their public lives, lived in localized geographies of their neighbourhood can be viewed as the embodiment of identity and self-expression. The sense of self in older people connects to the neighbourhood environment in ways that are different for younger residents.
Third places and In-between places
This study introduces a concept new to aging and place research – third places. Findings illustrate that these key sites for informal public life are important material and social places for older populations. Most significantly, study findings suggest that third places promote healthy aging by providing opportunities for engagement in life and facilitating social networks.

Additionally, findings identify other, less obvious public places that play a role in the lives of older people aging in place – places between places and thresholds. I argue that whereas for other groups of residents these spaces are often inconsequential, for older people these transitory zones assume many of the characteristics of places and have meaning, connection and memory. Older people purposefully and intentionally occupy these places rather than simply moving through them as others do; indeed, older people exist in these places.

Therapeutic Landscapes
This study supports the work of researchers concerned with expanding the conceptualization of therapeutic landscapes beyond extraordinary, exotic or established healing environments. Study findings support the notion that common, everyday neighbourhood places can be therapeutic and health-promoting. The identification of particular sites within neighbourhoods that promote well-being, namely third places, is a key contribution to this literature. Findings also serve to remind us that even in these fairly ‘ordinary’ urban environments, the natural world can be a significant feature of therapeutic landscapes.

7.3 Methodological Contributions
The findings of this study also provide methodological insights that are relevant and useful to future research in the area of aging and place.

Aging Research
The quality and usefulness of data that was generated from my Friendly Visiting (FV) methodology suggests it is an effective approach for gerontological research. Inspired by ethnographic research and community-based programming, Friendly Visiting is a new and innovative research strategy that integrates methodological theory with practice. The notion of “visiting” is particularly helpful to the success of this approach. As an understood social ritual frequently experienced by older people, visiting makes sense for community-based aging
research. Visiting becomes a methodological tool, in a FV methodology; a research activity that adds to the methodological toolkit available for gerontological inquiry. The prolonged period of data collection, the dialectical and conversation style and the friendly, informal relationship structure support the production of rich, meaningful and relevant data as well as helping to redistribute power imbalances between researcher and participants.

The study also provides insight into two ethical issues relevant to gerontological inquiry. First, there is a tendency to refuse people with cognitive problems (including dementia) participation in research. Findings from this study illustrate that ‘ongoing’ and ‘here and now’ consent work well to obtain consent for participants experiencing cognitive difficulty. There are great benefits to both the participant and the research itself from including these participants and I support others in their advocacy for the inclusion of people with cognitive challenges. Secondly researchers interested in having their older study participants use digital cameras or other technological devices should be cognizant that they are truly able, willing and confident in do so or risk disempowering their participants.

**Research on Place**

Place is an experiential process and research strategies supporting a comprehensive appreciation of these experiences, including the go along method and “*think with your senses feel with your mind*” provide significant insights into place-based research. Findings demonstrate the go-along method can generate important knowledge related to the experience of place. As an active participant-observer interviewing people on the fly, this method addressed some of the inherent limitations of traditional interviewing and participant observation techniques. Although I recognize that qualitative researchers perform this kind of data collection intuitively, there is little to document or ‘name’ this process. This research supports the use of the term as well as lending support to its effectiveness. *Think with your senses, feel with your mind* successfully integrates multiple senses into the analysis phase infusing the experience of place into the study findings. This approach helps to ensure place remains firmly ‘placed’ in the analysis and findings.

**Visual Research**

I did not anticipate how important the photographs would be to the entire research process and based on my experience join others who advocate for the use of visual methods in research.
During data collection they helped me to stay focused on the research question and provided useful visual prompts when I was writing my field notes after each visit. During the analysis phase they served as memory tools which were extremely important considering the research extended over many months (interestingly I assumed this would be important for the ‘old folks’ but it was me who really needed them). While analyzing data on place, the photographs were extremely helpful; places are visual and having the photographs helped me to re-experience and re-member these places as well as notice things that I had not observed when I was actually there, and busy interviewing, observing and participating. In addition, it was important to me that this research stay ‘real’ (these are actual people, not numbers or pseudonyms) and the data must be grounded in the lives of these people. The photographs helped to ensure this: new ideas could be put to the test by examining the photographs of the participants and interrogating them and myself – “does this idea make sense in terms of what I know and understand of J’s life?” Photographs also were very important to the writing process. When I experienced writers ‘block’, needed to stimulate my thinking, or re-connect to the people and places, I would set my screensaver on my computer to “shuffle” and the hundreds of photographs from the study created an endless and always different slideshow of images. I would sit and contemplate this display until I was inspired again to begin writing. Finally, photographs and other visual materials help to connect people to ideas. As I begin to present the study findings at conferences and to social agencies, I have observed how the images enhance the knowledge translation and dissemination process and connect people, both emotionally and intellectually, to the data and ideas.

7.4 Implications for Policy and Practice

I think that older people provide a kind of hyper sensitive lens through which we can see, feel, appreciate, and learn about our material and social environments. The key lessons from this work are important for policy and practice in three key areas: the built environment, the social environment, and healthy aging.

The Built Environment

Population aging and urbanization are major forces in the 21st century; by 2030, 23% of Canadians will be over 65 and 80% will live in cities (Statistics Canada, 2006). The health of the urban elderly will be determined in part by their social and physical environments (e.g., built environment, social relationships, and cultural practices) and policy makers, planners,
community groups and healthcare organizations are asking “what makes an age-friendly city”? My experience spending 7 months immersed in the lives of 80 years taught me about both the gifts (such as kneeling buses, wheelchair ramps and the newly installed elevators in subway stations) as well as the pitfalls (including poorly maintained sidewalks, dark stairwells and busy streets) of our built environments. These findings can be useful to local, national and international initiatives (e.g., World Health Organisation and Public Health Canada) dedicated to the development and implementation of age-friendly communities. Findings also provide useful information and guidance for municipal planners and policy makers responsible for maintenance, development and transportation decisions in urban environments. Drawing from what I have learned during this study I suggest the priority policy areas for municipal planners should be transportation and accessibility. A comprehensive, sustainable and accessible public transportation system, and sidewalks and other neighbourhood throughways that are kept clear of snow and debris, are well maintained, and properly graded are essential supports for older people aging in place.

**The Social Environment**

Secondly, through this experience I am made aware of the incredibly giving and generous spirit of most, as well as the negative attitudes and behaviours of some, that are embedded within our social environments. The relationship between health disparities and social exclusion are well established. In a youth-obsessed and fast-paced society, older people are at an increased risk of discrimination, a key contributing factor to social exclusion. Findings from this study provide insight useful for the development of interventions and policy initiatives concerned with reducing health disparities stemming from social exclusion. For example, home health care is focused on providing services and care in the home. Paid services that support people to get out of their homes are concentrated on transportation to and assistance at medical appointments. Programs and policies that provide people with the assistance they require to get outside, simply to be outside, as well as to pursue activities and visit places in their neighbourhoods they find meaningful, will enhance well-being and prevent social exclusion.

**Healthy Aging**

Finally, the seven months confirmed in me the need in healthy aging policy and practice to develop *enabling* environments that challenge dominant independent, able-bodied views, and promote a people-centered, friendly, and inclusive society in which all residents can fully
participate and benefit. As governments continue to make investments in healthy aging and aging in place initiatives, caution needs to be exercised to ensure the role of place in this decision-making process. A focus on place directs attention away from the individual towards the environments and settings of older people. From this perspective the questions are not how can we promote healthy aging lifestyles or what are the key determinants of healthy aging for individuals, but rather how can we promote healthy aging environments and what are the key neighbourhood factors that predict healthy aging? In terms of aging in place, initiatives and policy from this perspective must ensure adequate supports not just for the home, but also for the community itself. Actual, outdoor engagement in life is essential to the well-being of older people and therefore we need to focus on how to effectively support older people to age in place in such a way that doesn’t create barriers to or neglect this kind of engagement. Based on findings from this study I would argue that one of the best ways to support healthy aging from a place-based perspective is to identify, understand, provide, protect, develop and maintain third places.

7.5 Directions for Future Research

The majority of older people in Canada are aging in place and as such neighbourhoods are important places of aging. According to Peace and colleagues (2005) “It remains one of the greatest challenges of our aging society to make [those] neighbourhoods good places in which to grow old” (Peace et al., 2005a). I support future research initiatives that take up this challenge and based on findings from this study I have identified four research priority areas that I think are important to the development of age-friendly neighbourhoods:

**Gender**

Based on literature reviewed for this thesis, I anticipated gender would play an important role in the public life of older people. As such, I purposefully recruited three men and three women for this study and was attentive throughout the study to issues of gender. Two insights were revealed that contribute to our understanding of the public life of older people from a gender perspective. These findings however, are presented as both tentative and tenuous; future research is required in this area to develop a more comprehensive understanding of the role of gender in the neighbourhood perceptions and experiences of older people aging in place.
Reflected within the public life of older people is the idea that gender lines may be blurred as people move into their later years. In public neighbourhood places, I observed social indicators other than gender (e.g., mobility) prioritized. Third places in particular are interesting; in these inclusive and supportive environments the social inequalities associated with gender, like that of age, seem to be neutralized.

The second study finding from a gender perspective is consistent with a life course perspective and poststructural theories of identity. Analysis reveals that although old age may be somewhat of a leveling or neutralizing force for social indicators including gender, life course effects remain. Findings support the idea that identity is not fixed but instead an ongoing life project in which individuals constantly reconcile their current sense of self with their accumulated past (Giddens, 1991). Certain aspects of participant’s gendered identities highlight these interrelated forces. For example, there were many examples demonstrating participants sense of self is a reflection of their accumulated past – J identifies as a “doll maker” and A. as a “handyman”. There were also examples demonstrating their gendered identities reflect their current sense of self – in the past J’s husband did most of the driving. Now that he is in a long term care facility J drives more, she is much more confident behind wheel and she identifies herself as a “good driver”.

**Third Places**

Although not a new concept, ‘third places’ has been virtually unexplored in empirical research in aging, place or health. Accordingly, the field is wide open and the possibilities endless. Many different research traditions and perspectives (mixed method, quantitative, ethnographic, surveys) as well as a variety of places (e.g. rural, remote, suburbs) would benefit from adopting the third place concept. Where, for example, are third places for aging rural Canadians and what (if any) role do they play in their lives? Further exploration of the relationship between third places and health is an exciting arena for future research, i.e., Are third places really therapeutic landscapes? Are they places of care? There is emerging perspective based on the premise that people with a strong foundation of positive experiences and emotions may have more resilience in the face of stressful life changes (Zarit & Robertson, 2006, p.437). Do third places facilitate positive emotions?
**Mobility**

The issue of mobility among older people should be a priority topic in future health and aging research. In particular, I was intrigued by the way in which mobility technology was embraced by some (e.g., R) and refused by others (e.g. A). Why is this kind of support seen as a weakness or dependency to some and an opportunity for independence for others? I witnessed the incredible freedom that R’s scooter afforded him and I wanted that experience for other participants (such as A.) whose opportunities for public engagement were diminishing along with their mobility. I think research on the connections between mobility, independence, and identity from a neighbourhood perspective could provide useful and exciting knowledge for promoting health and well-being in older populations.

**Policy and Practice**

Findings present a new challenge for policy-makers and planners to work with all levels of society to enhance the well-being of older people. Policy needs to address the complexity of promoting a non-discriminatory, pro-aging, inclusive culture. Insights from this study highlight two potential starting points for neighbourhood age-friendly policy and practice:

a) Natural Neighbourhood Networks (NNN’s) are a new social network typology for older people aging in place. More research is required for a comprehensive understanding of this network including a more nuanced appreciation of its role in the well-being of older people and how best to facilitate these kinds of informal, interdependent networks. Moving forward in healthy aging research, policy and practice, it is important to consider the role that these kinds of alternative networks and unconsidered actors play in the well-being of older people aging in place.

b) Embedded within neighbourhoods are key sites for informal public life (third places) where older people’s self and social identities are nourished. Preparing for, journeying to, and engaging in these places, provides people with the space to demonstrate who they are and where they belong. Research is required to determine how best to design, develop, and maintain these places. I am sure this will not be an easy nor straightforward endeavor: on several occasions during the course of this study I witnessed what seemed to be a beautiful and perfectly designed third place (e.g., a parkette with a bench and small flower garden) sitting vacant, while directly across the street, on a set of deteriorating and poorly lit church steps, a lively group of people interacted.
I am confident these policies will play an important and positive role in creating enabling material and social environments and, ultimately, positively shaping the experience of healthy aging for older people aging in place.

**Brownie and the secrets to “a good old age”**

*I know the secrets to a good old age, or at least one of them, and I think that Brownie would agree: maintain an active, public life in places you feel you belong, where you are seen and take up space, and where you engage with the world and its people.*

*Belonging to and identifying with places is a process that generates well-being. We construct ourselves within everyday places and when we are denied these opportunities, important elements of our identities are lost. At the end of her life Brownie was able to transform her private space into a public place and because of this she was able to maintain who she was, and ultimately, to live to a ‘good old age’.*

*Although this is the end to this story, it is just the beginning of the next. I will continue to be inspired by Brownie as well as the experiences of the research participants who so generously welcomed me into their lives. I look forward to sharing my understandings with others and to contributing to healthy aging knowledge, research, policy and practice and, ultimately, to the well-being of older people.*
References


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HELLO,

My name is PAULA GARDNER and I am a volunteer with WTSS (West Toronto Support Services). I deliver Meals on Wheels regularly and also help out with other programs.

I am also a PhD student at the University of Toronto and I am conducting a research study to learn more about seniors and their neighbourhoods called 'Aging and Place'.

I am looking for volunteers to participate in the study. Your participation will involve me coming to your home and talking to you. It will also involve ME taking photographs of you at home and YOU taking your own photographs as you travel around in your neighbourhood.

Are you: ?

1. Over the age of 75?
2. Living alone in Parkdale OR High Park North OR the Junction?
3. A person who travels outside of your house or apartment at least once a week (even in the winter)?
4. Willing to be photographed?
5. Willing and able to take your own photographs?

If you said YES to all of these questions and you would like to find out more information or volunteer to be a part of this study please call:

Sibel at WTSS: (416) 653-3535 Ext: 221 OR
Me (Paula) at: (416) 294-0899

Thank-you!
Appendix B

Telephone Survey

Hello ______________,

Thank you for calling, I appreciate your interest in participating in the ‘Aging and Place’ Research Study.

I would like to ask you a few questions just to make sure all of the research criteria have been met. Is that OK?

1. Are you over the age of 75?
2. Do you live alone?
3. What is your address? Do you live in the West Toronto Support Services catchment area?
4. Do you get outside of your home and into the neighbourhood at least once a week? Even in the winter?
5. Are you willing to be photographed?
6. Would you be willing to take your own photographs? I will show you how to use the camera if you like – it’s not a fancy camera, just a simple ‘point and shoot’.

NOTE: An additional question was asked at this point when necessary – i.e., if I needed to obtain information that helped me to ensure a certain degree of diversity among participants.

For example:

7. Do you live in a house or apartment? OR “How often do you make trips into the neighbourhood?”

Thank you so much for answering my questions.

a) You meet all of the criteria, and so I would like to invite you to participate in the study. Do you have any questions for me? Can we arrange a time for a first meeting so we can meet personally and I can go over the study and get you to sign a letter of consent? What is your telephone # and address?

OR

b) I’m sorry, I really appreciate your interest but for THIS particular study your situation doesn’t quite fit. But if you are interested in volunteering for other projects, I’d be happy to keep you name and telephone # on file?
Appendix C

Interview and Observation Guide

STAGE 1 – Initial Home Visit (participant’s home)

Objectives:
  a) Develop rapport
  b) Discuss the research and answer any questions
  c) Obtain informed consent
  d) Introduce the equipment (audio recorder and digital camera)

STAGE 2 – Guided Home Tour (participant’s home)

Objectives:
  a) Continue to develop rapport
  b) Contextualize the experience of the journeys within the everyday life of the participants.

Two key types of information:

Physical space – “Please take me on a guided tour of your home”. I documented the physical surroundings including the layout, special or favourite places in the home, key objects such as photographs or artwork, pets and plants and the décor. I used prompts and specific questions to ask for more specific details, to clarify, to better understand something, or if information wasn’t forthcoming during the tour.

Details of daily living – “Please describe to me a usual day in the life of __”. I was interested in how they spend their days? Where do they spend them? What do they do? Who do they see or talk to?

STAGE 3 – Public Life

Objectives:
  a) To observe and participate in the informal public life of my participants.
  b) To document the journey - from preparation in the home, through the travels into the neighbourhood and back to the home again.

The instructions to the participants were to “Please take me places in your neighbourhood that you like to go; places you have to go; places you go often; favourite places; would like to show or take me to. During these trips I would ask questions to solicit information related to the study purpose and objectives.”
Key types of information and questions to be answered:

- Preparation – How do they prepare for the journey (what do they get ready, what tasks are completed, what do they wear)?
- Reasons for the Journey – Why are they going (e.g., necessity, social purposes)?
- Physical Places – Where do they go (e.g., what does it look like and how far is it from the home)? What are their favourite places in your neighbourhood? Why? What places do they avoid/not like to go? Why?
- Social Places – Who do they see? Is it an informal or formal meeting (organized/routine)? How do they negotiate these places (enter/exit)?
- Movement – How does the participant travel (e.g., scooter, canes, walker)?
- Feelings and Thoughts - How does it make them feel when they leave their home to go outside into their neighbourhood?
- Supports and Barriers – Who/what is supportive (unsupportive) of these journeys? What needs to happen so they are able to go outside? What prevents them from going outside on days when they choose not to go?

STAGE 4: Wrap up (photo selection, final interview, thank you and goodbyes)

Visit 1: Photo selection visit

Objectives:
- a) Examine the photographs to select any that they would like copies of
- b) Identify photographs to be deleted
- c) Observe their impressions and responses to the photographs

Visit 2: Final Interview and Thank You

Objectives:
- a) To collect the personal information survey (Appendix F), and to conduct the final interview (Appendix G)
- b) To give each participant a thank-you gift (photo album with prints they selected)
Appendix D

\textbf{'Aging and Place' Information Sheet and Consent Letter}

\textbf{Who I am}

My name is PAULA GARDNER and I am a PhD student at the University of Toronto. I am in the Department of Public Health Sciences and the Aging and the Life Course Collaborative Program. My academic background is in health promotion, recreation and education.

I live in Parkdale Toronto and I have been a volunteer with WTSS (West Toronto Support Services) for two years. Every week I deliver Meals on Wheels in the Junction and I also regularly help out with the monthly lunch/social program.

The overall goal of my research is to support the health and well-being of older people. In this project I want to understand more about what it is like to be you, and specifically your personal experiences as you 'journey' in your neighbourhood. This is about you so there are no right on wrong answers.

\textbf{What I want to do}

I want to talk to older people (over the age of 75) who live in downtown Toronto. I want to meet with them in their home on several occasions (2-3), ask them questions about their experiences and go with them as they 'journey' into their neighbourhood. I will tape record these conversations and take pictures of them in their homes. I will also ask them to take their own pictures as they travel in their neighbourhood with a camera I will provide and show them how to use.
I will use this information to understand what it is like to be an older person living in Toronto and interacting in the local neighbourhood and then I will share this information with seniors organisations such as WTSS. I am looking for older people from all kinds of different backgrounds and experiences.

**Who can participate**
Anyone over the age of 75, who goes out into their neighbourhood at least once a week and who lives in either Parkdale, North High Park or the Junction neighbourhoods in Toronto can volunteer to participate in this study. They must also be willing to be photographed AND take their own photographs.

**What you have to do**
My visits can last anywhere between 1 and 3 hours - it is really up to you! During our conversations I would like to tape record what you say so that we can remember it for later. If at any point during the project you decide that you want to stop or do not want to be a part of the research or have any questions at all - all you have to do is say so!

Participation is completely voluntary. Nobody will be upset with you and none of your services from WTSS will be affected if you decide you do not want to participate or withdraw from the project. All the information you give us will be strictly confidential although you will, of course, be identifiable in some of the photographs.

**Afterwards**
If you want to give me your mailing or e-mail address, I will send you a copy of the report that I write about the project. If you aren’t interested, that’s OK too. If you ever have any questions about the project you can always call me at (416) 294-0899 (paula.gardner@utoronto.ca) or Denise Gastaldo at (416) 978-4953 (denise.gastaldo@utoronto.ca) or WTSS at (416) 653-3535.
1) I understand that the purpose of this research is to learn more about the experiences of older people and their 'journey's' into their neighbourhoods.

2) I know that my participation in this study is voluntary. I can withdraw at any time and I do not have to respond to any questions that I do not wish to answer. I know that my participation involves the following steps:
   a) a chance to ask questions about the study and my role
   b) signing this consent form
   c) taking part in several conversations (2-3) in my home and neighbourhood lasting 1-3 hours and answering questions about my experiences
   d) being photographed and taking photographs
   e) completing a personal information survey (e.g., age, sex, education)

3) I understand that our conversations will be audio taped and transcribed word-for-word by a professional transcriber.

4) I know that I will have an opportunity to look at ALL of the photographs generated for this project and that I can decide if there are any that I do not wish to be used for publications or presentations.

5) I understand that all the information I give will be kept confidential. Pseudonyms will be used in all reports and presentations. I also understand that I will be identifiable in some of the photographs. No one but the researcher and her study committee will have access to
the study information and all of the audio tapes, transcripts and photographs will be kept under lock and key.

6) I understand that there are possible risks to my participation. Being photographed and taking photographs in public will draw attention to me. Seeing the photographs and having them used publicly may cause some discomfort or distress. Sharing my personal feelings about myself and my experiences in my neighbourhood may make me feel uncomfortable.

7) There may also be benefits from my participation. I may enjoy the visits with the researcher and the time spent with her in the neighbourhood. I will be contributing to information that may benefit organizations that support seniors such as WTSS.

8) I will receive a copy of this Consent Form and I know that I can ask more about the study if I wish at any time. I will receive copies of all of the photographs I choose as an honorarium for participating in this study and if I provide my home or email address, I will also receive a report of the study findings.

9) The study has been explained to me, I have been given an opportunity to discuss it and my questions have been answered to my satisfaction. I understand my role and that I am free to leave at any time. If I have any health concerns during the study period I will contact my physician.
CONTACT INFORMATION:

Paula Gardner (researcher) at (416) 294-0899
(paula.gardner@utoronto.ca)

Denise Gastaldo (supervisor) at (416) 978-4953
(denise.gastaldo@utoronto.ca)

Sibel at WTSS (416) 653-3535

If you have questions about your rights as a research participant,
please contact Jill Parsons, Health Sciences Ethics Review Officer,
Ethics Review Office, University of Toronto, at telephone 416-946-
5806 or email: jc.parsons@utoronto.ca.

I _____________________ (please print) agree to participate in the
'Aging and Place' study as described here and on the Information
Sheet.

Printed Name (Participant)  Signature    Date

Printed Name (Researcher)  Signature    Date
Appendix E

‘Aging and Place’
Consent to use Photograph Form

“Aging and Place” is a doctoral research study based at the University of Toronto and supported by West Toronto Support Services (WTSS). The project explores the experiences of older people as they ‘journey’ into their neighbourhoods.

I understand that I have been photographed as part of this study. I have seen the photograph and I give my permission for the researchers to use this photograph(s) for study data as well as for any future presentations and publications purposes.

O I give permission for the use of the photograph as it is – in which I am identifiable

OR

O I give my permission to use a digitally altered photograph in which my face and anything else that may identify me has been blurred

I have been given an opportunity to ask questions about the study and I have received a copy of this consent form.

______________________________  _______________________________
Name (please print clearly)    Signature

______________________________  _______________________________
Telephone Number     Date

______________________________  ________________________________

CONTACT INFORMATION

Paula Gardner (researcher) at (416) 294-0899 (paula.gardner@utoronto.ca)

Denise Gastaldo (supervisor) at (416) 978-4953 (denise.gastaldo@utoronto.ca)

THANK YOU!
Appendix F

'AGING AND PLACE' PERSONAL INFORMATION SURVEY

Name: ___________________________  Gender: ________________

Neighbourhood: ___________________  Dwelling Type: ____________

Address: __________________________________________________________

How long have you lived at this address? ________________________________

Where were you living prior to here? ______________________________________

Where were you born? ________________________________________________

Define your ethnicity: ________________________________________________

What is your age? __________

What is the highest level of education you achieved?

Less than high school  high school  some college  college degree
some university  university degree

What is your best estimate of your total income from all sources during the
past 12 months?

Less than $10,000  $10,000-$20,000  $20,000-$30,000
$30,000-$40,000  $40,000-$50,000  greater than $50,000
Appendix G
Final Interview Guide
Aging and Place Study

Please THINK ABOUT…

1. **Why** do you go outside of your house/apartment/condo? What are your reasons?

2. What are your **favourite places** to go? Why?

3. What are your **least favourite places** to go? Why?

4. How does it make you **feel** when you travel outside your home?

5. Is there anything or anyone that **helps you** to get outside?

6. Is there anything or anyone who **prevents or discourages you** from going outside?

7. Would you like to **get out more**? Where? With Who?

8. Do you go to **different places** now you are older? What has changed?

9. Do you like living in this **neighbourhood**? Why?

10. In the future, if you were **not able to get outside**, what would you do? How would you feel?

11. Are you **aging well**? Please explain.
Appendix H

Audio Template

Audio Notes
Name/Journey
Date (time)

Brief Description:

What makes the audio come alive:

______________________________________________________________

Research Purpose:

To explore the public life of older people aging in place

Objectives:
1. To understand neighbourhoods as the material places where public life occurs.
2. To understand networks as the social places of public life.
3. Examine how these neighbourhoods and networks shape the experience of healthy aging.

______________________________________________________________

History:

Growing up:

Family: Spouse/marriage/children:

Work:

Miscellaneous:

______________________________________________________________

1. CONTENT – “What” is happening – Research Question

a) Places they go/have gone/talk about:
Neighbourhood:

City:

House/Home:

Other:

b) Supports/Barriers:

Supports:

Barriers:

c) Healthy and Aging and Healthy Aging (social networks, engagement in life)

Social Networks

Family:

Friends:

Neighbours:

Others:

Engagement in Life – Meaningful Activity

Independence

3. **POLITICAL**: Power/Is there a political agenda? Are they sending a message – what message?

4. **POSITIONALITY**: The ME questions - What am I learning? What challenges my personal assumptions? Contradictions and surprises?

5. **OTHER**: Research (questions about the study/photographs)

Future:

Health:

Stories (repeated or surprising or extraordinary):

Personal/Questions about me:

6. **THOUGHTS and OBSERVATIONS**: (new, interesting, surprising, concerning)