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**RESEARCHING AGEING BODIES IN
THE HOME: A FOUCAULDIAN
ANALYSIS**

J DAVISON

PhD

2015

RESEARCHING AGEING BODIES IN THE HOME: A FOUCAULDIAN ANALYSIS

JEAN DAVISON

A thesis submitted in partial fulfilment of
the requirements of the University of
Northumbria at Newcastle for the degree
of Doctor of Philosophy

Research undertaken in the Faculty of
Health and Life Sciences

August 2015

Abstract

The structure of the United Kingdom population is changing with the percentage of people aged 65 and over increasing from 15% in 1985 to 17% in 2010 (Office of National Statistics 2012). During this time older people have been encouraged to remain living in their own homes (National Consultative Ethics Committee for Health and Life Sciences 1998). There is a growing body of evidence regarding older people and their homes concentrated primarily on the interpretative paradigm. In view of the existing evidence base the question posed was: 'How do the discursive practices of older people living in their own homes reflect societal discourses?' The aim of the research was to investigate the meaning of the home space and how older peoples' discursive practices reflect societal discourses. In order to meet this aim the paradigm of post-modernism was selected along with the methodology of discourse analysis using Michel Foucault's ideas. Narrative accounts were generated from a sample of 12 older people on two separate occasions on a one-to-one basis. The data was transcribed verbatim and a thematic analysis was used to condense the data and to allow for a Foucauldian discourse analysis of the topics identified by the participants. Five dominant discourses were identified as follows: Discourse of Risk – this was related to danger and trauma such as falls but the underlying risk was that of losing the home; Discourse of the Failing Body - explained how the participants were managing the physical demands of home-keeping with bodily changes threatening self-sufficiency; Discourse of Cognition – ageing as cognitively 'challenged' and again could be a threat to self-sufficiency; Discourse of Connections – the importance of contact and socialisation with others, animals and artefacts; Discourse of Consumption – highlighted the acquisition of equipment, adaptations and services to look after the self and the home and demonstrate ability. The meta-discourse of ageing as inevitable decline that circulates in society was being adhered to. However, one of the main findings was that the older people managed ageing in the home via managing risk. There was a constant underlying fear of losing their home and the participants consequently adopted the subject position of vulnerability. Foucault discusses the pervasiveness of power but stresses that where there is power there is resistance. In order to resist power, however, individuals need to gain critical consciousness. Challenging the status quo is essential if the dominant discourses regarding ageing are to be changed. Discursive trends towards ageing do appear to be emerging, but these are being heavily influenced by neoliberal policies and challenges from other modes of thinking are limited. Older people themselves can and do resist these dominant discourses and this requires continued encouragement and facilitation by professionals, voluntary organisations and the media.

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I am grateful to all my family for their love, support and encouragement over the past few years. Particular thanks go to my brother, Alan, who willingly proof read this thesis with his usual brand of humour.

Finally, I would like to dedicate this thesis to the memory of absent loved ones – you would be smiling.

Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the School of Health and Social Care Research Governance and Ethics Committee, Teesside University on 2nd July 2007 and a substantial amendment approved on 24th June 2009.

I declare that the word count of this thesis is 87,039

Name: Jean Davison

Signature:

Date: 16th March 2016

Chapter 1

Introduction and Contextualisation

1.1 Introduction - the Organisation of the Thesis

This thesis commences with an overview of the structure of the document to enable you, the reader, to appreciate why I came to select the topic and particular participants and to highlight some of the current debates and discussion regarding older people and where they live. The literature review chapter discusses how the topic of home has been researched to-date and considers how home has been conceptualised with regards to older people. Following the literature review the methodology chapter explains the philosophical framework I have adopted together with an explanation of methodology and methods undertaken. As I am undertaking work in the post-modernist paradigm, which has led me to use qualitative methods, the findings and discussion chapter have been integrated as I believe this is much more engaging for the reader. The following chapter draws the work together and is followed by a reflexive chapter in which I explore the strengths and limitations of the thesis together with a reflexive account regarding the process I have undertaken. In order to set the scene and to explain how I came to select this topic with this group of participants, I wish to commence with an explanation of home and why it is important to me and how my personal feelings regarding this topic have influenced the process undertaken here.

1.2 Contextualisation

This research came from a personal interest in the importance of home to the individual. I find myself being fiercely protective of my own space and reluctant to allow access to anyone other than carefully invited guests. Home,

for me, is a place I can be myself without having to 'play a part' in the way one does at work or in public spaces. No-one judges me or passes comment. In addition, possessions of worthless monetary value, but of personal and sentimental significance, surround me and remind me of other times and of loved ones I miss so much. Items, which mean nothing to a casual on-looker, are a part of whoever I am and my history, they reassure me. My home and my possessions are so intensely private and important that I resent others entering my home and touching my belongings. Items are not there to impress others, reflect some sort of status or 'demand' comment, they are there because they have meaning to me and me alone. Even the most mundane of objects which are not imbued with such strong emotional meanings are nevertheless there because I want them to be there. In addition, my reclusive tendencies have increased over the last few years, partly because the nature of my work has always demanded an emotional giving of myself to others, and without a home where I can renew myself and recharge my batteries, I would find work an impossibility. My home is my world, and is the centre of my life, past and present, somewhere I return to with a feeling of relief, offering me security and privacy which, I have recognised, is essential to my being.

My strong emotional connection prompted me to wonder if others had similar feelings about their home. This personal attachment, together with the realisation that older people were being problematised simply because of their increasing number which has had the effect of changing the demographics in the Western world, made me wonder how people older than myself viewed their home. I have to also admit that these two points are coupled by an embarrassment and discomfort with my earlier role as an occupational therapist. As a therapist I would visit people of all ages in their own homes and tell them, with good intentions, what they needed to do with their home and their belongings in order to reduce 'risk' and 'function' more effectively. I realised some time later, to my *horror*, that some people probably went along with my 'recommendations' through a fear of being told they would not be able to remain in their own homes if they did not 'comply'. This professional role was a mismatch with my own intense feelings and I was viewing other

people's homes from a purely professional perspective without really considering the emotional needs of the individual. With experience and a wisdom that can only come with maturity, I found myself wanting to know how older people reacted to the pressures put upon them to behave in a certain way regarding their homes and their possessions. I knew that older people would have influences upon them in the same way I also have influences upon me. I wondered what they felt about their homes and how much of their thinking was dominated by societal expectations.

These were the influences upon the doctoral choices I made initially when embarking upon this project. They also inevitably directed my thinking in a particular direction. I was aware that a number of factors, over which I have no control, such as the particular time frame in which I live together with the particular demands of the culture in which I have been immersed all of my life, have had an impact upon the research process undertaken here. Alvesson and Sköldböck (2000) make the point that all research is influenced by temporal, theoretical and political pressures, some of which individual researchers have an awareness of, but many others they do not. This made me question the value-free, objective approach of the accepted academic convention of writing in the third person at a very early stage in this project.

With this in mind I took the deliberate strategy of writing in the first person throughout the thesis. Firstly, I recognise that the work undertaken here is my work, the questions I asked of the participants were as a consequence of my thinking and my planning. The way I asked the questions and the rapport I developed with the participants were unique and could never be repeated by myself let alone another researcher. Therefore the findings and discussion chapters are influenced by the factors mentioned above together with my particular approach. This does not fit with the positivist paradigm where objectivity, repeatability and 'value-free' principles are demanded. The idea of objectivity has found its way into academia and has become a convention which is accepted and rarely challenged. Such a convention is not appropriate for a study located in a different paradigm as writing in the third person does

not acknowledge the unique perspective of the researcher. As Foucault (1989: 462-63) put it:

'The work of an intellectual is not to mould the political will of others; it is, through the analyses that he does in his own field, to re-examine evidence and assumptions, to shake up habitual ways of working and thinking, to dissipate conventional familiarities, to re-evaluate rules and institutions and starting from this reproblematisation (where he occupies his specific profession as an intellectual) to participate in the formation of a political will (where he has his role as citizen to play).'

Secondly, as this project aims to challenge and consider a well-known topic from a different perspective – it seems to me to be appropriate to challenge the academic convention of writing in the third person. Furthermore, it is necessary for a researcher to question and critique in order to challenge the status quo. As I wish to engage with post-modernism, such a slavish adherence to an academic convention would be inappropriate.

To summarise, in this opening chapter I have explained to you why the topic of home is important to me and why I selected it for the focus of my doctoral thesis. I have also outlined why I felt it was necessary to write in the first person throughout this work and thus challenge academic convention. The next chapter sets the scene for the reader and explores current debates regarding ageing and the home.

Chapter 2

Older People, the Home and Ageing

2.1 Background

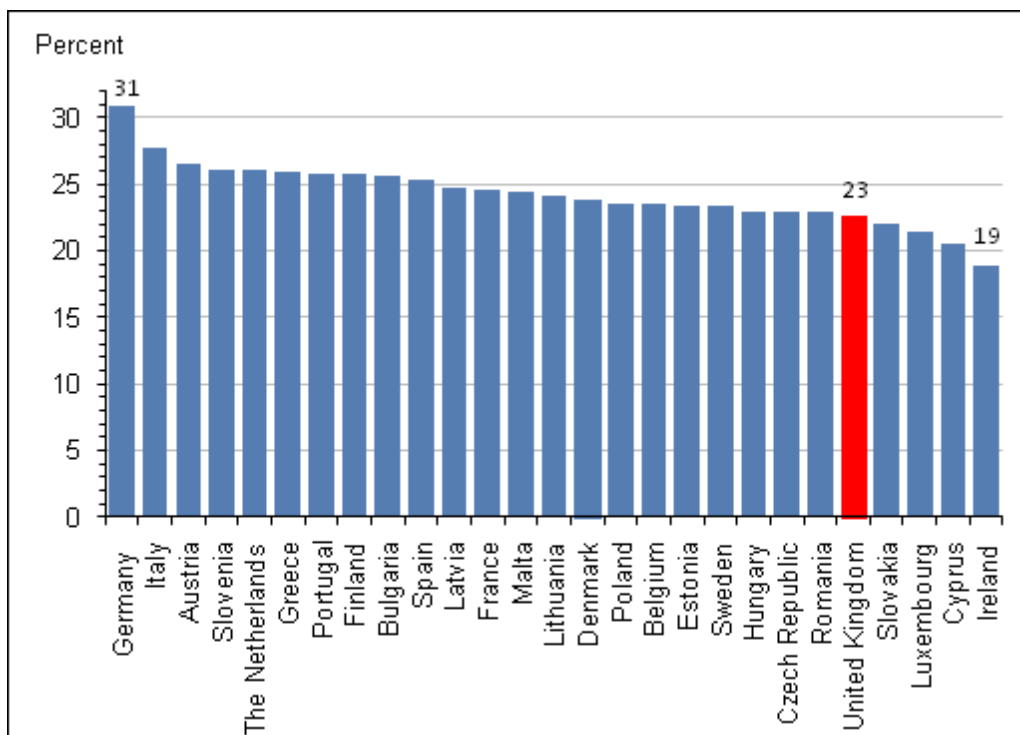
Over the last few years I have become increasingly aware of how the ageing population in the United Kingdom (UK) has been presented as a problem. This in turn focused my attention upon the discourses circulating in society regarding older people in general and older people living in their own homes. Much has been written regarding the home and the topic has become one of increasing interest across a wide variety of disciplines over the last 40 years. In particular it flourished following a seminal paper by Hayward in 1975 (Gillsjö and Schwartz-Barcott 2010). Clearly, any group of the population has to live somewhere but the approach to older peoples' living requirements has changed due to the increasing numbers of people living into old age.

How old age is defined is not universally agreed upon and is based on different factors and sometimes a combination of these factors such as chronology, change in social role (e.g. change in work patterns) and change in capabilities (World Health Organisation (WHO) 2015). Due to the lack of an acceptable definition, in the Western world the common use of the calendar age has been adopted and is often linked to retirement at around 65 years of age (WHO 2015). Similarly, the United Nations also does not have a standard numerical number but has opted for 60+ years (WHO 2015). In keeping with these debates, and as the pensionable age in the UK for women had been 60 and for men 65, it was decided to use the arbitrary cut-off point of 60 years for this study for ease of sampling.

Demographics

As already noted the structure of the world population is changing with the average human life expectancy increasing faster than in the whole of the rest of the history of humanity (National Consultative Ethics Committee for Health and Life Sciences 1998) particularly in the developed countries. The statistics indicate that the fastest growing age group is in those aged 80 and above (Office of National Statistics (ONS) 2012). For example, the numbers of older people in the European Union are projected to rise so that by 2015 those aged 80+ will make up 5% of the population and 33% will be aged 60 or over (Eloranta, Routasalo and Arve 2008) (see Table 1).

Table 1: Percentage of population aged 65 and over EU-27, 2035

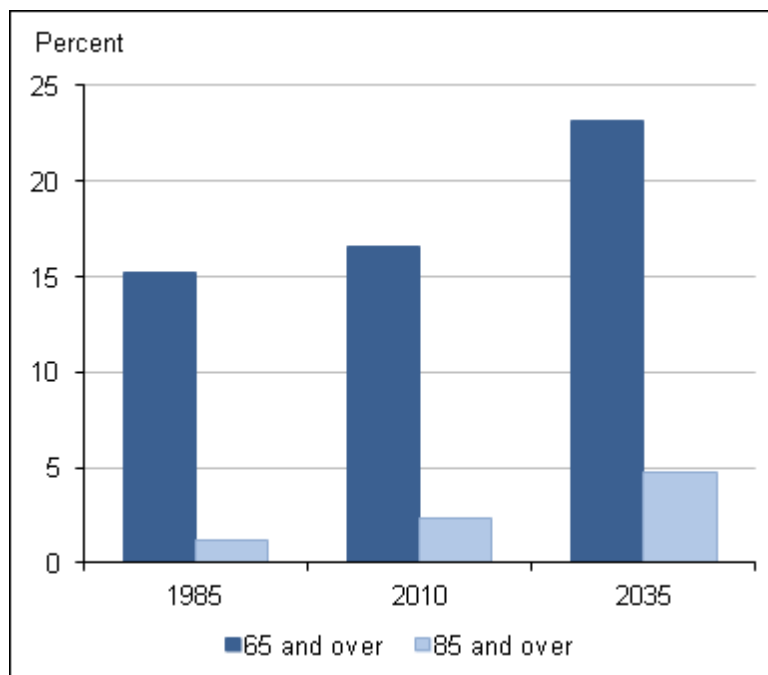


Source: Office for National Statistics (2012)

In the UK statistics show that those aged 65 and above have increased from 15% in 1985 to 17% in 2010 (ONS 2012) (see Table 2). It is further estimated that this group of the population will account for nearly 25% of the total population of the UK by 2035 (ONS 2012). The fastest growing population is

in those aged 85 and over with the actual number of people aged 85+ doubling from 0.7 million to over 1.4 million by 2010 (ONS 2012).

Table 2: Percentage of older people in the UK 1985, 2010, 2035



Source: Office for National Statistics (2012)

Statistics indicate that in countries such as Japan and the United States of America, as well as European countries, people are not only living longer but appear to be healthier (Butler 1997). Currently, in the industrialised nations, women outlive men by nearly seven years but this gap in life expectancy is closing (Butler 1997). The reasons for the increase in the ageing population are many and varied including aspects such as improvements in nutrition, health, social care and housing. These, together with preventative measures, for example the winter influenza vaccination, contribute to increased life expectancy with improved health particularly in the 'young old' (Butler 1997) allowing older people to retire from work with improved health and finance. This creates what Laslett (1989: 3) termed the 'third age', in effect, a new phase in the life course. This is a time in one's life where the individual, free from employment and family responsibilities, can pursue their chosen

lifestyles. The theory of the third age is not without criticism, however, as whilst it does appear to offer certain lifestyle opportunities for some, it also sets up a norm, to which all older people need to aspire (Blane, Netuveli and Bartley 2007). The emphasis on remaining active and youthful creates images of older people which some may not be able, or wish, to achieve. Ageing is like anything else and consists of a mixture of both positive and negative constructions which are unique to each individual (Terrill and Gullifer 2010).

These changes and improvements in life expectancy and health, one would have thought, would be celebrated as a success for humanity and Stephens and Flick (2010) highlight the contributions that older people make to society both in terms of paid work and frequently in unseen, unpaid voluntary work. They also point out that there are many positive contributions that older age can bring such as wisdom and experience accrued over a lifetime (Stephens and Flick 2010). Such a view of ageing focuses on the positive aspects which contribute to well-being and good health rather than focusing on decline and dependency (Stephens and Flick 2010). Research and policy-making based on this positive approach to ageing has been adopted by many countries. Despite this, wider circulating discourses in society tend to dominate and inevitably influence, and are influenced by, policy makers and society at large. These dominant ways of thinking focus on ageing in negative terms highlighting the notion of an impending financial crisis with international institutions such as the World Bank and WHO, as well as national governments, all emphasising this scenario (Stephens and Flick 2010). The socio-economic situation in the UK adds to this debate. Cuts in public expenditure, following the recession which commenced in 2008, together with an emphasis on austerity, place additional pressure on health and social care systems and threatens to increase the tax burden on a smaller number of tax payers (Stephens and Flick 2010). Such societal pressures may or may not influence how older people conceive of living in their home as they age and it is therefore important to hear the views of the individual at the micro-level in order to add to the body of evidence.

Ageing as a Concept

How ageing is theorised varies considerably in the literature, with some writers concentrating on physical factors (such as remaining healthy, free from disability with good functional ability) and some on psychological abilities (for example individuals maintaining cognitive abilities and being actively engaged with life) whilst others combine all of these factors (Ranzijn 2010). Blagosklonny (2007) conceptualises the ageing process as 'slow ageing' and other terms such as 'authentic ageing', 'positive ageing', 'active ageing' and 'successful ageing' have all been used demonstrating emerging discursive trends. Healthy ageing is another term used to try and move away from negative connotations addressing not just longer life but quality of life (Cutchin 2005). What is continually being emphasised in these different terms is that health and well-being are central to quality of life and as such they have an implication for resources and resource allocation (Sixsmith et al. 2014). Nicholson et al. (2012) discusses how older adults are considered successful if they remain disease and disability free, maintain a high level of cognitive and physical ability and remain engaged with life. Clearly remaining disease and disability free is not always entirely a matter of choice. As people move from the third age into the fourth age (an arbitrary age of anywhere between 80 and 85 is used to denote this (Barnes 2011)) there appears to be an increasing threat to human dignity due to growing physical and cognitive difficulties (Nicholson et al. 2012).

The use of these different terms to describe the ageing process, however, creates images of how people should age and in turn these both influence the policy direction as well as the individual. Ranzijn (2010) argues that these concepts of ageing could marginalise large numbers of people and suggests that frameworks such as 'ageing well', which are more inclusive and less demanding of individuals, are required. The idea of active ageing, as it is currently defined, concentrates on limited concepts such as physical health, together with independence and productivity which is focused upon in the Department for Work and Pensions (DWP) (2013) policy '*Improving opportunities for older people*'. Such a focus on ageing fits with the emphasis associated with neoliberal policies where the individual is responsible for the

self. Estes, Biggs and Phillipson (2003) point out that such models, created partly to counter negative stereotypes, actually do the opposite and reinforce stereotypes by ignoring the realities of the wider socio-economic, cultural and structural factors which have inevitably played a part in the ageing process. It is also not entirely clear if older people would corroborate the aspects, discussed by researchers and authors, as important to them in the ageing process; indeed on the whole the discursive formations used in policy documents and the literature do not include the views of older people. Such gaps in the evidence base require addressing in order that all perspectives are put forward for consideration, not a limited viewpoint which fulfils the needs of the dominant ideology. These concepts and ideas, however, permeate societal expectations regarding older people and cast them as 'other', creating opportunities for some but limitations for others. This has the effect of marginalising those who do not age 'successfully' according to these dominant models (Martinson and Minkler 2006). As Holstein and Minkler (2003: 794) assert:

'By suggesting that the great majority of those elders in wheelchairs could indeed have been on cross-country skis had they but made the right choices and practiced the right behaviours can burden rather than liberate older people ... [C]oncepts such as successful ageing are marked by important and unacknowledged class, race and gender concerns that result in further marginalising the already marginalised.'

Thus, the increasing life expectancy and resultant rise in numbers of older people has resulted in ageing as a phenomena becoming a preoccupation for the population as a whole. The focus on the physical body has resulted, according to Turner (1992), with society concentrating on the regulation of bodies through 'biopolitics'. Thus it is important to study the body to understand social change and historically contextualised narratives (Gorringe 2007). Shilling (2005) has discussed how the consumer society has made the physical appearance, shape and control of the body an important part of an individual's identity. This, coupled with the rise of youth culture, means that older people have to consider not only their physical appearance but must also be able to visibly demonstrate that they are able to control the body, undertake activities and at the same time remain looking and acting in a youthful manner.

The anti-ageing agenda is everywhere from advertisements in the mass media, lotions and potions in pharmacies, fashion and style in department stores, fitness regimes in the gym, lifelong learning in education to bespoke plastic surgery. Ageing is an ever present discussion point with the fear of ageing being felt by an increasingly younger group of people (Gilleard and Higgs 1998). Those that are approaching the end of their teenage years are already learning to fear age as society's preoccupation with youthfulness has become dominant (Gilleard and Higgs 1998). Receiving the 'key to the door' at 21 is followed very quickly by, what is now considered a major life event, reaching the age of 30, which is associated with a 'loss' of youthfulness (Gilleard and Higgs 1998).

Such an attitude to ageing has, not surprisingly, led to a rise in the '*biologization*' of ageing which has led to the development of regenerative medicine (Lafontaine 2009: 54). Minois (1989) states that ageing is basically a biological process which has not changed since the emergence of the human species with longevity being placed at around 110 years. What is still not understood, however, is how cells, which are potentially immortal, fail to regenerate (Minois 1989). Lafontaine (2009) discusses this in terms of a ticking clock which creates a dread of an aged body which impacts negatively upon quality of life. There has been a growing interest, and hope, of being able to overcome the 'limits' of the body and the possibility of discovering regeneration and thus the way life stages are conceptualised is changing. Life stages, as a theory, is a modern notion that did not exist in ancient societies where one was born and one died with the old never being categorised as a separate group (Minois 1989). Currently, the final life stage, that of old age and death, is now being viewed as an accident or disease that could be avoided with the advent of regenerative medicine (Lafontaine 2009). The denial of old age, and of death, is very powerful and it is not a surprise that anti-ageing medicine and the possible extension of life has caught the imagination of society at large (Lafontaine 2009). Regenerative medicine could be seen as a way of dealing with the 'mask of ageing' as discussed by Featherstone and Hepworth (1991). The mask of ageing is a concept whereby the inner individual remains the same but the outer body changes

over time masking the true self. This is a powerful concept and McHugh (2003) points out how the denial and repression of old age and thus mortality, especially in a society where youthfulness and beauty predominate, has become dominant. Andrews (1999) refers to the Cartesian split of mind and body and states that this split between the youthful inner self and the ageing body has become so embedded in Western societies that it is taken for granted.

These ideas of youthfulness have resulted in the ageing population being discussed in emotive language through the use of metaphors such as a 'time bomb', a 'tsunami' or 'tidal wave' of older people who will overwhelm societies (Stephens and Flick 2010). This fear is based on the supposition that older people, particularly those who have progressed through the third age and have reached the fourth age, do not contribute to the wealth of society and are, not only dependent, but cost a great deal in terms of pension provision, health and social care (Stephens and Flick 2010). These views stem from research which relies upon the traditional approach of viewing age as a time of inevitable decline and decay (Terrill and Gullifer 2010). Mantzoukas (2007) argues that epistemologies and research methodologies favouring objectivity and replicability, which could be framed as 'truth regimes' from a Foucauldian perspective, are structured and organised in such a way so as to collect facts and therefore give 'real' explanations of the world. Such approaches obscure other aspects of reality which are therefore considered as not being as important or relevant (Mantzoukas 2007). It could be argued that such a representation of reality is a social construction, a particular viewpoint where dominant structures and powerful disciplines prevail but give only one particular version (Mantzoukas 2007). This approach, therefore, misses hard to measure and ill-defined concepts such as contentment, compassion and integrity which are all hard to operationalise, measure and therefore replicate. This could explain why research has tended to focus upon the losses associated with ageing as opposed to the gains (Terrill and Gullifer 2010).

This focus on losses and decay of older people reinforces 'ageism' and fosters negative attitudes towards ageing and older people thus hiding the fear that

the population has regarding their own ageing process (Terrill and Gullifer 2010). Many social gerontologists decry the stereotypical images assigned to older people and have adopted the use of positive language or concepts such as *'continuity, coherence, integrity, individuation, activity, agelessness and 'successful ageing'* to counter these negative views (McHugh 2003: 180). However, McHugh (2003) warns that this attempt to represent older people in a positive manner creates other problems such as an attempt to deny the biological clock of ageing, which does not value the third and fourth ages as times that can be rewarding and positive in their own right. Cole (1992: 230) points out how old age has been divided into a "*'good' old age of health, virtue, self-reliance and salvation from a 'bad' old age of sickness, sin, dependency, premature death, and damnation*" very reminiscent of the deserving poor and undeserving poor in the Poor Law. This dichotomy of the extremes has considerable implications for older people and in effect hides ageism. Such hidden denials of ageism have implications in all aspects of life but in particular in health and social care and the development of policies for older people. Gilleard and Higgs (1998) assert that old age is in retreat and individuals must visibly demonstrate their youthfulness and active lifestyles in public so that the denial of the ageing process is for all to see.

Other factors, which impact upon the individual and over which they have no control, are rarely discussed. Factors, such as compulsory retirement ages, which exist in many countries having being enshrined in law in the UK until the needs of the economy have forced a rethink, have inevitably added to negative stereotypes (Stephens and Flick 2010). Such ageist policies, at a national level, has treated all older people as a homogenous group defined only by their chronological age (Stephens and Flick 2010). Life opportunities in terms of education, poverty, health inequalities and employment opportunities all impact on the individual and the result of these factors is felt in older age, especially in a society where public expenditure is being cut. Rarely are these factors discussed in policy documents or by older people themselves, as the neoliberal policy of personal responsibility is ingested and regurgitated by society.

What becomes clear from the above discussion is that the ongoing conflict between structure and agency has not been resolved, and the body is viewed as either a passive object, incorporating the social environment, or as an active agent, which adapts to the macro-social environment (Gorringe 2007). Authors such as Nettleton and Watson (1998) argue that although there has been much theorising about embodiment, there have been relatively few studies focusing on the significance of the body in people's daily lives. It is important to appreciate how the body is viewed by older people in relation to their everyday life in and around their homes in order that the central role the body plays in power dynamics in relation to ageing can be appreciated. Therefore one of my interests is to uncover if the body is used for resistance, within the home, to the dominant circulating discourses or whether the older people conform to societal expectations.

Housing and Home

Home as a concept is not well defined, indeed different authors give different explanations of what constitutes a home, and what is important in a home has been investigated from different perspectives. Most authors begin with the recognition that home is not synonymous with a structure, although home and house are often used interchangeably (Rapoport, 1995). Most discussions of the definition of home as a concept start with reference to it as a place (an aspect of the environment) and then move almost immediately to address it as a special relationship between a place and the individual who calls it home. Additionally, a number of authors have looked at home as an experience, focusing on 'being at home' (Perkins et al. 2002).

The way home is viewed may be different but what is apparent, is that the word 'home' is a value laden term, often taken for granted, as home is frequently in the background of everyday life, even though it often is one of the most central places for the individual (Gillsjö, Schwartz-Barcott and von Post 2011). A home also offers a degree of status, bearing in mind how the home looks to others and in which community it is located. Living in the suburbs is very different to living on a deprived housing estate and the way a property is

presented can give a very strong impression of class and status to the onlooker. Home has frequently been linked in nostalgic and sentimental ways to everyday sayings, songs, poems, novels and even in estate agents literature when a particular lifestyle of home is being marketed rather than a structure (Gillsjo and Schwartz-Barcott 2010). Such views, however, ignore the existence of alternative constructs where home can be a negative place for those who are abused, a place of work, or a prison for those who cannot leave its walls independently (Perkins et al. 2002). These alternative and differing accounts are being sought alongside more traditional views of the home by a number of disciplines who increasingly are overlapping their own and others viewpoints (Perkins et al. 2002).

Whatever viewpoint selected, what is apparent is that a home, of some sort, has been a necessity throughout human history. Rybczynski (1986) captured a version of the history of the 'home' in his book *'Home: A Short History of an Idea'*. Rybczynski (1986) explains how the home has changed according to differing historical and cultural influences. He argues that the modern home stemmed from ideas of privacy and intimacy, domesticity and comfort which emerged in The Netherlands in the seventeenth century. He discusses how the development of the home, as it is thought of in the 21st century, began with the 17th century Dutch bourgeois using rooms for specialised purposes. Shapiro (1998) concurs with Rybczynski (1986) and emphasises how the rise of individuality, particularly in the West, has been emphasised through the boundary between the home and the community - the private and the public spheres. Within the home, however, prior to the seventeenth century, concepts of privacy and autonomy were unheard of. At this time it was the needs of the group that took precedence over individual needs (Shapiro 1998). Changing ideas of private and public space were accompanied by ways to organise and run the home in an efficient and effective manner. According to Rybczynski (1986) all these ideas began to spread across Europe and were closely followed by changes brought about by the industrial revolution with gadgets and equipment being brought into the domestic space. In addition, thinking relating to design and decoration reflected particular fashionable and acceptable ideas at a given time period. The way and how the home was

used together with the aesthetics are still prominent themes in present day research literature (Mallet 2004).

No matter how home is discussed and theorised it is, however, always present even if it is not always conventional. As such, the idea of home offers some connection to the past, in terms of influencing how individuals remember experiences and emotions, at certain times in their lives in certain places (Cutchin 2005). The future is also an important aspect of home as people consider where they might live and the relationship they might have with a particular space (Cutchin 2005). Whilst the idea of home may possess different meanings for different individuals, some theories suggest that there are certain needs, for example, shelter from the elements, that require fulfilment before other considerations can be satisfied (Maslow 1943). Alongside shelter, 'home' provides a form of security and protection from danger of many kinds. Once fundamental needs such as these are met individuals then begin to seek to improve the conditions in which they live. Throughout history the ability to provide shelter has been an important aspect of life and dependent upon status and income. A clear example of this is the history of the poor in the UK who lived in unimaginable conditions, with few possessions, until relatively recently, when there was a recognition of the importance of housing for health and wellbeing¹ and presumably the economy (Rybczynsk 1986).

The way the history of the 'home', has been presented, however, is through the traditional teleological way with no acknowledgement that 'things could be different'. The implication is that changes followed a linear pattern of 'progress' which was inevitable until the present day. It does not acknowledge the influence of the social context, in which some have greater authority than others, allowing their ideas and practice to be disseminated. This privileged position allowed the voices of the dominant and rich to be heard whilst other accounts such as women, children, the poor, the disenfranchised (such as the homeless and travellers) have been silenced, ignored or conveniently

¹ The connection between housing and health is a vast topic and is beyond the scope of this thesis.

forgotten. Alternative living arrangements such as those of the traveller or homeless are beyond the scope of this thesis but further research with these groups of people regarding the topic of home is required. Such limited accounts of home form dominant ideological ways of thinking, over time, become established practice with a large part of society adhering to these popular 'fashionable' ideas. Thus the history of the home is limited and it is not possible to have an appreciation of the views of the 'other' such as women, children, poor, or the disenfranchised as these are simply not available. Thus any history of the home is by its very nature incomplete and partial.

2.2 Older People and Home

Gillsjö, Schwartz-Barcott and von Post (2011) highlight the number of authors who emphasise the importance in everyday life of home suggesting it is a central place of activity as people age. Older people often state that they wish to remain in their own home for as long as possible despite increasing difficulties with managing their home (Gillsjo and Schwartz-Barcott 2010). There are some interesting statistics surrounding older people and housing; see box 1.

Box 1: Demographic Information regarding Older People and Housing

- There are currently 9.3 million households which are headed by an individual over retirement age and this is expected to increase to 13 million by 2033
- Around one-third of all households are older households. This proportion applies across most regions except for the South West (40%) and London (22%)
- Most older people want a home with at least two bedrooms but most specialist provision has only one bedroom
- 93% of older people live in mainstream housing. As well as 'ordinary' housing, this includes housing considered especially suitable for older people due to dwelling type (e.g. bungalows), design features (including

'lifetime homes') or adaptations (e.g. stair lifts)

- Over two thirds (71%) of householders aged 65+ own homes outright without a mortgage
- 26.1% of the homes occupied by older people (60+) in England fail the decent homes standard (just over 2 million households)
- 67% (1.1 m people) of older people living in poverty are owner occupiers
- Over a third of older people live in one room to reduce their heating bill
- It is estimated that up to 42,000 older people are unofficially homeless in England and Wales
- However, 97% of over 65s were satisfied with their accommodation; 59% were 'very satisfied'; these figures are the highest for any age group

Source: Age UK (2014)

Living in one's own home is current policy for older people with the Department for Communities and Local Government (DCLG) (2012) explicitly stating that the policy is to help older, disabled and vulnerable people live at home for as long as possible. However, Age UK (2014) points out that, in real terms, spending on social care in England has fallen by £770 million since 2010. In addition, they highlight how 85% of local authorities have changed the eligibility criteria thresholds so that older people now need to be assessed as requiring 'substantial' help in order to access support whilst a further 2% have set their criteria at 'critical'. Such changes mean that many older people are simply not eligible for help until they are in crisis. These eligibility thresholds mean that 99,000 older people, who currently are in receipt of care, no longer being eligible for local authority funded care (Age UK 2014). The number of older people living in their own homes, many of whom have bought their home, is already high and set to rise. However, although equity rich, many of these individuals are income poor and thus heating, maintenance and managing the home space can lead to problems. Moves to specialised housing are not appealing, as those who are providing the specialist housing do not provide the type of housing that older people desire (Sinclair 2010). Thus policy and housing developments are not in line with the wishes of those who are older and there is conflict with the reality of service provision,

budgetary cutbacks and the needs of older people. The policy of active ageing emphasised by the government (DWP 2013) is not necessarily for the good of the individual:

'We see retirement as an increasingly active phase of life where people:

- have opportunities to continue contributing to society by working longer or volunteering in their communities*
- take personal responsibility for their own wellbeing by working, saving and looking after their health'*

Such a policy is in line with neoliberal policies and pressurises individuals to remain in the work place, not to rely on the state and to take complete responsibility for the self. Thus the changes in service provision and cutbacks merely reflect government policy and should not be a surprise. However, such a policy does not take into account individuals who have not had the opportunity or ability to make provision for their old age. This is a point discussed by Stephens and Flick (2010) and is an aspect which reoccurs throughout this thesis. Interestingly, the ability of an individual to provide for the self is not an argument featuring in opposition to the dominant discourse but remains, as Foucault would put it, a point of resistance.

The importance of place to the older individual and the impact of place on health and well-being has not been fully researched and is often over-looked when research is conducted on 'healthy ageing' (Cutchin 2005). Cutchin (2005) observed that there is no agreement as to the significance of home in healthy ageing, partly because of the dearth of evidence connecting the two concepts, and partly because of the emphasis on biomedical research. Thus the statistics and information which Age UK (2014) publishes regarding individuals living in their own homes does not gain the attention one might suppose it would.

2.3 Neoliberalism²

Neoliberal policies have emphasised individual lifestyle and health risks as matters of personal responsibility. However, what neoliberalism actually is, is argued over in the literature. Thorsen and Lie (2006: 15) offer an overview suggesting that it can be seen as *'a loose set of ideas of how the relationship between the state and its external environment ought to be organised'*. They point out that the individual is the centre of this 'policy' and as such is responsible for the outcome of their choices which they are at liberty to make. Consequently where there is social injustice this is acceptable as individuals have freely taken decisions which have resulted in those particular circumstances, and if a person demands change from the state it is because they are *'morally depraved and underdeveloped'* (Thorsen & Lie 2006: 15). In other words the individual is responsible for their own situation and there should be as little interference from the state as possible.

In line with neoliberal policies those who are older should also take responsibility for themselves and this is apparent in the idea of active or positive ageing. However, as the state cannot trust the individual to undertake personal responsibility, techniques of surveillance are instituted to ensure that appropriate behaviour to care for the self is monitored to minimise risk to the individual and consequently, the state, wherever possible (Wheatley 2005a). Risk is an all-encompassing concept of the modern Western world and older people, like everyone else, face a number of risks in their daily lives. Some risks, however, are deemed to possess greater significance to older people due to the possible negative outcomes. What is deemed to be a risk can vary from individual to individual and Giddens (1991) highlights how people make their own assessments of risk which may or may not tally with professional judgement (Shaw and Shaw 2001). Beck's theory of risk (1992) draws attention to the politicalisation of risk – risks can have economic, social and

² Some authors discuss advanced liberalism which includes extensive decentralisation and deregulation and the disbanding of state agencies, for example allowing parents to set up and run their own schools. However, for the purposes of this project the term neoliberal will be used throughout meaning that significant responsibility is given to the individual with the state having less direct involvement but actually extending its influence through self-governance (Brown 2014).

thus political consequences where 'someone' has to take responsibility. Risk is always situated in the future and can therefore be identified to the ordinary citizen with the expectation, in line with neoliberal policies, that they take appropriate action to avoid or minimise risk.

For older people risk has tended to be emphasised in relation to their own physical and cognitive abilities. For example, one of the key 'risks' associated with older people living in their own homes was identified in the National Service Framework for Older People (Department of Health (DoH) 2001) as falls. The government set out to reduce the risk of falls, half of which occur in the older person's own home, with falls reducing independence, mobility and increasing the risk of premature death. One of the approaches to falls prevention has been an emphasis on the modification of environmental hazards. Research has demonstrated, however, that environmental changes to the home on its own, which are widely implemented, are ineffective in reducing falls amongst older people (Nikolaus and Bach 2003). One major critique is that professionals, not the older people themselves, define something as a risk. Once again older people are being seen as other; they are a group who are different and separate from the not so old and are therefore subjectified so that they can be managed in terms of the economy, politics and professional discourses (Nikolaus and Bach 2003). This creates tensions between professionals whose purpose it is to look for risk and older people who want to create a comfortable home. What may be deemed an 'environmental hazard' to the professional may just be the way an individual has always lived. Hazards or risks may also be conceptualised differently between risks and dangers on the one hand and living a normal life on the other. For some, bad luck or misfortune, otherwise termed fate (the opposite of risk) may well account for a trauma.

It could be argued, therefore, that discourses on risk serve ideological and political functions by blaming individuals or groups of individuals who may be seen as posing a risk to themselves and others (Lupton, 1993). Certain institutions and individuals have particular power to define risk, for example the scientific community, government and allied health professionals. Such

regimes of truth may well serve the interests of powerful groups rather than the individuals they are supposed to be supporting (Lupton 1993). In addition, the language used by professionals to describe a risk may not be neutral or 'value-free'. Older people may, in line with societal discourses, be viewed negatively as old, frail, dependent, alcoholic or irresponsible, which influences how the professional deals with the individual at the micro-level. Older people, on the other hand may describe incidents as 'slips' or 'trips', which distances themselves from the negative connotations associated with being older. Thus the falls prevention strategy tends to emphasise the professional viewpoint with little mention of the service user perspective.

With the policy of active or positive ageing, those who do not subscribe can easily become outcasts blamed for their unhealthy lifestyle and approach to the ageing process (Wheatley 2005a). Here the '*sick role*' (discussed by Parsons 1951: 455) has been replaced by the '*health role*' which encompasses everyone who is aged (Wheatley 2005a: 201). The discussion of demographic change and the ageing population has politicised the ageing body through techniques of regulation, surveillance and disciplinary power as discussed by Foucault (Smart 1985). This politicalisation of the ageing body produces the 'docile body' (Smart 1985: 75) which, in effect, allows this group to be governed and managed by the state. The current ethos of active or positive ageing puts individuals under pressure to contribute in a productive way to the economy and society through their local communities (Wheatley 2005b). Thus the idea of active, or positive, ageing appears to be underpinned by an economic need to reduce the 'drain' upon resources by non-productive older people and this approach in turn reinforces negative stereotypes. The argument that people should work longer in paid positions or undertake voluntary work is viewed as the 'right' thing to do and at the same time helps to reduce the cost of caring for them (Ranzijn 2010). In other words if the individual is fit and well and can work they should; there is no excuse for not being productive in old age (Ranzijn 2010). This belief has now become policy with the retirement ages of people in the UK rising to 66 and beyond before the state pension is payable. This is a reversal from the system where women were entitled to the state pension at aged 60 and men at 65,

demonstrating again how ageing is socially constructed in line with the needs of the government.

In order to remain productive it is necessary to maintain health and Butler (1997) discusses how individuals have to consider how they can sustain their health in order to support their preferred living arrangements as time passes. In order to maintain a healthy lifestyle The National Consultative Ethics Committee for Health and Life Sciences (1998) stated that it was necessary to consider the quality of life for all older people, many of whom do not have ailments connected to ageing. Quality of life is, however, notoriously difficult to define and there is, at the present time, no agreed definition of this concept. There is, however, general agreement that it encompasses a range of factors including *'physical health, psycho-social well-being and functioning, independence, control over life, material circumstances and the external environment'* (Bowling et al. 2002: 355). Muldoon et al. (1998) point out that quality of life is, by its very nature, a very subjective matter that incorporates an individual's meanings regarding lifestyle choices as well as expectations whilst inevitably external factors will also have an influence. Bowling et al. (2002) add that the most important aspect for an ageing population is to add quality to life. For older people, as with the rest of the population, having a safe and comfortable home offers an important aspect to the quality of their lives.

2.4 Conclusion

This chapter has contextualised the phenomena being studied for the reader and highlighted some of the debates around ageing and living in one's own home. In Western societies, the negative aspects of old age are accepted almost unconditionally, with an emphasis on youthfulness and vitality leading to the neglect or exclusion of older people. This is apparent in many aspects of the population with the media reflecting this. Stories of older people may not be reported unless there is a deed considered to be an example of

youthful behaviour which is then celebrated as heroic; or an abuse of an older person which is used to reinforce stereotypes. Ageing is therefore both an individual and a societal process, a private and a public spectacle. One's own home becomes an important part of the older person's life where the individual has a degree of privacy in which to focus on the self. Policy dictates that older people remain active, healthy and take care of the self and their property, and failure to do so is considered a failure of the individual. Neoliberal policies have stressed active ageing and personal responsibility so that the older person is monitored to ensure they are behaving as society expects. The following chapter explores the literature and the existing knowledge base in relation to older people and home in order that the reader can appreciate the type and extent of the body of research.

Chapter 3

Literature Review

3.1 Introduction

Home³ as a concept, has become an increasingly popular topic over the last 40 years with an expanding body of evidence being developed across a number of disciplines including sociology, anthropology, psychology, human geography, history, architecture and philosophy (Mallett 2004). Such research captures a number of different theoretical positions that highlight the different emphases afforded to this subject. This emerging interest in the concept of 'home' followed the publication of a seminal paper by Hayward in 1975 which raised the question of what a 'home' is, together with the impact it has on the individual's life. Hayward (1975) made the point that there is no definitive answer to what home is nor where home is situated, as for some people their psychological roots dictate the location of 'home' rather than where they are living at present. He went on to explain that the word 'home' is how individuals describe the environment (perhaps more than one environment) to which they feel some form of attachment.

Manzo (2003) highlights three aspects of home: '*sense of place*' which describes the experiential process that occurs between the setting and what an individual brings to that setting; '*place dependence*' described as the perceived strength of association between a person and a specific place; and '*place identity*' which has been defined as dimensions of the self that develop in relation to the physical environment (Manzo 2003: 47). Gillsjö and Schwartz-Barcott (2010) highlight the confusion over these terms and have tried to overcome this by defining what makes a structure into a home. They

³ The word 'home' does not exist in all languages but in German, Danish, Swedish, Icelandic, Dutch and English all have similar sounding words derived from the Old Norse 'heima'. (Rybczynsk 1986: 62)

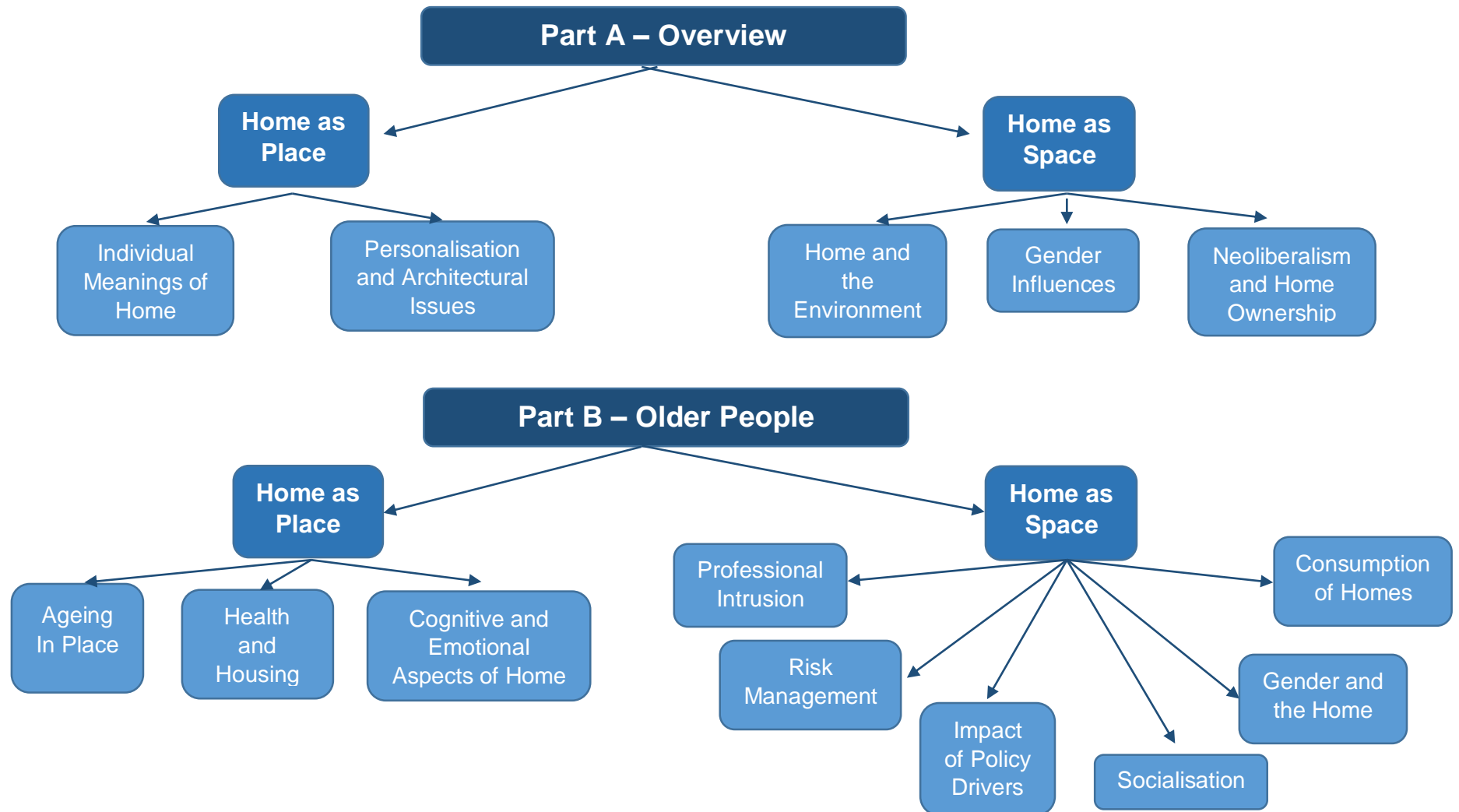
claim it must possess three components - feel comfortable to the occupier, give a degree of security and the individual must have an '*experience of dwelling*' (Gillsjö and Schwartz-Barcott 2010: 10). They assert that this explanation of a home distinguishes it from a house or structure that one might live in by removing personal meanings be these positive or negative.

Moore (2007), on the other hand, describes home more broadly than Gillsjö and Schwartz-Barcott (2010) stating it is the centre for activities of importance to the individual, which in turn contributes to their identity, linking them to the past, offering a place for personal development and is a concept which is a legal entity. Indeed the emotional relationship that individuals develop over time with place is deemed to change a house, or structure, into a home according to Moore (2000). This emotional relationship with the home defines the essence of what a home is according to some researchers (Moore 2000). This perspective, however, appears to imply that an individual has only ever lived in one place with which they have developed some form of emotional attachment. This, clearly, is not always the case. Furthermore, the relationship between an individual and their home need not necessarily be positive, as research by feminists and by others who have studied vulnerable groups, have demonstrated (Gurney 1997).

Such a definition in effect brings into play the space-place dichotomy. How space becomes place is of particular interest and Taylor (1999) makes the point that how places or spaces are viewed is all a question of perspective. The same location can be both place and space depending on whose view is being considered creating a situation in which the exercise of power relations inevitably occurs as in, for example, the compulsory purchase of peoples' homes in order to build a road (Taylor 1999). He also argues that spaces are influenced by a top-down political process with the space-place dichotomy becoming apparent in policy decisions. On the other hand place is a site for bottom-up opposition, or in Foucauldian terms resistance, where people may have the opportunity to resist policy, professionals and the dominant discourse. Thus home is both an enabling and a disabling site with politically motivated actions resulting in the home being anything but neutral.

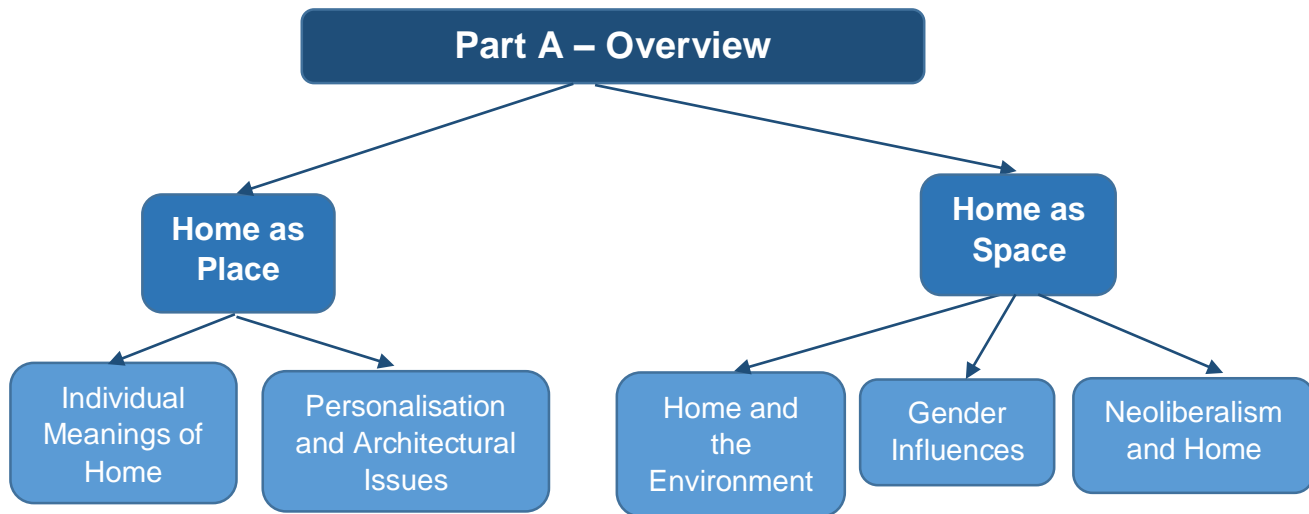
In order to gain an appreciation of the literature and to contextualise the phenomena of home, following Hayward's (1975) seminal paper, a broad based search was undertaken (see appendix 1 for details). The search generated a large volume of literature and this review is, out of necessity, selective. Papers which discussed home in general terms (rather than to a specific population) were considered and literature referring to the specific age group of 60 or above was included. Literature which focused on other age groups was excluded. For the purposes of this thesis older people are deemed to be those aged 60 years and above as stated in chapter two. As a consequence of the search, this review of the literature has been divided into two main sections (see figure 1). Part A gives an overview of home in general terms and considers home as both place, and therefore of personal importance to the individual; and home as space, where a more detached view of the home is in evidence as discussed by professionals and policy makers (see figure 2). Part B of the literature review focuses on how home is discussed specifically in relation to older people and once again is divided into how it focuses upon home as either place or space (see figure 3).

Figure 1 Conceptualisation of the Home in the Literature



3.2 Part A – Conceptualisation of Home

Figure 2 – Overview of the Conceptualisation of Home



3.2.1 Home as Place

Individual Meanings of Home

Home has been investigated not only by a number of different disciplines but also from a number of different perspectives; one of these being that of phenomenology. The philosophy underpinning phenomenology allows for the essence of a phenomena to be researched seeking to explore how humans and place are bound together in meaning making (Carroll et al. 2009). This literature is a useful starting point as it explores the nature of the relationship between an individual and a specific place (Manzo 2003). Phenomenology is very much focused upon the meanings and essences of what makes a place a home (Manzo 2003). Shilling (2003), drawing upon Giddens (1991) work, emphasises the need for individuals to construct a self-identity and ontological security, claiming that this is concerned primarily with control. This ontological need for control and security has been translated within housing studies into the discussions regarding the meaning of home (Allen 2000). Allen (2000: 61) rewrites this argument thus:

'If the experience of living in high modernity is like riding a juggernaut which is out of control, then at least the home provides individuals with a

'last retreat', an entity which appears to be a solid basis on which a reliable sense of ontological security can be built. Investing in the home provides people with a means of self-expression and a way of potentially feeling good and increasing the control they have over their life. If one feels unable to exert control over an increasingly complex society, at least one can have some effect within their private sphere'.

This thinking implies that the home and the privacy it affords, offers an ontological security allowing control in an ever changing and uncertain world. Allen (2000) draws on Gurney's (1997) work to discuss how home could be construed as a haven of emotional security where an individual can 'be' in an existential way. Home, from this perspective, becomes central to the formation of experiences allowing emotional bonds and relationships to develop. Phenomenology also seeks an appreciation of how 'home' can span a variety of environments and situations such as a truck driver referring to their truck as home, or the student referring to their bedsit as home thus indicating that home is, very much, context dependent (Manzo 2003). It could be said that the word 'home' in these situations acts as a metaphor where home, wherever it is located, fits the individual's experience of having connections, some degree of stability and a feeling of belonging (Moore 2000). It is both an environment and a place containing time and cultural boundaries (Carroll et al. 2009).

Gurney's (1997) work explored how participants' individual emotional biographies were entangled with the home. Gurney (1997: 375) used episodic ethnography to demonstrate how *'meanings of home were dynamic'* and a never-ending project that was continually worked on over time. It was, therefore, inevitably entwined with an individual's biography over the life-course. Home was full of memories and linked the individual with their past by being a receptacle in which artefacts of events such as marriage, birth, relationships, childhood memories and death were contained. Such a perspective allows for individuals to move home but still have connections to the past. Home, according to Gurney's participants, was an emotional part of their lives and contributed to the formation of self-identity and thus a source of what Giddens (1991) referred to as ontological security. Allen (2000) argues that Gurney's work demonstrates the need for further investigation to make

explicit (and clarify) the relationship between home and the individual and thus the implications for health, illness and housing. What Allen (2000) does not highlight is the need for work which investigates the impact of policy, ideology and politicalisation of the home upon the individual which in turn will also have an effect upon health, illness and housing. Manzo (2005) highlights that an individuals' gender, sexuality, age, race and ethnicity create different possibilities and restraining forces on the use and enjoyment of space, thereby influencing people's ability to develop relationships with place. These aspects of an individual create a reality which is part of the socio-political context in which they exist and which affects the way they are treated and therefore their experiences with the world around them – an important aspect in the making of place (Manzo 2005).

In subsequent work, Allen (2001) highlights how aspects of health, illness and housing have been dominated by debates concentrating on physical factors in the home, such as access and mobility. The more subjective concepts of emotional attachment and the need for ontological security – concepts which are harder to operationalise and thus research from an objectivist perspective – have been relatively neglected (Allen 2001). Research has often adopted the positivist paradigm where 'hard' facts can be counted or observed with emotional needs being neglected or relegated in terms of their importance. Allen (2001) discusses how there is an assumption that if tangible factors such as mobility are remedied the emotional aspects of life will automatically fall into place. This is counter to the biographical narrative where the emotional aspects of social life have a significant place in decision making within health and social care. Allen (2001), also using ethnography, demonstrates the profound implications of ignoring an individual's attachment to home. He provides evidence that the notion of home can be so emotionally significant to some that even though it might be considered to be below health standards it can actually sustain life and well-being (Allen 2000). This demonstrates the importance and necessity to take into account the biographical narrative of the individual and to consider psycho-social aspects, at least, on equal terms with physiological needs. In accordance with Turner (1992), Allen (2000) conceptualises the body as being composed of a sociological body (doing a

body), psychological body (being a body) and physiological body (having a body). He argues that none of these components should be privileged over the others and discusses how the social organisation of emotional life is integrally connected with the well-being of the body (Allen 2000). For Allen (2000) the dominant public health discourse takes precedence over the individual's narrative. The focus by many professionals on the physical body to the detriment of other aspects of the individual means that the symbolic importance of home is frequently over looked (Sixsmith et al. 2014). As Allen (2000) pointed out some housing conditions, which are far from perfect, can actually present an opportunity for an individual to gain a sense of achievement by being a challenge to be overcome such as stair climbing rather than viewing the stairs purely as a risk factor (Sixsmith et al. 2014). Changes to the physical structure of the home, such as adaptations and equipment to remove or minimise risk, can be an unwelcome reminder of the ageing and increasing frailty of the body as well as removing an aspect of achievement from the individual (Sixsmith et al. 2014).

The reluctance to have adaptations and equipment, which necessitates the involvement of professionals, may well be a part of the need for ontological security which has reinforced the drive for privacy in the home. Privacy, is a relatively recent phenomenon as Rybczynski (1986) discusses. Angus et al. (2005) point out how access to the home within property boundaries is carefully monitored and how accepted activities and modes of behaviour are expected in specific areas. This is reinforced by the home structure, which is arranged to give privacy and allow intimacy by excluding outsiders from certain rooms and areas of the house (Twigg 1997). The way people behave both as host and as guest is crucial to the maintenance of privacy and to the impression that is given to others concerning the home (Angus et al. 2005). Thus identity, security and control all add to ontological security for the individual changing their own home from space to place (Angus et al. 2005).

Personalisation and Architectural Issues

Home, together with the land it occupies, becomes a part of a territorial area and in order to make space 'home', a process of personalisation occurs through decoration, design and the use and display of possessions. A home is one of the few places where the individual can be creative and express themselves relatively freely thus distinguishing their property from others which contributes to the formation of self-identity (Hayward 1975). The physical structure, but more importantly, the personalisation of the home transmits messages regarding social status and identity to others thus home plays a representational role, it portrays something about the person who inhabits it. For some this is an important part of who they are and how they relate to others in their community. The home plays a vital part in socialisation in terms of behaviour, values, lifestyles, ethics and morals in the family unit (Hayward 1975).

The physical structure of houses in architectural literature has led to the elevation of the physical environment in terms of importance in order to understand the impact on socio-psychological well-being. However, research has never clearly shown that physical characteristics are the most important aspects nor the most essential to individuals as Allen (2000, 2001) argues. Architects and designers create living spaces by managing internal and external space but from a technical perspective based on standardised ideas and quite possibly, stereotypes about the use of domestic space, by older people and others (Fairhurst 1999). Older people are not as concerned with these features but discuss personal factors which make a space a home including the importance of possessions, some of which carry personal significance, connecting people with the past, present and future (Fairhurst 1999). Costa-Font (2013) highlights that there needs to be some consideration to spatial needs as the amount of room available impacts upon the ability to place possessions and allow ease of mobility all of which appears to have an effect upon health and thus overall individual satisfaction. Traditionally architects have designed spaces which are smaller for older people as there is a 'common belief' that older people do not require or want a lot of space. Thus the dichotomy of space for one group and place for another

is demonstrated in these competing requirements. The rational hard scientific approach has, to-date, been dominant over the biographical narrative of the individual.

3.2.2 Home as Space

Gender Influences

Research such as Allen's (2000, 2001) captures the dynamic nature of people's affinity to places and of the strength of the relationship to the place they call home (Manzo 2003). Individual responses to home, however, are not the same for all and encompass a wide range of emotions from positive to negative or ambivalent feelings. Gurney (1997) shows how women expressed more complex accounts of home, sometimes having contradictory meanings, with housework, for example, being viewed as both a source of pride and a source of resentment. Home is out of necessity a space for the ordinary and mundane aspects of daily life which includes housework. The majority of housework tasks have traditionally been undertaken by women as either their main role or as an additional role to external work. Such a commitment or restriction to routine tasks can create a feeling of oppression and be imprisoning and this is something alluded to by some women (Manzo 2003). Feminist research has tackled these gender differences by challenging the idealistic view of home perpetuated from the 17th century male Dutch painter's myth of blissful harmony in the domestic sphere (Mackenzie and Rose 1982). It completely ignores the point that home for some, can be a place of work, strife, violence and abuse (Manzo 2003). Saunders (1989), however, specifically challenges feminist claims that home is a place for gender domination and the exploitation of women. He draws on work generated in a household survey to argue that whilst household tasks may vary between men and women the attachment to home is similar: *'Either the feminist literature has got things wrong, or millions of women in Britain are systematically deluding themselves every day of their lives'* (Saunders 1989: 190). He acknowledges that home is more of a 'workplace' for women but both genders see home as a 'haven' and he suggests that there needs to be a distinction between the work that individuals undertake in the home and the emotional

significance of the home. Saunders (1989) undertook a survey of 522 people living in 450 households and sought a range of different household types and geographical locations to gain a sample which included a range of different variables. He acknowledged that a survey is not the best methodology to gain subjective views but argued that a large sample was required to capture the range of possibilities. Saunders work does not fit with other research when he says that women did not discuss home as a place of work or even oppression but as Gurney (1997) points out he did not specifically ask that question. In effect Saunders prevented women from spontaneously making a related comment to that topic in a research questionnaire.

Research suggests that places where negative experiences occur can become just as meaningful as places where needs are met and any exploration of place must be concerned with the entire range of experiences and emotions which people feel (Manzo 2003). Without recognition of the negative and ambivalent feelings related to place, the 'romanticisation' of the home creates a body of work which eulogises place and which can separate the genders with men viewing home as a retreat or sanctuary and women viewing home as work. As Moore (2000: 213) has argued, research should *'focus on the ways in which home disappoints, aggravates, neglects, confines and contradicts as much as it inspires and comforts us'*.

Home and the Environment

Differences in the way home is perceived may vary according to gender although this is not universally agreed upon, but there are also individual experiences of home which affects the emotions people feel. When there is a disruption to daily life such as a burglary, relocation or disaster, it is accompanied by an increased awareness of the environment (Manzo 2003). An example of this is discussed by Carroll et al. (2009: 545) who examine the impact of the floods in Carlisle and show how disasters change people's views of their home by the *'breaking of bonds, breaking with the past and discontinuity with present and future'*. They also showed how the locus of control regarding home had changed from the family unit to external bodies

that were impersonal, with homes becoming spaces with ideas of privacy and sanctuary being lost to outside agencies. Carroll et al. (2009) highlight how at times of crisis individuals preferred to gain support from family, close friends or neighbours rather than the impersonal agencies and organisations who had a job to do on structures and spaces rather than peoples' homes.

Carroll et al. (2009) illustrate how individuals do not live in a vacuum and relationships with home exist in a much broader framework including socio-political aspects which invariably influence individual experience. In addition to the individual relationships that people develop with particular places or environments, there are also shared or collective relationships to particular places too. These shared relationships can affect how individuals feel about place and they are not necessarily universally agreed upon as can be seen in debates regarding whose history should be preserved. For example, the preservation of the workhouse in some form can, and still does, cause an emotional and extreme reaction many years after its change of use (Dixon and Durrheim 2000). Relationships to space and place therefore, are not generated from a neutral viewpoint, they are already imbued with history, politics and power relations reflecting ideological beliefs (Manzo 2003). Consequently, there is a need for a greater link between concepts such as 'sense of place', the politics of place and ideology (Manzo 2003). Thus the impact the state has upon space, through the power to plan and formulate decisions upon land use, has a profound effect upon the individual and their ultimate connection to place.

Neoliberalism and Home Ownership

The policies of advanced industrialised nations such as Britain, Australia, Canada and New Zealand saw the promotion of home ownership, for economic, political and ideological reasons. The broader political agenda seemed to have been aimed at increasing economic efficiency and growth and deflecting the responsibility of the state to the individual (Dupuis and Thorns 1996; Mallett 2004). Saunders (1989) argues that the security of owning a home does not interfere with social processes such as collective action but he

fails to mention the disincentive of having pay deducted due to industrial action and the impact of this on paying a mortgage. The emphasis on buying one's own home in Britain, in the 1980s under the Thatcher government, demonstrates how policy influences the behaviour of the individual. The statistics show that less than half the households in Britain in 1971 owned their own homes, however, by 1991, a mere 20 years later, 67% of households in Britain were in the owner occupied sector (Forrest and Leather 1998). Prior to the 1980s, buying one's home had not been as important but the change in policy meant home ownership became an aspiration for many with renting becoming a stage one passed through before buying. Consequently home ownership took on societal values and became an indicator of social status. This in turn, fuelled the increased value that was given to privacy and freedom from control and intrusion of others such as landlords which home ownership brought (Somerville 1997).

This change in attitude to house ownership has meant that some people have had the opportunity to buy and sell and move 'up' the property ladder with the physical structure of a property becoming important in terms of wealth acquisition. Such attitudes can change how an individual relates to a structure with place becoming more of a space rather than a home (Dupuis and Thorns 1996). This consumption of territorial space takes on new meanings and becomes a symbol of success to others. Indeed, the home site is where the majority of people undertake most of their consumption activities. As a consequence of this emphasis on consumption, should it continue, the planet humans collectively call 'home' could be damaged.

As indicated above, the possession of a home highlights those who have and those who do not and underpins the social and political values concerning the idea of home (Moore 2007). These socio-political values influence how individuals outside the mainstream of home ownership are treated, with society not being as interested in the individual and their needs compared to their own feelings of comfort and safety. An example of this is the forced removal of the homeless from public places such as railway stations and shopping areas. The political nature of public policy ensures that specific

places are portrayed in socially acceptable ways to the masses and images of homeless people bedding down for the night is not good publicity (Manzo 2003). Thus the policies of the powerful outweigh the relationship that the homeless may have with a particular place. Those who are disenfranchised have little influence and are excluded - their removal being politically motivated (Manzo 2003). Equally those who opt to live an alternative lifestyle such as in a 'peace camp' or on a boat or travellers illustrate how people can be socially excluded from those who live in a more 'traditional' manner and gain greater acceptability (Chapman and Hockey 1999). Other groups may be socially excluded through policy decisions where space is used to house groups of people together in 'ghettos' such as sheltered accommodation for older people or retirement villages which in effect separates and makes them different from the rest of the community (Hockey 1999). The wider politics of place which ranges from the individual to economic, political and ideological influences, is an essential consideration if an understanding of people-place relationships is to be gained but is rarely acknowledged in the literature (Manzo 2003).

3.2.3 Conclusion

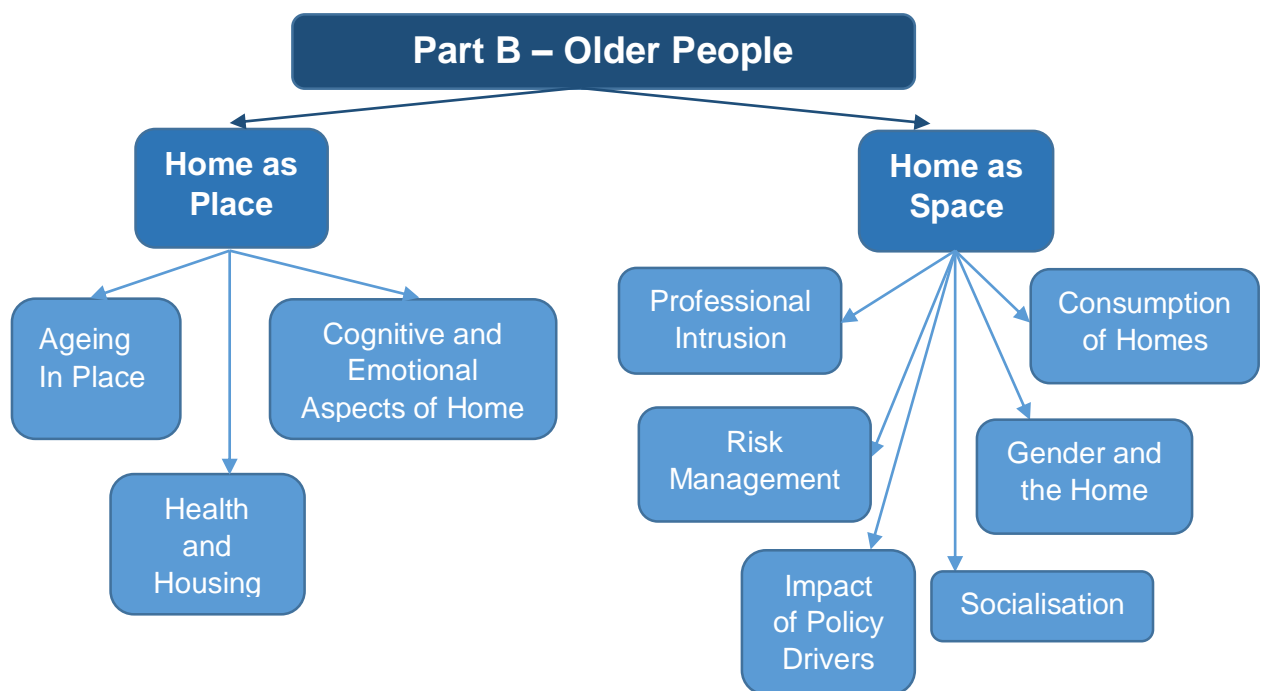
Home has been investigated from a number of different theoretical approaches and by a number of different disciplines – each tending to emphasise a particular aspect of home. A structure of some sort, which provides, shelter and protection, is seen as being fundamental to humans but if this way of living does not conform to the dominant discourse, then it is not always valued by the majority. Home is not necessarily always positive but the diverse range of experiences are not always captured by research endeavours. Difficult and sensitive aspects of the home such as abuse, violence or psychological intimidation are not always sought, depending on what and how home is investigated. Such work will inevitably give a particular perspective of home which is predominately reflected in the literature.

Policy initiatives are hugely influential upon the population and in the UK home ownership is an aspiration for many individuals, this phenomena not being as prevalent in other European countries (Forrest and Leather 1998). However, different generations have been affected by historical circumstances such as

economic crises in different ways with the current younger generation struggling to be able to afford to join the ranks of the home owners. This in turn means that multigenerational households are on the increase and adds to the shortage of housing and to the numbers who are homeless. How an individual lives in their own home and how they are influenced by societal pressures and standards has not been fully addressed, although it has been identified as being required (Manzo 2005). This is an aspect of the phenomena which needs to be researched in order to add to the ongoing debate about the concept of home.

3.3 Part B - Older People and the Conceptualisation of Home

Figure 3 – Older People and the Conceptualisation of Home



3.3.1 Introduction

The ageing population in the UK has stimulated increased interest in where older people live (ONS 2012). Mainstream Western political policy directives are encouraging older people to remain in their own homes for as long as

possible, a policy trend based on the assumption that home is a positive experience. However, home, as already been noted above, has been associated with negative connotations of conflict and distress (Wiles 2005). Oldman and Quilgars (1999) challenge this political wisdom and question whether or not the home is necessarily the place where all older people would prefer to live, bearing in mind that they may have a range of views as does any other sector of the population. Fänge and Dahlin-Ivanhoff (2009) agree that the importance of home, in terms of well-being, keeps appearing in the literature fuelling the argument for 'ageing in place', but they point out the dearth of evidence supporting specific links between the home and health of older people. They argue that this limited body of knowledge needs to be developed using qualitative methods if these aspects are to be fully understood (Fänge and Dahlin-Ivanhoff 2009). There is no dispute, however, that the environment in which an older person lives is important with the architectural space allowing for activities, socialisation and space use peculiar to the individual (Sundsli, Espnes and Söderhamn 2013). De Jonge et al. (2011) adds that older people wish to remain engaged in roles they value and carry out occupations that allow them to be independent and to have autonomy. Location is also an important aspect of home as the convenience of facilities and of public transport allows individuals to maintain social connections. De Jonge et al. (2011) concurs with Gillsjö and Schwartz-Barcott (2010) that a comfortable home is important and being able to remain connected to others together with a feeling of safety and security all adds to the individual being able to enjoy their home.

However, much of the literature does not discuss the wider influences of policy decisions and political and ideological motives, which infiltrate societal values and beliefs and thus influence older people and how they live. Thus the concept of home is not only a physical tangible entity possessing social and symbolic meaning for the older person (Russell 2007) and wider society, it is also a place which has been politicalised and used to further the neoliberal project.

3.3.2 Home as Place

Ageing in place

It needs to be acknowledged that the attitudes and lifestyles of those who are now old cannot be separated from the dominant political ideology of the time they have lived through nor the history they have experienced (Kendig 1999). Different generations have had other influences upon them throughout their lives, which have resulted in disparate opportunities in education, employment and ultimately home ownership. For example, Macmillan (2005) refers to Elder's (1999 [1974]) '*Children of the Great Depression*' which linked history and biography demonstrating how life chances were affected by the socio-historical origins of individuals. Indeed it has been recognised that life span development occurs against a backdrop of socio-historical opportunity and constraint with economic, cultural and structural influences being important antecedents of the life course trajectories followed by a given cohort (Macmillan 2005). In addition, Macmillan (2005) in agreement with Manzo (2003), points out that along with the effects of history on the individual there are also other factors over which the individual has no control such as gender, ethnicity and social class all of which have an influence on how 'well' an individual ages.

Some of the participants in the current study have witnessed the 1920s depression, world war two, the post-war boom and the more recent cyclical nature of the economy. Such events, it could be argued, have a greater influence upon their lifestyle choices than simply their age (Kendig 1999). Thus a life without the welfare state and with economic cycles of boom and bust may be of concern for some, especially in relation to financial security and the future. Hence the possession of a home, and all that place offers, bestows a level of importance unique to this generation that others may not be able to fully appreciate. Thus the acquisition of a home could hold greater significance to older people in terms of the security it offers (Martin et al. 2005). Some older people would rather struggle in their own home despite issues of finance or loneliness than consider institutional living thereby reinforcing policy trends.

The increase in home ownership means that in the coming decades there will be an increasing number of home owners who are older and some in the fourth age living in varied social and financial circumstances (Forrest and Leather 1998). This will invariably mean that wealth and health will impact upon the upkeep of these properties and this may become an increasing problem as there is an increased likelihood of single person households in the very old age groups. Public sector grant aid (insulating the home for example) has been targeted at older people in recent years but with budget cuts, in central and local government, it is increasingly likely that older people will have to find the money themselves (Leather and Mackintosh 1997). The neoliberal policy which exerts pressure upon individuals to take personal responsibility for their own health, welfare and possessions implies that older people, who may be equity rich but income poor, will have to use their stored wealth not only to maintain their home but also for social care provision (Forrest and Leather 1998). Invariably this means that the older householder may well have to 'realise' some of their assets in order to pay for their care which could force some into relinquishing their homes. Alternative approaches include an increase in the development of schemes in the private sector which allows older people to release some or all of the equity tied up in their homes with companies recuperating this when the property is sold, presumably at a higher price (Forrest and Leather 1998). Thus older people are in the position of owning their own homes but risk losing them in order to pay for their needs.

The discourses articulated in policy drivers emphasise the extent to which older people are attached to their homes and discuss the economic, social and psychological benefits living in one's own home brings (Russell 2007). Such discourses influence older people to abide by policy and societal pressure but what is also evident, is that ageing takes place within the spaces and places in everyday life, which are not neutral but contain many social and cultural meanings for the collective as well as memories and experiences for the individual (McHugh 2003). Clapham, Means and Munro (1993) suggest that home possesses a special meaning for older people who are faced with the ups and downs that ageing brings. As such whether home offers the ontological security which Allen (2000) discusses is debateable as living in

one's own home demands independence, autonomy and ability, without these attributes the older person is vulnerable and reliant upon societal input. Furthermore as Sixsmith et al. (2014: 1) point out, healthy ageing is not just about biological factors but also includes aspects such as '*subjective experiences and meanings, functional definitions emphasising autonomy, participation and well-being and ageing as a process rather than a state*'. The home is therefore crucial in enabling (or disabling) individuals to achieve healthy ageing in light of the pressure of 'ageing-in-place'.

Ageing in one's own home offers familiarity of place and routines which can bring satisfaction and contentedness. Relocating implies risk and there is a suggestion that moves which occur late in life can quicken death as these may well be associated with dependency and need rather than being a proactive choice (Gilleard, Hyde and Higgs 2007). On the other hand such moves may be positive and give increased feelings of security or improved housing stock which in turn might have an impact upon physical health (Gilleard, Hyde and Higgs 2007). This again highlights the debate between the physical body, the sociological body and the psychological body and emphasises how needs should be considered on an individual basis. Ageing in place is, therefore, not necessarily as straightforward as some authors indicate and the need to consider the individual and their circumstances is imperative. In addition, the influence and pressure that policy and dominant discourses place on older people also requires further investigation.

Policy decisions taken decades ago such as the move to home ownership together with the current political drivers come together to influence older people to remain in their own home. However, this cohort of older people is not homogenous with authors such as Iwarsson, Horstmann and Slaug (2007: 3) arguing that home for some '*can be worrisome, sad or confining*'. Manzo (2005) reinforces this as in her research she discovered that almost 90% of older people mentioned some negative aspect of either their current or past residence. Some 23% of her participants stated they did not feel connected to their current residence whilst a further 15% avoided spending time at home as they disliked it. This indicates that the relationship to place is an important

aspect of the totality of life. It is not in the least bit surprising that, when the home is a source of negative experiences, people turn to other places for more positive experiences (Manzo 2005). Yet the research has increasingly focused on 'ageing in place' assuming a positive relationship between the home and well-being for all (Cutchin 2005) with such research supporting rather than challenging policy trends. Remaining in one's own home may be the preference of many but not necessarily all.

Ageing in place, however, is clearly attractive to the state as there could be cost savings with much of the literature bolstering this policy (Sixsmith et al. 2014). There is the assumption that the benefits of ageing in place outweigh any of the disadvantages but this is dependent upon the needs of the individual in terms of the support and care provided (Sixsmith et al. 2014). Following the economic difficulties in the UK, the Cameron government since 2010, has made substantial changes and cuts to the welfare state and benefits system which is bound to affect those who are reliant upon it. So on the one hand policy is pressurising people to remain in their own homes but the support mechanisms that facilitate this are being reduced. This is an important point when one bears in mind that ageing is an on-going process and Sixsmith et al. (2014) highlight how with increasing frailty and possibly declining health, increased support might be required. This need does not fit with the espoused values of individualism and independence which are highly prized in Western contexts. Indeed, the needs of the individuals are usually set against those of the organisation providing care. The current perspective from neoliberal governments is that older people are a burden and contributing little to the economy (Ceci, Purkis and Björnsdóttir 2013). Thus, the changing demographics where there is an ageing population with increasing numbers of older people coupled with the current ideology of neoliberalism once again places older individuals in the subject position of being a rather expensive 'problem' (Ceci, Purkis and Björnsdóttir 2013).

Health & Housing

As people age, the relationship between housing and health may take on greater significance due to the increased demands of environmental challenges in the home. Iwarsson, Horstmann and Slaug (2007) argue that housing contributes to everyday life in a myriad of ways and over time a sense of 'dwelling' tends to develop as people follow habitual routines and have an awareness of the interior allowing movement and mobility which changes the home from space to place. Furthermore, the attachment to objects and possessions which have personal importance and significance, all reinforce the relationship between person and home (Iwarsson, Horstmann and Slaug 2007). Fänge and Dahlin-Ivanhoff (2009) point out that older people tend to spend more time in their home, with the very old spending an average of 80% of their time there. It is not, therefore, surprising to learn that the home becomes the most important place in older people's lives. According to Dahlin-Ivanoff et al. (2007) home can offer security and a place of safety and can allow independence and give autonomy whilst facilitating the continuation of important activities even where professional services may be involved. Fänge and Dahlin-Ivanhoff (2009) found that older people were aware that their current status could change at any time and to counter this they possessed a driving force to maintain their health and well-being within the home as much as they possibly could. They reported how older people undertook challenges such as the laundry or climbing the stairs to maintain health and to ward off dependence. Sundsli, Espnes and Söderhamn (2013) also highlighted how older people believed it was important to remain physically active in order to remain connected to family and friends. Importantly it also allowed individuals to maintain their own home which in turn allowed them to remain living there for as long as possible (Sundsli, Espnes and Söderhamn 2013).

Cognitive and Emotional Aspects of Home

Sundsli, Espnes and Söderhamn (2013) in their study explored how older people discussed the need to maintain cognitive abilities with activities such as crossword puzzles, reading and generally keeping up-to-date being seen as

necessary to maintain mental abilities. However, there appeared to be a constant negotiation between what was important and what could be handed over to others (Sundsli, Espnes and Söderhamn 2013). Sundsli, Espnes and Söderhamn (2013) give an example of healthy eating being important but obtaining meals that were easy to cook being a compromise. Other examples included asking friends to help out and in return individuals would repay the favour by offering their own skills, this alleviated some difficulties whilst not needing to call on official organisations thus maintaining home as place (Sundsli, Espnes and Söderhamn 2013). This reinforces the point made by Carroll et al. (2009) that people preferred to call upon friends, family and community rather than the impersonal services of official organisations. In turn this informal support network allowed individuals to remain in their own home rather than relocating (Sundsli, Espnes and Söderhamn 2013). Indeed, Fänge and Dahlin-Ivanhoff (2009) highlighted how participants in their study took action to avoid being reminded of their vulnerability and possible changes to their living situation by avoiding meeting people who were frailer than themselves. What is apparent in these two studies (Sundsli, Espnes and Söderhamn 2013 and Fänge and Dahlin-Ivanhoff 2009) is that the participants were aware of their social body, their physical body and their psychological body and took steps to ensure that all aspects of their wellbeing was being catered for so that they could remain in their own homes.

Tanner (2001) makes the point that the pressures on older people to remain in their own home, care for the self and not be a burden were apparent not only in policy documents but also professional and media discourses. The longitudinal study by Coleman, Ivani-Chalian and Robinson (1998) demonstrated that independence and the maintenance of home were significant in being able to maintain a positive sense of identity and presumably therefore, not be a burden. This approach to independence demonstrates how the neoliberal policies in Western societies have created a dominant discourse which not only emphasises individual responsibility as mentioned above but importantly allows governments to reduce the programmes and services available for the most vulnerable sections of society, many of whom are older people (Katz 2000). The market driven

policies, which were developed in the UK during the 1980s and have been continued ever since, have made older people feel a need to undertake pursuits which emphasise activity and mobility and thus tend to downplay traditionally held highly esteemed values such as wisdom. Wisdom by its very nature is passive and therefore categorised as inactive and by implication indicates dependency which in turn implies unsuccessful ageing (Katz 2000).

3.3.3 Home as Space

Impact of Policy Drivers

The changing characteristics of the population with increasing life expectancy have influenced neoliberal governments to emphasise community-based care as a way of shifting the financial burden to individuals and making them responsible for their own health and well-being (Wiles 2005). This is reflected in policy and consultation documents with decisions by older people to relocate to some other form of living being discussed as a 'failure' (Martin et al. 2005). These policy papers, produced by the UK Government, placed an onus on promoting independence by enabling older people to remain in their own home (Martin et al. 2005). In particular, the report, commissioned by the DoH (1994), entitled: *'The F Factor: Reasons why some people choose residential care'* examined why some people remained living in the community and others did not the 'F' standing for fear. Here home is not being considered as place but as a receptacle, a space, that can contain an older person and thus relieve the state of responsibility. Such politicalisation of personal decision-making, as Finlayson (2006) points out, immediately places people under pressure to abide by the policy directive.

According to the Commission for Healthcare Audit and Inspection (2006) more people are being supported to live in their own homes with policy directed towards enabling older people to have a clear choice (DoH 2007a and b). This policy is part of what is known as 'personalisation' which should give the individual the choice and control over the support they receive in all care settings. It replaces previous philosophies which were characterised by paternalistic, reactive care according to Stein et al. (2010). However, this

move is not without criticism. Stein et al. (2010) discuss the humanistic psychological assumptions, which reflect the idea that people are autonomous individuals capable of personal development. They point out there is a lack of research to support this approach which, in itself, does not reflect the lives that people actually lead. The reality of living through unfavourable economic situations, invariably impacts upon individuals (Stein et al. 2010). Focusing on the individual humanistic ideas of freedom and personal development implies agreement with the status quo rather than challenging current policy directions (Prilleltensky 1992). In addition, the psychologising of older people living in their own homes leads to the personalisation of problems which in turn individualises both success and failure (Shaw and Colimore 1988). Stein et al. (2010: 314) drawing on Becks (1992) theory highlights how risks that are borne collectively can be easier to deal with than risks which are unique to the individual:

‘Collectives can share anxieties, engage in deliberative and cultural processes of sense-making, and apply resources to deal with collective risk exposures, more easily than vulnerable and perhaps voiceless individuals can cope with risk exposures that they face alone’.

Ceci, Purkis and Björnsdóttir (2013) point out that even where there is a philosophy of personalisation or client-centred practice, the preferences of older people may be compromised due to organisational requirements. Targets and time limitations are designed to meet organisational efficiency and the smooth running of the operation rather than being wholly concerned with individual need. The care available from health and social organisations often becomes standardised and regimented. The bureaucratic rules and regulations which formalise what a health or social care worker can do, restrict the responsiveness to the uniqueness of the individual (Ceci, Purkis and Björnsdóttir 2013). Once again such an approach does not consider the home as place but views it as a space that has to meet the perceived needs of the older person rather than thinking about how the older person views the home. Where practices are being determined in advance care and support meets the requirements of the organisation only. Care that is truly client centred seeks to make improvements in the situation in which the individual finds themselves

(Ceci, Purkis and Björnsdóttir 2013). Ceci, Purkis and Björnsdóttir (2013) make the argument that the adoption of business practices in health and social care to counter the continual demand for greater efficiency and control budgets, seeks only to give the illusion of an effective organisation rather than placing the individual at the centre of the service.

Thus the needs of the individual are usually set against those of the organisation. This conundrum means that the needs of the old are viewed in relation to the needs of the not-yet-old and this approach invariably places older people in the role of 'other' (Ceci, Purkis and Björnsdóttir 2013). They go on to argue that the current drivers for greater efficiency and cost savings need to be reconsidered and, in Finlayson's (2006) view, challenged. Whilst it is in the nature of organisations to draw up rules and regulations and define boundaries these result in inflexible practices. Defining need according to pre-determined assessment checklists and standardised responses, merely contains the problem and does not address it (Ceci, Purkis and Björnsdóttir 2013). However, the arguments that there is an ageing population with increasing numbers of older people once again places older individuals in the subject position of being a rather expensive 'problem' (Ceci, Purkis and Björnsdóttir 2013).

Thus policy and professionals using theories from humanistic psychology, need to consider how this individualisation of aspects of life, some of which individuals have no control over as stated above, are impacting upon older people and adding to the sense of 'failure', that those who cannot meet the standards of society, feel (Stein et al. 2010). Living in one's own home may be a sign of successful ageing whereas those who are unable, or do not wish to live in their own homes, will reflect unsuccessful ageing and will attract all the negative connotations which go with opposing the policy directive.

Consumption of Homes

Why older people express a strong desire to remain in their own home is not entirely clear, but it is conceivable that the strength of policy and public opinion

regarding ageing in place make this the norm and other forms of residency deviant. Dupuis and Thorns (1996) have identified one factor in this decision making in that older people discuss the desire to pass on finance and therefore security via their property to their family upon their death. Thus the property is a space which has financial value. Angelini, Laferre and Weber (2013) corroborate this, stating that one of the most important factors for the vast majority of older Europeans, is their housing wealth. Unlike Dupuis and Thorns (1996) however, Angelini, Laferre and Weber (2013) state that this wealth is an important part of security for their old age, a form of insurance if they need it for care in the future and not just about inheritance for their offspring. This indicates that meanings of home are not just about material possessions and relationship with place but also about the reality of finance and security, which enables individuals to care for themselves and, for some, bequeath money to subsequent generations (Dupuis and Thorns 1996). The home, therefore, is both a necessary place to live, but also a space and a form of consumption as well as a form of investment for many (Angelini, Laferre and Weber 2013). This supports the ideas of Kendig (1999) that the experiences of life influence how older people view their living circumstances in the present.

Costa-Font (2013) adds to this debate by stating that the 'investment effect', provides a potential source of perceived financial security to individuals; something which this generation may treasure greatly following the insecurities they felt earlier in their lives. She points out that in some European countries, housing has traditionally been the main means to accumulate wealth and that there is some evidence that the vast majority of personal savings consist of housing equity. This is important to housing related well-being as the desire for home ownership over other forms of housing has increased (Costa-font 2013).

For older people who do remain in their own homes, the needs of the present do not always reflect the needs of the past. Many older people live in properties selected decades earlier when they were in employment and they had families to care for (Oswald et al. 2006). Thus their current housing may

have met previous requirements but may prove difficult to maintain, care for and costly as the householders become smaller with less income and needs change. For some the actual location of the home may also cause difficulties for those who are unable to easily access the local community. The immediate home environment, therefore, can take on an extra importance as the main part of everyday life. The home is where most of their time is spent and consequently most of the activities are necessarily centred there (Oswald et al. 2006). Where there is a loss of physical and functional ability, living in one's own home may compensate for this and, to some degree enable self-sufficiency. Hammarström and Torres (2012) found that older people experienced positive subjective well-being by remaining in their homes, despite a reduction in ability and dependence upon others for help and support. Such findings reinforce once again that older people are not a homogenous group, rather it demonstrates that the level of well-being for each individual will depend upon many factors including their personal histories and beliefs. For some, remaining in the family home offers support and comfort whilst others the worry of financial upkeep and ability to cope might offset the gains.

Professional Intrusion

Increasingly home is also the centre of health interventions for older people, some of which would previously have been carried out in institutions or specialised locations (Martin et al. 2005). Policy and societal discourses both emphasise the positive aspects of such interventions but the encroachment of public space into private places inevitably leads to a renegotiation of the relationship that individuals have with their homes (Wiles 2005). The impact that health and social care have upon the home and upon lifestyles, needs to be a consideration as the place/space dichotomy may well cause misunderstandings and tensions between different parties (Williams 2002).

Angus et al. (2005) indicate that although the vast majority of older people opt for home care over institutional care, there is a price to be paid for this in that daily lives and routines are affected by the intrusion of professionals. As care

in the home is encouraged the private place of home becomes the public space of the clinic with the effects of this upon the individual remaining invisible (Wiles 2005). The aesthetics of home, such as odours, food, sounds, decorative objects and interior design are what make a home personal, meaningful and possibly sentimental (Angus et al. 2005). The intrusion of others and of equipment which concentrates on cleanliness, utility, standardisation and financial considerations can change all of these aspects until the aesthetics of the home take on a wholly different persona. Healthcare equipment emphasises disability, incapacity and frailty and is not there for decorative purposes but is associated with bodily functions which are usually considered private activities (Angus et al. 2005). Thus the home becomes a space with objects, not usually associated with the home or with certain rooms, impinging upon the aesthetics and use of a room by altering the ambience and the relationship individuals have with their homes. Wiles (2003) discusses the need to consider these changing social and physical aspects, suggesting that many older people miss the loss of their home as a place for socialisation with family and friends due to the intrusion of physical adaptations to meet their care needs. In turn, this could be construed as a form of 'institutionalisation' of the home whereas institutional environments may not necessarily in themselves be institutionalising (Martin et al. 2005).

Nevertheless, on the whole, the literature suggests that many older people appear to prefer the changes to their homes to entering some form of institutional care. Indeed, Cutchin, Marshall and Aldrich (2010) discusses how home, as a place, can also be viewed as a 'therapeutic landscape'. This is the idea that places which are imbued with special meanings can have healing effects for individuals (Cutchin, Marshall and Aldrich 2010). However, the dichotomy between space and place and different perspectives on the same structure could call in to question how 'therapeutic' some places might be once health and social care agencies become involved (Martin et al. 2005). Ageing is not a static process and thus how individuals change and how this impacts upon the symbolic and social aspects of any given landscape will make a difference as to whether it could conceivably be therapeutic or not and generalisations are not possible because of the unique circumstances of each

individual (Martin et al. 2005). Fänge and Dahlin-Ivanhoff (2009) agree with Martin et al. (2005) that the evidence does not necessarily support Cutchin, Marshall and Aldrich (2010) ideas regarding a therapeutic landscape. They point out that whilst the familiarity of the home and of belongings is important on the one hand, the possibility of leaving it, even for a short while, might give some individuals the opportunity to escape the confining walls and see other places and people. This once again demonstrates the importance of appreciating how an older person views their home and whilst being at home is important, so is the ability to leave it.

Ageing in place and remaining in a known community depends on a number of factors which include health, functional ability, social welfare support and health care and of course individual motivation and desire. As Finlayson (2006) points out, the mere act of thinking about a practice such as self-care immediately transforms it into a kind of political activity. He maintains that it is vital to think about practices and challenge how things are construed in order that they may be changed. This is significant when considering the help and support older people may require and the degree of intrusion that professionals and support workers may bring when they enter an individual's home.

Gender and the Home

Remaining in their own homes, brings aspects of autonomy and control associated with the concept of independence which are important for a sense of security and attachment among older people (Percival 2002). Mowl, Pain and Talbot (2000: 194) find this especially crucial for women:

'.. the home is more likely to be an important symbol both of a positive feminine identity and of resistance to negative old age identities than for men. For many a tidy home indicates someone who is fit and has visitors.'

Terrill and Gullifer (2010) make the point that ageing research has tended to be genderless and women's studies ageless. They argue that the social realities dominant in society and attributed to women, such as that mentioned by Mowl, Pain and Talbot (2000) above, are not the same as the descriptions

that older women give. A woman's identity traditionally has been associated with family roles which predominate in the home such as mother, wife, nurturer and carer. However, Terrill and Gullifer (2010) point out that many older women do not ascribe to these traditional roles but highlight instead important turning points in their lives such as personal growth experiences and discuss the confidence, freedom and a sense of control over their lives which they have gained with age. Indeed, Feldman (1999) discusses older women's concerns over the dominant portrayal of women regarding youthfulness and procreation in the media which adds to the ageist assumptions that older women have outlived their usefulness in society. This portrayal is of particular concern when one considers that women still typically earn less than men for similar work, with jobs that are seen as predominately 'women's work' such as 'caring', generally being paid less than those characterised as 'men's work' such as 'technical, scientific' roles (Wiles 2005). According to Russell (2007) the majority of those providing care are women and the majority of those receiving care are women. These differences occur partly due to life expectancy differences, which are narrowing, and partly because of the tradition of women being younger than men when they marry (Wiles 2005). This gender imbalance, which means that women earn less than men but need more care in the home as they age is a significant factor when public policy is changed with cutbacks and privatisation having a disproportionate impact upon women. Such changes to the political nature of care do not have an equal impact upon the different sections of society and reinforce the view that older women, whether living in their own homes or not, are a burden on society (Russell 2007). Thus gender inequality appears rampant until the point of death (Russell 2007).

Socialisation

There is some disagreement in the literature, concerning the impact that the environment in which the home is situated, has upon the older individual. Wiles (2005) argues that those older people who live in wealthy areas are more likely to have better amenities and resources than those homes located in deprived or poor areas which could have an impact on well-being and

attachment to home. Gilleard, Hyde and Higgs (2007), however, use data from the English Longitudinal Study of Ageing to demonstrate how 65% of those living in the most affluent areas reported feeling attachment to their local community compared to 63% of those living in the most deprived areas. This indicates that attachment to the community was about many factors some of which are intangible and not just about affluence.

Aspects such as mobility, self-care and being able to pursue chosen leisure activities were key life issues and allowed people to become involved in socialisation (Williams 1997). An important part of home is being able to leave it and spend time in the environment. The ability to move outside the home and to enjoy social interaction is dependent upon individual circumstances and the particular settings in which older people live (Murray and Crummett 2010). Not being able to engage in activities outside the home and to mix with others in a range of social activities is negatively associated with physical, mental health and wellbeing (Murray and Crummett 2010). Ultimately, the inability to access the wider environment could lead to isolation and dependency.

Sundsli, Espnes and Söderhamn (2013) adds to this by stating that none of the participants in their study said they longed for solitude or preferred being alone, indeed when describing situations to the researcher they always returned to situations and events which included other people. The importance of relationships and roles in their lives were highlighted and Sundsli, Espnes and Söderhamn (2013) argue that the ability to meet and mix with others to maintain and establish relationships is crucial to the health and wellbeing of older people and contributes to their ability to remain living successfully in their own homes. In addition, coupled with the ability to socialise was a sense of control over their lives attained through being able to remain active (Eloranta et al. 2012). Support from a wide variety of sources including family and professionals not only enabled people to remain in their own homes but brought, for some, other opportunities for socialisation (Eloranta et al. 2012).

Risk Management

The literature tends to focus on aspects of the physical body and its environment when considering risk, to the exclusion of other aspects such as cognitive or social risk for example. There are many papers published on the risk of falling and hazards generally in the home and it could be argued that the physical environment does indeed enable or disable the ability of older people to undertake activities of daily living (Gitlin et al. 2001). The emphasis on environmental hazards, which are common in all homes, attract particular attention of professionals where older people are concerned, partly due to the consequences that a fall has and partly, as Allen (2001) points out, the emphasis is placed on tangible physical factors in the home which can be measured and observed (Gitlin et al. 2001). Indeed such an emphasis demonstrates how the home is being seen as space and perilous space at that. Bathrooms are considered to be one of the most dangerous rooms and the lack of adaptations such as grab bars, thresholds, loose flooring and clutter could all pose risk for the older individual. Gitlin et al. (2001) highlight the research which claims that one third to one half of all falls in older people take place in the home environment, yet they point out that other research suggests that hazards in the home do not increase the risk of falls injuries. There is a lack of consensus as to what constitutes a home hazard, but there is a general agreement that observation by professionals of the home environment yields a greater number of potential difficulties than does self-report as older people tend to under-report or remain unaware of environmental problems (Gitlin et al. 2001). This leads us back to the space/place dichotomy and power relations, which tend to favour the professional expert opinion together with the imperative to reduce the falls risk. The physical body predominates here and the perspective of some older people who consider potential problems as ways of challenging the self and of keeping the body active and physically able are ignored.

3.3.4 Conclusion

What is apparent from this review of the literature is that Hayward's (1975) claim that there is no one definition or explanation of home which captures all the facets discussed in the literature, is still relevant. The emphasis on the

attachment or relationship between the individual and their home means that there has been a lack of focus upon the wider social context and social pressures that impact upon individuals and their relationship with their home. Some of the papers (Dixon and Durrheim 2000; Manzo 2003; Manzo 2005; Moore 2007) make reference to this aspect of the phenomena but only briefly and predominately to highlight the lack of research from this perspective, rather than addressing it.

The number of different perspectives that have been used to investigate the relationship humans have with certain places is quite diverse but there is a dearth of literature which takes a critical perspective. There appears to be no universal agreement on what a 'home' means but a diverse range of emotions and factors which connect people in some way to the place they call home. Home exists in space and is a physical tangible structure, but its importance to the individual, which can be either positive or negative, is apparent only when meanings are ascribed to it (Easthope 2004). Different people, based on their experiences, background, culture and ethnicity, will develop different meanings of home and this will not necessarily remain static and unchanging over the life-course. There has been a tendency to discuss home in a mythologised way rather than viewing 'home' as a metaphor for many types of relationships and this has tended to limit theorising and understanding of the home (Moore 2000). Gurney (1997) discusses how people behave in non-rational ways where home is concerned and asks why, for example, older people appear to prefer, on the whole, to remain in their own homes despite the difficulties of maintenance and running costs connected to a large family home rather than relocating to a smaller property more suitable for an individual. This demonstrates either the emotional attachment that people feel towards a place full of memories and experiences or it could highlight a reluctance to go through the upheaval of relocation. In either case, the importance together with the impact of home on the individual needs to be investigated in order that a fuller appreciation of how home can enable or disable wellbeing, is imperative. This demands the use of subjective methodologies which capture the innermost thoughts, perceptions and feelings of individuals (Wiles 2005). Alongside these important aspects is a need to

investigate the impact that societal processes and the politics of place through historical, ideological and economic forces have upon how people define, use and think about their 'home' (Després 1991 and Manzo 2005). This aspect of home has only been touched upon and this area of study requires further investigation. Manzo (2003) in particular emphasises the need for a broader research agenda regarding the home, arguing that place does not exist in a vacuum but rather within larger socio-political contexts. Recognising people's emotional attachment to place must therefore include a contextualised, politicised and ideological perspective of place (Manzo 2003).

It is this aspect of the home that this project engages with. It seeks to explore how the wider environment, which includes the politicalisation of place and the implementation of ideology, subject the older person to influences and pressures when living in their own homes.

3.4 The Research Question

The literature review demonstrates that the impact of societal dominant discourses and the degree of influence these have on older people has not been fully explored. The need for further investigation regarding these, was apparent and fitted with my own desire for a critical approach to ageing in the home. In keeping with a Foucauldian perspective, a focus on societal influences was to be gained by researching older people at the micro-level, through listening to their narratives. Such an approach would allow me to discover how discursive practices were being absorbed and the degree of resistance that older people were exhibiting. With these points in mind, the following question was developed:

What are the discursive practices of older people in relation to the home space and what do these practices produce?

3.5 The Research Aim

In order to ensure the question was answered the following aim was formulated:

To investigate how dominant societal discourses are manifested in their discursive practices in relation to older people and the home.

The aim was divided into sub-aims as follows:

- Analyse if and how the body (physically and cognitively) is used for resistance
- Evaluate the health beliefs of older people in relation to risk and trauma in the home space
- Explore how home is used to allow for the performance of socialisation activities by older people
- Investigate the types of consumption activities which occur in the home
- Examine if older people resist professional knowledge and refer to their own lay narratives as reasons for action
- Analyse the power relations which privilege professional discourse over the narratives of older people

Chapter 4

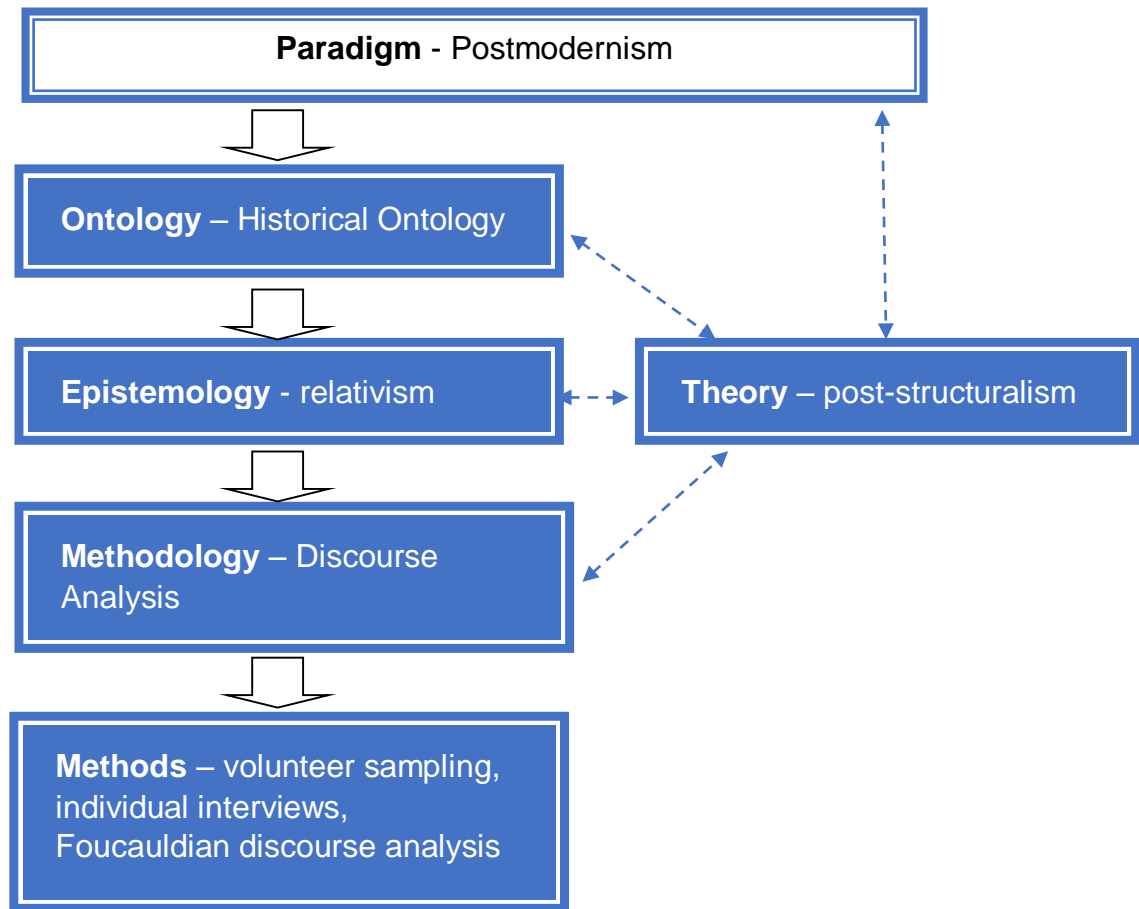
Methodology

4.1 Introduction

The decision to undertake this particular research topic and the reasoning for the philosophical, methodological and methods choices are all influenced by the episteme in which we live. Inevitably the way in which something is studied will affect the knowledge that is produced and what we can know about that particular topic. Such decisions are affected by a wide variety of influences which include personal interests and motivations and, in this project, my interest in older people, together with the importance of my own home have combined to direct my thinking and my approach. Alvesson and Sköldbberg (2000: 6) sum this up well when they state we need to develop ‘... a *consideration of the perceptual, cognitive, theoretical, linguistic, (inter)textual, political and cultural circumstances that form the backdrop to ... interpretations*’. We are all, therefore, influenced by the time frame in which we live, with past events inevitably having an impact in shaping the culture of which we are a part and this is something I have become increasingly aware of during the process of undertaking this study.

The aim of the research was to gain an insight into how older peoples’ discursive practices, within the home, may or may not reflect dominant societal discourses. Such an aim, for me, demanded a critical approach. This chapter, therefore, is designed to explain the philosophical and theoretical underpinnings, that I have ascribed to and which have inevitably influenced the entirety of the research process (Crotty 1998). How the research has been framed is given in figure 4.

Figure 4 – An Overview of the Research Process



4.2 Paradigm – postmodernism

The paradigm or world view I have adopted is that derived from postmodernist thought. Postmodernism can be described as a way of thinking, rather than a particular point in time and has been discussed as a paradigm shift, as explained by Kuhn (Bent 1999). Postmodernism has two basic meanings – it can be used aesthetically to refer to developments in the arts after modernism; or in a historical and philosophical sense to refer to a specific time period (Peters 1999). In the latter sense it refers to a dramatic shift in values and practices from the period termed modernity.

Cheek (1999) argues that a postmodern approach challenges the established view that it is possible to know reality in its entirety. She argues that it is not

possible to attain universal essential understandings so that the way that reality has been, and is, represented needs to be questioned. This means that it is not possible to speak for others or make truth claims so that an analysis of an aspect of reality inevitably involves multiple layers, multiple truths, and multiple voices (Cheek 1999). Foucault's analyses appear to align themselves with this mode of thinking although Foucault himself rejected all attempts to 'classify' his work. There are, however, clear lines of thought which were influential upon Foucault which can be attributed to, for example, Nietzsche's work on power and Wittgenstein's work on the way language is used to define or redefine discourses (Powers 2007). Postmodern thought has been adopted for this study as it best articulates some of the issues with which Foucault engaged such as his opposition to *'totalising narratives'*, examples being domination or emancipation, in favour of more localised accounts at the micro-level (Powers 2007). This resonates with the need in Foucault's work to concentrate upon local narratives in a particular context in order to analyse the power relations inherent in the social situation as a consequence of historical factors (Powers 2007). As a paradigm of thought, Foucault's work fits here for two reasons, as his thinking involves:

- firstly, a critique of the human sciences and their claims to produce explanations and bodies of knowledge regarding the individual; and
- secondly, the act of 'power' which may accompany bodies of knowledge which allows a group of people to define something thus giving dominance to one discourse over another (Powers 2007).

Bastalich (2009: 6) highlights how Foucault's approach does not ask:

'What is the cultural meaning of this event/experience for these persons?' (social constructionism);
'what does this knowledge reflect about its producer's intentions or desires?' (constructivism);
'what political forces produce and reinforce unequal social relations?' (critical theory)'.

Rather the focus of an investigation using a Foucauldian informed discourse analysis is to appreciate how discursive practices are influenced by historical

and cultural specific sets of rules for organising and producing a particular form of knowledge (Bastalich 2009) and how these discursive practices become embedded in society.

Postmodernism moves away from individuals as the makers of meaning and instead points to the role that historical practices and discourses play in producing subjectivity and thus meaning (Bastalich 2009). It is therefore imperative to place the beliefs and behaviour of participants into a historical context – to explain how meanings have developed and influenced the individual (Wainwright 1997). Rather than interpreting the participants' accounts it is necessary to investigate the processes and social structures which have shaped their views and influenced their behaviour with the intent to get beneath the surface of everyday assumptions to gain a deeper level of explanation (Wainwright 1997). As the world is constantly changing and knowledge is being continuously revised, a body of knowledge is bound to be historically specific. However, by exposing and remaining aware of the historical influences and transitory nature of knowledge, an individual is able to select between truth claims (Wainwright 1997).

4.2.1 Ontological Claims

In this research, I was particularly concerned with accessing the discursive practices that older people enacted with regard to their homes. The important feature here is not just to investigate conversations and interactions of people but to also consider the structures and mechanisms within society to understand the policies and cultural practices that people engage with (Talja 1999). Foucault (1981: 34) argues that the social structures, institutions and the way life is conducted in a given culture need not necessarily exist in the form they do:

'On the other hand, from the moment one begins to be unable, any longer, to think things as one usually thinks them, transformation becomes simultaneously very urgent, very difficult, and altogether possible.'

May (2011) concurs with Foucault in suggesting that over time social events and situations become an established part of life and operate without

individuals, including researchers, being aware of them and as such are a precondition for the behaviour of the individual. These structures and practices can be changed, however, by individuals who are capable of making decisions and choices but only if they develop what Foucault termed, 'critical consciousness' (Hughes and Sharrock 1997: 165):

'A critique does not consist in saying that things are not good as they are. It consists in seeing what kinds of self-evidences, liberties, acquired and non-reflective modes of thought, the practices we accept rest on.'
(Foucault 1981: 33)

In keeping with the paradigm of postmodernism Foucault does not concur with the subjectivist or the objectivist epistemological theory of knowledge as neither of these can shed light on the history of social practices that produce meaning (Bastalich 2009). Foucault argues that what is possible to say at a particular time and place, from a particular subject position, is dictated by historical practices. Indeed, contemporary society cannot be understood by examining the meanings of participants, what is required is a history of practices and knowledge and how these constitute the individual (Bastalich 2009). Foucault's work was to appreciate why, in contemporary society, the body needed to be regulated in ways not deemed necessary in pre-modernity. He argued there were two main reasons for this: firstly the need to control the population pressures which had been produced by a move to urbanisation and, secondly, the needs of industrial capitalism (Foucault 1980). These needs stimulated governments to a greater desire for '*order, obedience, predictability, standardisation and regulation*' (Bastalich 2009: 3). Thus it could be argued that the desire for control was achieved by the transformation of individuals into objects and subjects of knowledge which resulted in social and human sciences becoming powerful and central in this project (Bastalich 2009).

This is in line with postmodernism, in that reality is influenced by a myriad of forces which include social, political, cultural, economic, ethnic and gender issues which, over time, have become embedded into social structures and institutions to such an extent that they are not questioned, they are viewed as

being real or natural (Bastalich 2009). These social structures and institutions can oppress and constrain individuals and their influence upon, in this case older people, needs to be considered. People have knowledge of their world but it is necessary to investigate the structures and underlying mechanisms that impact upon them, of which they may not be wholly aware, in order to gain a different perspective on ageing in the home.

Hughes and Sharrock (1997) highlight how human activity is inevitably culturally and historically shaped and context bound with the decision to develop knowledge through a particular mode of investigation, for example science, being influenced by the dominant ways of thinking in that particular episteme. Selecting one mode of investigation over another both enhances and limits knowledge development. It enhances knowledge but only from a particular, limited perspective at the exclusion of other ways of knowing. The development of knowledge, therefore, is influenced by cultural practices which have developed and become embedded in society over time, being produced and reinforced by people thus making society and behaviour historically constituted. Foucault therefore adopts an historical ontology. He makes the point that as a consequence of this, different groups of people try to impose their own system of domination by taking control of systems of knowledge (the production of meaning) (Bastalich 2009). Therefore what counts as true, morally correct or beautiful is *relative* to a given time, place and power struggle. For example the concept of ageing changes according to whoever is powerful enough to define it in a given culture. Thus the policy change which encouraged older people to remain living in their own homes is a consequence of societal expectations and the needs of government as a result of demographic changes. In this thesis, postmodernism has thus specifically been adopted to challenge the status quo and to consider ageing in the home from a different perspective. Or in Foucauldian terms, this thesis also describes the development of my critical consciousness.

However, this adoption of postmodernism produced a dilemma for me as I needed to resist claiming to have produced knowledge outside the domain of politics and power as I gave an account of older people living in their own

home. This was a huge and on-going intellectual tussle throughout the whole process of the study as I found myself ‘falling into the “normal” position’ of accepting reality at face value and was constantly entering into an internal dialogue about what I was trying to do and what I was actually doing. The need to question and justify what was being undertaken and how it was being operationalised to oneself to ensure that Foucault’s ideas were adhered to was an ongoing debate.

4.2.2 Epistemological Claims

Epistemological positions are fundamentally about the nature and justification of human knowledge and enable the reader to know whether or not some claim to knowledge about the world is justified (Crotty 1998). It raises the issue of whether or not researchers can objectively (or neutrally) know what there is ‘out there’ in the social world without tainting it in some way as the process of interpretation is essential to the presentation of all data (Alvesson and Sköldberg 2000). Epistemological positions include objectivism, subjectivism, constructionism (often referred to as interpretivism) and relativism. For the purposes of this project the epistemological position of relativism has been adopted in keeping with Foucault’s ideas that societal structures and beliefs influence an individual’s behaviour through circulating discourses (May 2011). There are many different kinds of relativism but they all have two features in common: firstly, they all assert that one thing (in this instance older people and their home) is *relative* to some standpoint (e.g. culture, language); and secondly, they all deny that any standpoint or particular position is more privileged than any other (Hughes and Sharrock 1997). This means that individuals can only behave and think in the way that the episteme allows, so what is going on in a particular culture at a particular time both allows thinking and behaviour but also constrains thinking and behaviour along the lines of dominant discourses. Through the activities of individuals social structures are kept ‘alive’, but through the development of awareness, people can also choose to change structures, either individually or through collective action (Hughes and Sharrock 1997).

The adoption of relativism in working with older people implies that I accept that there are different realities (all equally valid) and that individuals impose meanings on situations which they gain from societal discourses. This epistemological position deems it essential that I consider the macro-influences of society upon the micro-level that is the individual, as well as myself, in order to gain a greater appreciation of older people's behaviour with regard to their home. As the individual participant in the study is permeated by cultural influences, they do not live in a vacuum, I consider that the influences of the time period in which the participants and myself live, has a constituting effect and thus the way ageing and the home are discussed is relative to this time frame. As social structures do not have a life of their own but are constructions of individuals or groups, they both permit, and are a consequence of action (May 2011). How and why older people think and behave in their home in the way they do is a central aspect of this study. Foucault places language at the centre of such investigations. He considers how specific ways of thinking, talking and writing about a topic creates systems of connected ideas which give us our knowledge of the world. This appears to be in-keeping with the so called 'linguistic turn' which supposedly describes a shift in the episteme emphasising how reality was constituted by language although this is debated by a number of authors as Surkis (2012) discusses.

4.3 Foucault's Discourse Analysis

Foucault's contribution to postmodern thought has been highly important and influential but he never accepted any of the labels that others tried to place on him (Panneerselvam 2000). Indeed his work was so far reaching and complex that many authors agree it is difficult to place him in one category or group (Panneerselvam 2000). He never developed a specific method or in-depth explanation of how to carry out a discourse analysis based on his ideas, as he argued to do so would be to add to the dominant discourse or privilege what he was trying to do, and so undermine his philosophical base. Rather, he called upon researchers to remain reflexive and thus critical:

'I wouldn't want what I may have said or written to be seen as laying any claims to totality. I don't try to universalise what I say; conversely what I don't say isn't meant to be disqualified as being of no importance.'
(Burchell et al. 1991: 73)

His thought evolved as he questioned both subjectivism (inherent in some of the social science perspectives such as phenomenology) and the *'naive or primitive empiricism'*, which had been imported into social sciences from the natural sciences and adopted by positivism (Foucault 1980: 81). What is apparent in his work is his interest in a number of analytical possibilities – archaeology, genealogy, power/knowledge and problematisations (Koopman 2014). Foucault set out to critique modern Western thought and he concentrated on the social and discursive practices that play a role in constituting the human subject and ultimately how these practices objectify and subjectify the individual (Panneerselvam 2000). For Foucault one of the most important strategies developed was that of dividing practices *'which categorise, label, isolate and exclude the subject from what is considered 'normal' social intercourse'* (Panneerselvam 2000: 14). Such dividing practices separated the mad from the sane, the normal from the abnormal the healthy from the unhealthy and, in this project, the old from the not so old. Such dividing practices allow for the development of knowledge and expertise which in turn lead to a power/knowledge nexus which become a part of the culture where power relations exist.

With this in mind, I sought to problematise the older person living in their home and was interested in how discursive practices influenced the individual's behaviour in their own home. Such an analysis offers the opportunity for scrutiny and challenge and, by making visible the power relations, offers a point of resistance allowing for things to be different (Hastings 2000). A Foucauldian discourse analysis, therefore, seeks to appreciate how language is used, why it is used in a particular way, by whom and in what context (Hastings 2000). The ability to expose the 'hidden agenda' in a critical manner and thus have explanatory power is considered to be one of the main strengths of discourse analysis (Hastings 2000).

Foucault's approach draws attention to systems of language and how they shape experiences of people in a society. For example, he investigates what ideas, rituals, practices and social power relations are embedded within the discourse (Powers 1996). Thus Foucault increases awareness of 'social control' and how this permeates the discourse and its effects in the social world (Barth 1998). As the researcher I must therefore consider what kinds of things are being said and done differently as a result of the existence of a given discourse (Powers 1996).

The analytical possibilities used by Foucault centred his attention on different concepts with governmentality being a key mechanism for controlling not only the population en-masse but also the individual. The complexity of this concept is linked to the specific topics he investigated and thus the use of governmentality in the twenty first century requires consideration (Koopman 2014). For example, Koopman (2014) discusses how biopower came about as a consequence of the development of disciplinary knowledge such as public health, medicine, psychiatry, demographics and statistics, creating a new way of thinking about the individual body and the population in the nineteenth century. Today, however, biopower would be conceived of differently with new bodies of knowledge being generated such as genetics, weapons of mass destruction and information technology to name a few (Koopman 2014). Thus Foucault's principles can be adopted but need to be utilised appropriately in order to reflect the episteme in which we live.

4.3.1 Governmentality

Foucault's main concern was with how liberal governments governed (or shaped the conduct of) the population and his work demonstrated how power was diffused throughout social structures and institutions (Pickard 2009). He reconceptualised the relationship between power, knowledge and subjectivity, arguing that power/knowledge acts through subjectivity rather than upon it (as critical theorists and feminists would argue) with power being both productive and repressive (Berard 1999). For example, at the micro-level, the development of the discipline of medicine meant that the body could be

regulated by individuals being encouraged to take responsibility for the self through lifestyle choices (Bastalich 2009). At the macro-level, the development of statistics allowed the state to control the population through, for example, health promotion policies.

Foucault argued that urbanisation and the needs of industrial capitalism were the drivers to regulate the body in ways unknown prior to modernity through these new forms of power (Powers 2007). He argued there were two principal reasons for this change, one reason was the increase in the population as a consequence of urbanisation. The second reason was the need to produce a healthy work force (Powers 2007). Governmentality, therefore, works to produce the individual best suited to fulfil the policies that the government sets (Besley 2005). As a consequence individuals actively constitute themselves in accordance with these new ways of knowing (Berard 1999). Power is de-centred and members of the population play an active role in self-government thus being governed, in effect, from the inside (Besley 2005). Neoliberal policies are designed to reduce the reliance that individuals have upon state provision and for older people living in their own homes this means they must be responsible for the self, maintain their property and be financially prudent (Rose 1999).

Governmentality needs to ensure that the individual does as s/he should and achieves this by disciplinary knowledge constructing the norms that the individual should achieve, in turn allowing each individual to be measured, observed and regulated against these (Allan 1996). Older people are seen through the 'age gaze' although at what point someone is considered 'old' appears arbitrary. The retirement age is one factor, which in recent years has changed dramatically, demonstrating how age is constructed according to the needs of the state at a given time. This separation of older people from those who are not so old allows for surveillance, turning individuals into objects (to be examined) and subjects of power. Power has an individualising effect in that older people are subject to hierarchical observations via professionals who visit the home, or carry out surveillance at the surgery/clinic, day centre or place of respite care (Allan 1996). Such locations allow older people to be

observed and compared in terms of their cognitive, physical and social abilities and their level of resistance to the policy directive. Normalising judgements are used to judge how close to the norm the individual is. Normalisation which, in effect, creates abnormality defined by experts, means that such deviations must be treated and thus there is a self-fulfilling need for disciplinary groups (Pickard 2009). Such a process provides for the deployment of resources to the deserving old – the current economic climate heightening this effect. The act of examination combines both hierarchical judgements and normalisation processes making individuals visible in order to differentiate them and make them an object of power/knowledge (Allan 1996).

Interestingly the age gaze has not only shifted in terms of age but also in terms of spatial location from the home to hospital/clinics and back to the home as policy direction has changed. As increasing numbers of older people are encouraged to remain in their own home, the home becomes an important spatial location to be examined where individuals can be compared to and differentiated from the norm. Should there be a suspicion that there are problems, these need to be voiced in order that the older person can be fully assessed by numerous professional disciplines (Allan 1996). Pickard (2009) explains how such practices operate in a panoptican way by placing individuals and populations into a framework of visibility – visible to others so that the individual never knows when they are being observed and so they learn to observe the self.

Biopower

One of governmentality's techniques is that of biopower, which emphasises the body as the place *'in which the most minute and local social practices are linked up with the large-scale organisation of power'* (Dreyfus and Rabinow 1982: xxii). This gives a focus to both the individual and the whole population. The various forms of expertise classify and divide individuals for the purpose of regulating them more efficiently, creating in the process both the 'subjects' and the experts that preside over a given disciplinary knowledge. A Foucauldian discourse analysis, therefore, describes a certain kind of

discursive practice as a result of the construction of collective knowledge, rather than an individual reality (Diaz-Bone et al. 2007). Discourses which predominate have a strong impact on individuals 'as subjects' as they are discursively constructed and constituted with any analysis needing to focus upon the micro-level of the subject in order to appreciate the collective knowledge (Diaz-Bone et al. 2007). Thus in order to understand how older people conceive of their homes and behave, it is necessary to find out which discourses dominate and influence their behaviour.

Technologies of power

Biopower, often referred to as biopolitics, is therefore the style of government that regulates the population through technologies of power. Foucault set out a typology of four inter-related 'technologies': technologies of production, technologies of sign systems, technologies of power (or domination) and technologies of the self (Besley 2005). Each form of technology implies some way of behaving which changes or shapes the individual so that they behave in a way suited to the needs of government (Besley 2005). With technologies of power, the aim is to regulate and normalise subjects and this process operates through hierarchical observation (the age gaze), via the panopticon, the individual never knowing for certain when they are being watched and subjected to normalising judgements. Such techniques in effect objectify the subject (Macleod and Durrheim 2002). Thus technologies of power are concerned with managing people as a group and this allows for the control of the entire population.

Foucault highlights how ideological constructs such as 'humanism', itself a consequence of historical and social practices, construct what human beings are by 'nature' thus making such claims attractive (Pickett 1996). Any theory of how a human being should be has the effect of constraining possibilities and marginalising those who do not fit the ideological construct (Pickett 1996). Pickett (1996) points out that this emphasis on 'normality' leads to categorisation, dividing practices, selection processes and exclusions, legitimising practices such as the incarceration of individuals in prisons,

asylums or 'ghettoisation' of subgroups deemed in need of additional surveillance such as sheltered housing for older people. Foucault argues that by exposing such hidden technologies of power and giving voice to those who have been subjected to normalisation and marginalisation allows for critical reflection and thus resistance (Pickett 1996).

Technologies of the self

This technique encourages individuals, through the process of 'normalisation' and self-surveillance, to internalise desired behaviours in line with technologies of the self (Pickard 2009). Technologies of the self therefore are a way of influencing the social construction of personal identity (Besley 2005). Aycock (1995: 2) explained that technologies of the self, are made up of four components:

'(a) the private 'inner substance' that is believed to be the ultimate source of personal identity (b) the degree and kind of commitment that is made to a given activity (c) the personal routines or disciplines that are adopted to reshape one's identity (d) the eventual goal of the personal transformation that has been undertaken.'

Foucault (1993b: 203) explained this:

'Of course if one wants to study the history of natural sciences, it is useful if not necessary to take into account techniques of production and semiotic techniques. But since my project was concerned with the knowledge of the subject, I thought that the techniques of domination were the most important, without any exclusion of the rest. But analysing the experience of sexuality, I became more and more aware that there is in all societies, I think, in all societies whatever they are, another type of techniques: techniques which permit individuals to effect, by their own means, a certain number of operations on their own bodies, on their own souls, on their own thoughts, on their own conduct, and this in a manner so as to transform themselves, modify themselves, and to attain a certain state of perfection, of happiness, of purity, of supernatural power and so on. Let's call this kind of techniques a techniques or technology of the self.'

The concept of technologies of the self is both repressive (individuals monitor and carry out self-surveillance to ensure they are abiding by discursive norms) and productive (an individual transforms the self in order to attain a level of

happiness, purity, wisdom etc.) (Foucault 1988). This dual aspect of the concept is central to Foucault's ideas regarding the subjectification of the individual, which allows for control and regulation (Pickard 2009). As such the principal of knowing oneself became a priority with neoliberal governments developing indirect techniques for regulating and controlling individuals without being responsible for them. Subjects need to be responsible for themselves and recognise risks such as illness, unemployment, poverty, not as the responsibility of the state but actually a personal problem with which they must engage (Lemke 2001). Foucault's governmentality stresses the involvement of subjects and thus conceptualises power in a unique way. Power is not possessed by a few but has an omnipresence which enmeshes the whole population and which is practised in everyday life (Pickard 2009).

Thus in order to understand how power pervades everyday life it is necessary to focus on the micro-practices of the subject (Pickard 2009). As such, Foucault offers an alternative perspective by examining the ways in which older people are made into social subjects through biopolitics and technologies of the self and who, therefore, need to take care and be responsible for themselves in line with neoliberal policies (Barth 1998).

4.3.2 Resistance

One of the important points that Foucault raises, regards which forms of power we wish to live with and which forms of power we wish to limit or even prevent (Thorpe 2012). Foucault (1979: 95) was very clear regarding the possibilities of resistance to power:

'Where there is power, there is resistance, and yet, or rather consequently, this resistance is never in a position of exteriority in relation to power.'

Tang (2010) discusses how people can rebel against prevailing systems of norms or power and for Foucault, revolution is always possible through resistance. In order to resist, however, individuals need to develop what Foucault termed 'critical consciousness', but not all individuals engage with this for a variety of reasons. Tang (2010) highlights how those individuals who

belong to professional groups have little incentive to be critical as it is they who profit from the status quo; other individuals are too busy to challenge. Others may be coerced or deterred or may have a 'false consciousness' (Tang 2010). Thus resistance is always possible but not always undertaken depending on the individual's ability to gain critical consciousness and willingness to use this.

Foucault explains how power in post-modernity has become diffuse and circulates throughout society making resistance difficult (Pickett 1996). He makes it clear that power is not situated in only a few institutions as he had previously emphasised, rather power is everywhere this means that resistance itself needs to be diffuse also (Pickett 1996). Thus listening to the voices of those who have been marginalised, excluded or subjected to dividing practices is essential. For me this means in order to gain an understanding of how older people engage with discursive practices with regards to their home I need to talk with the older people themselves in order to gauge whether there is any resistance to the circulating dominant discourses. Resistance to the normalising judgements is not always easy and differing motives could lead to engagement in conflict which may not be something all older people wish to pursue (Tang 2010). As a consequence, for some older people living in their own homes, any conflict of interest with others such as statutory and/or voluntary bodies, may be considered too high a price to pay for the change that may or may not result. Thus governmentality, as Foucault explained it, controls the population and the individual via mechanisms in everyday life and the individual can either accept or resist these (Tang 2010).

4.4 Theoretical Perspective

Theory is an important aspect of any research as it challenges the way things are, it dares one to be different (Ball 1995) and offers modes of thought other than those that circulate in the dominant discourses. In selecting a theoretical perspective I wanted to challenge the way older people were viewed in their own homes and I set out to question my actions when I was a healthcare

practitioner and to allow space for thinking about an everyday topic, the home, in a different way (Ball 1995).

The social theory I adopted, therefore, was also key to appreciating the process and outcome of the research. Different social theories can be used to answer different research questions (Craib 1992). However, as much of Foucault's work lies within the paradigm of postmodernism I have opted to engage with the theoretical position known as post-structuralism. Post-structuralism consists of a number of theoretical positions, rather than one over-arching theory. This has resulted in differences of opinion and with different approaches developing, which can be seen by the diversity in the authorship of Foucault, Derrida, and Lacan to name a few. One of the main theoretical principles, with which the post-structuralists are associated, is their disagreement with the idea of a totalising concept (Lye 1997). The notion that all phenomena can be explained by one ideological stance is alien to them. Post-structuralists believe that reality can be represented in different ways and by a number of different voices and therefore there is no possibility of a truthful representation or complete interpretation (Alvesson and Sköldbberg 2000). Rather, they acknowledge the need for multiple interpretations, the possibility of variations and ambiguities, and the complex inter-relations within a text (Alvesson and Sköldbberg 2000). Secondly, post-structuralists disagree with the principle of essentialism. The idea that reality can exist independently of language and without words so that concepts such as 'beauty' and 'truth' can continue to exist irrespective of language is not feasible (Lye 1997).

Finally, post-structuralists reject the foundationalist concept that language is stable and represents the world in an unproblematic way (Lye 1997). They argue that language is not objective and value-free but is influenced by cultural beliefs and practices and is therefore not static (Lye 1997). As such, each individual's values and behaviours are taken from their inter-actions in social groups, their personal relationships as well as from the wider society in which they live (Lye 1997). An individual may find that they are addressed differently depending upon which cultural practice they find themselves in so that meanings can be viewed differently in different contexts. As such it is not the

individual who creates perceptions, emotions, thoughts and actions but the linguistic world in which they live and the particular discursive practice within which they are operating (Alvesson and Sköldbberg 2000). In other words, the individual is decentred and becomes a subject that is created by the discursive practices in which s/he finds her/himself.

Post-structuralism, therefore, contends that the way older people discuss their homes is not a straight forward communicative act but the language available to them constructs their reality and influences their perceptions and knowledge of the world around them. Thus the discourses adopted emphasise the importance of power relations and how this impacts upon the subject positions adopted by older people. Foucault conceptualises this power/knowledge through language as both productive and oppressive and a point for resistance (Bent 1999).

4.5 Methods

This research focuses upon the discursive practices older people perform in relation to ageing in their own home. In order to explore these practices it was necessary to obtain a sample of older people who viewed the property in which they lived as their home.

4.5.1 Sampling

As my aim was to seek individual responses regarding the phenomenon of ageing in the home, and to ensure that the study was adhering to the philosophical framework discussed above, non-probability maximum variation sampling was undertaken. Eligibility criteria ensured that potential participants would give some degree of cohesiveness across the group. Purposeful sampling was selected as the most appropriate technique and a sample size of between 15 and 20 older people would allow for the breadth and depth required in the data. The eligibility criteria is given in table 3 below:

Table 3 – Eligibility Criteria

Criteria	Justification
60+	For this group of older people the state retirement age for women would have been aged 60
Live in their own homes (rented or owner occupied)	Any form of accommodation was acceptable as long as the individual considered where they lived to be their home
Both Sexes	The views of both sexes were sought
Urban or rural location	Geographical location may/may not have an impact regarding differences in opportunities for social interaction which could impact upon the relevance of home
Working and middle classes	Individuals with different economic backgrounds was sought in order to appreciate if wealth had any influence on discursive practices

The eligibility criteria meant I was seeking the narratives of a particular generation of people. There appears to be two basic views regarding ‘generations’ in sociology. As I had opted for people who were 60 or above to coincide with what had been the pensionable age for women, the group were being defined in terms of their chronological age. They consisted of a group of individuals who were born and happen to be alive at around the same time. Another definition, however, of generations refers to those who share experiences of the same events (or processes) and therefore have a ‘collective memory’ (Carpentier and Fiserova 2012). This latter definition, adopted by Eyerman and Turner (1998: 93), define generation as “*a cohort of persons passing through time who come to share a common habitus, hexis and culture, a function of which is to provide them with a collective memory that serves to integrate the cohort over a finite period of time*”. I was not seeking a ‘collective memory’ in this particular study.

Where they lived and the type of property in which they lived was not of importance nor was the ownership of the property but they had to view where they lived as home. In line with the non-probability maximum variation sampling I had selected I hoped that the sample would have a mix of both sexes although with the statistics showing that women live longer than men it

was expected that there would be fewer male participants. Geographical location was considered relevant as those people living in a more rural area may have difficulties in gaining social interaction and the home, therefore, may be of greater importance. In line with the literature I wondered if there would be any differences due to wealth and economic background and so I hoped to gain individuals who would be classed as working or middle class.

In order to find a group of older people who met the eligibility criteria I obtained permission from Age UK to approach individuals who attended various activities and groups at a number of different venues. In order to recruit successfully I deemed it important to develop trust and rapport with older people and accordingly I attended a Fish Friday meeting of older people for three months. This was a large group of people (25-30) – most people attended each week but there was inevitably some variation across the three month time period. This activity allowed me to chat informally with the older people getting to know them and, more importantly, for them to get to know me and gain an insight into the project. To support this activity I distributed participant information sheets (appendix 3) as I met individuals. After completing the three month phase I discovered that only two attendees did not meet the eligibility criteria and so I asked if anyone would be interested in taking part in the study – much to my utter amazement not one of the individuals who met the eligibility criteria volunteered.

Subsequently, two individuals from the Fish Friday group contacted me, via Age UK staff, to say they would like to take part in the study. As I had invested a considerable amount of time with the Fish Friday group I did not have the flexibility to offer the same amount of time to other groups who attended other Age UK facilities. Consequently I attended some group activities at a luncheon club where, once again there was a large number of people (approximately 40). I explained to the different activity groups what I was doing and left participant information sheets and additional copies with the staff in case anyone was interested in volunteering. As I had not spent as much time with this group I was not hopeful that anyone would be willing to take part. However, once again I was surprised when 8 people immediately

volunteered. As I had not been able to purposefully select these individuals, I met each potential participant and explained in detail the project and their role should they decide to take part. I also discussed with each individual their background in order to ensure that they met the eligibility criteria stated above.

At this point in the project, I was concerned I only had 10 potential participants when I had originally wanted 15-20. I therefore submitted a substantial amendment to my original ethics approval and returned to the Ethics Committee to gain agreement for me to approach older people who undertook voluntary work with service user groups. This group resulted in two further potential participants making the total sample size 12.

4.5.2 Demographic Information

Demographic information was collected (appendix 4) in order to appreciate the background of each participant and to gain an overview of their life history pertaining to housing. This is presented below in Table 4:

Table 4 – Demographic information of Participants

Participant	Marital Status	Age (at first contact)	Education	Past Employment	Health (described by participants)	Current Home	Other Factors
Barbara	Widow – lives alone occasionally son or grand-daughter stay	69	Left school before 6 th form Diploma in Teaching	Teacher	Good	2 bedroomed owner occupied semi-detached bungalow	Active in setting and running quiz for Fish Friday group Additional hand rail for outside steps Taught others craft activities Converted loft room and had a staircase installed in between interview 1 and 2 – as worried about access Burglar alarm fitted
Olivia	Single - lives alone with dog for company	68	Attended technical school	Senior Clerk	Good	3 bedroomed owner occupied semi-detached house	Teaches crafts at an Age UK facility – involved with Church. Front of house opens onto public areas, large garden at back. Roomy house with lots of space. Stairs to first floor where bedrooms and bathroom situated. No downstairs toilet
Audrey	Married – lives with husband	82	Left school at 14	Various jobs	Good but with OA	4 bedroomed owner occupied apartment	Enjoys painting in a group activity and at home First floor flat access via stairs but also a lift which is situated next to their flat. Large rooms with plenty of circulation space
Bill	Widower – lives alone has occasional visitors	83	Left school at 14	Process Worker - factory	Good usual aches and pains	3 bedroomed owner occupied modern terraced house	Limited social activities – painting group and contact with daughters Quite cramped with a lot of furniture thus restricting circulation space. Small garden to front and rear Burglar alarm fitted
Pamela	Widow - son lives with her. Has a dog	79	Left school at 14 returned to formal education as a mature student	Nurse	Tries to be well – has a number of health issues	3 bedroomed owner occupied terraced house	Maintains some activities such as visits to town. Paints in group and occasionally at home but not often A lot of furniture in front room reducing circulation space but Pamela uses the furniture to hold on to when moving around. Television dominated the room. Frontage was small and paved – back garden larger but managed by children. Situated at the head of a cul-de-sac where Pamela felt there was a strong community
Margaret	Widow - lives with daughter	75	Left school at 14	Various jobs	Not bad – a number of health issues	4 bedroomed terraced house	Leisure activities such as quiz books, calls bingo numbers at Age UK and craft activities if there is a purpose Lived predominately in one room on the ground floor at the front of the house. Does access kitchen and downstairs

							facilities but great difficulty in getting to the first floor. Needs a wheelchair for outdoor use
Ella	Widow –lives alone	82	Left school at 14	Various jobs	Good apart from legs and sciatica	2 bedroomed owner occupied terraced bungalow	Television main activity and enjoys attending day centre Small bungalow terraced style bungalow. Very little space – awkward entry and kitchen and bathroom situated in the middle of the property with no direct light. One step into the property
Alice	Widow – lives alone	76	Left school at 14	Various jobs	Good has diabetes	3 bedroomed owner occupied detached bungalow	Carer commitments for family – day centre an escape Large modern bungalow with a lot of living space – front open plan and private secluded back garden. Garage not attached but close to back door.
Enid	Widow – lives alone	80	Left school at 14	Various jobs	Has had a number of falls	2 bedroomed owner occupied semi-detached house	Day centre important. Church when she can get. Visits to town with friends and holidays Small property but not too much furniture, has a stairlift to take her to the first floor and bathroom facilities and bedroom. Front garden small and back garden paved. Burglar alarm installed, key safe fitted, had blinds and curtains on all windows
William	Widower – lives alone although son lives with him when home from abroad	84	Left school at 14	Purchasing for a large factory	A number of health issues	2 bedroomed owner occupied semi-detached house	Walking group, sport on television and driving his car Two steps into property stairs leading up to first floor and bathroom facilities. Space to circulate. Double glazed windows had just been installed. Car parked in garden area
Ken	Divorced – carer lives in	66	Left school at 14	Electronics	A number of health issues	3 bedroomed owner occupied semi-detached bungalow	Active in service user groups Uses an electric wheelchair had a conservatory built at back of property. Circulation space for a wheelchair very limited. Could not access back entrance due to steps so uses front entrance which has been adapted so no threshold. Burglar alarm fitted
Sheila	Widow – lives alone	61	Attended HE	Teacher	Some issues	3 bedroomed owner occupied semi-detached house	Active in service user groups, gets out with support worker Registered blind. Ramp at front door. Large bush in small front garden hides the front of the house. Living/dining room full of papers stacked to almost ceiling height – cannot access this room beyond two chairs situated near the door. Stairlift fitted to first floor bathroom and bedrooms

As shown in Table 4, nine of the twelve participants in the sample were women and three were men. All but one owned their property, one individual lived with her daughter and in effect paid rent. Eight of the participants lived alone. One participant lived with her husband and another had her son living with her in her property. One individual had a live-in carer which allowed this individual to remain living in his own property. Educational opportunities were limited with most of the participants having left school aged 14. However, one participant left school at 18 and continued into higher education and one participant left school at 16. Some continued their education at a later date as mature students, achieving their ambitions when they were financially able. When asked how they viewed their health status seven participants described their health as good or not bad. Others indicated they had some issues but did not dwell on these. Properties ranged from two bedrooms to four bedrooms with only one participant living in an apartment. Most properties were terraced or semi-detached there was only one participant living in a detached property. For an overview of each participant please see appendix 2 for individual pen portraits.

4.5.3 Data Generation

In order to ensure that the topic was discussed fully, two in-depth, face-to-face interviews with each of the 12 participants were undertaken. I was aware of the debates in the literature, when undertaking a Foucauldian discourse analysis, regarding the preference for naturally occurring talk as opposed to a specific interaction between researcher and participants. However, I considered that the topic of home needed to be addressed specifically and therefore a one-to-one conversational interview to encourage individuals to discuss home was required. Potter and Wetherell (1987) suggest that where interviews are used in discourse analysis, they differ from traditional interviews in that variation in responses is an important aspect, and techniques should encourage this as much as possible. In addition, participants need to be an active part of the conversation in line with the emancipatory aspects of the paradigm. In order to promote these aspects of the interview I felt it was necessary to carry out two interviews to build rapport and trust and allow the

participants to feel comfortable with myself as the researcher and also the overall process. In addition, the second interview was deliberately loosely structured consisting predominately of prompts than direct questions in order to elicit responses and encourage active participation. Such a process, I believed, was more similar to naturally occurring talk and therefore more in line with a Foucauldian discourse analysis.

The first interview took place at a venue selected by the participant – 10 of the 12 participants chose to meet in their homes but two preferred the interview to take place in a neutral location and they selected the Age UK facility. Formal consent (appendix 5) to take part in the study was gained immediately prior to the commencement of the interviews and included permission to record the conversations. Initially, demographic data was collected and a home grid template (see appendix 6) was used to promote conversation, recall significant events or important aspects of the home and enable participants to remember the homes they had lived in. Interview one was the same for all participants with each being asked the same series of open ended semi-structured questions designed to capture what each participant considered to be important to them about their home (see appendix 7).

The data from the first interviews was then transcribed verbatim in order to allow me to immerse myself in the data. This was a long process as the shortest interview was 40 minutes and the longest interview was just over 2 hours. The data was then analysed via successive readings of the interview transcripts whilst listening to the recording in order to develop more in-depth and unique discussion points for each individual. A second interview was then arranged tailored to the comments made in the first interview and was loosely structured to promote the participants story telling. The second interview was noticeably more relaxed and individuals were much more at ease as they appeared to become used to the format and that they could say what they wished to. Again participants chose the location of the interview and 10 of the 12 participants opted to be in their own homes whilst the same two participants opted for the Age UK facility. The second round of interviews were far longer with the shortest interview being just short of 90 minutes and

the longest interview lasting just over 3 hours. Again the second round of interviews were transcribed verbatim.

As I was using interviews rather than 'natural talk' I appreciated that as Cornwell (1984) commented participants would inevitably present both 'public' and 'private' accounts on any given topic. Both accounts were considered important as they reveal the complexity of the beliefs and behaviour that the older people adhere to regarding their homes and the use of two interviews sought, therefore, to gain greater narrative discussion (Cornwell 1984). I was also aware of my own position as a female who worked in an academic community. How people reacted to me may be different to how they react to others and the use of two interviews also enabled the participants to communicate with me the person rather than a member of a given community. Undertaking two interviews also enabled participants to be free from the constraints of the majority – something which could have influenced individuals in a focus group setting. It also meant that there were no relatives or others who may constrain, in some way, what the older person wished to say. It was also important that I noted non-verbal communication, nuances, contradictions, vagueness etc. in order to appreciate and contextualise how the participants were discussing any given topic (Potter and Wetherell 1987). For example, it was not always possible to appreciate conversational styles such as sarcasm and irony without noting these down at the time and incorporating these notes onto the transcripts.

4.5.4 Data Analysis

Each interview was transcribed verbatim – the first set of interviews I undertook this process myself as I wished to immerse myself in the data in order to appreciate what was being said so that I could develop the themes for discussion in interview two. I retained information regarding laughter, emphasised speech, and noted down sarcasm and irony so that I could appreciate the context of the comments made during the conversations. I also felt that this process was essential to the analysis of the data.

The interview transcripts were subject to a two stage process which involved an initial thematic analysis which I undertook as I found the sheer volume of data generated overwhelming. The thematic analysis was used as a tool simply to organise the data and, most importantly, allow immersion in the material. The process of undertaking a thematic analysis allowed me to appreciate the breadth and depth of the data generated and to organise the data in a rudimentary way. The data were grouped into the following themes (see appendix 8 for an overview of each theme):

- Home as a liability
- Home the impact of health
- Home – environment, community, location
- Home – connections
- Home – retreat, sanctuary
- Home – everyday living

The thematic analysis process is illustrated in Table 5 below:

Table 5 Thematic Analysis Process

Initial read through data	Coding specific topics	Grouping codes together	Reducing the groups	Removal of overlap and redundant categories	Final number of themes
24 interviews transcribed verbatim – 2 interviews per participant	Many segments of text coded to reflect the topics of discussion	37 categories	16 categories	9 categories	6 themes

Adapted from Cresswell and Plano Clark (2004)

A Foucauldian discourse analysis is concerned with how talk and text is productive and constitutes that of which it speaks thus forming subjects within the various forms of knowledge/power. Foucault also advocates the development of a critical viewpoint with the development of individual critical consciousness. As a consequence of adopting this critical viewpoint there was a degree of overlap between a Foucauldian discourse analysis and a

critical discourse analysis. However, the emphasis throughout was upon Foucault's ideas with particular interest in governmentality and his conception of power and how power is dispersed throughout society. This was a key point which had an impact upon the findings presented here, as a critical discourse analysis would take a top-down approach to power. This in itself is interesting, but as I have a natural inclination with this perspective I particularly wanted to challenge my thinking and investigate the topic of home and older people through a different lens. Foucault's idea of power being dispersed throughout society at every level was of particular interest and personally very challenging. Thinking of the participants as having power, in Foucauldian terms resistance, changed my thinking and made me consider the topic in a different way. It was this challenge that I particularly wished to engage with and therefore sought to present the findings from the power/knowledge/resistance ideas that Foucault discussed.

The way each participant discussed their home was not neutral, detached or necessarily the same but rather they each produced a 'version' of the home (Talja 1999). I was aware that the way the participants discussed the topic with me might well be different to the way they discussed the home with their friends or family, thus discourse analysis is context specific (Talja 1999). Variability and inconsistency between participants is not a problem and to be expected. This does not mean that there is no commonality between the participants narratives but rather that the commonality cannot be attached at the level of the individual (Wetherell and Potter 1988). The accounts that the participants gave of home were not treated as descriptions of reality but rather data was analysed in terms of the influences on individuals by cultural aspects and the discursive system in which the statement is made (Wetherell and Potter 1988).

The rules of analysis were based on Foucault's ideas and were used together with his notion of objectification through normalisation, classification and the hierarchical gaze together with subjectification where the participant turns him/herself into a subject that can be governed. Particular attention was paid to Foucault's ideas of governmentality as a way of being able to critique the

implicit references to neoliberal policy which were contained within participant narratives. Foucault's ideas regarding how discourses become dominant when *'language, ideas and subjectivities embedded within them become "taken for granted" and where contestation and resistance appear diminished'* (Stonehouse, Threlkeld & Farmer 2015: 395) was an important consideration during the data analysis process. Furthermore, I was interested to appreciate the effects of neoliberal discourses upon the participants and how such language might influence their behaviour and Foucault's governmentality was an important analytical tool (Lemke, 2001). Following a critical reading of academic texts, in particular Talja (1999), Søndergaard (2002), Allan (1996) and Paulson and Willig (2008), regarding the process of a Foucauldian discourse analysis, I devised some criteria which I applied to each theme as follows:

1. Who are these older people? (*How do they present themselves? Who the individual is and how they locate themselves and their 'role' in the home? Older people do not have fixed identities they change within the various discourses being adopted and thus the way older people discuss their home is not in a fixed unchanging state.*)
2. What are the wider cultural discourses regarding older people and home?
3. What is the discourse doing? (*Explaining, justifying?*)
4. How do older people draw upon discourses in their talk (*which subject positions are made available to them?*)
5. How are the identities of the older people spoken into existence and practiced? (*What do the older people say and do to create their identities? Identification of individual difficulties in and around the home is not consistent or certain but varies depending upon mood and particular ability on a given day thus demonstrating contradictions*)

6. Where do discourses intersect? (*Signs of resistance? Responses to resistance? The adoption or resistance to particular discourses construct the way the world is viewed. Resistance – seen by others through the age gaze. Behaviour which is deviant in some way and does not fit with the norm, is labelled, for example awkwardness, non-compliance, in order to justify family, friends and professionals actions when dealing with older people.*)
7. Subject positions (*the ways older people take up or placed in particular positions. Become subjects and objects of power and knowledge*)
8. How do they perform discursive practise as their own and how do they negotiate them? (*What actions and behaviours do they present and why?*)
9. Why is this particular discourse circulating now? (*Governmentality – others [including family and friends] decide what is acceptable and what is not acceptable and begin to undertake practices to monitor older people.*)

Once the rules of analysis had been applied to each theme, segments of text were grouped together under headings such as presentation of self, discourse or subject position. Many segments of text were placed under more than one heading initially. Each grouping was examined to see how an individual presented themselves and which subject position they had taken up. It was important to appreciate how individuals presented and discussed subject positions – if they positioned themselves as agents then they could be assigned responsibility and blamed for their actions in keeping with neoliberal policy. Inconsistencies and contradictions were noted as were similar explanations and discussions, which were repeated in different parts of their narratives. How each participant discussed home and ageing gave an indication of how the topic could be discussed and thus how other ways of discussing the topic were excluded. Each group of text was worked through to ensure that all the practical implications of the text were considered and

further consideration was given to why a particular discourse was circulating in the stories that the participants had given. At this stage I listened again to the interviews whilst reading the transcripts to ensure that all relevant points were accounted for in the analysis and that any nuances had not been missed.

Each group of text was drawn together into a coherent discussion and the dominant discourses that had been identified were used to structure the findings. The process of working through the data allowed me to link the comments together from different participants and so appreciate the discursive practices which the older people were enacting. The outcome of the discourse analysis identified five discourses being used by the participants. Where there was an intersection of two or more discourses, for example the discourse of risk with the discourse of the failing body, there were consequences for the older people in that this increased the pressure upon them to accept their 'decline' and to take the necessary action to take care of the self and the home to avoid being a burden on the state and others. Resistance to the intersection of discourses is necessarily more difficult. The discourses identified are not the creation of the participants in the study; rather these discourses have developed over time and reflect societal pressures and groups of people who have the power to 'speak' on certain topics (Talja 1999). The consequence for the individual is that they practice these discourses without always being conscious of them or the impact that the discourse has.

4.6 Ethical Considerations

Formal ethical approval (appendix 9) was obtained followed by a substantial amendment (appendix 10) in order to increase the recruitment opportunities. I liaised with Age UK in order to gain access to a number of groups of older people – the suggestion being that the Fish Friday activity was very much a social event where recruitment might take place in a social setting. It was important to gain only participants who wished to take part and who fully understood the project so that they knew what they were consenting to.

Formal written consent was gained immediately prior to interview one and reconfirmed verbally immediately prior to interview two. Consent to being involved in research is not necessarily a one-off decision and I asked on a number of occasions whilst interviews were taking part if the older person was happy to continue and wished to remain involved in the research. In this way I hoped to ensure that each participant gave on-going consent to be involved. Each participant was given a copy of the consent form they had signed and a copy was kept in a locked cabinet at my workplace. Safe storage of data was also considered with hard copies of transcripts being kept in a locked desk draw at my work place and all electronic information being stored on password protected computers.

I recognised that there was a power imbalance between myself and the participants – I was not only conducting the interview and therefore asking the questions but I also worked for an institution which, in the participants' eyes, could bestow a certain degree of status. These reasons contributed to the need to conduct two interviews in order to break down barriers, develop rapport and trust and, over time, would allow the two parties to get to know each other as individuals and thus, hopefully, improve communication.

Another issue which concerned me was that of possible distress – people can be very emotional about their homes and I was aware that there was a possibility of individuals becoming upset when discussing homes they were passionate about or equally homes they had hated. Events of significance and trauma could also cause distress and so I considered ahead of the interviews what I would do in the event of an individual becoming distressed. Age UK staff were fully aware of my research and were willing to act in support should any individual require it during or following an interview with myself.

The practice of pseudo-anonymising participants is a standard and acceptable way of trying to protect participant's confidentiality in order to protect them from harm (Guenther 2009). I found myself struggling with this process as in my extended family certain names are used in a derogative or fun provoking fashion. I was uncertain if other families would have similar practices or if

certain names might be associated in a negative way with past experiences for the participants. Names are not only a statement of and add to an individual's identity but also an act of power in that the dominant individual (parent, conqueror, party leader, chief executive) has the authority and control to name themselves and others (Guenther 2009). Here I was in the dominant position and could change the names of the individual participants according to my own personal values, ethical obligations and to abide by the dominant discourse of confidentiality inherent in any ethical approval process. I did not consider that these participants might indeed want to be heard and would not object to their real names being used which would validate and respect the basic right to be themselves (Guenther 2009). As I was working and writing in the paradigm of post-modernism with the specific intention of disrupting the status quo and offering opportunities to speak out to those who may not always be heard, I wondered if by changing the individual's name I was denying them their voice and their acts of resistance (Guenther 2009). I also considered that by giving the participants a name with which they may have negative connotations or simply dislike would not be good in terms of representation and indeed would be working against ethical principles. I had not considered this issue until I began the process of data analysis and the standard procedure of name changing. With hindsight I think the best thing to have done would have been to give the participants the choice of what they wished to be called in this work provided I had discussed fully with them the consequences of their choices.

Finally I had a major concern with how I would exit the relationship I formed with each individual and this proved to be difficult. As some of the older people lived alone and some appeared to be lonely I found myself wondering about them on a regular basis. I also wanted to demonstrate to each of them that I had appreciated and valued their time and comments and I therefore remained in touch with the participants via a short communication at either Christmas or Easter informing them of how the project was developing. I also have met with the participants on occasions to inform them of the project development and will return to each individual upon completion to discuss the overall findings. Sadly, one participant has passed away during this time.

4.7 Methodological Quality

The evaluation of methodological quality in postmodern research is controversial as the aim of postmodernist thought is to undermine claims to authority and power, to subvert conventional ways of thinking and encourage plurality. As a consequence of this, there is no prescriptive way of judging the quality of a research project. Indeed one of the functions of research in this paradigm is to overtly challenge prescriptive definitions or checklists which become dominant as these reinforce claims for 'facts' which may or may not be substantiated but which then can become dominant contributing to the development of regimes of 'truth'.

However, I particularly like the way Denzin (1996) developed seven understandings which shape writing in paradigms leading to qualitative methods and I felt these were important aspects of both methodological quality and reflexivity with which I agree and implemented in my work.

1. Everyday established and accepted facts are viewed as being social constructions. A principle, which fits with how I was looking at discursive practices and their impact upon older people.
2. It is acceptable to blur writing genres and I particularly wanted to write in the first person to make it clear that this is my analysis and my way of interpreting the findings rather than writing in the third person as academic convention dictates. I also wanted to write a reflexivity chapter to explain and illustrate the decisions I had taken and how these affect the work undertaken and so this chapter contains a reflexive discussion (see chapter 7).
3. It is important to show rather than tell and I wished here to particularly have rich descriptions of the findings and of the participants themselves (please see pen portraits appendix 2) in order to paint a picture of the individuals who took part in the research as well as explaining the context for the reader.

4. I was aware that the participants would present both a public and private persona and so I would gain versions of the individual and their perceptions on living in their homes which could differ depending to whom they spoke.
5. Multiple points of view were expected and indeed given by the participants and these were incorporated into the thesis to demonstrate the different viewpoints and to add believability to the findings.
6. Narrative strategies were employed commencing with a formal and objective grid (appendix 6) in order to overcome the initial difficulty of talking with a stranger and knowing one was being recorded; later informal and subjective approaches were used so that the individual participant told their story the way they wanted.
7. I was a witness to the story telling and to the changes in society and the way in which the participants opted to recount their experiences. All of this was experienced from my values, history and interests which ultimately had an impact upon the findings, the text I wrote and the manner in which I wrote it (Koch & Harrington 1998).

Alongside the considerations above and whilst acknowledging there is no one way to evaluate work in this paradigm, Potter and Wetherell (1994) have stated that a way of judging research in this tradition is to place the emphasis upon the reader's ability to be critically aware. With this in mind they suggest that the reader considers:

- How well the interpretation accounts for the detail in the material
- How well potential alternative explanations can be discounted
- How plausible the overall account seems
- Whether the account meshes with other studies carried out in this tradition

Other authors have suggested that postmodern research can be judged depending upon the degree:

- It displays and unsettles the discursive rules to reveal those meanings which have been suppressed, sublimated or forgotten
- Alternative social constructions of reality can themselves be challenged and deconstructed
- The text is not privileged i.e. it is just one account and can be destabilised ad infinitum

The research has not striven to slavishly adhere to the points raised above as to do so would be privileging one representation over another and thus to give credence to one particular mode of judging research in this paradigm over another. However, the need to present work which is thorough, transparent and plausible was deemed to be important and I return to these considerations in chapter 7.

4.8 Conclusion

This chapter has explained to the reader the reasoning for the philosophical, methodological and methods choices taken in this study. The particular branch of discourse analysis adopted was explored and justified. An overview of the methods used to generate and analyse the data have been discussed together with an appreciation of the ethical considerations and methodological quality as applied to a Foucauldian discourse analysis. This allows the reader to appreciate how the findings, presented in the next chapter, were obtained and in order to contextualise and ensure the findings are coherent, the discussion chapter has been integrated with the findings chapter to form one larger section.

Chapter 5

Findings and Discussion

5.1 Introduction

The findings of the data analysis are presented in this chapter and are integrated with the discussion in order to address the fundamental aim to appreciate how dominant societal discourses were manifest in older people's discursive practices in relation to their home. In particular, the study sought to appreciate how the body may or may not have been used for resistance in the home and whether professional discourses were privileged over lay ways of knowing. Furthermore, how older people conceptualised the notion of risk and trauma in the home was also sought as was an appreciation of how the home was used for socialisation. Finally, there was an interest in the types of consumption activities that older people practiced in their home and the impact these had. These demonstrate how older people cope with the ageing process in their home and with the greater societal demands that are placed upon them.

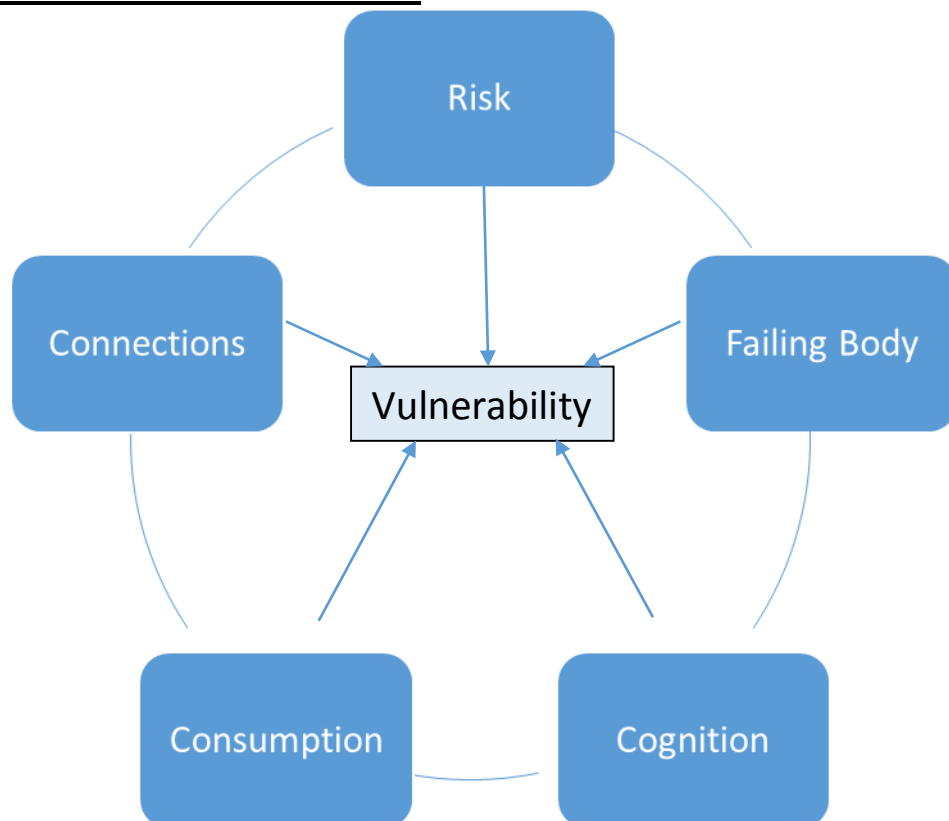
I have thus intentionally integrated the findings and the discussion in line with the possibilities offered by postmodernism (see chapter 1 and chapter 4). Postmodernists argue for a writing style unconstrained by orthodoxy, and solely concerned with conveying a clear message. Being concerned that a more traditional descriptive findings/in-depth discussion structure would be less engaging to the reader and potentially divorce theoretical, discursive and power related thinking from participants' words, which were important indicators of resistance, the decision to integrate the two chapters was taken. The integration makes for an explicit display of the interplay between concepts, theory and data, which I hope to be both in line with true Foucauldian thinking, and engaging to the reader.

5.2 Dominant Discourses

As I was undertaking a Foucauldian discourse analysis, I was particularly interested in the language used by the participants and how this influenced their views of their home. What became clear was that language choices were embedded in dominant discourses circulating in society with which the participants engaged. A consequence of these discourses was that at different points in their narratives the participants made it apparent that they had taken up the subject position of vulnerability as indicated in figure 5.

A discussion of each of the five dominant discourses (see figure 5) will now be given and will include an overview of each discourse followed by an explanation of its practical implications and effects (see rules for analysis in chapter 4), followed by a concluding summary. The chapter concludes by a discussion pertaining to why the discourses are circulating at this time.

Figure 5 – Dominant Discourses



5.3 Discourse of Risk

5.3.1 Introduction

The concept of risk, according to Pickard (2009), arises directly as a consequence of the implementation of surveillance, normalisation and the attempt to regulate uncertainty. Foucault's approach stresses that risk is not inherent in any situation (although 'danger' may be). Dean (1999: 177) expressed it thus: *'It is a way of representing events in a certain form so they might be made governable in particular ways, with particular techniques and for particular goals'*. In this way all risks are rendered calculable and should be considered by the individual in an attempt to prevent untoward events (Pickard 2009). Risk, therefore, is a modern phenomenon with Giddens (1991: 109) making clear how risk permeates every aspect of life: *'To live in the universe of high modernity is to live in an environment of chance and risk'*. Thus risk is unseen and evasive and it is essential that older people are in a constant state of *'risk-spotting'* (Carpentier and Fiserova 2012: 1). In effect the older people were managing living in their own homes and the ageing process by managing risk. This was an important **finding** as it shows how the concept of risk had been coupled with ageing. The necessity to prevent untoward events resulted in risk averse behaviour together with the consumption of goods and services and included a plan of action to deal with a negative occurrence, should one arise. This was essential to participants if they were to be seen as capable householders. There was also the associated implicit assumption that as they got older risks would increase as espoused in the meta-discourse of ageing as inevitable decline (Gullette 1997).

The belief that risk can be predicted through epidemiological statistics fuels the need to take action. In terms of living in their own homes, the participants frequently referred to the risk discourse in their narratives in two different ways. There was the understanding of specific risks such as trips, falls and accidents, which they were aware of and undertook measures to try and prevent. However, there was also a much more insidious form of risk which they did not explicitly highlight but which was clearly a driver in their daily lives. This was concerned with the ultimate risk of losing their homes and was not

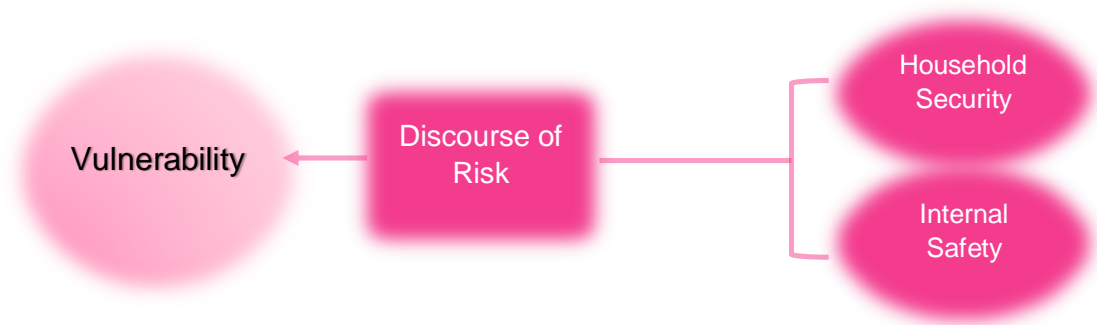
due to a critical incident but was a pervasive creeping risk linked to gradual decline, which they appeared to be anticipating. The participants were aware that any risk to their abilities be that physical, cognitive or a disruption to their connections could result in the surveillance society intimating that they were no longer fit to live in their own home and thus be institutionalised. Home was therefore an ally in that it provided them with important elements of security, safety, comfort, privacy and retreat. Home was also a risk in that it could challenge their capabilities and there was a requirement to make visible ongoing evidence of the ability to maintain their homes in line with societal expectations as home became part of the societal surveillance apparatus. Home, therefore, gained an ambiguous status which was both enabling and disabling. As a consequence of this the participants tussled with the ever present risk of losing their homes. They were in the unenviable position of having to demonstrate their abilities – one deviation from the norm and their home could be lost.

The ability to predict possible risk factors had replaced the concept of fate or destiny, the latter implying the individual and the collective have little control (Macleod and Durrheim 2002). Risk therefore, had become a powerful discourse which allowed the collective, through health and welfare institutions, to exercise vigilance and management strategies at both the macro and micro-level (Navarra 2004). Professional bodies and systems of knowledge have absorbed this concept of risk with professionals using their position to control the population, at the macro-level, through for example, public health messages (Navarra 2004). At the micro-level the individual is placed at the centre of these professional discourses and is expected to take appropriate action and demonstrate behaviour which safeguards themselves and their environment (Navarra 2004). Thus there is a necessity for older people to make visible their actions and behaviour so that these can be deemed satisfactory by society as mentioned by Gilleard and Higgs (1998). By planning ahead, the good citizen can predict and therefore control what might happen to them and avoid potential problems. Foucault would argue that this form of risk discourse is an aspect of biopower where the state analyses, regulates and controls the individual through technologies of power, which

create docile bodies through the regulation of the population (Danaher, Schirato and Webb 2000).

5.3.2 The Practical implications of the Discourse of Risk

Figure 6 – Conceptual Map of the Discourse of Risk



Household Security

One risk that exists for all householders, but older people are deemed to be at particular risk, is that of a breach of their property and the participants discussed the measures they had instituted to protect themselves and their environment. Security breaches were a constant 'threat', located in the future and as such could be assessed, managed and therefore reduced or alleviated in line with the risk discourse. Technologies of the self are also implicated here and encourage the individual to take action to know the self in order to prevent problems and thus not be a 'burden' upon others (Foucault 1988). It was, therefore, necessary for older people to secure their property, possessions and themselves and to visibly demonstrate to society that they could defend their property. This **finding** is not discussed in the literature and yet was something that many of the participants discussed highlighting their particular vulnerability.

Some participants were less concerned than others, Sheila for example explained how the design of her property acted as an additional barrier to anyone wanting to gain unauthorised access:

'They're semi-detached link; so you are semi-detached one side and then you are linked by the garage on the other side. Makes it a bit safer. It's hard for anyone to get round the back.'

So although not a prime concern or worry, Sheila was aware of the need for security in the same way as any householder would be. For other groups in the population it is taken for granted that the individual can manage their home. As one ages, however, this begins to be questioned and the surveillance society encourages the individual to undertake self-surveillance to ensure society's expectations regarding security of the property, are being met. Sheila did not place herself in the homogenous group of older people but remained a part of the larger population who were all equally vulnerable rather than specifically vulnerable as older people were deemed to be. Audrey (A) and her husband (H), like Sheila, had clearly thought about security and had selected a first floor apartment specifically to reduce security threats, reduce voyeurism and improve the view. Security therefore had been dealt with through pre-planning and a belief that a ground floor flat made them more vulnerable. The couple demonstrated, in line with the discourse of cognition, their ability to plan and think ahead as older people must in order to make visible their capabilities to take appropriate action. They internalised the risk discourse by recognising that they were an older couple who may well be vulnerable to security breaches and so took a course of action which would decrease this risk and bring other benefits. Once dealt with they had avoided a number of issues that could have been a nuisance to them:

A: 'I always feel more secure, yes.'

H: 'We chose particularly the first floor – we had the choice of the ground floor but from a privacy and a view, point of view it's far better here. We're not overlooked and that, you see. I mean X is a beautiful flat but they are not as private as we are because people can look in as they are passing you know which we haven't got that problem.'

A: 'And the cars are parked right in front of the window.'

This consideration of the potential risk and the benefits of being on the first floor affords more than just security. In effect their home had become a 'watch tower' which turned the tables so that they became the voyeurs from a safe and secure location that afforded them both a good view and protection.

Enid, on the other hand, appeared much more concerned with security, raising the topic a number of times in different narratives. Security was high on her list of priorities when she decided to relocate to an area which suited her living requirements but which she believed to have a reputation for crime and disturbances. Armed with this knowledge she set about securing her home:

'Because they wondered why I had an alarm put on, that was the first thing I had put on. Until I got to know them [neighbours] I said because I knew what I was coming to. I don't even have a letter box on my door because I know there's mischievous people not everybody but mischievous people and druggies around in the area. I don't want any trouble from anybody.'

The risk of security breaches resulted in surveillance of the home to prevent any untoward events occurring. Enid made her security measures visible as in the case of the house alarm. This visibility has different effects – it clearly warns people that the house is 'protected' but it also gives the message that whoever lives there is alert to the potential risk and is acting in a way to minimise problems. Such measures demonstrate, in a visible way, Enid's capability of running a home and taking care of herself. Enid adopts the subject position of vulnerability and to protect herself and her property she takes a number of precautions. A house alarm is not an uncommon feature but the lack of a letter box is a little more unusual, demonstrating the particular vulnerability that Enid experienced. However, the lack of a letter box also demonstrates a resistance in that Enid does not want to relinquish living in her own home but takes steps to adapt her property, in whatever way she feels necessary, to increase security which allows her to continue to live there. This approach to security also fits with the need not to be a nuisance or burden to others as she takes measures of her own volition to protect herself in view of what she knows about the reputation of the area and her own vulnerable subject position. These visible signs of security indicate that she is not only aware of the risk but that she can act - thus the discourse of risk and the discourse of cognition intersect. These actions allow her to remain in her own home and demonstrate a degree of resistance to the discourses of risk and cognition as she acts to dispel any query over her security and her ability to

deal with security threats. The consequence of this resistance, however, was that Enid constantly undertook surveillance of her property.

Other less serious security problems which created a nuisance and were upsetting had provoked both Enid and Alice to confront local youngsters. Enid demonstrated her ability to intervene by calling the police and ultimately confronting the parents to prevent a situation escalating. Alice asked the youngsters to desist from their actions but was met with foul language and she retreated to her vulnerability subject position as she feared reprisals. Both women's actions, however, visibly demonstrate their assertiveness to neighbours and family and a commitment to being a good citizen, taking care of the self and property and therefore capable of living in their own homes. The ability, by both Enid and Alice, to stand up for themselves and take action could be a way of deflecting attention from their true fears. By visibly confronting others they gave the impression that they were able to deal with situations, thus demonstrating they were capable of looking after and protecting their property. However, this self-stylisation adopted by both Enid and Alice, confronting and not ignoring things, could in fact make them a target and actually therefore increase their vulnerability, something which Alice hinted at. Both Enid and Alice appear to be trying to navigate between competing subject positions of vulnerability and self-sufficiency.

In these instances 'home as a castle' captures the response of the participants to the risk of external threats to their environment and themselves. The home is impregnable and fortified (Enid and to a lesser extent, Alice) well positioned (Audrey) structured in such a way to offer protection (Sheila). All these aspects of the home reduces the risk of the property being breached demonstrating how the participants had been alert to danger and predicted and controlled this particular aspect of the risk discourse in line with technologies of the self (Foucault 1988).

The intersection of the risk discourse with the discourse of cognition is an important **finding** as it illustrates how it was essential for the participants to be able to demonstrate that they were aware of future possible problems and

could act. They displayed their cognitive ability to be able to think ahead, plan and take appropriate avoiding action. Visible physical changes to the property warns people that the owner is alert to possible security breaches, whilst confrontation with others visibly demonstrates their ability to defend their environment to the local community and significant others. However, the calling of the police and the decision not to install a letter box could demonstrate how fearful the individual really is, indicating their real concerns regarding their subject position of vulnerability.

Society demands that older people are safe in their own homes and there is a heightened awareness of safety through leaflets and media warnings to older people regarding strangers at the door, con-men and a host of other threats all reinforcing the particular vulnerability of older people in their own homes. It is assumed that the older householder is at greater risk of security breaches compared to the general population. However, according to the Crime Prevention Website (2012-2014), the older one is, the less the risk of burglary with those aged over 74 experiencing a risk of 0.9% compared to 7.2% for young people aged between 16 and 24 years. Nevertheless, older people, although being statistically less likely to be burgled, are targeted as being different and particularly vulnerable. Home offers some protection from others, but it also becomes a liability in that the more one has, the more one has to work to protect it. This, coupled with the belief of increased vulnerability, means that the demonstration of one's ability to manage must be clear and unequivocal. This management of the older householder is in line with Foucault's ideas regarding the 'docile body' with the participants taking on board the messages regarding risk and security and retreating into their homes to lock the world out. With more and more people living into older age and in their own homes, they are singled out as being at particular risk. This is biopolitics at work where micro-effects of power through such discursive practices of self-surveillance and technologies of the self, is clearly linked with macro-strategies of power such as health promotion and personal security and is a way of controlling this population group. This management of older people through surveillance saves the state from the burden of care, by stigmatising those in need, compelling older people into taking responsibility

and anyone who does not comply is seen as 'failing'. The site of surveillance, the home, becomes a crucial space and a demarcation between private and public spheres, a contested space between the individual and the surveillance society where this population can be monitored and is an important **finding** in relation to how the home is both used and viewed.

Enid discussed other nuisance issues such as a fear of youngsters visiting at times such as Halloween which prompted her to draw her curtains and blinds and lock the door. She appears to use the curtains/blinds in a defensive way, similar to a drawbridge, to close out the world so that her home becomes a 'den' safe and secluded from the outside world. Thus security to deter both intruders and nuisance factors was a necessity but systems were not always used in the way they were designed. Enid freely admitted she did not use the house alarm. Such action could be considered deviant. The failure to use security devices indicated that self-disciplining was not applied in a consistent manner – such a transgression could be resistance to the subject position of vulnerability. She relied upon the alarm being visible and therefore to be a sufficient deterrent just by its existence. Enid could 'step up' the security measures if necessary by actually using the alarm system if she chose to. This approach gave Enid control over when and in what circumstances she would operate the alarm. Additional measures were obtained as changes in circumstances dictated. Following one of her falls Enid required the help of carers in the home. In order to assist in their accessing her property, measures were offered by the local authority, at a price, which served to reinforce Enid's construction of older people as vulnerable:

'I had erm, I had to pay, well I didn't have to I was asked if I wanted to pay, for a key safe there on the wall. Twenty pounds it cost me, erm, for them to get in and out but there's no key in it right now because I was supposed to send for the handyman to change the number and I think I'm going to have to. I think I should have done it this week really but then again once you give your number to a person that would make me insecure while it was the carers it was among them and since then I've, I haven't had a key in it.'

Enid was aware of the weaknesses of the security system and did not use the key safe thus taking personal responsibility for her own security. She maintained *'I'm not a frightened person'* but she appears to take on the subject position of being an older person who is vulnerable to crime. Having to assert that she is not frightened suggests that either she is frightened or that she might be considered frightened. Either way, Enid discussed security and safety at length whilst her actions were designed to prevent crime which in turn demonstrated her commitment to being a good citizen and not a burden to her family or society at large.

Internal Safety

Home was not always considered to be a place of safety, and a number of participants highlighted the risks they faced within their homes. This internal threat could be alleviated or aggravated by individual living arrangements in line with the risk discourse of predicting and alleviating potential issues. The focus on lifestyle issues, which gained dominance in the 1970s as a possible solution to the problems associated with an ageing population (Wheatley 2005a), is significant because the premise is that lifestyle can be changed if the individual is educated and motivated accordingly. It was a part of the shift to neoliberal policies which demanded care of the self, reflecting Foucault's ideas of technologies of the self. Individuals who choose to ignore lifestyle changes and continue in their old ways are deemed to be actively choosing risk behaviours (Wheatley 2005a). For example, Sheila who was registered blind, chose to leave her living room piled high with papers so that most of the room was inaccessible beyond two armchairs near the door. Such action could appear irresponsible as she could be placing herself at risk of injury. To the authorities and her family, it appeared that the way Sheila opted to live was dangerous. Dangerous for her and dangerous as it could lead to problems of infestation of vermin which would be a public health issue. Sheila explained how, after she had lost her husband, the family and social services appeared to seize the opportunity to, as Sheila put it:

'Deal with "mother" as it were, but it didn't work. It just made things worse, to the point where I had to say "just leave me alone". The social services

were not pushy but they kept saying “wouldn't you rather be somewhere else?” To which I pointed out “no”.

The professionals and her family saw Sheila through the 'age gaze' – she was now an older disabled female, living alone, with lifestyle choices which appeared to be deemed unsuitable - she was not like other older widows – she was different and the professional normalising judgements meant that she needed to be kept under surveillance for her own protection. Her family and social services expressed concern with regards to her overall ability to cope in the home and her security and safety in the longer term. Confessional strategies pressurising her to live elsewhere were unsuccessful as her living arrangements did not worry Sheila and how it appeared to others was irrelevant to her. However, for those using an age gaze, a move into some form of 'care' would mean that existing lifestyle 'risks' could be addressed and potential problems avoided by being placed under the disciplinary surveillance of the authorities. Sheila resisted the pressure to move, refusing to conform to normalising judgements, wishing to remain in her own home, living the life she wanted. Her mental map meant she knew where things were in her home and she had developed routes to and from places which allowed her to move around and access whatever she needed. Indeed, watching her negotiate the living room demonstrated how the piles of papers, which were deemed to be an issue, actually supported Sheila in her mobility. She used her hands to feel the papers and to move to her armchair – they reduced the space and made orientation possible. Without them she would have been in a large void where she could have become disorientated thus actually increasing her risk of falling. This corroborates the research by Gitlin et al. (2001) that the way professionals and individuals view risk can be very different with a lack of appreciation of the individual perspective within the professional assessment.

Sheila believed that some tasks were not possible without adaptations, which would allow her to continue to manage on her own and reduce the risk of accidents. Here she was demonstrating her capabilities and her knowledge of the environment and her body (know thyself) as to what she needed in order to survive alone. Highly visible adaptations – stair-lift, walk-in shower, ramp at

the front door – demonstrated her self-knowledge and her ability to carry out self-surveillance in order to remain safe within the property and secure from outside threats. Her reluctance to conform to conventional lifestyles demonstrated a resistance to the normalisation of older people by professional knowledge ‘we know what is best for you’ at a time when she was particularly vulnerable, having just lost her husband. Critical consciousness, an essential component of freedom according to Foucault, meant that Sheila knew she wanted to remain in her home, maintaining her self-sufficiency from the authorities and family, and to avoid being a burden she was willing to accept certain lifestyle changes as suggested by the professionals. Sheila’s own subject knowledge was pitted against professional knowledge and it was her strength of resistance that allowed her to continue in her home against the pressure exerted upon her from others.

Sheila is an example of how biological factors are deemed to be a contributing factor to danger in the home – conditions such as arthritis, poor vision, osteoporosis and declining mobility are all aspects of the body which could place the individual at increased risk from a professional perspective. A formal diagnosis did not necessarily equate to how the participant described their own health status although it could be used by professionals when undertaking an assessment. Many of the participants had an awareness of their physical health with most of them stating that their health was good but that they had some issues. Enid had an awareness of her physical difficulties and had experienced a number of falls, which resulted in difficulties summoning help and this prompted a different approach to safety concerns in the home compared to Sheila:

‘I have a touch lamp and I’ve had it a lot of years since I was in x house ... I never get out of bed unless, I just have the low lamp on. So I don’t want to, I can’t just shove that aside, so I have the other one stands behind it and I can turn it on if there is anything I want to see or can’t see. So I’ll have to, that’s the project getting all the lights in, getting an electrician in, getting the lights seen to because even that one, maybe it’s just me, the way my eyes are, even with the three on it’s not what you would call a bright light.’

Enid had instituted precautions rather than accepting suggestions as Sheila had, but she was not entirely satisfied and was continually trying to improve the situation to prevent problems. There is an intersection here between the discourse of risk and the discourse of the failing body, so that Enid is expecting things to happen to her such as falls with an almost fatalistic subject position – very much the opposite of the risk discourse. To counter this, she had been accepting of carers in the home who carried out surveillance of her abilities, and also in having equipment installed in response to the perceived risk of her body's capabilities. Her previous history of falls together with the epidemiological statistics had personalised her risk so that adaptations and equipment were necessary to reduce the possibility of untoward events with such devices acting as an insurance against the uncertainties of her ageing body. The stair-lift, however, was not to be used unless absolutely necessary. If she could, she preferred to walk up and down the stairs thus self-disciplining through exercise to resist the deteriorating body and maintain her health status, visibly demonstrating she could manage and therefore fit to remain in her home. She abides by the professionally driven risk averse discourse to protect her ageing body in line with technologies of the self and the dominant discourses circulating regarding risk, but she also engages in self-discipline and only uses the equipment that is absolutely necessary. This action, however, could be seen as risk-taking and reckless, bearing in mind the possible consequences. Thus the person who does not conform is acting irresponsibly and this **finding** demonstrates how some of the participants, and Enid is an example, are at a juncture where they teeter between being self-sufficient and being a possible burden.

For those living alone as Enid did, extra consideration was required should something happen, they needed to summon help and the purchase of a pendant alarm, a symbol of their fear and their mistrust of their ageing bodies, was one way of summoning help in an emergency. Her fear of risk makes her safety conscious and she minimises the possibility of accidents by monitoring her own actions and constantly remaining vigilant with regards to the household space. Such strategies help her to maintain her self-sufficiency

and decrease her need for family or formal support but at the cost of constant surveillance and a fear of what is going to happen next.

5.3.3 Conclusion to the Discourse of Risk

Risk was discussed very much at the personal level and was about the daily life of the individual in terms of trauma. However the most striking **finding** here was the lengths that the participants went to in order to manage the ageing process in the home via managing risk. None of the literature discussed this other than Gillsjö, Schwartz-Barcott and von Post (2011), who mentioned that older people were aware that one day they might have to leave their home due to illness, trauma or perhaps due to frailty. There was no mention, however, of the discursive practice of risk avoidance nor any discussion regarding how participants were working to avoid or at least stall this possibility. What was apparent was how the discourse of risk permeated all other discussion so that the participants undertook behaviours which alleviated threats in accordance with the expectations of the surveillance of older people. Such behaviour was a recognition that the slightest deviation could mean their self-sufficiency was threatened. The fear of losing their homes was never alluded to explicitly but this was clearly the ultimate risk with which the participants dealt with each day, and which motivated specific actions. The participants were vulnerable – vulnerable to accidents and mishaps and were fearful of falls and other untoward events, all of which could threaten their current living arrangements. Time was spent planning and thinking about actions and tasks in order to reduce any unnecessary risk and the acceptance of equipment or adaptations or ultimately the services of someone else, was better than the alternative.

The **findings** show how the participants made visible their actions to both deter and inform. Inform the surveillance society that they were capable of monitoring the failing body and take necessary steps to remain self-sufficient. Deter via making security actions visible so that potential intruders were alerted to the capability of the householder. This is an aspect of technologies of the self where the individual needs to know the self, master the self and care for the self. The discourse of cognition intersects with the discourse of

risk with the need to undertake pre-planning and thinking ahead to avoid or reduce problems. Another important aspect of the **findings** is how the home, usually thought of as a private place, becomes a location where older people are objects of surveillance and consequently is on the cusp of the public sphere. Participants demonstrated resistance to the discourse of risk and to professional knowledge regarding the assessment of risk which, however, was more prevalent and powerful than the participant's assessments. This finding supports Gitlin's et al. (2001) findings but not because older people did not recognise risk, but rather that they viewed it differently. Thus risk seemed to be in opposition to personal comfort and keeping fit and resulted in a juggling act between self-sufficiency and a tipping point where the participants could become a burden.

Another noticeable feature of the participant narratives was the lack of discussion regarding factors that had impacted upon their lives but were out of their control – social background, education, income, economic inequalities, career opportunities and wealth. The individual's personal history will have been affected by the socio-economic situation through which they have lived, which invariably will have an effect on later life so that the ability to earn and accumulate wealth, for example, will in turn affect housing choices. Audrey and her husband could afford to buy a first floor apartment, all on one level, in a building which possessed a lift, all reducing risk. Enid, on the other hand, could afford a small modern terraced house with stairs, increasing her risk. Their background and life opportunities meant that the choices they had when older were inevitably different and posed different issues and risks. These structural determinants are rarely taken into account in circulating discourses or the participants' narratives.

The discourse of risk had the effect of making individuals wary for their everyday and longer-term living. Surveillance, self-discipline and a reluctance to ask for additional help from family and friends were apparent as there was a need to always present a strong and capable image of managing. In turn, this led to the participants being restricted in many ways in order to maintain their living arrangements. The participants had to manage ageing through

managing risk. The risk discourse intersected with all the other discourses and was very clearly implicated in the discourse of the failing body.

5.4 Discourse of the Failing Body

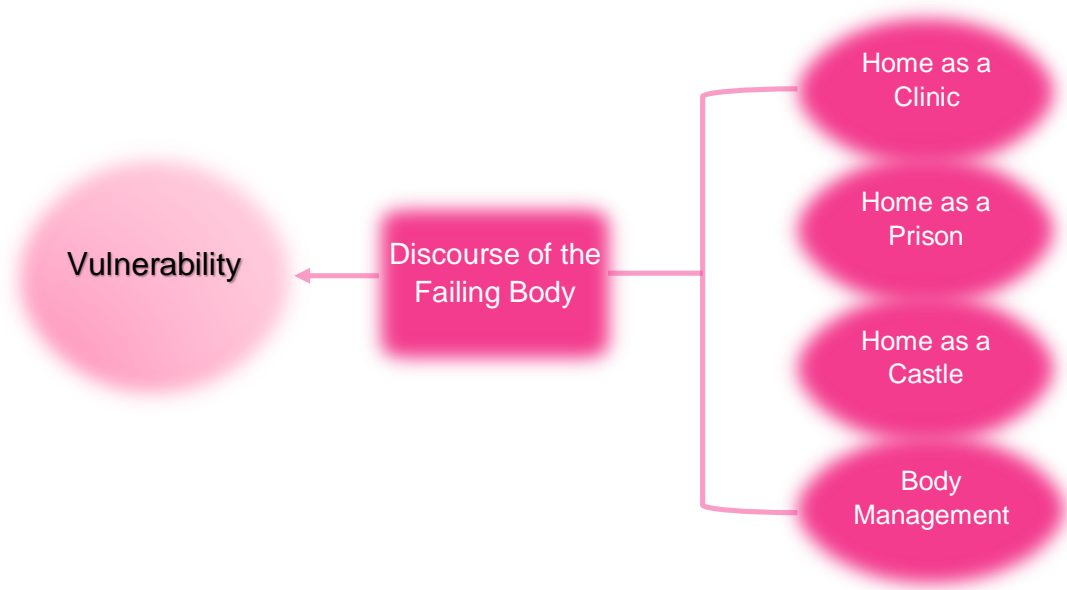
5.4.1 Introduction

The discourse of the failing body was used by the participants on a number of occasions specifically to explain how they were managing in and around their home with the physical demands of home-keeping. Bodily changes were discussed in negative terms and fearfully as a failure of themselves and as part of the inevitable decline associated with ageing rather than being a natural part of getting older (Tulle-Winton 1999). The social construction of ageing places bodily changes as something to be halted or worked upon so that the individual remains youthful, physically fit and attractive. Consequently, bodily changes were viewed as a problem and as something to be overcome or dealt with as they threatened the self-sufficiency of the individual, creating a subject position where the individual felt a burden and a nuisance particularly to family. Participants were aware that their families had other commitments and led busy lives and did not want to encroach on their family's time or space too much so they rationed the amount of requests or support they asked for. However, issues with the physical body meant that the participants had to rely either on family and friends to volunteer to undertake specific tasks for them, but keep in mind the burden they were creating; or paid help, where they opted to buy in support to remain self-sufficient. In some cases the recourse to equipment was another strategy used instead of, or as well as, voluntary or paid help, to try and stave off the problems that they were experiencing. Many of the participants discussed bodily changes throughout their narratives, referring to their inability to undertake activities as they once did. These changes and their implications were referred to as both frustrating and upsetting as well as anxiety provoking as the consequences of their inability to care for the self and the home could be significant. The participants were vulnerable as they could no longer perform all the activities

they once did and without support there was the risk that they would not be able to continue to live in their homes.

5.4.2 The Practical Implications of the Discourse of the Failing Body

Figure 7 – Conceptual Map of the Discourse of the Failing Body



Home as a Clinic

The main aspect of the discourse of the failing body was the discussion relating to the difficulty of doing for the self. Large and demanding tasks such as gardening and decorating necessitated the employment of specialist services, deemed not unusual for any section of the population, although there was a recognition that this would incur financial consideration. Alternatively the older people made do, opting to leave things as they were rather than requesting help aware of the implications of such a request. Other more intimate activities, however, such as issues with personal care were considered to be private and as such should be undertaken by the individual. Where there were issues with personal activities, the need to rely on equipment, adaptations or the help of others was viewed as a necessary evil, but was always limited to the least support possible. Pam recounted how she had got stuck in the shower, which necessitated ingenious ways of coping with whatever happened:

'The other day I got in the shower, when I was coming over my big toe got caught in the loop in the shower curtain. And he [son] was away. Anyway I managed it I got hold of the basin and hold of that and pulled and I managed to get something round the, the thing because I thought well I'll snap it but it wouldn't, it was that thick and er anyway I got it off my toe and er it's a lesson learnt. You've got to sit and work things out you know I think well what do I do now?'

Pam made clear that such incidents were frightening and with physical conditions which were painful and restricted movement, some tasks were made more difficult. Consequently she tended to be wary of everyday activities and planned ahead and took her time to try to avoid untoward incidents. This **finding** illustrated how life had become more restricted for participants in that they were unable to act on impulse – they had become risk averse. Ella too showed resourcefulness and a degree of resistance to the decline in her body as she continued to undertake tasks for herself:

'I mean I do find it hard now walking through [from kitchen] if I'm carrying anything you know stick in one hand and while, you know I try I bring my, I push my table near the door you know, and put the tray on it and do it that way but no while I can do it I'm going to.'

Like Pam, Ella had to think ahead, plan her actions and be ingenious to deal with situations that were difficult for her – but rather than giving in and perhaps eat in the kitchen, it was important to work things out so she could do what she always had. Ella undertook self-surveillance and searched for equipment that might alleviate problems should they arise, becoming a consumer of specialised equipment. One item she had found was particularly helpful when dressing her lower body but she was still unable to place her tights over her feet and required carers to assist. Ella was adamant, however, that they would do the least possible and no more, maintaining her ability to do as much for herself as possible, challenging herself, through self-discipline, to deal with situations and keeping her body active. She disliked being reliant on others and equipment and she was frustrated when her son bought her various walking aids without consultation. He was clearly trying to be supportive, displaying risk averse behaviours in trying to prevent his mother falling, but

his behaviour added to Ella feeling helpless and reliant, with the equipment being a visual reminder of her difficulties. Such behaviour did not consider Ella's cognitive needs, focusing on the visible issues of bodily change alone and reinforcing Ella's subject position of vulnerability.

Olivia was particularly concerned that with living alone she was vulnerable and she needed to take extra care, as if something happened to her, no-one would know:

'If I just feel that I'm not too well then I can't go climbing steps, because I live on my own and I've got to be sensible to know that I can't go climbing steps if I'm not very well in case I fall, because I could lie here for days and nobody would ever know.'

Here two discourses intersect, the discourse of the failing body and the discourse of risk. Wherever the analysis **found** two or more discourses intersecting there was increased pressure on the individual and less opportunity to resist the dominant discourses. For Olivia the discourse of the failing body and the discourse of risk intersect and this increases the pressure upon her to monitor her body and desist from any form of risky behaviour. These participants undertook risk avoidance strategies purchasing equipment to reduce risk and planning their actions taking their time. Barbara too had had a nasty fall which left her with, as she put it, a '*dicky* hip' as a consequence of which she had equipment loaned to her. She was grateful to be living in a property all on one level, as this allowed an earlier discharge from hospital and easier mobility. However, professional discourses dictated that Barbara required equipment and adaptations to allow discharge, an aspect of clinicalisation of her home which was non-negotiable. This is another example of the demarcation between the private and public spheres, with equipment and adaptations becoming extensions of the body, to compensate for its diverse failings. They adorn the home to maximise functionality but make explicit and visible the frailty of the inhabitant. They are also not normal and differentiate the individual from others and necessitate the opening of the home to authorities and surveillance. Barbara accepted a

degree of modification, so that she would be left alone, but she did not use all that was provided:

'I had elbow crutches, now, I've got a stick now, down to a stick but I very rarely use it. I was, oh what was it? They asked me if I had a shower and I did, and they gave me a seat for the bath so that I could use a shower, but it was absolutely hopeless, I didn't like it at all.'

In order to reduce the visibility of the equipment and thus the public display of her difficulties Barbara decided to purchase replacement equipment which would be aesthetically more satisfactory, demonstrating a resistance to the birth of the home as a clinic. However, as Martin et al. (2005) discuss, the discursive association between living at home and successful ageing increases the likelihood of a degree of health or social care interventions occurring in the home. Foucault's (1980) ideas regarding power as having an omnipresence throughout society emphasises the difficulty that individuals have with resistance to such clinicalisation of the home.

The aesthetics of the home was an important point and equipment and adaptations could give the wrong impression to those visiting. Both Enid and Barbara explained how it was important to have their homes warm, welcoming and comfortable in order that visitors could relax. Both disliked houses where everything was immaculate, which made people feel uncomfortable so it was important to them how they presented their homes as Barbara explained:

'I like to know that people can come into my house and sit down and not have to be careful of crushing a cushion or you know.'

There was also a need to reflect themselves through their homes so it was essential to be clean, tidy and cosy to visibly demonstrate to visitors that they were able to maintain their homes and were coping. The visibility of equipment could well detract from the atmosphere and image they were trying to portray and needed to be hidden as much as possible.

Ken's disability meant that he had required equipment and adaptations for some time and he used a wheelchair for mobility. When moving into his home

he had made structural alterations but the layout did not permit some modifications and this caused him difficulties in manoeuvrability. He believed that all new property should be built to wheelchair specifications which would alleviate the problems he was having. He was quite clear that he would move if he could have a property built to his particular requirements in his desired location:

'One of the frustrations that I get being in a wheelchair is the passage is too narrow, I mean yeah I can get up and down it but if I want to turn, the doorway, I have to come at angles, and it would be nice to have a wider passage and be able to turn round and move about. I'd like to build the house exactly as I'd like it.'

Like Ken, many of the participants had made larger changes to their homes – some for convenience, others to create more space and make living arrangements easier. Barbara explained how her husband had converted the loft so that she could use that as a work room but it had now become a place where everything was stored:

'As far as alterations go for one erm X is calling tonight to see about putting a ladder up, a staircase up 'cos I'm going up and down a ladder at the moment you know a Slingsby and I'm thinking I'm not getting any younger and it could get a bit awkward and I should have had the darn thing done years ago.'

She appeared to be under self-imposed pressure to sort her belongings and was aware that her body had changed following the fall and could change again. The implication was that Barbara was not getting any younger, and she wanted to get the sorting done whilst she could. Everyone is ageing every day but the idea of not getting any younger 'appears' to belong to the older age group, suddenly it matters, the fallibility of the ageing body can no longer be ignored. Her self-stylisation draws upon her previous occupation of being a professional, capable and independent woman highlighting her pre-retirement status as if to indicate that she was someone not 'just' an older person. She had been and still was capable of running her affairs and she was taking care of herself and implementing changes to her property to make things easier.

Surveillance of the property and the self, meant that planning ahead was important to ensure that the participants could cope in the future.

Sheila spoke from a disempowered and vulnerable subject position when she explained how adaptations and equipment were necessary for her to remain living in her home and be able to cope:

'They allow me to stay here. I mean I think I can get up and down stairs without my stair-lift and I try to as much as possible to keep myself [going]. But you can't go for long without a shower. You can't get yourself properly clean just washing all over stood on a bath mat.'

Sheila instituted self-surveillance to gauge how her body was doing and to determine what she could manage and what she could not. She was keen to present herself as being able to manage so there could be no queries over her ability to cope for herself. She also recognised that any change in her health status could threaten her ability to take care of herself, as did Barbara. Here both participants were demonstrating their capabilities and their knowledge of both the environmental space and their bodies as to what they needed in order to live alone. This surveillance of the self and the appreciation of the fragility of their health status, is an important **finding** as it demonstrates how older people recognise they are at a crossroads where any change in their health status could threaten their living arrangements. The knowledge of the self and of the failing body added to the overall subject position of vulnerability. In order to try and offset the physical difficulties they were having, they accepted equipment and adaptations in order to cope. Thus there was a balance of what they could manage and where they required help with home being both an enabler and a dis-enabler to self-sufficiency.

Home as a Prison

Ella discussed the difficulty she had with moving around the home and exiting the home at will. Not being able to leave the home when one wanted was a huge issue and Ella explained how she felt about this:

'I do feel a prisoner sat in here. Because as I say I'm even frightened now to walk, that little incline [immediately outside the property], you might have noticed, but to me it's like climbing a mountain to me now walking up there. So I'm, I'm frightened to go out there you know when they come for me [day centre] they're ever so kind. I have to hold his arm [carer] and when I get there, I have to go on the lift thing at the back because I can't get up and down the steps.'

The emphasis on safe mobility and a fear of falling is apparent in Ella's concerns and the reduction of falls in older people has become a priority since the publication of the National Service Framework for Older Adults (standard 6: Falls) (DoH 2001). This framework spurred a plethora of policies and guidelines (nationally and locally); dictated the establishment of specialist falls teams; created an increase in published research regarding falls and saw an increase in the media coverage of the topic. This emphasis on falls prevention has resulted in an increase in surveillance of older people who have fallen or might fall with the issue of falls becoming a 'disease' in its own right. Since all older people are at risk of falls, all are potential consumers of preventative services, creating and sustaining a particular knowledge base and role for a number of professional groups (Wheatley 2005a). The professional knowledge regarding falls is used to discipline the body using confessional, disciplinary as well as surveillance technologies and the home becomes an important site to be inspected and monitored with environmental factors being targeted as one of the areas to address in order to reduce the number of falls (National Institute of Clinical Excellence (NICE) 2013). This focus on falls prevention with older people, however, may well further increase the anxiety regarding falls and indeed the research paper by Delbaere et al. (2010) highlights that the fear of a fall may lead to a fall independently of physiological risk, thus ironically, Ella's fears and emphasis on not falling might actually increase her risk of a fall.

Margaret did not have the same fear of falling as Ella but her daughter did, and had dissuaded her from attempting to walk locally. Thus the risk averse society had meant that Margaret was restricted from taking exercise:

'Because I said to daughter "I'm going to walk from x to x", "mam you can't walk round it", I said "why can't I walk round it?", "Because you can't walk that far". How do I know if I don't do it you see? So I don't bother. They don't sort of encourage, all she moans about is I never get no exercise I just sit in my chair all the time so...'

Margaret was therefore in a similar position to Ella in that she could now only leave her home if she was accompanied, again she was reliant on others and she did not consider herself to have big demands:

'Just go round the shops, even, well I won't say even if you don't buy anything because I always buy something, it's the only time I spend my money.'

When Margaret was taken out, she liked to buy things for the house, the family as well as herself. It appeared that this was a way of paying her daughter and her family back for having taken her in and thus reduce the burden of care. By being involved in the shopping and being able to pay, she had a role to play contributing to the family finances and paying her way when she was unable to contribute practically. Another advantage was that she was able to buy exactly what she wanted for herself instead of relying on others and this gave her a sense of control. Rather than being passive, these outings offered her the opportunity to partake and were a change when she was unable or discouraged to do for herself because of her bodily limitations.

For both Ella and Margaret, activities were curtailed in and outside the home and they both drew upon the discourse of the failing body together with the low expectations of others, which had a negative impact upon them. Both endured a loss of control, a feeling of being ignored and devalued, because they were unable to pursue interests and mix with others and thus believed they had little conversation. They required the use of wheelchairs and an attendant to get around the shops no longer being able to freely go where they wanted, when they wanted or for how long they wanted. Otherwise they remained indoors and spent their time sat watching television for Ella or reading magazines and undertaking puzzles for Margaret, all of which, after a period of time, became tedious as Ella explained:

'Well I do feel a prisoner when I'm sat, you know two or three days like say at weekends, I go to the centre on Friday. Saturday and Sunday seems an eternity, when you know son if he, might pop in for a few minutes or if not he'll ring me but I just sort of don't talk to anybody once the carers have gone that's it you know. I just sit and I can't really do anything here, just sit and watch television, I get fed up you know. The time drags.'

Home was a place of safety and security for these women, but it was also a prison. Purposeful activity had been replaced by leisure activities which were devalued and became tiresome after a while. The women played a waiting game – waiting for someone to visit them and waiting to be taken out. The struggle to discipline the body so that it performed as they wanted was a daily event. Ken reinforced the need to leave the home and to experience variety, change and purpose in his life:

'You need something to make you get off your backside. Even though you are at home, and you've got your hobbies, you need something to say "oh I've got to get up this morning, I've got to be at so and so for nine o'clock, or half past nine".'

Having to get up for a reason was important and he agreed with Ella and Margaret that leisure activities alone were not sufficient. Ken highlighted the need to contribute in some way to society or the local community and he enjoyed being involved in community action for people with disabilities. Biggs (2001) discusses how the British Government has adopted the policy of positive ageing with older people being viewed in terms of what they can offer to the social, political and economic situation of the country through paid or unpaid participation in the workforce. From a political and economic perspective, the engagement of older adults in volunteering such as running soup kitchens or charity shops does not address the basic needs of those who are vulnerable in society, and actually detracts from placing pressure on governments to address the underlying causes that makes the reliance on volunteers a necessity (Martinson and Minkler 2006). Such a policy initiative does not take into account the wide diversity of this group and the specific needs of individuals. Ella and Margaret cannot leave their homes without support and are unable to contribute to society. In addition, valuing only those

who are productive necessarily devalues those who are unproductive. Such a policy increases the pressure on older people, as those who are failing to live up to societal expectations will inevitably be devalued further; a point alluded to by both Ella and Margaret.

What is clear here, is that home is important but no-one wished to be trapped in their home 24 hours a day – getting out and about was essential. It provided a change and a break from the daily routine even if, as Margaret sometimes did, just sitting in the car watching others, allowed for a change of scenery. Possessing the physical ability to leave the home at any time was an important point as it meant that individuals were not reliant upon others for their outings and could come and go as they pleased. This was an important **finding** which highlighted how home could be construed as either a prison, a place from which there was no escape unless individuals could gain the support and help of others; or a sanctuary. For those who were able to leave their home as they wished, home became more of a sanctuary a 'safe' place to return to where they could relax and be themselves.

Margaret had considered the acquisition of an electric scooter, but living with her daughter entailed some restrictions and she was unable to do as she liked:

'You see it's a big house, now if that was my house I could have one of these scooter things to go round on, but there's nowhere to put it in their house, and I mean even the chair is stuck in my room now in the way, but if it was my house it would be where I wanted it you know.'

Ella similarly did not buy an electric scooter as she too felt it was not possible to accommodate it in her home due to the layout of her property. Both women were restricted, disempowered and unable to make the best of the situation they were in because of not wanting to upset the family or because of environmental limitations. Margaret showed a level of frustration but clearly felt she was unable to voice her concerns as she lived in her daughter's house. Their own physical limitations had the effect of restricting their activities both inside and outside the home, leading to frustration and annoyance.

Home as a Castle

The home was used at times as if it were a castle, to keep others out and the occupant safe, secure, private and free within the confines of the walls of the home. Such a perspective brings a possible conflict for the individual as home represents the demarcation point between the public and private aspects of the participant's life. Sheila alluded to her home as a castle explaining:

It's somewhere where you can lock out everything. Perhaps that's one of the reasons why I didn't want to move. I wanted to be somewhere where I could lock out everybody if I needed to, and I felt that some of the places I was being offered I wasn't going to get that sort of privacy that people will always have rights to come in. Whereas here I have the right to decide who comes in. Okay I know the fire brigade have the right to come but, and I think there is the Water Board, there's about four or five people, rights to come in. But apart from that you have, it is the one place where you have the right to say no this is mine, and I won't change it for you, and this is how I like it.'

Ella also used the castle metaphor but in a very different way to Sheila. She discussed how she used to get great pleasure from her garden, but now it was a source of frustration as she could no longer maintain it as she once did. Her language conveyed a feeling of her being stranded and forced to watch, relying upon others rather than being able to partake. This physical inability placed her in a helpless subject position, depleting her of a valued activity which had given her pleasure and purpose, and creating a problem that required solving. As a consequence, she no longer used the conservatory and this resulted in her home becoming a castle, safe and secure and protecting her, on this occasion, from the aesthetics of her garden which she found distressing:

'But it was lovely on a morning I used to go sit out there with the door open you know I got bird feeders and I used to sit and watch them but the garden got such a mess that I keep all the blinds shut so I don't go in there now at all.'

By ignoring the garden Ella shut out the problem to some extent and although she desperately wanted it to look good or at least acceptable, she did not like to ask more of her son as he was her main carer and she already relied on

him for a number of jobs and was afraid of being a burden. The issues relating to the discourse of the failing body therefore led to a range of emotions. The **findings** show how the participants highlighted how valued roles were gone and there was nothing to replace them with, other than leisure activities. Not being able to do for the self and the restrictions that resulted meant that there was a reliance upon others for activities they once used to undertake themselves. Needing others to carry out activities meant that the discourse of the failing body and the discourse of connections intersected making resistance increasingly difficult and resulted in a shrinking world. The need for help was apparent but the need to gain connections whilst not being a burden was a fine line to tread, so that frequently the participants made do rather than asking more of family and friends.

The loss of what was and the use of the discourse of the failing body reinforced the social construction of older people enduring inevitable decline. They were embodied, and their ageing bodies were letting them down ‘a *cultural icon of decline and helplessness*’ (Tulle-Winton 1999: 297). For Ella, the circulating discourses which discuss ageing negatively were being internalised whilst for Margaret, her daughter’s view that she was physically unable which could lead to falls created in her a subject position of vulnerability. Foucault highlights in his earlier work (1967, 1970 and 1972) how the subject position available to individuals is created by discourses and powerful institutions such as the media and the participants reflected this. Some were struggling to be able to cope on their own and were unable to resist the powerful discourse of the failing body, which placed them in a vulnerable subject position, which in turn threatened their ability to remain living as they currently did.

Body Management

In later work, Foucault discusses how the individual is working for a subject yet to arrive. For some of the participants such as Ella and Margaret, however, ageing did not allow fulfilment, rather ageing was about an adjustment to the current state. Both were combatting the notion of ‘youthfulness’, that is the

parameter by which all is measured making old age an undesirable state problematised through losses such as physical bodily changes. The participants, in effect, were grieving what they once were, being aware of what they used to be able to do and what they struggled with now. Here what became apparent was the **finding** that the body, like the home, was becoming increasingly subject to self-surveillance with each individual becoming their own prison warden watching and observing how they managed. The consequences of this action was that there was increased clinicalisation of the home through equipment and adaptations to accommodate the failing body. The participants stressed the mind was willing but the body was weak, reinforcing the social construction of old age as inevitable decline. Wherever possible the participants hid their bodily failings from others, particularly those to whom they could become a burden. Such action was reminiscent of the home as a castle in that it was their bodies which they tried to keep out of view in their home and thus out of the surveillance of others.

As time passes and bodies change the basic structure of the home remained the same although it too required repair and maintenance in order to keep it in the same condition. The changed and changing bodies of the participants, however, meant no repair was possible and an acceptance that there was no return to the physical ability they once had was a part of the adjustment to their current state with which they had to deal. Such adjustment means that the older person has to accept paid or voluntary help and as such is placed in a vulnerable subject position, accepting what others do, reducing individual control. This is not dis-similar to the biographical disruption that has been described in chronic conditions (Bury 2008). Ella articulated this well when she said: *'Because you never think you're going to get old and like this do you?'* Old age, for Ella, had arrived suddenly and without warning and was not what she had expected. She tried to explain the reality of being older for her:

'Even to stand at the sink when I'm washing up I find that I'm and I can't stop it I find that I'm gradually going like this [demonstrates bending] and then I have to straighten myself up you know then I've got to come in and sit down. The simple everyday tasks you don't think of become difficult stupid little things like I dropped something on the floor and I go to pick it

up and I can't so I come in here and get this [helping hand] to pick it up. Everything takes a long time and you know, its tiring and frustrating and I think sometimes well I know she [daughter-in-law] got that impression by the way she spoke to me this morning oh is she putting it on. I wouldn't put anything on because if I could walk around as I did before I'd give anything you know.'

To some degree, home for all participants, was a dangerous place, posing obstacles and difficulties to the occupier. Enid in particular had had a number of falls and these had resulted in her having a hip replacement and knee surgery. She had paid for these privately and hoped that she would not have any further need for surgery as the cost of these operations had used up her savings. She acted in a manner which was in keeping with technologies of the self in that she was trying to take care of herself and had taken on board the responsibility of funding the operation thus not being a burden on others. Such a perspective demonstrated an overlap with the discourse of connections as once again there was a real need not to be a nuisance or a burden to others particularly family and friends by obtaining intervention quickly and thus reducing the need for others to help her.

Enid described her falls as trips or sprawls in-keeping with a lay discourse as opposed to a medical discourse. By doing this she distanced herself from the negative connotations associated with being older and falling. To improve her safety and allow her to continue to live in her own home, Enid too had had equipment installed. Following her most recent fall, she engaged carers to help her get '*back on her feet*' as her daughter made her aware of the burden she caused and in order to remain in her own home she had to keep things easy and manageable:

"Mother we're going to have to do something we're going to have to get some carers in or something" and that's when we had the carers in morning and night I said just to check. Well I'd be upstairs at first that week I said they settled me in between 7 and 8. I had them for about a month 5 weeks but it wasn't really to do much it was to supervise my shower every day, make my bed you know maybe wash a few pots up but as soon as I got on my feet and that lasted that pain that vicious pain lasted me about 5 years.'

There was pressure on Enid to remain self-sufficient and not bother her family, any digressions and her self-sufficiency could be threatened. In order to reduce the burden on her family Enid turned to the authorities. Carers acted as a form of surveillance in ensuring that Enid was safe and also to 'report' when the service could be withdrawn. Enid sought and valued professional input as they 'knew best', demonstrating a disempowered subject position as Sheila had done (see home as a clinic above). She appeared to seek out those with specialist knowledge, whether this was because Enid lacked confidence or whether she was unable to 'read' her own body was not entirely clear. This appeal to those with specialist knowledge was apparent when she explained she had had a fall between interview one and interview two:

'I've had one since. Yes I tripped, I didn't trip, I didn't slip I just sprawled I opened the door [front door] the case went in and I went in after it. I tripped and went in after it, well I daren't on account of my hip and I'd fallen on my hip that way, and I thought I daren't get up in case I couldn't stand. The next day I was black and blue here, so I phoned my doctor and I said to him "I feel alright doctor a bit shook up but I haven't forgotten my badly broken hip". I said about an x-ray he asked me a few questions and I could answer it "no" he said "I think you'll be alright".'

Enid also placed herself into the patient subject position and saw her body as an object to be assessed. This demonstrates how she valued professional knowledge over her own abilities of being able to stand and walk for example. The falls, though, caused Enid some distress as she explained:

'I get mad with myself. And it's not until afterwards that reaction comes in. You know you feel sorry for yourself, that's all.'

Here Enid draws on the discourse of cognition which intersects with the discourse of the failing body when she explains she is disappointed with herself, feeling that she let herself and others down – this could be understood as a loss of control, which makes her vulnerable not only to accidents but also to their consequences. Such consequences could mean that she would not be able to remain self-sufficient in her home. The fall itself being a nuisance for others as well as herself and her concern regarding how others may perceive her falls influences her choice of language to describe the events.

She went on to say how she felt that she had been a fit and well person until she moved into her current property:

'I felt I'd never been ill till I come here. I seemed to be up and down I never was well with one thing and another. And at the finish I said to our daughter will you tell Father x to get himself round here and bless this house. I have never been sick, I mean I nursed my husband and everything I said and never been sick. I've had colds like everybody else.'

Enid appeared to need an explanation of why things were happening to her and her faith meant she turned to a priest. Her call for the priest, demonstrated once more a need to refer to those who have a specialist knowledge. She did not expect any dramatic changes but 'felt' better in herself once the house was blessed and felt that she could get going again.

William demonstrated some resistance to the discourse of the failing body by continuing with his activities as he always had. As others have highlighted (Fänge and Dahlin-Ivanoff 2009 and Sundsli, Espnes and Söderhamn 2013), William also tried to maintain his health by keeping active and mobile undertaking activity both in an organised group and informally within his home:

'I go up and downstairs alright. With Age UK they have a walking group and I go with them but as I say I haven't been for a few, with being ill and things like that but I'm hoping next week to start and we go on a Tuesday and we go for a walk. The thing is if you don't use them you lose the use of them you see.'

Stairs were an important part of exercise and of maintaining abilities, thus were a part of risk management with the benefits outweighing the possible consequences, thus an aspect of technologies of the self. This demonstrates a resistance to the discourse of the failing body as he tries to maintain his functional ability rather than accept ageing as inevitable decline. William indicated the importance to him of being challenged in order to keep going and stairs were a part of that challenge. He was aware of his health issues but adopted a matter of fact approach and got on with life. He did, however, follow professional discourse and took on the position of a docile body accepting regular medical surveillance, following instructions and medication regimes.

He behaved as a good citizen should, and acted responsibly informing the authorities about visual difficulties which could impact on his car driving.

Ken did not fully concur with the medical establishment but needed certain medications which interfered with his ability to maintain a routine and a structure in his daily living. This was frustrating and there was a hint of a loss of control in his daily affairs which Ken did not like:

'I'd like, now this sounds stupid, but I'd like a structure to be there. But because of being on morphine and various things it throws things off, I've seen me find I've wasted a day because I've either been half doped or whatever and I'm thinking oh I wanted to do this, I wanted to do that.'

He had particular health issues which meant he felt the cold and consequently he had to keep the house very well heated, which meant he was restricted as to when and where he could pursue some of his hobbies. Being warm and comfortable in the home was a necessity to Ken although such a requirement meant that he worried about high bills and restricted what he could do.

'So the lounge is over there and because of my, the way I am with my disabilities I feel the cold very easily, and you wouldn't want to know about my heating bills, at least for last year. This year is not so bad thank God.'

Being able to manage the home was an important aspect, and the internal space was a consideration. Barbara and Olivia both commented on the property being the 'right' size for them. They felt they did not want to move to a smaller property which might well reduce the amount of space they had to deal with, traditional thinking for older people (Fairhurst 2000). Smaller properties would make them feel claustrophobic and they liked to have space to move around and manage their belongings. Barbara made it clear that the property size and layout suited her and gave her some security as she could manage without any help or support and therefore remain self-sufficient. She hinted of practicality here, painting a picture of her home being compact, easy to maintain and run whilst giving her sufficient space to move around in and contain her belongings. Olivia, likewise felt she had the correct space for her – she would not like less space which would make her feel restricted:

'No, no, no em I don't, at this time, I don't feel that it is too big I've got erm, space around me and if I went somewhere very small I'm not sure how I would cope with that. I wouldn't be able to take the china [mother's] with me if I went somewhere small but not only that, my brother's bungalow was very small and I felt ... a bit claustrophobic I guess.'

Having space to move around in, keeping one's possessions and be able to re-arrange as one wishes was an important aspect of home and was worth the extra effort that their current properties brought. The future was never far away, however, as Olivia discussed how she was considering making things easier for herself by the installation of a downstairs toilet:

'On the whole it's laid out quite well the only thing I would say is that I wish we had a downstairs toilet. I suppose as I've got older I suppose that I'm looking ahead and thinking that maybe one day I'm going to find the stairs difficult and it would be handy to have a toilet downstairs rather than go up and down but if push comes to shove well a stair lift will go in.'

Bill took the opposite view being adamant that the more space one had the more work it involved he wanted less space so it was easier to maintain:

'I mean let's face it, the small bedroom is a junk room, I daren't take anybody in there, they'd never find their way out again - I've got a bit of string tied to the door! As long as I've got room for somebody to stay if they want to stay, apart from that. Just more to keep clean.'

5.4.3 Conclusion to the Discourse of the Failing Body

The discourse of the failing body was drawn upon and reinforced societal notions of difficulties with physical tasks as a consequence of age alone. All participants wished to remain in their own home but were aware of problems in managing this due to changes in their bodily ability. The **finding** that participants were at a crossroads and any change in their physical health status could impact on their ability to continue with their current living arrangements was highlighted. Home was both enabling in that they knew the space and where things were, but at the same time disabling as there were activities which posed risk. This led to the participants going to some lengths to try to remain in control of maintaining and running their homes as they

always had with a need to plan ahead replacing acting on impulse. Self-surveillance was apparent with individuals observing their bodies and their abilities to determine what they could manage safely. This **finding** demonstrated how each participant became their own prison warden resulting in an increase in clinicalisation of the home and hiding their bodily decline in their 'castle'. This was accompanied by self-discipline, so that the body was challenged to do things in order to maintain fitness and health status. At the same time some older people were severely restricted and were unable to leave their home voluntarily, making the home a prison. Within their prison they were limited as to what they could manage and leisure had replaced purposeful activity, which became tedious and contributed to their feelings of being devalued and unable to contribute as they once had.

The discourse of the failing body exemplified how the ageing body was spoken about from a cultural perspective, in negative terms, and how this construction of embodied ageing permeates the narratives of older people. Older people needed to be able to demonstrate their worth and in order to prove that they were capable of managing their home they needed to remain 'young at heart' by demonstrating they were active, busy and connected. This was accomplished by visibly demonstrating what they were able to achieve, or by their capabilities in gaining the services of others for things they could no longer undertake. Participants on the whole were abiding by the discourse of the failing body which intersected with the discourse of risk, the discourse of cognition and discourse of connections, making resistance very difficult. They were determined to remain in their own homes and take care of the self for as long as possible and thus were willing to pay for support and help as government policies encourage.

Problems with function of the body both actual and perceived (such as fear of falling), led to problems with mobility, caring for the self, undertaking valued activities and ultimately to a shrinking world, where the older person had reduced contact with the wider community and relied upon others, both paid and voluntary to have social contact. At the present time the UK is witnessing, in line with other industrialised societies, an increasing ageing population

together with a policy which encourages older people to remain in their own homes associated with positive ageing. These points would appear to suggest that there is a need to increase spending on older people's care to promote self-sufficiency. Ironically there are severe cutbacks in services for older people to approximately 80% of the required demand leading to a 23% increase in the number of people with needs, but no services to meet those needs (Forder and Fernández 2010). Age UK point out that this squeeze on public finances means that thousands of older people are missing out on care and support to help them remain in their own homes and cope. As Wiles (2005), Russell (2007) and Feldman (1999) point out, such cutbacks disproportionately impact upon women. Wherever possible, the participants in this study felt the need to manage on their own or with as limited support as possible and consequently were ingenious so that they could cope. They were also aware of their abilities and susceptibilities and took action where they could to prevent or address problems that arose, demonstrating a degree of resistance to the dominant discourse of the failing body. Home was a battleground where the older person had to negotiate everyday life to the satisfaction of the self and others in order to remain living there.

5.5 Discourse of Cognition

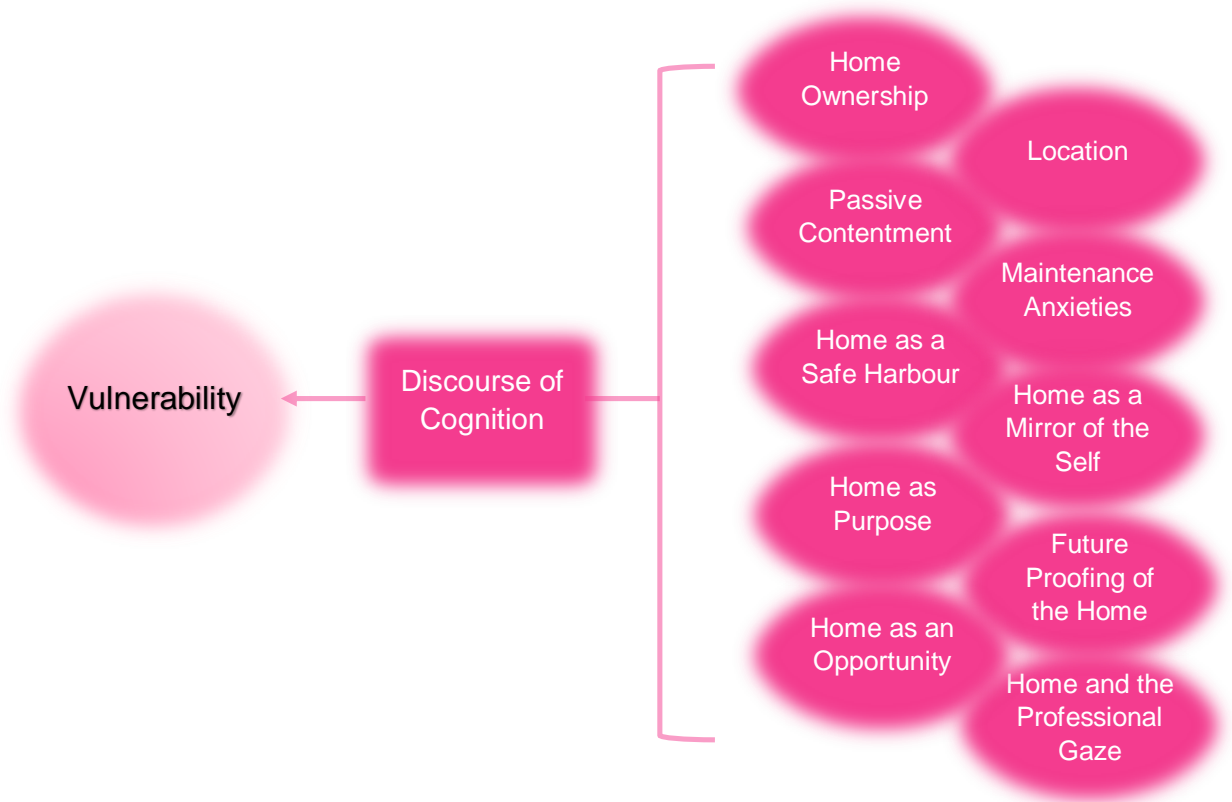
5.5.1 Introduction

The discourse of the failing body is about how ageing is socially constructed from a physical perspective and is based on the physical appearance and physical ability of the individual (Ainsworth and Hardy 2009). The discourse of cognition focuses on the individual's mental ability and fulfils two main aspects with regards to the home. The first is that a home is considered a necessity and a place where individuals can be themselves in a secure, safe and hopefully comfortable environment. The second aspect of the discourse of cognition is the need to refute the idea that as one ages one's mental capacities slow down and are not as sharp as when younger. As indicated in the literature, the concept of home has taken on many guises and there is no one single definition to explain what home is. Gillsjö and Schwartz-Barcott

(2013: 10) suggest three main aspects which make a structure a home – it must feel comfortable to the occupier, give a degree of security and the individual must have an ‘*experience of dwelling*’. It was apparent, when discussing home with participants, that aspects of Gillsjö and Schwartz-Barcott’s (2013) definition were being mentioned and that the need for a home or a base was felt by all the participants. The personal meanings, which included both positive and negative comments regarding home, meant that home fulfilled different needs for each individual. The participants were aware that home was usually seen in a positive light and they articulated the societal norm of having a place of one’s own and that this should be, on the whole, a positive experience. Where it was not a positive experience, participants sought to justify and explain why they differed from the norm.

5.5.2 The Practical Implications of the Discourse of Cognition

Figure 8 – Conceptual Map of the Discourse of Cognition



Home Ownership

Owning one's own home has become a dominant aspiration in the UK since the 1980s and was bound up with societal expectations and the neoliberal policies developed by the state. The ability to own one's home is a powerful concept which fits with Western ideals of freedom, individuality, security and wealth acquisition and demonstrates the individual's success to others (Gordon 2002). Home ownership is clearly an aspect of governmentality where there is an expectation of increasing numbers of people owning their own homes and therefore the responsibility for the housing stock moves from the state to the individual, thus dramatically reducing the budgetary demands and responsibility from the government. All but one of the participants had bought their own homes, visibly demonstrating the successful lives they had led and continued to lead now that they were older. In addition, the responsibility which ownership brought was another way of demonstrating that the participants were capable of dealing with financial affairs and organising maintenance tasks, refuting the idea that they had grown cognitively challenged with age.

Ken epitomised these neoliberal ideals. As a lifelong wheelchair user he had been expected to live in an institution and assumed not to have the capabilities either physically or cognitively to live in his own home. Ken wished to prove the authorities and his family wrong as they had denied him the opportunity to own and run his own home. He was determined to buy thus owning his property was a demonstration of his cognitive capability. For him ownership was not just about having a roof over his head, which was important, but he also saw his home as impregnable and somewhere he could be safe and secure away from professional knowledge that had always under-estimated and controlled him:

'Once I'd paid my mortgage - security, I can shut the outside world out that's the main thing. Not a hundred percent safe not in this day and age, but on the other hand I'm, it's like the old story a man it's his castle. It's mine. No-one can disrupt it if you know what I mean.'

The idea that one is totally secure and untouchable in one's home was strongly portrayed by Ken and other participants. The castle metaphor was a way of insulating the self from society's surveillance. By remaining 'hidden' fewer questions would be asked about their body and cognitive capabilities. Ella too reflected these ideas when she explained she wished to continue to own her home when she moved to her current property as she believed she had control over her daily life and her affairs.

Unlike Ken and Ella, Bill was easy going and a house was a necessity but he was not particularly attached to the concept of owning a property, he did not care where he lived:

'I mean it wouldn't have mattered where we'd lived it'd still be the same. Let's face it, it's only brick and mortar, and just what's in it. Lived in a tent, with a wood fire and a hole in the top of the tent it would be just the same.'

He did not feel a desire to own his home but his wife did, so to please her when he retired he used his lump sum to buy the council house they had been living in. Bill demonstrated a critical consciousness here as he recognised that whilst this meant he was no longer paying rent, he did have the unknown expense and possible worry of maintaining the property, something he believed his wife had not considered. Bill recognised this to be a possible threat to his cognitive well-being if maintenance bills were to create anxiety. This was an important **finding** as a home could impact upon mental health in a negative way should it become costly to maintain and a financial worry, ultimately threatening the individual's ability to cope cognitively. Whilst older home owners had capital invested in their property, this was not always easily accessible and with lower incomes the concept of home as a protective castle could change and become a burden as Bill implied. Such a burden could threaten the individual's mental wellbeing and result in increased intrusiveness by others, such as health and social care professionals, to monitor the individual's cognitive abilities thus breaching the castle metaphor. The contradiction here was the possibility that the older people had worked all their

lives in order to buy their home only to see it being taken away as society deemed the individual unable to cope.

Olivia had had a different experience with regards to her home; she had inherited what had been the family home. She had not thought about home contributing to her health and she pondered whether or not home had any impact upon her well-being:

'I don't think it has an impact on my health but it's difficult to know with not being anywhere else it's a bit of a sort of hypothetical question in its own way because I have got nothing to compare it to. I think it's important to me because, purely because it was the family home, had it not been the family home then it would probably, it would just be bricks and mortar possibly if it hadn't been the family home. And if I went to another house, yes I would probably be very comfortable and very happy but it wouldn't, it wouldn't have that same feeling, I guess, that this one has.'

The important aspect of home for Olivia was that it was more than bricks and mortar; it had a sentimental connection with the family that was important. It helped her to keep in 'touch' with loved ones who were no longer with her and she felt comfortable and at ease – this gives a warmth to the house and a comfort she might not get elsewhere and she described this as a 'safety blanket'. Owning her own home added to her feeling of security. Although Olivia is clearly drawing upon the discourse of cognition in terms of a home being important to her, she did not consider this emotional aspect of the home as contributing to her health or wellbeing.

Passive Contentment

William was ambivalent towards his home and he appeared to accept where and how he lived. His biological needs were catered for and cognitively he did not want for things. He went on to say how the house met his needs and he was content with it and the area:

'You've got to have a house it's er it's your basics isn't it? Myself, I'm satisfied, I don't want to move this is where I want to live that's how I feel – it's just a house. If I could afford it I don't think I would still move. I've

lived here so many years I know the area and everything like that er I've got my car there I've got a garage, I haven't got a garage but its parked its safe and er the house seems safe enough so I'm, I'm, as I am, I'm satisfied with it. Comfortable with the area – know it – yes. If I moved anywhere else I'd have to start finding my way about again.'

The idea that older people should be grateful for what they have is a notion that a number of participants alluded to. This generation of people have lived through the second world war and have known how hard life has been during and immediately after the war in the early 1950s when the population was still experiencing rationing, housing shortages, financial restrictions and were exhausted (Sandbrook Undated). This traumatic and radical event had affected all those who lived through it and therefore created a generation with specific experiences that only they could share with each other. These experiences, together with living without the security of the welfare state, meant they had learnt to be frugal, make do and to be satisfied with their lot. This attitude pervaded some narratives as Olivia indicated:

'I'm just feeling very lucky to have a roof over my head, food in my stomach, clothes on my back and have a relatively comfortable lifestyle. And I do think some people they're not thankful for what they've got, they're always wanting more and more.'

This generation was also the first to experience improvements in living conditions – inside bathroom facilities, hot and cold running water, central heating and some participants were still not entirely used to the comfort remembering how things used to be. Consequently they tended to be grateful for the good facilities as Margaret made clear:

'She comes in our [daughter] and she'll say "I'm roasting are you alright mam?" I'll say "yeah I'm alright" then she'll come and she'll say "I'm freezing shall I put your fire on?" I'll say "no I'm alright", I said "I'll just put a cardi on". To me, and we're not used to central heating even though we've had it for years I mean as I say we used to have to go sea coaling for our heating, or go round the coal yard with a pram, cart a ton of coal, bring it back.'

William acquiesced to this but also indicated how his age was a limiting factor – he had reached a point where he no longer wanted for things:

'Well I think so I just take – when I go to bed, I'm 84, when I wake up on a morning it's a bonus I never thought I'd live to be this age. My oldest son says I'm going to live to be a 100 but I don't believe that but you know but if I didn't wake in the morning I've had a good life I'm quite happy as it is you see. But oh no er when you get my age every day is a bonus. Its queer some people when they get 40 they think they're old and I think it's the way they look at things differently. But years ago I used to wish I was 18 again and fit but now I don't, its queer. Happy with my lot I think.'

William on the face of it appears to be content with his lot but there is an element of societal pressure with his age a determining factor in what he can expect of himself and others. Fisher (2013) discusses this using a cricket idiom to express the idea of a 'fair innings'. As Fisher (2013) goes on to comment, what impacts on older people is not age per se but rather the diseases and impairments that might, but not necessarily, accompany age. However, the dominant discourse of cognition implies that older people struggle with their mental wellbeing as a consequence purely of age and therefore are a drain on resources and thus older people should be content with their lot, a notion that would be unacceptable to other sections of the population.

Bill, like William, accepted the situation he was in. He mentioned the problems of being on his own – he described how he found his wife dead and how that had an impact upon him and the way he used his home:

'Sometimes you know, it's, like I say, nothing on the box its very lonely and you start, your mind starts to wander – different things I mean it's just under two years since the wife died so it's still catching up on that. Found her dead on the bathroom floor – I still can't go up to the bathroom at that time that I found her now either before or after - it sounds daft.' [Laughs]

Bill explained how home, was no longer the same, since he lost his wife; he missed the companionship and comfort. He went on to say how home was imbued with memories:

'I mean the daughters are wanting me to sell up and go in a bungalow but I said to them all my memories are in this house so that's it. I sit there [points at armchair] sometimes especially in the winter and you know think back over things ... now I'm being morbid. A bit lonely if that's what... Well put it this way, you can't be married to somebody for 59 years and not miss them can you?'

Home had become a retreat for Bill away from others, but where he found comfort, others could find abnormal grief and this could threaten living in his own home. Bill had moved to the north of England with his wife in order to find work which paid sufficient for him to look after his family. His birth family remaining in the south of the country:

'I often sit and think what might have been. I suppose money rules your life don't it?'

He liked where he was born and still considered that to be where his roots were and, if things were different, he would return. Without his wife he felt particularly lonely and he made the point that he had to be content and satisfied because: *'Well it's a case of having to be, too old to be anything else.'* He appeared to reflect the cognitive discourse of inflexibility and resigned himself to his situation, accepting he would remain where he was until he died. He drew on age as a factor and implied that it was too much effort for him now. A contributing factor being his family who had settled in the area and he wished to remain close to them. Alice also commented, like Bill, that age was a limiting factor when she explained:

'If I'd been two or three year younger now than what I am, when I changed the table and chairs I would probably have all the walls decorated and had all the walls done but I don't think I can cope with having all the walls papered.'

Alice had always been highly motivated and liked to keep her home looking attractive. Lately though she had found the prospect of having the decoration changed too much to cope with partly due to the size of the room and the

disruption it would cause but she also implied she was just getting too old to be bothered.

Enid, however, intimated she would like a larger property:

'Well I'm not wishing I had this and I'm not wishing I had that – I'm really not complaining about anything really but the bedrooms are a little bit small but then again I don't want great big ones to clean. When I have anything done or er or I see anything to buy, cleaning comes to my mind every time.'

She appeared to want something a little bigger but recognised the extra pressure and work a larger property would put her under, and reconciled herself to what she had. Past opportunities and wealth had constrained people in terms of what and where they could afford to live as they aged. Although for Ken his home was not the ideal and for Olivia she would prefer a bungalow, all referred to being content and making the best of whatever they had been able to achieve, again accepting the societal pressure of being happy with one's lot.

Home as a Safe Harbour

Pamela saw her home as a place to retreat to and the centre of everything, she had strong feelings regarding this:

'Well your home, your home is your foundation it's your centre point the home is, it's the core of family. It is how you, how you keep it. "Your home is it's the centre point it's the core and it's the care that you put into your home." Home is sanctuary home has always been it is like when I lived with mam and dad when you got in when you got home you were safe in your mam and dads arms. Home still feels the same as it did when I was with mam and dad home is home, home is a sanctuary home is what you make it you've especially the mother the mother is the home maker the mother is ... My mam used to say you've got to be very careful the mother is the pilot of a ship and when she died it's out of control so somebody has to take control because she used to say to me when anything happens to her you know we had to try and keep the family together.'

'I don't know, see daughter worries that I get I get too attached to the house and I'm afraid, I am afraid to go out because of falling over. Nobody loved to go out more than I did but now it's the security of home, its safety a safety net well it's a safe harbour which is what a home should be its it's like your air raid shelter for want of a better word. It makes you strive to make it the best you can and make it comfortable for your family I mean you want the best for your family well if you're a normal mother you do.'

The home as a place of retreat or sanctuary afforded privacy, freedom and a feeling of safety and security not available anywhere else. For some participants, the ability to lock oneself away from society and the outside world was important. In these situations home was about having a place to go to where they could be themselves and unwind from daily life and escape from others. Sheila considered her home to be a sanctuary but on reflection thought it always had been. For William and Bill home too was a sanctuary as it provided a 'safe' place for them to return to where they could relax in private. Bill described himself as a quiet man who was 'shy' and consequently found socialisation a challenge, so home was a retreat where he did not feel uncomfortable or societal pressure to join in. Bill acknowledged that as he had got older he spent more time in the home, his world appeared to be shrinking, his physical stamina and purpose to go out reduced. He also found that being on his own meant more chores to complete which took up his time and he therefore was at home more than he used to be.

Pamela appreciated that living in her own home afforded her the privacy and the freedom to undertake activities that others might find 'odd':

'I'm a spiritualist ... well you know several times I call on their help, and my mam many a time, many, many a time. Even my husband he sometimes, even now I can you know when I'm doing something, he says "you great stupid buggar you, what do you think you're doing, pull yourself out of it". I have stand up rows with him, and folks would think eeee. But I mean I know exactly, I mean it's not him speaking to me but it's I know exactly what he would say if he was there, and that's what I hear.'

Pamela's belief meant that she would speak out loud to deceased members of her family in the privacy of her own home. Likewise, Ella explained how she spoke to her husband on a regular basis and told him what she had been doing and where she had been. Like Pamela she would not do this in front of others only the safety of the home facilitated this:

'You know I mean we were together nearly 60 years so you know it's a long time and err as I say I miss him and like I say I look at him and talk to him. I did last night something came on there and I said 'Oh yes I said we've been there haven't we husband?' you know [laughs]. My god if anybody could hear me you know - whose she talking to well I'm talking to husband you know. It's better for me to say it than to think it you know its maybe hard to understand because I used to think why do people talk to themselves how ridiculous but it's amazing the ... you've spoken to somebody you know although they are not there you know but to think it you know oh we were there weren't we that's not the same as saying it you know so I – I couldn't do it in front of anybody else certainly not, no. I can do what I like when I'm here.' [Laughs]

Both women were clear that this very private behaviour could not be exhibited in company or in public – they recognised that their behaviour would not meet with societal norms and they would be deemed to be cognitively challenged in some way. Such a label could spell problems for them in that authorities may want to assess them further to ensure they were 'fit enough' to remain in their homes. It was better not to let people know of their behaviour and certainly not be caught in undertaking it. The **finding** that people undertake secret activities is perhaps not a surprise, however, the type of secret activities may not be what was expected. For these women being able to behave in this way brought some comfort and had an impact upon their well-being, in that they were able to speak out loud and feel as though they had communicated with loved ones, such behaviour would not be acceptable in open society.

Bill also relished the privacy aspect of his home and he pointed out how the home allowed him to be idle in a way he could not elsewhere:

'Yeah if you want to just sit and do nothing you can sit and do nothing.'

Home allowed Bill to have the privacy to do what he wanted, not having to explain his actions to anyone. This is an important point as Foucault (1984) discusses idleness as being a deviation – society expects people to ‘do’ even if that means leisure activities. One of the few places one can be idle is in one’s own home. As idleness is not approved of, this cannot occur in company and for older people evidence of it could be mistaken for signs of demotivation and could threaten self-sufficiency so hence the need for a safe harbour which affords the luxury of being idle. Bill’s idleness could be a threat and none of the other participants ever discussed periods of relaxation or quiet but were always ‘doing’. Only Bill discussed finding the time to sit and think but he too was fearful how this could look to others and clearly did not discuss it.

Some participants, however, went to some lengths to demonstrate that they were anything but idle. Olivia discussed how her dog contributed to her routine intimating she did not have time to be idle – she had to see to his needs as a priority and other activities had to be fitted in accordingly. She portrayed a busy, active person who had plenty to do and was in demand listing her activities for the week, thus dispelling any notion of deviant behaviour even in the safe harbour of her home.

Home was a sanctuary and a ‘safe harbour’ as Pamela put which gave her confidence to carry out activities in a secure environment. She did not feel so confident outside the walls of the home and was more fearful of something happening to her where she would be out of control. Home offered stability, a place that was constant and a place that the participants could always return to, as Barbara acknowledged:

‘Obviously I would want to come home but I mean while I was over there [holiday] I could have stayed another month and I wouldn’t have worried about my home I would have known it was there for when I needed to come back.’

Ella expressed how home could be a lonely place and how she missed her partner so although home was a safe harbour it also increased her feelings of being alone:

'But as I say, other than that, I'm alright you know it's just loneliness with me now but like I say that's - a lot of the others say "I'm very lonely" and I said "well we all are when we lose our partner obviously" you know and erm you seem to be more alone because well I don't know I always feel I'm in the way of everybody now you know I'm, I'm a burden you know.'

The worry of being a burden and a nuisance is ever present here and so the requests for help or for leisure are curtailed in order to reduce the burden on others even though this increases the feelings of loneliness and isolation for the individual. By doing this, the older people hope to maintain the level of support they currently have which is vital in being able to remain in their own 'safe harbour'.

Home as Purpose

The home afforded the participants a degree of freedom to do as they liked. Olivia, for example, explained how she was able to move things around in her home when the whim took her:

'I do move the ornaments around but don't ask me why because I don't know. Erm I don't know that it's important but it's nice to be able to do it.'

This demonstrates how being on one's own gave a degree of freedom to do whatever she liked without comment or discussion. She liked to re-arrange things for aesthetic purposes, and she had the freedom and control to do what she wanted; there were no restrictions and no-one else to be accountable to. This fulfilled the first aspect of the discourse of cognition that a home is considered a necessity and a place where individuals can be themselves in a secure, safe and hopefully comfortable environment. William too, like Olivia, changed things around but not for aesthetic reasons but to ensure that everything had the same amount of use and therefore lasted longer demonstrating his need to be thrifty:

'Oh yes, well I mean I swop around I change these cushions over you know and things like that and I change the chairs around so I move that to there and that to there you know – to keep it going because that one near the heater and then I'll move it and put the other one there. That's where I sit. Well I've got a lamp there so I can read yeah I've got this angle poised lamp, telephone, and I can see the television.'

Margaret did not have the same degree of freedom that William and Olivia discussed as she lived in her daughter's house. She spoke about the freedom she had to go anywhere in the house she chose to but the reality of Margaret's mobility meant that much of the house was out of bounds to her *'I can go in any room I want to but I can't go upstairs because I can't get up the stairs.'* She also chose not to use the lounge and tended to stay in her own room so that she was accessible and could see people passing but was not interfering with her daughter's family lives and encroaching on their space. She appeared not to want to be a nuisance or interfere in any way. She felt that she lacked a role within the household and did not have the same level of freedom, forcing her into either undertaking leisure activities which became meaningless or seeking out tasks thus carving a role for herself in the family unit:

'They look after me – I'm on my holidays all of the time – they wait on me hand and foot I don't have to get up and do anything but I do – I fill the dishwasher and empty it and what have you because she has a bad back and can't empty it so much. I do little jobs like that and I feed the dogs. Many a time I think come in here [daughter] and sometimes she'll come in and sit and talk to me – other times she's walking past the door she has her own life to lead. I keep my door open so I can see them but if it's shut they won't come in. I don't want to be a nuisance. They created a little garden in the back and I went to tend them [plants] she said "don't you come down them steps" she says one of these days she's going to find me dead on the floor – she's frightened of what could happen to me. Sometimes I think when I see bungalows I think I wouldn't mind living in there, and when there's all these homes they're building I think I'd be alright in one of them you know and then I think no I'm better off on my own. I mean whatever I say to her and talk about what I think she thinks the opposite. I'm my own boss now like but I can't do what I want.'

It appeared that Margaret felt restricted and was not sure she had made the best decision in moving to live with her daughter as this curtailed her freedom and control. In addition, Margaret's daughter was worried about accidents and any resulting complications which meant that Margaret was not allowed to do much for herself. Leisure activities were how she passed the time:

'I get magazines you know and I fill the word games in and things but I can't do crosswords. I mean I was crocheting blankets and then I got sick of that, and I mean I'm half way through one now. If it was for somebody I'd do it. It's just something to do I haven't got back to it.'

Margaret was frustrated as she wanted to be able to contribute and be a part of the family and feel useful not a burden and hence when she was taken out she insisted on buying for the household. Margaret had lost her self-sufficiency and autonomy and now could only watch others. Barbara on the other hand explained how she had a lot of freedom and autonomy but she felt she was using her home rather than living in it because she was out such a lot. The implication being she was active, fit and in control:

'I feel as if I'm using it sometimes rather than living in it and enjoying it you know because I'm never in it really. Son said that to me the other day, "you're never in it, don't know what you're worried about".'

This is an important **finding** as when the literature refers to people being active and busy it is seen from a personal perspective as choice and fulfilment. From this theoretical perspective, however, it appears that such behaviour is a justification, a need to demonstrate that one was not idle but was active, youthful, capable, and not a burden. This proactive approach was also to be found in the undertaking of leisure activities. For some such as William and Bill leisure activities needed to be a balance between activities within and outside the home. Both partook in sociable activities, but on their terms. William occupied himself within the home enjoying sport and news programmes with challenging presenters! His real passion was going out in the car as often as he could and this activity was undertaken on his own. Ken

also had a number of interests which were important to him and with which he kept himself entertained when at home:

'Oh my keyboard. Because that's - I play on that sometimes you can switch off. Yeah because that's my way of, but looking at it, you see what I've got I mean I've got my electric bed, and I like to sit up and watch telly, and I like films and things like that.'

As well as leisure activities the need to be productive was also apparent with Enid explaining how she liked to keep busy and active:

'I've always been busy I could just sit about but that's what gets you down when you're not so well I've put weight on just sitting. I can occupy my mornings you know by the time you've done your breakfast you've washed your pots you've made your bed you've had your shower you think which job is it today? As I say I've a lady cleaning but that's just like a couple of hours to do these jobs.'

The need to visibly demonstrate to the self and others that one was capable, busy, active, and motivated, was vital as it reinforced the notion that the individual was occupied, healthy and therefore capable of living in their own home. Activity indicates health and capability but it also demonstrates that individuals are young at heart and that they have motivation, determination, creativity, purposefulness and contribute to society at large either directly as Ken did or indirectly by not being a burden.

The participants discussed how they felt that the home changed according to their needs at a given time which was not particularly about age but more about families and lifestyle. Bill felt that at different points in one's life one wanted different things and this in turn had an impact on the needs of the home: *'I mean when you're young you're out more and home was just somewhere you came back to but now I mean I don't go out all that often so it's more important yeah'*.

Home as an Opportunity

Audrey and her husband had the opposite approach to passive contentment, being enthusiastic about their home. They were a positive couple and indicated there was nothing about the flat, building or location they did not like. All had been their choice and they were happy and pleased with the decisions they had made. They did make it clear, however, that if there was something they were not happy with they would change it or move if necessary – age not being a barrier to them, their happiness being much more important. Their home which afforded them security, socialisation and a view had allowed them to discover a new lease of life and had been a revelation as Audrey commented:

'It's made a different life, and do you know strangely enough I said to husband the other day we've learnt a lot of different things somehow, you know it's just an entirely different life and different things crop up and you think oh well I've never done that before, but you do it and you learn something else. All sorts of things really yes, quite a lot to do with the apartment, rules and regulations, and things like that you don't do otherwise. You don't do you, you learn a lot of things.'

The couple resisted the discourse of cognition by adapting to the different way of living, taking on new responsibilities and roles, learning and being challenged in a new and different way. The couple had made a conscious decision to move from a house with a garden to an apartment as they wanted different things at this time of their lives, they were not afraid of change and would be proactive if they were not happy. They demonstrated a resistance to decline and demonstrated that age, as Fisher (2013) highlights, need not be a constraining factor. Their home appears to be giving them fulfilment in line with Foucault's ideas of the individual working for a subject yet to arrive through technologies of the self (Foucault 1988). They continued to develop and learn and were able to show that they were capable of caring for the self through self-examination and self-improvement. Their self-stylisation was of people who were capable, active and altruistic. They enjoyed the way they lived. For them home, on the whole, was more than just a roof over their head, it needed to fulfil other needs such as emotional, aesthetic, social and

environmental requirements, in line with the first aspect of the discourse of cognition.

Bill's reluctance to move demonstrates how he had internalised the cognitive discourse, that as one ages one's mental faculties decline and are not as honed as when one is younger, unlike Audrey and her husband who relished a new challenge. The implication here is that older people are more forgetful, less flexible and therefore do not adapt to change very well and are more prone to anxiety and worry than others, ultimately impinging on their ability to take care of the self and the home. These circulating ideas, therefore, regarding mental capacity, compel older people to demonstrate that they are not struggling with these aspects of the discourse of cognition. Audrey and her husband are an example of how this is not the case for all older people as they had relished their new lifestyle and thrown themselves into new responsibilities and enjoyed it. They were also in the enviable financial position of knowing they could try something and if it did not work they could move. Bill and William were not as financially robust any move they made could not be easily changed. Thus social structural factors as Stephens and Flick (2010) discussed have an impact with wealth, alongside societal expectations of cognitive decline in older age, combining here to make resistance for Bill and William much more difficult.

Location

Location of the home was an important factor for the participants and for Enid location was key – she wanted to be involved and wanted to be in the thick of it. Enid's ability to get out and about was limited, she was experiencing a shrinking world and to counter this she needed the world to come to her so having a home in an area where there was a lot going on was essential to her cognitive well-being. This intersects with the discourse of connections and in this way Enid is demonstrating how she maintains socialisation which is deemed important to mental health. She abides by the discourse of cognition and connections by living somewhere which allows her to have socialisation

opportunities. She also felt that she had created a home as she wanted and she could rest and be comfortable in a way she could not elsewhere:

'I feel that I'm amongst everything even though I couldn't tell you the name of anyone across that road. I love the house, because it's what I've made of it.'

'It is nice to come home, I'm always ready for coming home. I'm too damn tired, you are not as comfortable anywhere as you are in your home. I have never felt like that but any home I've had is what I've made of it.'

Ken also liked his property because of the location with the view being one of the main features for him. He struggled with the structure of the home as it was not convenient for wheelchair use and he would move if the opportunity arose. He had discussed this with his live-in carer and had been surprised and pleased by her response:

'I was quite shocked when, you know, I mean, I said "if I won the lottery" dah, dah, dah, because I'd said before exactly what I would like, she said "no I want to stay here", and I was like well. Yeah I was actually quite shocked at that.'

Ken could not live the way he did without the assistance of his live-in carer and her positive affirmation of his choice of property offered Ken security. The needs of the carer had to be a priority if Ken was to be able to maintain his current living arrangements – if this meant making compromises then so be it. Ken appeared to be aware of his vulnerability and that institutionalised living would be the only alternative for him so if his carer was content with the location that gave him greater security.

Ella explained how she had moved to her current property. She was very frank about not liking her home – she explained how she was frustrated with the layout, structure, size and the small hill at the front of her property which she was unable to negotiate on her own. Her reasoning for moving to a property she did not like was pragmatic, it was very close to her son who was her main carer. Like Ken, Ella had to consider the convenience of where she lived in relation to her main carer, her son, and his perspective outweighed her own needs. This highlights and reinforces the difficulty Ella had in maintaining

her home, the reliance on others meant she had to put their needs before her own in order to ensure their long term support and thus continue to live as she had been. The important **finding** here is that Ken and Ella put their own needs after the needs of others. For Ella in order to make things easier for her son and maintain his support and regular visits she accepted living in a property she did not like. This clearly overlaps with the discourse of connections in that the connectedness to her son outweighed her own preferences. Such a decision, however, demonstrates her vulnerability and places Ella in a relatively disempowered position. Despite not particularly liking her property Ella did prefer it to what she considered to be the alternative:

'Well I wouldn't like to be anywhere where there's all old people sat round like this you know, erm no I'd rather be like this you know where I, I can have people come if they would like to come and do as I like you know. No I prefer to be like this but it's just that I would like visitors that I don't get you see. More contact with the outside world – yes.'

Ella's home gave her some control over her life, which she felt she would lose should she enter institutional care and to reinforce her ability she distanced herself from other older people and differentiated herself from those who lived in institutions. This concurs with the findings of Fänge and Dahlin-Ivanhoff (2009). Ella did, however, acknowledge there were aspects to living alone over which she had no control such as the actions of others. She hinted at her loneliness when she intimated she would like more visitors as she was no longer able to leave the property on her own. Living alone, however, and being able to run the home and take care of herself demonstrated her cognitive abilities in that she knew what she needed and what help to ask for and she could take difficult decisions.

Sheila recognised, like Ella, that the property may not be ideal, especially now that she had lost her sight and lived alone, but she had an appreciation of the external area and could visualise the location of her home within this mental map. She gained comfort and a degree of security from this and her knowledge of the area allowed her to know where she was when she was out

and about with others. Her ability to call upon her mental map of the house internally and externally and know her whereabouts was vital to her ability to remain living in her own home – she knew the house so well that she could move around easily and knew where things were. Any move would disrupt her knowledge of the area and the home and leave her stranded: *‘I know my way round the house, I know my way round the outside. I know I just got a good mental picture’*. This was also useful when she wanted to go anywhere externally as she was able to explain to the taxi driver exactly where she wanted to be. This mental picture enabled her to get about and to feel secure in her location. Sheila demonstrated how she knew herself and her abilities, mastered the body and was therefore able to care for herself.

Maintenance Anxieties

Spending more time in the home also allowed participants to consider how they cared for their home. This was an important point, as a well maintained home added to the feelings of security and safety and presented the self appropriately to guests and visitors. This corroborates Mowl, Pain and Talbot (2000) discussion regarding this. Ken was keen to ensure that the house was kept in good order learning where the faults were and monitoring what needed replacing. He wanted to remain on top of maintenance and not let anything deteriorate. Thus for Ken keeping his home in good condition protected his health status and in turn this allowed him to remain living in his own home. His knowledge of the home had matured – he knew the weaknesses, he knew when to replace things, he was watchful of his home and respectful. Ken was frustrated at having to ask others to undertake jobs he once would have been able to do for himself.

‘I think it’s a natural progression, the way you think of it changes. I get very frustrated now of things I want to do that I can’t do. I get frustrated at having to pay people to do jobs I could do. Things I would like to alter, change that I can’t. So yeah.’

Maintaining and running the home is a pressing concern and Ken did not like handing over control to others as he wanted work of a high standard. The implications of this for Ken, like Bill, are related to *‘the fear of the unknown’*.

He also commented: *'I mean yeah you know we've got everything, and we're at the age where we're at.'* This appears to be an ageist discourse that older people should not expect or want too much but should accept their circumstances. This attitude was alluded to by others too, demonstrating how circulating comments about ageing are taken up and internalised by individuals.

The need to keep the home well maintained, clean and tidy was discussed by other participants. William wanted to keep his house in good order and he too did not like others in his home. He had always been able to manage on his own and he wanted to continue this approach. Being able to do for the self was important and it appeared that having to ask for help was a sign of decline and perhaps the beginning of the end of self-sufficiency. Having others in the home increased society's surveillance and breached the private sphere which was important to some. There was a general concern that in the future they may be unable to maintain standards and there was a worry that they could descend into squalor. Not being able to manage everything might necessitate employing others, which could lead to further financial expenditure and to worries regarding the trustworthiness and capability of the person they employed, as Ken commented. Olivia admitted to being a worrier – she wanted her home to be 'nice' and she worried that she would be unable to keep it that way. She worried about the larger unexpected bills and whether she would be able to cope with a limited income. She had planned ahead and taken out insurance policies which covered certain services but not everything. She also highlighted the problem of finding someone that she could trust which was an ongoing concern to her:

'And you hear of people being treated and fiddled and it annoys me when the take advantage of a woman on her own or a pensioner, any pensioner it really does annoy me. I think it's really bad. I do think there's some rotten people about I'm afraid.'

Her vulnerability was very apparent in her worries about finances, employing others and about avoiding the descent into squalor which was a possible outcome of the other two. She had heard of older people in that position and

that caused her to worry about how she would cope in the longer term as maintenance necessitated finances.

Home as a Mirror of the Self

Ken expressed succinctly how a poorly maintained home could impact on health:

'The house is part of you, now if you see your house deteriorating you become depressed and deteriorated with it because you can't get up, you can't do things, you can't tidy it, you know that cobweb is there and you can't reach it. So it's important that your house is in a clean, tidy, good condition. I want my toilet to be able to - somebody come in and say oh yeah, like the advert type of thing!'

Ken felt his home reflected him and he was adamant that it should be kept in good condition. He was clearly fearful of the home deteriorating and how this could impact on his living arrangements. He had experienced institutional living earlier in his life and did not want to return to this. Ken then talked, as Olivia did, about ageing and about the impact of ageing upon the individual and the house:

'My other fear is, is what I would call, and I've argued this point and I think it has a very, very serious effect or consequences, I don't, whichever way you would like to put it, on the person and that is if you get to a stage because of your disability or because of age that you can't keep your house clean it has a psychological effect as well as a health risk. But then when you try to get the authorities to come in with home helps they're not allowed to climb up and clean your windows because it's health and safety, they're not allowed to do this, they're not allowed to do that and what happens is very slowly and gradually it's like a cancer it eats at your house so things start deteriorating. So before you know where you are your house being okay how you like it, but instead of it being in the nineties it's now in the sixties age group if you follow what I mean. Everything has got old, dilapidated and as you get older obviously your eye sight gets worse and you can't see what it's like, but I've been in people's houses where cor hey this smells old age. You know you smell dust or whatever and that is my fear.'

The use of sensory descriptions here are powerful indeed and Ken paints a disturbing picture as he alludes to the meta-discourse of ageing as inevitable decline. To ensure that this does not happen to him he needs to keep the

home clean and tidy and many of the participants also discussed this aspect of ageing. The presentation of not only the self, but of the home, was vital in proving one's ability to cope and thus be allowed to continue with current living arrangements. Any lapse, due to inability or financial restrictions, could see the deterioration in the property which would have an impact upon the individual and ultimately could result in the loss of their home. Thus keeping the home clean and tidy and well-presented was important but Barbara had found the motivation to do this had changed. Now she did not work she did not have the same pressures to get the housework done, this brought the problem of deciding when to do it. She did not like the home to become too neglected, however:

'Because I think keeping it is clean and tidy you know I can get it immac and it stays that way for quite a long time because I'm on my own, but I know where everything is and I know that I can just go and get it, and if I need to do something like make a birthday card or at the moment I'm doing a photo album. I mean sometimes it's so untidy I could scream and then I think well you're just going to have to get stuck in and I do that and then its fine for about a fortnight three weeks and then I suddenly think it's going again you know so then I have to do it again but then I don't I'm not one of those sort of people who catch it before it falls which was like mother.'

'I don't like housework at all, I can't bear a mucky house, you know it might be untidy and be a stack of papers waiting to be sorted here or there or wherever because I'll set off doing something and I'll end up doing something else, but I do not like housework. I do it because as I say I can't stand a mucky house.'

Barbara was adamant that her house may be untidy but it was clean – again visibly demonstrating that she was capable of maintaining standards. Her actions reinforced her outward demeanour of being in control and on top of everything, even to the point of emphasising how she knew where everything was. She articulated her ability to look after her home and visibly demonstrated this to visitors via the home being clean. Her experience of being in hospital following a fall meant that she knew the importance of being able to demonstrate her abilities to counter the age gaze of professionals. She valued being self-sufficient all the more and recognised that this was dependent upon her remaining in the same health state.

Audrey and her husband's attitude to housework and chores was also relaxed and, like Barbara, they wanted to keep their home nice and they gained satisfaction from that but housework did not rule their lives and they did what they wanted so that they did not feel tied by the chores:

A: *'We don't tie ourselves, I mean if that is what we feel like doing, we do it. But if there is something else we want to get up and go and see or do, we just do it, it's a change isn't it?'*

H: *'Yes we can do whatever we want.'*

A: [Housework] *'Well it depends how you feel. Some days if I have a day off I think oh what I am I doing this over again for, you know, I wish I didn't have to do it. But it gets done between us. What doesn't get done one day gets done the next. I keep it tidy and it's not such hard work, you're not sort of having to do the place one day sort of thing which you don't have the energy to do when you're older. I like to keep on top of things.'*

Being organised and knowing where things were was referred to not only by Barbara but by a number of participants. They appeared to want to demonstrate their organisational abilities and their memory for where things were, thus dispelling any idea that they might be struggling cognitively with the demands of running a home. Enid expressed this via her tidying through individual cupboards and draws to ensure she knew exactly where everything was should she need something. Tidiness and neatness were very important and reflected the individual and the way they presented themselves. A clean and tidy home was another visible indicator that the person who lived there was capable and the home reflected their abilities to maintain and run a household.

Future Proofing of the Home

Barbara also had a need to de-clutter which was a pressing concern, as she felt that if she did not deal with her possessions before her death her son would. She appeared to be sorting, not for herself, but so that others would not have to do it when she was gone and to ensure she was happy with the arrangements:

'I mean I'm just going to have to get rid because if I don't you know it'll all be there for him and he'll just get a skip, I know him. Well he won't want the books for a start. Whether grand-daughter will is another thing, but he definitely won't, and of course if he goes to X [country] there's nothing he can do with them anyway.'

Like other participants, the norm of owning one's home was a mixed blessing as she did have some worries regarding bills – she explained that she was coping fine at the present time but a big unexpected bill could have a big impact and she was not sure she would be able to cope – she might have to get help from her son, which she did not want to do:

'I do worry about it yes because I mean at the moment I've got my superannuation which of course goes into the bank and pays all the bills so I don't worry about that. I've got my pension coming in so I'm okay as far as that goes, and then I think if any big bills come in what are you going to do, you know, but I've managed so far. I just keep hoping everything will stay okay you know. I mean I've got very little in an ISA as my mother would have said enough to bury me with, I don't even think there's enough for that now, it seems to be going up, and up, and up, and I think well son will just flog the house and bury me that way on in the ruins or whatever. But at least I know the house is there and it's paid for and so he's got money at the end of it, or he will have.'

Barbara was clearly not as affluent as her son and yet she was concerned about leaving him some inheritance or at least sufficient money to reimburse him any expense she caused him upon death. She made the comment that there was sufficient money in savings to bury her with and this demonstrated how she was making provision not to be a burden in death as well as in life. Pressure to take care of the body both alive and dead is placed on older people – a necessity to get their affairs in order and make provision for the final journey so that others are not left with the worry and responsibility.

Enid was busy and appeared to want to keep it that way, but she was also aware that she became muddled at times and to avoid problems she kept a notebook where she wrote all her appointments and activities down to ensure she did not miss anything. There appeared to be an element here of her acknowledging that her memory was not so good and to avoid questions regarding her abilities she referred to her notebook to keep herself in order. In

this way Enid demonstrated both an awareness of the self and an ability to resist cognitive decline. Pamela like Enid was also organised in the home. She had arranged everything she could possibly want close to hand when watching television:

'I mean I can sit here and everything is to hand. I know if I went blind tomorrow I could open a cupboard and get I could open the fridge and tell you exactly where the butter is it's on the top shelf on the left hand side you know the milk is in the door on the top shelf in the right and you know everything that goes down everything that I know is in you know exactly where it is without groping around for it.'

Dealing with possessions and being organised and tidy contributed to the future living arrangements that many of the participants were thinking about. There appeared to be an acknowledgement that although they were coping at the present time there may be a point where they would struggle. All would prefer to have help and remain where they were than move into institutionalised care. Audrey and her husband were aware of the government policy for older people to remain in their own homes and they considered this to be a positive thing, provided the help and support were available when needed, implicitly agreeing with the meta-discourse of ageing as inevitable decline:

A: *'We can manage at the moment. I mean we have got our name down with someone who will come and give us a couple of hours a week, because our neighbour, she has her and we know that she is alright. She's had her for years and she's a friend, and she'll sort of do that and she does it for other people, she has a few more. I think she goes down to K she has some elderly people down there. I think eventually she would come wouldn't she?'*

H: *'Yes obviously she's got, she hasn't got any vacancies at the moment.'*

A: *'Well I think we will but it depends on your health, what you're like. I mean we might end up in a Nursing home you don't know, you can't look far enough forward to say you're going to be well or what you're going to be. You know.'*

H: *'We're quite happy here, and wouldn't want to move but there may be a situation where we may have to you know.'*

A: *'And if one of us dies, well would the other one want to stay here? It's a big place for one person you know. I don't know, it's no good you can't make your mind up about things until they happen can you. I mean we're*

near the shops and everything and having the car is handy we can pop out to the supermarket and places you know. It's very handy for elderly people I think. It's got a nice view, you've got the shopping and you can soon get into the country, we've got a bit of everything. I don't know what else we would want really.'

H: *'No we're quite happy.'*

They planned ahead, perhaps out of fear of not being able to cope, or of losing control and being 'done to' rather than doing. By thinking ahead, they were always ready for whatever happened and could cope and remain self-sufficient by employing those they needed to without recourse to family or authorities. This again demonstrated a resistance to the discourse of cognition in that they would be ready should anything happen to them. They tended to focus on the physical side of decline and not particularly consider the cognitive aspect. Olivia too wished to remain where she was for as long as she could:

'I just want to stay here as long as it's possible if I have to go in a nursing home then I have to go but I erm I don't want to do that if it's at all possible.'

Olivia was sceptical about the support and help available through official channels and felt that this was an additional pressure that older people could do without. She felt that many officials did not listen and did not want to know, implementing rules necessitating that older people had to fight for services. This approach is in line with neoliberal policies where the responsibility lies with the individual with state support being reduced. Older people had to plan ahead as Audrey and her husband did, rely on informal family support as Ella did and/or employ people to help, as many did. This reliance on the self, meant that they became consumers of services and an important part of the local economy, offering employment and investing in local businesses. Many of the participants felt ill-equipped to undertake this activity and vulnerable to being financially over-charged and poor workmanship which was an ongoing concern.

Ken also had an awareness of how much government policy impacted upon him and he went on to highlight issues which were out of his control; political

matters over which he had no influence but which could dramatically affect the way he lived:

'My main concern at the moment is what's going to happen with this green paper, under the new financial scheme that the government's coming out with, because that's going to have a dramatic affect. I was at the meeting last week when the minister was there and it was the old story you put the questions to him but you didn't get the answers. They are very good at avoiding answers. And I said that there is a lot of disabled people out there who it's going to frighten, and what my concern is, and I'm one of them, the fact that we could be penalised because of those who are flaunting the system.'

Ken highlighted how the participants were never totally secure in their homes as they were dependent upon policy decisions which were out of their control but which could have a devastating impact upon the individual.

Home and the Professional Gaze

Ken reinforced the importance of security and protection that his home afforded and during difficult times it also offered a degree of financial stability – he at least had a roof over his head and therefore a base. He went on to explain how he had to battle for everything he had done to the property and how people did not appear to consider him in the process. Professionals relied on standardised assessments, policy documents and reports written in an 'objective language' drawing upon rhetoric which reinforces the knowledge/power in the professional stance. Standardised assessments, which have now become the norm and reputedly remove the emotional aspect from the professional intervention, are used in order to add credibility and authority to the professional argument. Experiential evidence is seen as of secondary importance compared to evidence based practice or a scientific approach, which has become dominant over the last decade. Professional jargon is respected in a way that lay language is not, thus Ken highlights the difficulties he had in gaining the changes he needed in order to be self-sufficient. He used his background in design and engineering to bolster his arguments, and he was therefore able to balance the differential between him as a 'client' and the professional assessor who, because of their employment,

had power. Adaptations for Ken reduce risk and offer self-sufficiency but he was first subjected to disciplinary surveillance and pastoral power in that he was expected to confess his needs to the professional. He did not want the home to focus on his disability but to focus on him, he just happened to have a disability, and he wanted his home to look good. He resisted much of the professional discourse, knowing what he needed through technologies of the self as he was able to control and monitor his own body. It would be Ken who had to live with the changes on a daily basis and if these were not aesthetically pleasing for him it could be demotivating:

'The biggest argument with everything is they are sending people in to look at things who are not in the position. They might have the knowledge, but if you sat in a wheelchair or if you had any form of severe impairment, it's different. As far as my house goes it's basically designed around me now.'

Getting adaptations to suit his needs had been difficult for Ken and he had the determination to see these through. He was exceedingly proud of what he had achieved against all the odds, demonstrating his ability to make a comfortable and secure home for himself. His delight was apparent when he recounted the purchase of his home:

'I always remember the first night and I sat back and I looked at all four walls ceilings and everything and I went "Yes finally I've done it". It was very important to me to the fact that I'd proved everybody wrong, because people who oh yes the few family that I had like my aunty and my uncle was like "oh you can't do that" you know, and "you'll never be able to do this, you're not going to be able to do that" you know, oh I wouldn't even think about going there and it was all negative, negative, negative, negative. And if something did happen it was "well I did tell you", or "I did warn you". So when I finally made it that was it. Yeah I take great pleasure that was a great pleasure to me one of the highlights of my life.'

Ken's pride is apparent and he demonstrates his ability to cope with running and maintaining the home – he gives the impression that he is aware of the surveillance society and does what he can to refute their concerns and to remain living in his own home.

5.5.3 Conclusion to the Discourse of Cognition

As with the discourse of the failing body, the participants were aware that they needed to demonstrate that they were not being challenged cognitively. Interestingly research by Starr et al. (1997) dispute the discourse of cognition stating that healthy older people will see only a minimal decline in cognitive function as they age and this may be due to undiagnosed factors such as hypertension and cardiovascular disease. They clearly state that age alone is not the cause of significant cognitive dysfunction. Yet this discourse is very powerful and continues to circulate in society as a part of the meta-discourse of ageing as inevitable decline.

One of the over-riding concerns here for older people is to avoid being a burden, particularly to family but also to the wider society. As a consequence of this, participants highlighted a number of important aspects about home. Location was paramount for convenience to facilities or to make things easier for others. This was a particularly interesting **finding**, as the older person considered the needs of others before their own needs in order to secure continued support from carers. There was also an acceptance that others were needed to undertake tasks they could not manage but this led to frustration as others did not carry out or complete the tasks in the way the participants used to or would like leading to a sense of loss of control and autonomy. However, the ability to employ others was a visible way of demonstrating that if they could not manage they could at least source support themselves. Some also recognised that home ownership brought worries and anxieties where large and particularly unexpected bills were received which could impinge upon mental wellbeing. For some, age was a limiting factor and prevented them from doing other things with them enacting the discourse of cognition. However, for Audrey and her husband, age was irrelevant as they embraced a new lifestyle and saw opportunities for learning and development, very much in keeping with Foucault's technologies of the self. Most of the participants presented as being busy and active and therefore able to cope with running a home with only Bill admitting to being purposefully idle. The need to justify what one was doing to offset surveillance was paramount, and any idleness or deviations such as talking to deceased members of the family

were carried out when others were not around to avoid comment. Ken pointed out with changes in government policy one was never fully secure and never sure what lay around the corner. Some struggled with a form of enforced idleness in that they were unable to do what they once did, and so they undertook leisure activities which became meaningless. Where individuals were struggling, for example Enid with her memory difficulties, strategies were developed such as the keeping of a notebook with all dates and appointments written down to demonstrate an awareness of memory difficulties and action being taken to offset this. The need to demonstrate that they were not cognitively challenged was paramount and any deviation could lead to problems.

Some found this discourse difficult to resist as Bill intimated accepting that his age was a factor which prevented him from moving and therefore curtailed his ambitions. For those who were able to leave the home it became somewhere they could retire to, have the freedom to do what they wished. However, the participants were continually on their guard and able to maintain a façade of activity, motivation and capability to anyone who visited or with whom they mixed. For those who were unable to leave their own homes without help, they needed to be able to demonstrate that they were still able to manage and to cope with everything as society dictated. Wariness was the watch word – the surveillance society was never far away and individuals had to continue to prove they were living by societal expectations or face the consequences.

5.6 Discourse of Connections

5.6.1 Introduction

The discourse of connections was concerned with how the individual gained and/or maintained contact and connection to others (including deceased family members), animals and artefacts and the participants articulated this in terms of the importance to their health and the expectations of society. Connections were about socialisation opportunities, being valued for who they were, having purpose and a role and feeling needed. This discourse was closely allied with

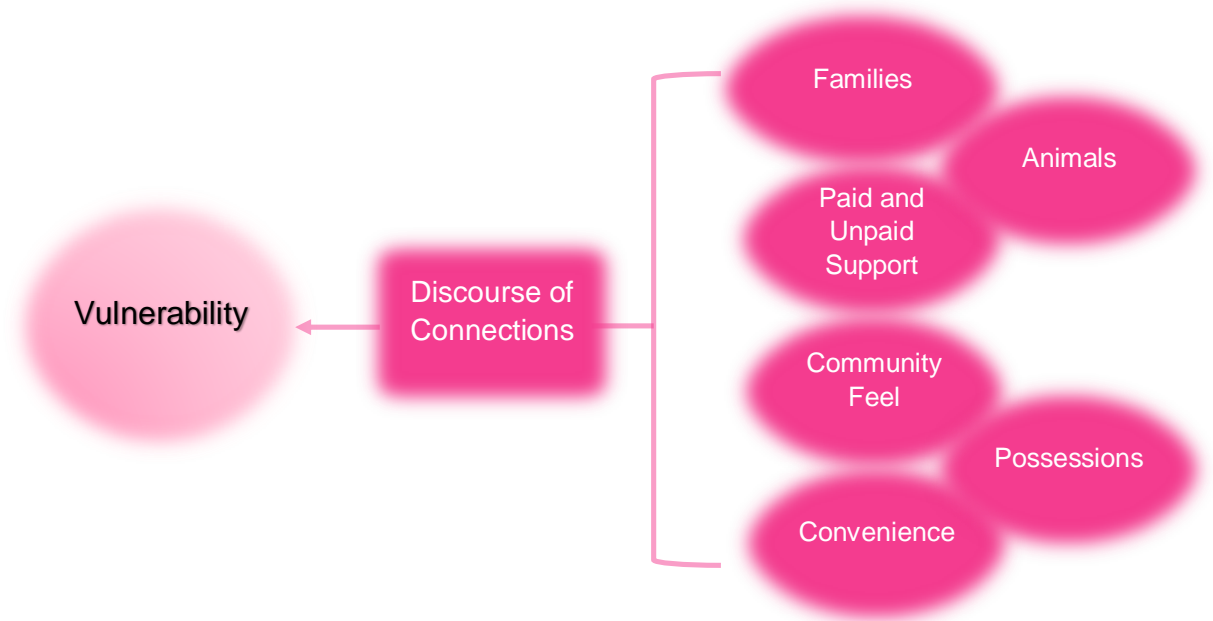
the discourse of the failing body and the discourse of cognition. Some participants such as Bill and William maintained connections on their own strict terms to meet their needs but for others, unable to leave their property, connections were difficult to make and maintain. In these cases they had to rely on others to come to them and accept connections with carers, 'employees' and opportunities at structured events such as day centres. Freedom to mix and choose connections was no longer possible. The intersection with the discourse of cognition was more subtle for those participants who were unable to exit the home – they were in effect in receipt of connections and had to accept these socialisation opportunities on the terms offered by others. A lack of control and of freedom was apparent here as they attempted to have some say over what activities they attended and with whom they mixed at day centres for example. For some participants, the connection to animals replaced close connection to humans and was an important aspect of their lives, often overlooked by authorities and/or family. Loved ones were clearly important but sometimes absent and the reliance on socialisation through paid help was not unusual. Possessions were also important in some cases as these kept individuals connected with deceased loved ones and memories of different times. Connections to the home itself were varied – some people were closely attached to their homes but others saw their home as merely a base; there was no particular feelings for the place they happened to live in.

All the participants recognised the importance of connections to people, animals and/or artefacts and how it helped combat loneliness and isolation which could lead to other problems such as marginalisation, exclusion and reduced quality of life (Murray and Crummett 2010). They also were aware that one aspect of surveillance of older people in their homes was specifically looking at how connected people were, and that a lack of socialisation could be a threat to their overall well-being and health and thus place them in a vulnerable subject position with possible unwanted consequences. Others were adamant that their socialisation needs were limited and that they had made provision for them. Societal discourse impresses upon older people the need to remain connected to others to combat possible cognitive problems.

As older people no longer work or no longer have responsibilities for families, they have increased time for this aspect of their lives, making socialisation an important part of their fulfilment in line with Foucault's ideas of technologies of the self and the individual working for a subject yet to arrive.

5.6.2 The Practical Implications of the Discourse of Connections

Figure 9 – Conceptual Map of the Discourse of Connections



Families

Ella's connection to her family was both positive and negative – positive in that she had a supportive son, but negative as she felt she was a nuisance during family gatherings, and that she was forgotten about even when she was in their midst:

'They don't deliberately ignore you but when they're talking they just forget you are there. I said that's how you feel. That you are a nuisance, you're in the way. I was telling [son and daughter in law] and that just now I said you know this is what I told her I was saying and I said its true. I said you plonk me down "now sit there mum" and "are you alright mum?" and I said you're all talking about your own what you want to talk about, I said and then it'll be "are you alright mum? Is there anything you want? Do you want a cup of tea?" I said like that but that's it I'm sur ... what do you call it – surplus to requirements that's right yes. I said erm and I feel as if I'm in the way and I just want to come away and get in my own place you know

which I done at Christmas time. I did after we'd had our dinner and that you know we were all sat talking and that and then I said right I said I'll go I said I want to watch a film and that was what I said and I came home you know. Christmas day all by myself but there you go that's it you know.'

Being with the family was important but only if the individual was a part of the group rather than being on the periphery. Otherwise being with loved ones could actually increase the feelings of dis-connection by not being included in the discussions, or views and opinions not being sought. This resulted in greater feelings of loneliness and it was better to remove oneself from these gatherings. Ella exemplified this, she would return home where she might be alone but this was preferable to being alone with the family. There is an element here of what Feldman (1999) described as older women being past their usefulness with Ella gaining the impression that she should be grateful that the family included her in gatherings. However, the family did not appear to be interested in what she might contribute and this behaviour did not validate who she was but made her feel as if she were tolerated. In turn this reinforced her feelings of vulnerability, in that she had to maintain her own connections and well-being in order to live in her home and not rely on the family for socialisation activities. Her connections were limited, which meant her conversation was limited and she felt that the family and others were not interested in her day centre activities and thus she had little to say. Thus older people were placed into the role of other, of not being young. Ella did, however, rely heavily upon her son and enjoyed her time with him on a one-to-one basis:

'I'll tell him any letters I get to do with anything I'll give them to him to read and when we go shopping his wife won't come with us, so we go to x we go in [supermarket], we go in and I always buy him coffee and if he wants some beer or something I'll buy him that you know. He doesn't drink much but I'll buy him a bottle of beer or something, and we'll sit and talk about politics and all sorts. Oh yeah we sit and put the world to rights you know yeah we'll sit for ages.'

Her connection to her son appeared to be good and their relationship strong, when they were on their own, and she relied upon him, not only for physical support, but also for moral and emotional support. Ella recognised and

appreciated her son's input and she tried not to ask more of him, even though there were a number of activities and cognitive needs she appeared to require further support with. He was juggling his responsibilities to his own family with his responsibilities to his mother. They appeared to have differing perceptions of what they wanted from the relationship and how best to achieve this, with her son concentrating on the physical elements and Ella wanting increased emotional connection. This dichotomy increased her feelings of vulnerability and her need for connections had to be satisfied via other means if she was to continue with her present living arrangements. The connection with her son and his support had necessitated her living in a property she did not like and the prime reason for moving where she did. She missed him, when he went away, and this had an impact upon her emotional security:

'Because if he goes away, I feel lost you know. Although I don't see him every day I know he's there, I've only got to pick the phone up.'

Ella is resourceful and can find solutions to the physical problems she has, but her need for company is much more difficult to satisfy. She is clear that her problems and her life, as it is now, is as a consequence of the loss of her husband. She is adamant that she would feel as she does wherever she lived as her problems arise from the simple fact that she is on her own without her partner:

'It wouldn't matter where it would be it would be the same as me being here because I haven't got my husband with me and that's, that's the root of it. You know I mean we were together nearly 60 years so you know it's a long time and err as I say I miss him and like I say I look at him and talk to him. It's better for me to say it than to think it you know it's maybe hard to understand ...'

Talking to deceased loved ones involves a physical act which reflects the need for human company to prevent isolation and possible mental health issues.

Olivia was much more used to being on her own than Ella as she had been alone since she had lost her family, but she still missed connections to a close

family member, partly to share responsibility. She also missed physical human contact:

'I know when my dad was alive I would talk to him about it, he would always say "oh please yourself" and that was his stock answer, but at least I've shared it with somebody. And this is the one disadvantage, well there's maybe one or two disadvantages of living on your own but there's no-one to share that problem with. And the other I think the other difficulty of living on your own is if you're not very well, sometimes I only want a cuddle, you know someone to give me a little cuddle and say it's alright, everything's going to be alright. But when you're on your own that's not there. They're, to me, the main disadvantages of living on your own.'

Bill also explained how he missed the physical closeness of his wife:

*'What I really miss I suppose is feminine company. I mean it sounds a bit daft like but always being used to having somebody else in the house that's what you miss especially on a cold night you go to bed, you've got no-one to cuddle up to – it sounds a bit sentimental and daft I suppose but err it's how it turns out you know. In the latter years the wife used to sleep a lot in that chair but she was **there** you know ... but there we are.'*

Olivia and Bill explain how it was difficult to gain close human physical contact due to a lack of close family members and as a consequence of their age. This **finding** illustrates how the older person is other, the body, in cultural terms, not being as attractive as the youthful body and the need for comfort and physical contact not considered by society. There is an assumption that the older person does not need or would not like physical contact, their humanity hidden beneath an ageing body in line with Featherstone and Hepworth's (1991) mask of ageing. This lack of physical contact added to the feelings of loneliness that there was no one individual to turn to on a regular basis, to confide in, gain reassurance in the event of a worry or even illness. Both had outside interests and weekly routines which took them out and about allowing connection with others but the intimacy of a close relationship was missing and the opportunity to replace this was severely limited.

Bill explained how he found it hard to mix, being shy – he enjoyed being part of a painting group as much for the banter as for the painting and he was

accepted there for who he was, so he did not feel out of place or uncomfortable.

'Mind after the wife died I was a long time before I went [day centre], they kept nagging me to go. X had taken over from X, she kept on at me about coming back. I went up there a couple of times and didn't do any painting I just sat, and then I got nagged into it again. I look forward to it actually yes. I have a bit of banter. I think it's more of a social scene rather than a painting club. Mind there are some good artists.'

Bill also explained how he had had connections with a particular neighbour but due to differing circumstances this was no longer the case, he missed that regular contact too:

'There is one I miss, there's is this woman over the back her husband left her, donkeys years ago, she's sixty two now like but she used to come in quite a bit, when [wife] and that was alive you know, and she came in three or four times a week for a coffee and a chat, and I got used to her here, but this last couple of years she retired from work and her family has got hold of her to do this that and the other and her time isn't her own. So I hardly see her come over, I do miss that a bit to be honest.'

The participants unconsciously highlighted the gap that existed between the way they lived and viewed the world, compared to their children and the younger generation. Their needs as human beings appeared to be overshadowed by their status as older people, which took precedence. This highlights the differences between the generations with the younger generation being very busy and having little free time and the older generation with not enough to do of a purposeful nature and having to rely predominately upon leisure activities and a lack of human contact. The participants did not appear to be entirely comfortable nor understood by the younger generations, and they spoke as if they were 'out of place' and not quite belonging. This resulted in the participants coming together at day centres or painting groups rather than mixing in the wider society, reinforcing segregational practices. The ageing generation was a reminder of the inevitability of age and death, they appeared to be shunned, gaining much needed connections with each other.

Margaret, to some degree reinforced this. Living with her daughter, she was in a different position to all the other participants. She had other children living locally and others who had moved further away. Margaret felt that her children did not bother with her very much and she was upset by this. Her youngest daughter lived and worked away but was in regular contact and visited Margaret when her 'carer' daughter went on holiday, which Margaret really appreciated.

'She phones me nearly every week and she's coming down tomorrow for a couple of days because my daughter's gone to Portugal today so she'll be down for me but she's the only one that bothers to phone to see I'm alright you know. It just upsets me to think I done everything I could, we never had much but I did what I could for them. Even if they just picked the phone up and say hello. They don't think, you know, little things like that mean a lot to me.'

Margaret did not want a lot from her children just a phone call, visit or chat but on a reasonably regular basis. Such connections were very important to her. Margaret appreciates living with her daughter but, like Ella, being with the family did not necessarily dispel the feelings of loneliness and sometimes could make it worse. Margaret wondered if she had done the right thing:

'Sometimes I get a bit I don't know I can't explain how I feel. People say "do you think you'd be better off in your bungalow?" Yeah sometimes I feel like more people come to see me but you see with [daughter] nobody comes to see me you know my daughters come over and see me. My brother, my daughter can't stand him, but he comes and sees me a few times in the year you know.'

Margaret appears to be quite lonely – loneliness not being abated by having the family physically close to her. She remained in her room and depended upon her daughter and the rest of the family popping in for a chat. If they did not do this, she watched them pass the door and felt alone. This once again illustrates the difference in the generations and Margaret's particular position and fear of being a burden:

'I mean I sit there many a time and I think [daughter] come in here and sometimes she'll come in and sit and talk to me and I think oh this is good

this, and other times she's walking past the door, you know, she has her own life to lead you see. Because that's what she says about the others that don't bother with me, mam they have their own life to live, and that they're too busy doing it, she said if I hadn't got you here I wouldn't see you as much.'

For Alice too her connections centred on her family but this was out of necessity as she had returned once more to being a carer following her daughter's illness and she found this restrictive:

'The only trouble is now that our second daughter at the beginning of this year had a stroke. I can't always do what I want to do I feel I have to go round and have a chat with second daughter for an hour because she or I want to go round the shops and I'll take her with me down town and we go round so many and then we have our dinner and its hassley getting the wheelchair in/out of the car so I'm not too happy about all this but I'm doing it for second daughter. I do it for her.'

This connection had both positive and negative aspects. Positive aspects as it gave Alice a purpose and she had strong connections with both daughters and she therefore mixed and socialised with them. Negative aspects because her time was not her own and she felt an obligation to spend time with her disabled daughter when she did not always want to. Alice also attended a day centre and undertook trips and outings but sometimes she had to curtail her activities because of her perceived responsibilities to her daughter. She found this frustrating and was weary of being a carer. Her connections were therefore not always chosen but were a consequence of her particular circumstances, which interfered with the connections that she really wanted at this time in her life.

Paid and Unpaid Support

Ella also explained how some of her connections were not of her own choosing. Initially, care staff popping in on a morning to assist with personal care, were viewed as an intrusion but, as she got used to their coming and going and got to know the individuals, this perspective changed:

'Well I did at first but as I say I've got used to them now and they're used to me and they, well they come and sit down and they don't do anything,

they've got that used to me saying "no I don't, I'll do it myself while I can, just put my tights on my feet" you know, and sit down and right I'll have a rest now and they'll tell me about their boyfriends and all this sort of thing. They talk to me as if I'm one of them. It's someone to speak to, yes and to talk to yes. Oh I look forward to them yeah.'

Over time Ella had developed relationships with the staff, so much so that an important aspect of their visit was not the physical support they offered but the socialisation, and the way that Ella felt she had become 'one of them'. This inclusion in a social group was an important validation of who Ella was and made her feel useful and important to people. Rather than being a recipient of care with nothing to offer, Ella viewed the staff similar to friends with whom she could converse on equal terms:

'I mean the ones that come mostly all the time I mean X she comes most days and she sits and I know all about her boyfriend and the way he carries on and my advice, and I say "oh I'd kick him out, I wouldn't put up with him", which I wouldn't, I wouldn't put up with what she puts up with you know. But oh yeah she sits down there and pours her heart out to me.'

Ella's role appears to become that of a wise woman – a woman with experience and maturity similar to an agony aunt where the carer's pour out their troubles and Ella advises. The physical support she requires is strictly controlled by her and this allows more time for socialisation. She relishes this particular connection, looking forward to the carers coming in and feeling she is useful and valued by these women:

'I look forward to them [carers] coming, I mean I didn't want to go to the Day Centre first, said I don't want to go sitting down there with all these old people as if I was about twenty you know, and now I like it you see. Company yes, and certain ones like we sort of got to know each other and we always sit together and that you know, and sit and chat. Chat about family and how things used to be when we were young and all this sort of thing, and prices. You refer back what they used to be, you know, what they are now.'

Ella also attended the day centre reluctantly at first but had, over time, found others with whom she could get on and reminisce, making the best of the

situation she was in. She enjoyed these connections but acknowledged that her most important connection was her son. She deliberately did not ask any more of him for fear of being a burden and she admitted to being frustrated when others did not carry out activities in the same way that she did. She wished to maintain her home and garden to the standard she was used to but was finding this very difficult to achieve. This meant that the older person could appear to be managing but be secretly frustrated by the way paid and unpaid help undertook activities – it was a no win situation. Margaret echoed this as her inability to leave the home meant she relied on her connections, predominately her carer daughter, to purchase items for her and despite detailed instruction they frequently obtained the wrong item, which was annoying. These situations reinforce Eloranta's et al. (2012) point that the need to be active was important in conferring a sense of control. Both Ella and Margaret were inactive in certain spheres of their lives and had lost the sense of control.

Limited connections meant that individuals were reliant upon services and facilities which were organised specifically for them. Ella's reluctance to attend the day centre when it was first suggested reflected her resistance to being regarded as an older person - she did not want to sit with old people in a formalised setting, regarding this as a negative consequence of her situation. As she got used to this, however, she began to find she enjoyed it – mixing with people who had similar experiences to her own with whom she could converse. This development of friendships meant that the day centre held purpose for her and although she had not wanted to go initially she now enjoyed it. Getting out of the house was important, she was unable to do this on her own, and so the day centre became a place where she could connect to others with whom she had things in common and leave the confines of her property. Alice too discussed the day centre in a positive way and articulated her fear that it might close – reducing her contact with her friends and with people she had got to know, which had become an event to look forward to with lunch being eaten with friends and not on her own. The closure of the day centre would mean the loss of these important connections for all the participants who used it.

Sheila did not attend a day centre but she did have a volunteer worker whom she valued highly and she spoke of the pleasure that this gave her:

'It's only a mile or so down to Tesco, so I've got a support worker comes once a week for a couple of hours from x charity, and we go down to [supermarket] and have a coffee at the coffee shop and do some shopping. She does my post for me, we have fun. I'm friendly with the post mistress of the x Post Office so if anything gets left there because if I'm not in, then she will actually bring it over for me if necessary. Yeah its things like that which are important.'

Sheila clearly valued the connections she had developed with people and their willingness to help her out was also greatly appreciated. Her weekly shopping outing was an important part of the week for her as she was out with another individual and they could socialise as well as carrying out a necessary routine task. These relationships take time to build and Sheila knew that without them life would be a great deal tougher – the contacts allowed her to continue with her present living arrangements in her own home.

Community Feel

Living in their local communities as all the participants did enabled them to develop some connections in the area, but they did comment on what appeared to them to be a lack of community spirit and community support, which frustrated them and detracted from their overall satisfaction. This generation of people had lived through the war and post-war period, where there existed a particular kind of community spirit associated with the harsh times and the particular living conditions that existed at that time. Sheila explained how she did not know her neighbours and how she missed the people who used to live in the street and with whom she used to mix. The makeup of the street had changed and the original neighbours had left and she said she had not managed to make friends again and could not turn to the neighbours for help or support. Consequently when things went wrong she had to deal with them on her own as best she could. Sheila did, however, recognise some important aspects to her local community which made life much easier and for which she was grateful:

'I mean if I want post posted I can put a note on the door saying postman please call and the postman will call and take the post for me. Quite a lot of the taxi drivers I use will actually ask now if I have any post to post. It just makes things easier. It's not a bad place to live.'

William made the point that people were much closer in terraced housing, both physically and emotionally, than in detached properties where they were physically apart and emotionally more detached:

'When they moved people from the town houses to semi-detached and things like that you lost a lot of, when you were in a street house everybody helped each other and when you come here you've got your own little thing and ... then a lot of people have left since then and nobody seems to bother now. You see we don't go in each other's houses but if anybody wants any help they just ask and they get help – its good it is but my son he's away and he goes abroad for 6 months and nobody seems, nobody comes in the house until he comes home again but if I needed somebody they would.'

Likewise Audrey and her husband had noticed the change in the community spirit in terms of the commitment to the building their apartment was in but also in terms of connections with each other and attendance at meetings and social events. They felt it was a real shame and that something had been lost as a result. It appeared that this was due to demands on people and changes in lifestyles as Audrey explained:

'It used to be but younger people come in and they go to work they come in and that's it and they go out. And they're not really as interested in the place as we are. You know they wouldn't put themselves out to do anything to keep it right, you know. We haven't anyone coming in we've always done our own.'

For Audrey and her husband the building and their home had a greater significance whereas for others it appeared to be a base and hence the commitment to additional activities was not welcomed. Audrey's husband, however, highlighted an attractive feature of communal living in that they had made some new friends and new socialisation opportunities through their commitment to the management of the property.

Olivia, like Audrey, also appreciated the commitment that others showed to the local community and she was grateful for the neighbours she had and their life style describing them in an unusual way:

'I've got, although I don't see my neighbours very often, I've got good clean neighbours and nice neighbours ...'

The implication here was that the neighbours did not make a mess which could encroach on to her property and cause her problems which in turn was one thing less to be concerned about.

Convenience

Convenience was also an important part of being able to maintain connections as Barbara explained. Barbara liked where she lived as it was well placed in order to be able to access local facilities and enable her to get about:

'It's very handy for getting to town or for getting anywhere I'm pretty central as far as that goes I've got the car but at the top of the road is a bus stop and it takes me straight into town so I would have no problems there if I just walk around the corner there's the train and I can get into town on the train or I can go to X on the train and all places on the way.'

This convenience was an important factor and there appeared to be an implicit reference to the future and to ageing as inevitable decline and that the closeness to public transport facilities would allow her to maintain her current living arrangements, activities and connections with friends should the day arise that she was unable to drive.

Enid also liked having the convenience of people around her so that she had connections to others, neighbours and what was going on. She had lived in a house on the edge of town overlooking the countryside for a while but she commented that she tired of the country views. That experience taught her that she wanted to be in the 'thick of it' and was one of the reasons she opted for her current property. She felt very settled where she lived and would not want to move again. She stressed the importance of her connection to the

neighbours on one side of her with whom she got on well and enjoyed a natter. So for Enid, being in a location where there were people conveniently positioned enabled her to have connections and be a part of what was going on, which she deemed to be essential.

Olivia, like Barbara, was grateful that public transport was conveniently close to her property making it easier for her to get out and about and she now opted for the bus rather than drive in to town after receiving the free bus pass. She also referred to the connections she had developed with the local shopkeepers, which she felt was essential and comforting in the event of her not being well following her previous experience of being left totally alone for a few days:

'... there's the shops round the corner. They are nice and handy. Yeah convenient, they're expensive but if you've forgotten something or when I wasn't well it was handy, and I have actually made arrangements with the Co-op round the corner that if I'm ever stuck again all I have to do is phone up and they'll bring me whatever bits I want. Oh it's near a bus stop as well, so I can get into town and I've got my car, but I got a bus pass a few months ago, when the petrol prices really soared, I decided to get a bus pass.'

Sheila also explained why living where she did was so important to her now and a move would not be easy:

'It would be very hard. Oh it's do-able. People do it all the time but it is not easy, and the older you get the harder it becomes to do because your brain isn't as flexible.'

Again the relationships and contacts Sheila had developed over time worked for her and the prospect of starting again was too much although she knew if she had to she could. Being connected to people was important and one aspect of remaining in touch with the outside world which has not been mentioned by any other paper was the importance of windows. This **finding** illustrates how, for those who could not leave their home at will, continuing to stay in touch with the outside world was vital and was achieved via their windows. Alice and Ella discussed how they did not like drawing the curtains

as this simple act cut them off from the world and they found this disconnect from the community particularly difficult in winter with the long dark evenings:

'When you've got to pull the curtains early and you feel shut off. I like everything open so I can, although there is nothing goes on out there, I can see a car sometimes you know, but once your curtains are drawn in the winter I hate it yeah.' (Ella)

'So erm I've put the blind down but I don't mind it open but when it's dark I might sit there and think gosh its dark out there and I will close the blinds down then. I like to be in touch with people out there rather than closing them off.' (Alice)

The women liked to see what was going on, and being able to watch others made them feel more connected to the community. The drawing of the curtains reinforced their loneliness and isolation and left them feeling disconnected and removed from society and at these times home was a space they had to remain in and wait until the morning light when they could once again re-join the world. For Ella, her inability to get out of the property without help and support meant that the discourse of the failing body contributed to her disconnection, the consequences of this could be a threat to her wellbeing. This shrinking world posed threats for the individual in terms of social isolation which in turn could threaten the status quo of society with the need for care and treatment incurring an economic cost (Victor et al. 2006). Thus the need for places to go and meet others and to socialise was a necessity although this need was met by charitable organisations rather than government.

Enid viewed the dark nights differently to Ella and Alice, she liked to get the curtains closed and the blinds down so that she was safe and warm and disconnected from society at large. She felt more secure. Winter was generally discussed as a difficult time by the older participants with some disliking it more than others. It appeared that it was a time to be endured, with the participants appearing to play a waiting game for the better weather, light days and shorter nights – allowing the older person to emerge from their home to see others and connect once again, even at a distance, with the community. The feeling of being hemmed-in by bad weather and the cold, which made

getting out difficult, added to the feelings of lack of social contact and the shorter days brought a feeling of disconnection. The closing of curtains acted as a physical barrier between the individual and the outside world – a simple act which removed people from visibility and thus from society at large – out of sight is out of mind. Here there was an intersection of three discourses - discourse of the failing body and the discourse of connections which ultimately could impact upon the discourse of cognition. This could result in feelings of loneliness and isolation which could affect well-being and increase vulnerability and this **finding** demonstrates how difficult it is for older people to resist the combined impact of three discourses.

Audrey and her husband had each other and also had the physical ability to get out and about. They were a self-contained couple who liked to spend time in and around their apartment, partly as a consequence of a shrinking world. They had found a new past time of watching the world through their window where they could observe other's lives and take part in voyeurism as a way of remaining in the world – a socialisation activity which reduced the risk of social vulnerability. They even kept a pair of binoculars near the window so that they could observe more closely the antics on the seafront! They had become the voyeurs and now watched events from the safety, comfort and security of their 'watch tower' home. They were keen to dismiss any notion of reclusiveness so that they were not judged as being isolated or lonely, which is associated with older people and therefore another aspect of vulnerability. The saying 'an Englishman's home is his castle' was in evidence, with home offering a place to retreat to in the form of a sanctuary and a place to hideaway and be safe but with carefully selected connections with others in the block of apartments.

A number of participants alluded to increasing difficulties and a fear regarding leaving the home it appeared that the wider community was fraught with danger from falls and trips to security issues. The world outside their homes seemed to be less welcoming than it once was and although some wished to get out more this was only in controlled circumstances. Thus home for many of the participants became much more the focus of their lives with connections in and immediately around the home of great importance.

Animals

Not surprisingly, for some participants pets played a very important part in their life. Sheila had had cats from a young age and gained a tremendous amount of pleasure from the contact and the responsibility of looking after an animal – a nurturing role. Her current cat gave her physical contact she was unable to gain in other ways:

'She's very affectionate. She'll come on my knee she'll come and bump my nose, she'll try and stop me doing anything I'm doing.'

The relationship Sheila had with her cat was not considered by the authorities or her family when they were pressurising her to leave her home. Her cat gave her physical contact and comfort and was emotionally of great importance to her – these aspects were not offered by the authorities or her absent family. Sheila was resistant to the move to institutional living for a number of reasons, including the cat – if her pet could not go Sheila would not contemplate a move. Her relationship with her cat was long-standing and there was no-one else as close or as constant a companion. It appeared that her cat had become her soul-mate. Olivia similarly had a very close and important relationship with her dog, who was a companion but also acted as an early warning system and alerted her to any unusual occurrences. He was her best friend and someone to whom she returned and who was a constant companion throughout the day:

'Well he tends not to run in and out, if I'm in he's in, if I'm out he's out. He just follows me and he shouldn't be up there either [on settee] but not to worry. He's my best pal he really is. While I'm well enough to look after a dog, I'll have a dog. It's nice to have somebody that loves you unconditionally as well.'

Margaret also valued her daughter's dogs and she had developed a role for herself in feeding them and stroking them and now they visited her in her room on a regular basis:

'Well I've always stroked them and they say it's good for you to stroke the dogs you know, I said we should bring one up here one day [day centre], you know, everybody stroke it, it's good for you. They keep you on the go. When I come in with something to eat they follow me straight away. When she brings my dinner in they're both sat there like this, I thought, you sit there, you're not getting any but I always give them little bits you see and she says, "it's your fault that they're sitting watching you eating mam, and not their fault, you give them food".'

Margaret connected to the dogs who gave her a role and she felt needed and had purpose and their response to her was unconditional – validating who she was and giving her important connections within the house.

Sheila, Olivia and Margaret all demonstrate the importance of a reciprocal relationship – they felt needed and valued and had an important role to play and the animals in turn expressed their unconditional love for them. The pets were important for physical contact and the companionship was very apparent. The animals had filled a void and whilst other connections were valued – the animals were the main stay of their connections within the home.

Possessions

Possessions were both a pleasure and a hindrance. Individual items offered connections to loved ones who had died, pride in the achievements of family members, or photographs reminded individuals of special moments. Barbara, discussed the importance of possessions that she had in her home and was clearly very proud of the items brought back for her by her son. He had travelled extensively with his work, bringing her gifts which could be used to visibly display his achievements, his thoughtfulness for his mother and her accomplishment at raising such a successful son. Barbara also had some artefacts which had belonged to now deceased, family members which she treasured. She was, however, in a dilemma as she hinted that she should get rid of a number of possessions as they were filling up her property. She did not want to do this because of the connections she had to the individual items but clutter was becoming a problem for her, both in terms of routine cleaning and also what would happen when she died. She explained this as much to herself as to me:

'Yes, because you've gathered it together you don't want to let go, very greedy with things like that, books in particular. I thought I was going to lose all my bookshelves and I started getting rid of books which really broke my heart because I'm a collector of books, you know, anything at all I'll read and I've good bookshelves all over the place, and if I walk into a house and there isn't a book there I'm lost.'

William was not particularly interested in possessions but his wife had collected ornaments and he kept these on display, almost 'honouring' her and it appeared he must look after them on her behalf. His one possession of importance was his car which allowed him to indulge in his favourite past time of going for a drive as often as he could to a number of different places. He also did not keep photographs around the room other than one photograph of his wife which was on the mantelpiece and was important to him:

'Unfortunately my wife she didn't like her photo taken. But there's a photo in the dining room of her celebrating millennium I think at Sydney Harbour and it was full of, you know and my son sent me that.'

Ella's possessions, unlike William, had been very important to her but it appears that her son, trying to do his best for his mother, had taken the view that it was better for her to move on from her previous life and get rid of lots of things Ella would have liked to have kept. For her the items were linked to memories and were comforting and kept her in contact with deceased members of the family. Ella did not blame her son for his actions but felt that he did not understand the importance and attachment she had to some of her possessions:

'You see most of the furniture and that, that I had went and er you know "you need a smaller bed mum" and we'd got a new bed and erm he said "that won't fit" – it would have done but there you go that was, you know – he was doing his best for me you know and that and as I say all sorts of things went my rocking chair and husband's chair which both matched you know they all went up the dump they were perfectly good you know. "No, no" he said "I know what you are mother you'll be sitting there thinking oh you know dad sat there and this and that" he said "so we get rid of it and you get fresh". I know why he did it because I'm very much that way you know and erm so there we go.'

Ella appears not to have had much involvement in the move and as a consequence regrets not keeping a number of things - items that would have fitted perfectly into her property and would have been more functional than things she had purchased. She demonstrated some resistance to the disposal of her belongings by keeping items which had belonged to her husband *'I've got all sorts I've got some of husband's old ties, old lighters that are useless but it's something that I've got of his you know – keeps you in contact, yes oh yes.'*

Pamela had a different perspective on material belongings – her belief in spirituality meant that she did not need to have possessions – what she wanted to do was to keep her memories which were far more precious and far more secure, in her view, in her head:

'I like the photographs like to keep them but you've still got them in here [points to head]. It's like my mam I didn't need anything of hers I've got my own memories which are more precious to me than. I mean they can't take those away from you and the house, a fire in the house can't destroy them nothing can destroy your memories.'

Their largest possession, the home, prompted different viewpoints with some participants feeling attached to their homes whilst others discussed the property as a necessity with no particular attachment involved. There were a number of reasons why the participants wished to remain where they were, from not feeling they could be bothered with a move to genuinely liking the property they lived in. Others suggested that any move from the property would mean that they would lose connections not only to the structure but also to their network of friends, neighbours, support and the local area which they knew. For others a move might improve their living through improved access and manoeuvrability, but connections to carers and family meant that they did not see this as an option. Others were prepared to move if they were not happy or they felt they were not coping but this would be a last resort. Sheila discussed how she was settled where she was:

'I'd find it very hard I think to settle anywhere else. I could if I had to, but you get used to a place. It becomes part of you, like an old cardigan, you know its creaks and everything, you know it's yours.

Sheila was used to and attached to her home – it had special meaning because only she and her family had ever lived there and she knew the house almost like a friend – its strengths and its weaknesses. Sheila was also connected to this particular home because she knew her way around it, due to the development of a mental map of the rooms, she would not have this connection in a different property. Being able to move around was important to her ability to continue with her current living arrangements. She was comfortable 'at home' and the metaphor of the old cardigan wrapping itself around her, giving her warmth, comfort and security summed up her feelings here. Home was her world and she could be alone and lock the world out if she chose, she recognised that ownership had bestowed that upon her and any other type of living accommodation would not offer this. Sheila had also developed other contacts through the use of her computer. These were essential for her to remain in touch with others and she had developed a network of contacts with whom she could communicate via the computer.

5.6.3 Conclusion to the Discourse of Connections

The discourse of connections demonstrates the importance of the quantity, as well as quality of social interactions to the overall impact of well-being. Social interactions can actually combat stress and anxiety through practical and emotional support and are important for self-esteem and value as Ella's comments made clear. Research suggests that a lack of social contact contributes to poor physical health (Cacioppo and Hawkley 2003) and depression (Hawthorne 2008) and the participants alluded to this in their narratives. One **finding** that was poignant was the lack of physical contact older people received and this appears to be linked with the older physical body being unattractive which over-shadowed the physical needs of the individual. Where direct connections were not always possible indirect connections were substituted and the **finding** that windows were of great importance, not just for light and air, but also offered the participant an

opportunity to watch others and connect to people through glass which offered a means of gaining some relationship with the outside world. Another important **finding** was the need for a balance between connections and privacy with Bill and William emphasising how socialisation had to be on their terms controlling the access of people into their lives and home. The employment of others to undertake specific tasks became secondary to the connection that the participants developed with the individual with socialisation being of great importance. Indeed connections were viewed as positive but had to be balanced with other activities such as talking to deceased loved ones or being idle, which needed to be undertaken in private as these may be deemed deviant in some way. Such connections with deceased loved ones kept participants in touch via the physical act of speaking out loud and through possessions of importance. Frequently possessions are overlooked by professionals who concentrate on the physical body, overlooking the needs of the psychological body.

The contact with family appeared to be especially important as people age and their world shrinks, with more time spent in the home and the outside world appearing more threatening. However, families did not always confer validation on the individual as Margaret and Ella highlighted finding themselves lonelier with the family than when they were on their own. For some the lack of family meant they turned for physical contact and closeness to animals. Pets gave individuals physical and emotional comfort that they did not get from other human beings and were an essential part of daily life the importance of which was often overlooked by professionals and others. In addition, looking after pets was an activity which possessed purpose which was missing from some of the leisure activities which some of the participants undertook.

The discourse of connections intersected with the discourse of the failing body – if a participant struggled to exit their home, inevitably they had to depend on others for connections – people coming to them. The discourse of cognition was also a factor here as the older people recognised the importance of maintaining and developing, where appropriate, new connections. If they were

unable to achieve this there could be consequences for their well-being, which could ultimately make them vulnerable in their home. Thus the expectation that older people required company and opportunities for socialisation were also apparent, with particular participants such as Bill and William appearing to partake in some activities partly to keep the surveillance society at bay.

5.7 Discourse of Consumption

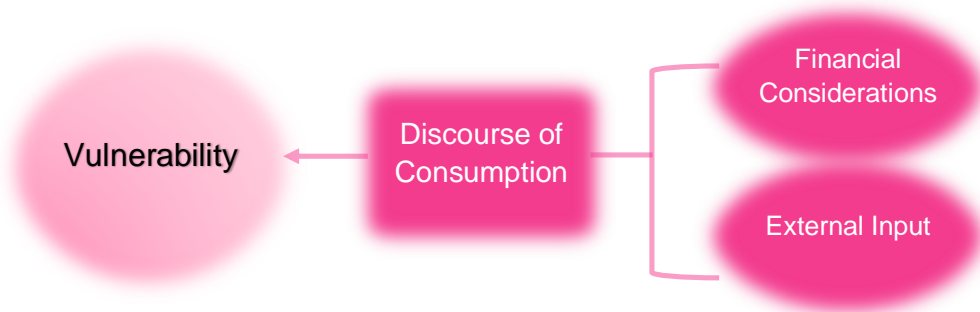
5.7.1 Introduction

The discourse of consumption was alluded to in terms of the need to create a nest and thus home ownership offered a degree of security in which the participants were prepared to invest. The participants discussed the need to own to give ultimate security, as no-one could take the home away and so it offered a point of stability in an increasingly complex world, but it could also be a drain on resources. Home-ownership also appeared to be the ultimate way of demonstrating self-fulfilment as the individuals were no longer working or bringing up families where self-fulfilment is 'normally located', the acquisition and maintenance of home taking over. This discourse also demonstrated how the participants opted to consume goods and services in order to remain self-sufficient through the act of self-examination and self-improvement and regular surveillance as they aged in the home which in turn allowed them to keep the property in order and in good condition whilst looking aesthetically pleasing. It was a status symbol; if the individuals had been sufficiently successful they could own their home – and for some it then offered a place to retreat to. Consumption, therefore, was a necessity as the home needed updating and adapting, maintenance and cleaning. If they were unable to perform some of these tasks themselves it became necessary to consume equipment or adaptations in order to ensure that the task was completed. The consumption of services was also considered, and often used for larger jobs, which was not uncommon in the rest of the population and therefore deemed acceptable but at a financial cost. The discourse of consumption demonstrated, visibly to the surveillance society, that the participants could manage.

Consumption, however, created worry as services in particular were an unknown expense, but participants had to be prepared to spend in order to remain in their home and to maintain their property. Participants knew what they wanted and were willing to try out services and equipment and if not satisfied change these, demonstrating an ability to care for the self and the home and maintain certain standards. The home being kept in a good state of cleanliness and repair made the participants feel psychologically better and visibly demonstrated their capabilities to the surveillance society. The participants on the whole appeared to accept that ageing brought limitations and that there was an inevitability to requiring help and support, the worry being how to obtain this and at what expense.

5.7.2 The Practical Implications of the Discourse of Consumption

Figure 10 – Conceptual Map of the Discourse of Consumption



Financial Considerations

Some of the needs for consumption were due to a lack of external support systems from the state, with the family either not able or not willing to step in, and posed an extra financial burden on individuals whose income had changed post-retirement. Many of the participants had made provision for their old age through works pensions and additional payments where they could. There was, however, a fear that an unexpected event could result in a financial demand they would be unable to meet and this might force them out of their homes. All the participants, with the exception of Margaret, who lived with her daughter, owned their own homes and as such had a large amount of

capital tied up in property. The participants did not consider this capital as available to them but discussed leaving the home to their children as their inheritance confirming the finding by Dupuis and Thorns (1996). The need to provide for children, who were often in a much stronger financial position than their parent(s), outweighed their own needs. The ability to liquidate their homes did not appear to be an option they had considered or wanted to consider and did not corroborate the findings by Angelini, Laferre and Weber (2013). What concerned them was the day-to-day living demands, and always on their minds was how they would manage in the future but they did not seem to view their property as a source of income. The discourse of consumption therefore intersected with the discourse of risk where the older people were in a subject position of vulnerability and trying to offset the ultimate risk of home loss. Consumption was not about trying to look young but was about presenting themselves as capable and in control of their lives. In order to shun the risk of losing their homes, they needed to demonstrate they could care for their homes as well as the self. The participants were open and honest about the particular problems they were having in the home, relating these to the discourse of the failing body and the discourse of cognition.

The discourse of consumption meant that the participants were prepared to spend their income and/or savings in order to employ others to do specific tasks they were unable to carry out thus overcoming the problems of the failing body. Consuming services demonstrated their ability to employ others to carry out the work as required thus countering the discourse of cognition. Such actions helped to decrease the risk of being seen as incapable of running their homes, and thus to provide further evidence that they were cognitively able to work through problems, come up with solutions and action those solutions. The **finding** that the discourse of consumption was another form of visibility reinforces the overall need to reveal their actions and behaviours to others. The risk of losing the home was ever present and the consumption discourse was drawn upon in order to counter any suggestion that they were incapable and thus withstand this continuous threat.

Interestingly the impact of older people upon local economies is something not often discussed nor acknowledged when the demographic changes are being spoken about in negative emotive terms. Atkinson and Hayes (2010) discuss how older people (aged 65 and above) contribute to the economy through spending which reached an estimated £97 billion in 2008, which is approximately 15% of the overall household expenditure in the UK. Interestingly, Sinclair (2010) makes the point in his report that despite this spending power the private sector did not meet the needs of the older individual. This is surprising when in the same report Sinclair (2010) estimates that the older consumer market is expected to grow by 81% from 2005 to 2030 compared with an estimated increase of 7% in the 18 to 59 year old market. Thus demonstrating the market power the older generation possesses. Furthermore, the average wealth in the oldest age group (85+) remains higher than that in the youngest age groups (those aged 16-24 and 25-34) (Sinclair 2010). This clearly demonstrates how much older people contribute in a positive way and the importance of this group of the population to the market economy. Consequently the UK Government has developed two strategies – Opportunity Age (DWP 2005) and Building a Society for all Ages (DWP 2009) – emphasising the importance of the older consumer to the economy. Such a contribution to the national and local economies is not often discussed or presented to the public, despite the contribution that older people are clearly making. Why this should be so is not clear.

External Input

The purchasing of services was an option that many of the participants took to overcome the problems they identified. It meant that they were not a burden to family and carers and demonstrated self-sufficiency. Such action comes at a cost, however, and was an additional financial burden to the participants. There were also concerns regarding how they would ensure that the quality or standard of work was good and how they could ensure that the individual undertaking the work was trustworthy. Barbara commented on the importance of getting things done as this would help her and:

'I can trust him to do it you know being on your own that's another thing.'

Where the cost was considered too high, family or friends may be approached and repayment would be by returning the favour in some way if money was not exchanged. Barbara gave the example of how a friend and her daughter had done some decorating for her voluntarily but had refused to take any money. Barbara was adamant that she must pay and not be in debt even to her friends to avoid being a burden. She waited for an appropriate opportunity to pay her friend and daughter back:

'So I managed to give her some money for her birthday and err you know so much for each year that sort of thing you know so that got that squared.'

The help of friends and family was acceptable and not necessarily wholly related to ageing but still frustrating to those who were used to undertaking activities for themselves. There was a need to ensure that all help was accounted for and repaid in some way, an aspect of self-sufficiency to which Sundsli, Espnes and Söderhamn (2013) refer.

Barbara also discussed how she had a *'wonderful'* window cleaner who not only cleaned her windows but did odd jobs too, such as maintaining the roof and gutters and painting the outside when it was needed. She also greatly valued the fact that she could call upon him at any time and she could trust him. Barbara highlights the risk here of employing people who did not do a good job and also the risk of allowing strangers into her home who might not be trustworthy. Again vulnerability as an older person was referred to with the participants almost expecting to be swindled. Privately employing people not only meant that they consume goods and services and offer employment and pay money into the local economy but it also demonstrates a capable and self-sufficient person who can cope with hiring contractors to do the jobs they were unable to do for themselves.

Enid also had people she could trust in her home who would do a satisfactory job for her, perhaps not the way she would do it herself, but good enough. For Enid keeping on top of the housework was an important aspect of how she

presented herself and she tried different people until she was comfortable and happy with the service they were providing. She sought not only a trustworthy, able cleaner but someone who would socialise too:

'I don't have them [cleaners] because I know it doesn't get that dirty to have everybody every week, because I do all my top jobs myself. She doesn't just come in and do through or out like that she does jobs, she'll do my kitchen floor, and she'll Hoover here, and then she'll go upstairs and she'll Hoover the bedrooms and down, and she'll do the bathroom, then there's the jobs I ask her to do. She's here a couple of hours, ten pound an hour, and she's happy with it, we have maybe half an hour's gossip and she has a cup of coffee that sort of thing, nice girl.'

So the potential employee had to be able to do the job and be trustworthy, but also fit into the household and possess the ability to socialise. Enid went on to comment about the importance of the socialisation aspect of the arrangement, showing how the discourse of consumption intersected with the discourse of connections:

'I don't mind, she has a cup of coffee, I make her a cup of coffee ready for when she comes in, as she works full time, so she was coming here at four o'clock on Friday until six. I thought I'm getting her at the worst time on her time because she must be tired, you know, but anyway that's gone on for about six months I think. So at first she has a coffee and then she'll do here first for me because I've already dusted, and then she'll go and do my kitchen floor which I always do my tops on a Wednesday morning or a Tuesday night whichever way I feel, and then she'll go upstairs and she'll do the bathroom, and then I'll make another cup of coffee and then she'll sit and have another little chat with me. Sometimes she's going it's about seven o'clock.'

Ella like Enid had also employed someone to help with the housework – Ella was relaxed about the arrangement but wanted to maintain the property to a certain standard:

'You know because of all them [family] I've got cleaner, that comes and does my cleaning and that, and she's lovely but nobody does it like you, you know and I see her when she does my when she goes out every week cleans the windows but I know she doesn't do those top three. I know she doesn't I can see when the sun shines, you know, different little things. But you know as I say I think to myself that blind was all higgledy piggledy and the bedroom one was, you know there was things that's on the

window ledge caught it and I like it to be proper you know. Yeah, then she'll put things back different to my way. She always alters all my stuff up there to what I had it and as soon as I see it I go round and alter them all. She puts it all different on there and I go round and I'll alter it. But those little bits niggle me but as I say I'm lucky that I've got her and I know that I can trust her.'

Olivia added how she had tried to make life easier for herself by consuming gadgets that were supposed to help:

'Yeah I know what I want to do it's just getting it done. I got quite a few things for the house that made cleaning easier in the house I bought an electric steam mop for the hard floors. It is its absolutely brilliant. I've got quite a few of the little gadgets and things to make life easy, because I find cleaning the cooker hard because it's low down and I've got arthritis in my knees, so I find that hard. So I bought myself a halogen oven and that's a lot easier because that's on your work surface so it's much easier to handle, not up and down so much and it's much easier to clean, and an electric grill because the grill is in the oven and that's a nightmare to try and clean as well. So I did a few things like that to try and make life easier.'

Olivia managed most things for herself and wanted to continue doing things on her own, but she did find it difficult to clean the outside of the windows and employed window cleaners. However, she had problems keeping them as she commented:

'The only thing I find erm I find that I can't keep a window cleaner I don't know why. I suppose I'm always telling them off because they don't do them properly that's probably why. I do find the upstairs windows are a problem to clean the outside erm but other than that not really, no.'

Olivia finds it difficult to find people to do odd jobs and appeared to take on a subject position of vulnerable older, single, female. She felt that people could and would take advantage of her, charge more and she feared being swindled and left with poor workmanship as she had read about such cases and was concerned. She commented on how difficult it was to find reliable people and added that because she was on her own she had no-one to share or discuss the responsibilities with. Pamela also discussed how she had found someone local to do the odd jobs and how this was really helpful:

'It's like the men who have just done the central heating I mean; some were ergh one lad was great but the other one was really weird. I mean the chap that comes and does my garden and the odd jobs he's just around the corner he comes all the time he's adopted me now.'

Ella emphasised how important it was to remain financially independent of her son and not be a monetary burden. She relied upon her son to take her shopping and she felt uncomfortable about this, however, she had been able to claim an allowance, which she now used to pay her son when he took her out which made her feel more self-sufficient:

'Since I've been going to the Day Centre I've had a lot of help, I mean Manager who's in charge down there it was her, that she said to me do you get you know claim anything you know for son, I said no. Not bothered while I can just manage I said I will because if I ask for anything I shan't get it. She said yes but it's who you go to. So she's got me to go to Age Concern and they sorted out and I get some money now to pay him when he takes me out. You know pay him for petrol and that and I treat him and that.'

This makes Ella feel less of a nuisance and in control and paying her way rather than her son doing things as a 'favour' or out of duty.

5.7.3 Conclusion to the Discourse of Consumption

The current financially strained climate has resulted in a curtailment of services for older people with authorities distancing themselves from the individual emphasising the need to take personal responsibility. Should an individual falter and not implement recommended steps then that individual would have to accept the consequences. Such an approach together with cutbacks in services to support and care for older people is occurring at a time of unprecedented growth in the older population. The government argues that this growth in the older generation is having a cost implication which would mean that without cuts there would be a need for income generation such as taxation, which is not a popular policy. This approach pushes the older age group into the market driven economy and a consumptionist discourse, as they seek help for their particular difficulties calling upon professionals for advice, buying products and services. There has been an increase in private care homes, private care services for individual homes, professionals working

in the private sector, all to meet the needs of the individual. The participants in this study all had a degree of disposable income which they could use to buy services and products, thus contributing to the local economy. This means that the old have consumerist power, but inevitably there are divisions within this particular group, with the wealthy old buying services and products which are unavailable to the poor old. In addition, many older people are equity rich but income poor – wealth being tied up in housing which is not easy to release when they require money to buy for care services. The power of this age group in terms of their contribution to the economy is staggering as mentioned in the introduction and yet this is rarely alluded to.

The main **finding** here is the need for consumption in order to remain self-sufficient and the problems associated with finding people who can undertake a satisfactory job and be trustworthy. The participants on the whole were in a vulnerable subject position fuelled by media stories of how people had been conned. Despite the problems of being a consumer, there was a pressing need to partake in consumerism in order to visibly demonstrate one's ability to manage the self and the property to the satisfaction of society's expectations of the older householder.

5.8 Circulating Dominant Discourses at this Time

The discourses of risk, failing body, cognition, connections and consumption are circulating at the present time as a consequence of the influence of neoliberal policies where *'individual desires, aspirations, interests and beliefs influence ways of seeing and perceiving, ways of thinking and characteristic ways of forming subjects, selves, persons, actors or agents'* (Brown 2014: 5). Foucault's approach emphasises how power permeates all levels of society as opposed to the top-down flow of power suggested by critical theorists. Thus the adoption of the policy of positive ageing places people into a particular subject position, which in effect operates as a form of governmentality. Older people are vulnerable in that they must be able to demonstrate that they are able to meet the norms of the older householder which in turn means that they

have an obligation to visibly demonstrate their coping mechanisms at a personal level and in terms of running and maintaining a household. The demographic changes, which have seen and will see, an increase in the population of older people, have been presented negatively. Rather than focussing on what the older population contributes to society and the economy, the focus has been upon what older people take out of society and the economy. In addition, the preoccupation of the population with the youth culture has added pressure to remain young and active. As increasing numbers of older people live in their own homes the web of surveillance spreads to the micro aspects of daily life, so that the individual never knows by whom and when they are being watched. The need to be aware of the agencies of the state that ensure that personal regulation occurs is an ongoing task. Governance through neoliberal policies ensures that subjects take on greater responsibility, couched in terms of freedom and choice, for their living arrangements (Brown 2014). In a risk averse society, older individuals necessarily have to demonstrate that they are taking preventative measures to avoid positions which threaten their self-sufficiency. Specific truth regimes are applied to older bodies, and the individual becomes governable in that discursive practices become the norm and conduct is therefore regulated (Brown 2014).

Each of the dominant discourses exerted effects on the individuals as can be seen from the findings but the discourse of risk intersected with all the other discourses exerting particular pressure upon the individuals. Where two or more discourses intersected (and there were a number of occasions where this occurred) it was particularly difficult for the participants to resist. However, attempts at resistance were apparent where varying degrees of agency were demonstrated. One of the important points here is that the dominant discourses are more pervasive and hidden and consequently, harder to resist. As Foucault remarks it is relatively easy to resist blatant acts of power but where power is hidden, ubiquitous and diffuse it is much more difficult to develop critical consciousness and challenge the status quo. Thus dominant discourses which are pervasive throughout society cannot always be resisted as people are unaware of how they are impacting in everyday life. Foucault

considers the ideas of humanism as a means of subjugation and the idea that individuals have a *'true self'* at odds with his theories (Pickett 1996: 452). Foucault argues that individuals are the products of history and social practices thus suggesting that people are not rational, independent, autonomous actors as humanism would have us believe. Such ideals constrain and marginalise those who do not behave in line with humanist obligations. Thus older people through their discursive practices try to uphold humanist values in line with dominant discourses influenced by neoliberal policies in order to be able to remain living in their own homes.

If an individual is unable to live in line with the dominant discourses they are vulnerable, in this case of losing their home and the possibility of being placed in some form of institutional care. This subject position was apparent within each discourse as the participants tried to dispel any suggestion that they were not capable of remaining in their own homes.

5.9 Summary of Key Findings

In order to help the reader to appreciate the findings these have been summarised here. There were a number of findings but these can be grouped together under three key headings:

- 1) The participants were managing the ageing process in their homes by managing risk (risk and ageing had become connected)**
- 2) There was a clear junction between self-sufficiency and being a burden**
- 3) Home was a contested space with the demarcation point between the private place and the public space**
- 4) Acts of resistance were apparent to counter the subject position of vulnerability**

5.10 Conclusion

On the whole the meta-discourse of ageing as inevitable decline, together with the norms and expectations of society, were internalised by the participants in order to protect their possessions and avoid the ultimate risk of losing their homes.

The participants found themselves placed in a position on the margins of society, as the 'other', caught up in a practice of rejection – the dominance of a youth culture resulted in older age being scorned, ridiculed and feared. The physical signs of older age were particularly treated with disdain and pressure was applied to resist the visibilities of ageing via demonstrating their capabilities in managing themselves and their homes. In order to accomplish this, there was a need to maintain the body in good physical condition, at least outwardly, although none of the participants in this study alluded to the use of plastic surgery, hair replacement, creams and lotions to maintain an air of youthfulness. What was discussed, however, was an emphasis on activity of all types in order to maintain the body and the mind and to demonstrate capability and control. They undertook regular self-surveillance and disciplined the body whenever they could in line with normalising judgements, so they could remain responsible for the self and in control of their affairs. The participants made it clear that they did not want, nor could afford, to be a nuisance or a burden as pressure on family and carers could mean the withdrawal of support and the end of their current living arrangements. Home became the demarcation point between the public and private spheres, with some activities carefully guarded and others visibly displayed – one set of activities could be a threat whilst the other set were an insurance policy. The ultimate risk of losing their home permeated their narratives, with much of their discursive practice designed to demonstrate that they were fit and able to live in their own home, taking whatever measures they deemed necessary in order to exhibit this. They had, in effect, instituted technologies of the self where they had learnt to know the self, master the self and care for the self. What was apparent was that this was a daily tussle in their home.

Ageing was problematised as a condition rather than being discussed as a natural part of life. Once problematised in this way, ageing was something to be defeated and relegated to the annals of history so that it need never be feared again. Thus those who displayed any sign of weakness connected to ageing have failed to meet the demands of society and are a reminder of the ultimate fate of each individual. Presentation of the self was therefore carefully crafted so that the home mirrored the individual – a tidy, clean, organised home visibly showed how the inhabitant was capable and managing. There was a recognition that for some they were at a crossroads with any change in their health status impacting upon their ability to remain self-sufficient. Some resisted by trying to carry on as they always had but were acutely aware that this could change at any time. The confines of the home offered a degree of protection and it was harder for some of the participants to feel the same level of security externally. There was a tendency to spend more time in the home to avoid potential risks and thus they were enduring a shrinking world. Home therefore, became the battleground where the fight against the effects of ageing took place on a daily basis.

Ageing is not a standardised process, and each individual experiences it differently. Litwin and Shiovitz-Ezra (2006) discuss how the ageing process is flexible and unique and therefore the impact of being older may partly be related to events and experiences of the individual throughout the lifespan. However, they also point out the impact that social conditions, over which the individual has little control, are frequently ignored in relation to the ageing process. Phillipson (2009) concurs with this viewpoint, pointing out that the older person is at a disadvantage because neoliberal policies have withdrawn support and promoted individualised decision-making. Whilst the market place may be advantageous to some groups in the population this may not be the case for older people:

'Debates in gerontology have implicated globalization processes in the move from defining ageing as a collective to an individual responsibility. [...] the pressures associated with the achievement of security are themselves generating fresh anxieties across all generations. Risks once

carried by social institutions are now displaced onto the shoulders of individuals and/or their families.' (Phillipson 2009: 620)

With these changes in mind the home plays an important part in ageing – it is a base which offers security and safety and hopefully comfort to the individual, but home is not a neutral place; it can enable but also disable. The older person has to be able to react to the demands that society places upon them and as such living in one's own home means they need to be adaptable, and become amoeba-like – demonstrating they are self-sufficient, confident, physically able, cognitively able, maintaining connections, decreasing risk. In other words, the individual has to change 'shape' as necessary to meet the daily demands of the culture in which they live. The added requirement here is to be able to visibly demonstrate this amoeba quality to those who are carrying out the surveillance, including themselves.

Attachment to the home was not universal and whilst some participants were emotional about their homes, others saw home merely as a place to live being as good as anywhere else. This was demonstrated when participants made clear that the needs of others came before their own preferences, so that some lived in properties they did not like in order to secure the help and support of carers, relinquishing the feelings of attachment. However, even where the home was not liked or had become a prison, a form of containment from which they could not escape, the participants made it clear that they wished to remain in their home and avoid institutional living. They were aware that their current living style was not guaranteed and was predicated upon their health status remaining as it was. They were subject to surveillance and the only way they could resist this was to demonstrate, visibly, their actions to show that they were capable of remaining in their own homes. Such a demonstration was carried out through self-disciplining, self-surveillance and abiding by technologies of the self.

The negative effects of an ageing body were not off-set by the positive effects (or rarely) so that older people were enmeshed in a negative stereotype which was difficult to resist. It appeared that old age was psychologised, so that they

became a separate homogenised group who had particular difficulties of both a physical and cognitive nature, which in turn led to increasing problems with maintaining connections. These discourses cumulatively added to the overall risk of losing their home. The discourse of consumption was then drawn upon to try and offset any difficulties they were having through the purchase of equipment and services, and also as a demonstration that they might not be able to perform all tasks for themselves but they were capable of employing others who could. In addition, there was the problem of personalisation of epidemiological statistics (falls for example), where individuals were deemed to be at greater risk because of their age, history and medical conditions. Thus older people were dealing with not only what they saw as deterioration, but also with the social construction of ageing as negative and burgeoning numbers being portrayed as catastrophic (Oliver 2014). Edgar (2014: 2), however, states:

'The needs of old age should be seen as no more of a burden than childcare services, education services, gainful employment, health, disability and welfare services. At each stage of life the state provides essential services and does not scapegoat the recipient of those services. The provisions for old age should be in the same category.'

However, statutory authorities are in the process of distancing themselves from the individual and reinforcing the neoliberal policy that individuals are responsible for the self and need to take steps to ensure needs are met. This turn to privatisation of ageing increases the need for professionals to advise, an increase of demand for products and services all of which in turn creates an economy. Older people have needs and a degree of disposable income which contributes to society at large. A local economy of demand and supply is being created by aged persons in effect creating employment, private businesses and sustaining local economies. This could well be a part of the policy of government in line with neoliberal policies to favour the private sector and thus reduce the burden on the public purse (Edgar 2014). This positive aspect of ageing is rarely highlighted in the scare stories regarding the ageing population in the media. It does mean however, that the wealthy old can take steps and gain services to cater for their needs which are unavailable to the

poor old. One other aspect of the ability to consume is that this could be used to resist the stereotypes of ageing.

Home is an important place in the process of ageing, and it is clear that older people are exposed to the dominant circulating discourses which are clearly evident in their narratives. The need to present oneself as cultural expectations dictate is an on-going necessity. What older people offer in terms of wisdom and experience or what they contribute to the market economy were not mentioned by any of the participants. The positives of ageing were being overlooked and subsumed under the mass hysteria of the changing demographics of the country. In addition, factors which had had an impact on their lives were hardly alluded to with the exception of Bill, who explained he had to leave his place of birth in order to gain a wage that would enable him to look after his family. The pressure on individuals to abide by neoliberal policies of self-determination and self-responsibility were apparent thus liberating the state from the burden of care. The result was that older people presented themselves in the way they were expected to present themselves, and they emphasised the aspects of their everyday life which the dominant discourses encouraged them to enact. With this group of participants there was little indication of different lifestyles and ways of living which might challenge the way ageing was perceived and presented.

This chapter has presented the findings from the study. Chapter 6 is the concluding chapter which will summarise the thesis. A reflexive account will then be presented in the final chapter, chapter 7.

Chapter 6

Conclusion

6.1 Introduction

This project set out to investigate whether dominant societal discourses were apparent in the discursive practices of older people in their homes. The literature showed that the topic of home in relation to older people had been studied predominately by focusing on the individual perspective. Although alluded to, wider societal issues were given little emphasis. Whilst home was not always a positive place, there was a general agreement in the literature, for the majority of older people home was the best place in which to age. The literature therefore was supporting rather than challenging policy drivers. This project, therefore, sought to investigate the degree of societal influence upon the older person and asked the following question:

What are the discursive practices of older people in relation to the home space and what do these practices produce?

Using Foucault's discourse analysis, an investigation into older peoples' perspectives of living at home was undertaken in order to add to our understanding of ageing in the home. The findings have identified how older people do indeed internalise societal pressures and expectations in order to safeguard themselves against the surveillance society. However, there were also signs of resistance which demonstrate attempts at agency.

This chapter will seek to synthesise the issues raised in the findings/discussion chapter. In addition, the chapter will discuss the theoretical and policy implications of the project with respect to older people living in their own homes. Recommendations for the direction of future research will also be offered.

6.2 Theoretical and Policy Implications as a Consequence of the Findings

The use of a Foucauldian analysis, which focused my attention on governmentality as well as power/knowledge, allowed me to appreciate how policy had changed from a Keynesian welfare system, where the state ensured the well-being of the population, to a policy agenda directed by neoliberal governance which emphasised the reduction of state interference; a contraction of welfare provision; emphasis on the role of 'markets'; and a focus on individuals' personal responsibility through engagement with the competitive market system (Larner 2000). What is interesting here is that neoliberalism is a political discourse used to govern populations en masse and individuals from a distance (Larner 2000). Globalisation has meant that governments are concerned with remaining competitive in an international arena, pressurising individuals into being independent of the state and operating and taking care of the self in a market driven economy (Stonehouse, Threlkeld & Farmer 2015). There is, however, a noticeable lack of debate concerning the private market which is assumed to be unproblematic (Stonehouse, Threlkeld & Farmer 2015).

Larner (2000) discusses how Foucault distinguishes between government and governance arguing that whilst neoliberalism may mean less government, it does not mean less governance. Consequently, there is an emphasis on individual choice but this in turn, requires monitoring and so there is a need for governance which is used to 'encourage' both institutions and individuals to conform to market norms (Larner 2000). This approach is apparent in the coalition government's agenda for housing for 2010-2015 (Department for Communities and Local Government (DCLG) 2012). One of the stated aims in this document was to help older people live in their homes for longer through strategies such as adaptations and community support programmes (Tunstall 2015). The importance of older people as householders was made clear in an earlier document entitled *'Laying the Foundations: A Housing Strategy for England'* (DCLG 2011) which pointed out that older people occupy nearly a third of all homes and that this was set to rise. The document stressed that when

planning new homes and communities the needs of older people should be considered so that they could remain economically active. This demonstrates the importance of older people to the local economy and supports the arguments made by Atkinson and Hayes (2010) that older people contribute approximately 15% of the overall household expenditure in the UK. Such a contribution to local economies suggests that older people need to be 'enabled' to spend their money in order to maintain the market economy. The policy went on to stress how older people should be involved with families, friends and their local community (DCLG 2011) but without any discussion of needs in terms of exiting the home or being able to access transport both of which were clear barriers for some of the participants in this study preventing them from doing what they wanted to do and from being economically active.

The strategy also stressed how living independently reduced pressure on families and on health and social care organisations – again stressing the importance of the economic value of older people whilst over-looking the practicalities which would enhance the psycho-social needs of the individual (DCLG 2011). There was also a reference to older people down-sizing to smaller, more accessible and manageable homes freeing up '*much-needed family housing*' (DCLG 2011: 48). Indeed, Tunstall (2015) highlights how there has been discussion of the spare capacity in many older peoples' homes, and the extent to which housing wealth can provide welfare. Such an emphasis on the economic aspects of ageing only serves to reinforce the idea of older people being a burden – something which participants in the study discussed. Participants also pointed out how they liked having space for belongings and it also made for easier mobility. Furthermore, for some, the family home possessed memories which they re-lived on a regular basis by occupying the spaces that had witnessed significant events. In some instances, the home was more than bricks and mortar possessing the spirit of those who had died allowing the individual to keep contact with deceased loved ones. This demonstrates how the home is more than a mere space and reiterates the space-place dichotomy. For government, houses are economic and social spaces; for the individual, homes are places offering a wide range of emotional and physical attributes.

One aspect of the coalition government's policy on housing for older and vulnerable people (DCLG 2012) was to increase the financial contribution to FirstStop whose remit is to enable older people to make informed decisions about their home, care and the support options that are available. Interestingly the International Longevity Centre (ILC), UK released a report in 2015 stating that care for older people is threatened with the UK heading towards the bottom of the Organisation for Economic Co-operation and Development (OECD) league table for spending on care as a proportion of gross domestic product (Franklin 2015). A lack of investment means that 1.86 million people over the age of 50 in England (1 in 10) have unmet care needs - an increase of 120,000 people (or 7%) since 2008/9 (Franklin 2015). Franklin (2015) states that the numbers accessing care services have fallen by half a million since 2008/9 (a drop of 30%) despite a growing ageing population. The number of over 80s has risen by 800,000 in the last decade. Quite how an organisation such as FirstStop can advise when support services are dwindling is not clear. Indeed a number of participants referred to the need for help and support from the government but stressed they did not believe it to be forthcoming. Some even intimated that official organisations made it difficult for the older person to access support and services putting people off asking for help, as the figures that Franklin (2015) give seem to imply.

The coalition government emphasised how they provided £185 million for the Disabled Facilities Grant (DFG) which is used to fund adaptations that enable people to live as independently as possible in their homes (DCLG 2012). However, what they did not state is that this grant is means tested and depends on household income and household savings. In addition the Centre for Housing Policy point out that the DCLG's revenue budgets (which support spending by English local authorities on housing) for England dropped by at least 41% between 2009/10-2014/15 in real terms (Tunstall 2015). Under the previous government, the total value of grants paid by local authorities to home owners to install facilities for disabled people rose from under £100m to £360m in 2010 in Great Britain (in gross terms) (Tunstall 2015). Under the coalition government, the DCLG stopped collecting data on these grants, so it is not possible to track

trends, however, local authority funds have been cut and it seems likely that the total value of expenditure will have reduced and eligibility criteria will have tightened. Participants in the study made it clear that they did not approach statutory organisations because of the bureaucracy, the amount of information they had to divulge for means tested support and ultimately because they felt they would not be entitled so there was little point.

Tunstall (2015) discusses how it is somewhat harder to track the distributional impacts of housing policy than for some other areas of policy. She goes on to argue that most of the effects of the coalition government housing policy appear to be at best neutral between income groups and at worst markedly unfavourable to poorer or more disadvantaged people (Tunstall 2015). The implication is that with budget cuts to local authority housing expenditure the needs of many would not be met and only those with severe problems would be dealt with leaving many older people to cope as best they could on their own (Tunstall 2015). Most of the participants took the view that they were basically on their own but did ask family and carers for some support but always with the worry of being a burden and what this could mean to their living arrangements.

Stonehouse, Threlkeld & Farmer (2015) interestingly, use the term *responsibilisation* to explain how individuals have had to become active agents and Lemke (2001: 201) discusses this in relation to Foucault's governmentality lectures:

'The strategy of rendering individual subjects "responsible" ... entails shifting the responsibility for social risks such as illness, unemployment, poverty etc. and for life in society into the domain for which the individual is responsible and transforming it into a problem of "self-care".'

Joseph (2012) reinforces this and discusses how neoliberalism is not just about free markets but is also about the privatisation and *responsibilisation* of choices and behaviour. *Responsibilisation* is thus a key strategy for neoliberal rule. The need for individuals to be responsible is associated with the shifting of risk to the individual and an expectation that older people will reduce and remove as

much risk as possible. Stonehouse, Threlkeld & Farmer (2015) make the point that the concept of risk varies with those who are deemed to require intervention in order that they recognise and take responsibility for their own risks compared to those who are deemed capable of managing risks in the free market. Indeed, one of the key findings was that individuals managed the ageing process in the home through managing risk – this is very much in line with neoliberal thinking. However, what was noticeable was resistance to this discourse and although government policy such as the National Service Framework for older people (DoH 2001) sought to highlight the demands and problems that falls to older people could bring, older people themselves still undertook activities which could increase their risk such as stair climbing in order to resist the negative impact of the ageing body.

Older age, once a position where individuals were deemed to be ‘deserving’, is now being discussed as a problem and a threat to the economic state of the country. Rose (1996) highlighted how the idea of responsabilisation is embedded in governments of all political colours. The third way of the Blair governments continued the neoliberal policies commenced by right wing governments in the 1980s (Stonehouse, Threlkeld & Farmer 2015). The coalition government took this a stage further by reducing support to those in need and as Tunstall (2015) notes their actions are regressive harming those in most need. There has been a noticeable lack of critical debate regarding this ideological change in the fortunes of older people with the mass media and researchers reinforcing this change rather than critiquing it. Older people, in the current climate have become a targeted population. To deal with the problem of numbers the government and its agents provide education, training and activity/socialisation in order to make individuals aware and responsible and therefore to remain independent (Stonehouse, Threlkeld & Farmer 2015). Attributes such as ‘*capacity*’, ‘*self-reliance*’, ‘*independence*’, ‘*taking control*’, ‘*resilience*’ and ‘*self-mangement*’ are identified as desirable and necessary (Stonehouse, Threlkeld & Farmer 2015: 406). Such attributes need to be developed and techniques are required to govern and guide which leads to further depersonalised ways of working such as ‘*pathways*’ and ‘*individualised plans*’ so that individuals can be encouraged to conform (Stonehouse, Threlkeld

& Farmer 2015). Legitimising specific pathways creates an expectation for compliant citizens to demonstrate commitment to self-advancement and self-government and to redress their reliance on the state. Only those judged incapable of caring for the self are portrayed as worthy of ongoing public support (Stonehouse, Threlkeld & Farmer 2015). This problematisation of older people prepares the discursive space to suggest that private market responses are required.

Once designated as a 'problem' older people are encouraged to abide by the changed policy directive and in order to ensure this happens they require surveillance. This inevitably leads to the home becoming a site of surveillance and results in a dispute over the public and private divide. Agents of the state are expected to gain automatic entry to the home of an older person in order to carry out surveillance in line with state requirements. Such action reduces the power of the individual as they need to visibly demonstrate their abilities and their actions in order to reclaim their home as a private domain. However, as the participants made clear, privacy is essential if deviant behaviour and declining bodies are to be hidden from the threat of professional authority.

The circulating dominant discourses of risk, failing body, cognition, connections and consumption are as a direct result of neoliberal policies which are presented in positive ways such as freedom of choice, self-awareness, self-healing and consumer selection. The discourses had the effect of constraining the participants and regulating their behaviour. The older people, however, were not merely passive recipients and there were attempts at resistance, although where two or more discourses intersected resistance was proportionately hindered. The main issue, with which the participants had to cope, was their fear of losing their home which restrained their ability to act as they took up a subject position of vulnerability. For some the fear of losing their home was too great a risk to take and therefore resistance was limited. However, where resistance did occur it demonstrated that individuals were prepared to counter dominant discourses. This was achieved by a number of strategies including: acting in a deviant manner; adapting the home as they deemed appropriate in order to remain living there; using technical and lay

language to counter and distance themselves from professional jargon; self-disciplining of their bodies; resisting pressure from families or professionals to move; attaining a home and keeping it against all advice; relishing new opportunities to learn; and stepping out of the category of being an older person and presenting the self in line with previous job roles.

It was apparent that the participants were not a homogeneous group and had varying accounts of how they aged in their own homes. The dominant discourses of risk, failing body, cognition, connections and consumption were all apparent within the narratives of the older participants.

Professionals and others saw older people through the age gaze at the micro-level, with any issues or difficulties being constructed as a problem of age and the particular individual. Older people were deemed to be a distinct section of the population, with normalising judgements categorising and separating them from others so that they could be monitored in order to ensure they were 'safe' and could care for the self and property. If there was any doubt regarding their ability to cope then the surveillance society would act, the consequences of which could be the loss of their home. They were in a continual process of subjectification and objectification within the dominant discourses of risk, failing body, cognition, connections and consumption. The risk of being deemed unfit to remain in their home was ever present and the participants used ingenious strategies to counter this. They were clearly aware that they had to display their abilities and this was achieved through making visible and explicit their actions and behaviour as much as they could to counter any intimation that they were not coping. Home was therefore both an ally, where it offered security, safety, comfort, privacy and for some retreat – in these instances home was enabling. Home, however, could be a threat where it posed difficulties and obstacles and in such circumstance, home could be disabling. This demonstrated how culturally influenced discursive practices were affecting the individual's behaviour in the home and therefore highlighted the importance of examining dominant discourses and their effects upon the individual.

At times the participants appeared to use the discourse in a deliberate way in order to draw attention to their plight and gain some recognition for their situation. Such a strategy was dangerous as it reinforced and strengthened the effects of the discourse which could entrap them further, but by making such narratives public it could be a powerful tactic to gain attention thus being a form of resistance. However, older people were still subject by others to the dominant discourses which objectified them as they called upon culturally acceptable and known ways of describing their situation thus they could, in effect, disempower the self.

The discourse of risk was particular powerful and had an impact upon all the participants and all other discourses, the effects of which made the participants wary of tasks in the home and external to the home resulting in a shrinking world. However, whilst there were clear acts of risk averse behaviour there were also clear acts of risk taking in defiance of this discourse. Participants often undertook both risk averse and risk taking behaviours so at times their discursive practices were in keeping with the discourse and at other times they were clearly resisting it. This appeared to be based upon their personal beliefs about what was 'good' for them. Such behaviour demonstrates how adherence to the discourse is not simply 'all or nothing' but a complex combination of behaviours which allow the participant to negotiate the discourse on their own terms. Some participants demonstrated how they took risks such as stair climbing, not using equipment/adaptations, not implementing security measures all in order to discipline the body and keep themselves 'going'. This behaviour demonstrates how the individual worked to maintain their abilities and defied social pressures.

The discourses of the failing body and of cognition both worked directly on the body with the participants seeking to demonstrate abilities and refute any question of incapability. These two discourses intersected with each other and the discourse of risk making the effects of the combined discourses much more potent. Once again the participants demonstrated both adherence and resistance. Home was both a prison with the declining body impacting upon an individual's ability to leave the home of their own accord; and a castle in which

they were safe and secure from the outside world. Such opposing meanings resulted in both an appreciation and a frustration of the home. The way in which the home was described varied on any given day according to, not only the individual's ability, but also on the opportunities which may or may not exist for leaving the property. Further tensions were apparent as participants discussed the need to work to maintain and repair the home which were in parallel with their struggle to maintain and indeed, repair, the body. Such maintenance and repair was a reflection of not only their homes but of the self, requiring both physical and, importantly, cognitive abilities. Consequently the discourses of the failing body and of cognition were used as instruments of surveillance but also as a focus for the individual's resistance as in for example, the home being a castle where the participants could hide their declining bodies away from the age gaze.

Being an active home owner also demonstrated to others that the individual was prepared to take care of the self and their property as a good citizen should and they demonstrated their commitment through an investment in the future in order to look after the self and be a part of a given community. Passive ownership was demonstrated by a few participants when they bought properties they did not particularly like but which met the needs of important others such as carers. In both active and passive ownership, however, owning one's home bestowed certain status and recognition. Once again there was a tension here as for some ownership was not the focus, having a place to reside safely was. Here home was a place to live with the purchase of a property appearing to fit with current policy. It offered a degree of security and allowed for wealth acquisition but without any sentimental attachment, it was a necessity. This was apparent in that the ageing body required a place of safety in which to shelter as the less welcoming and dangerous world around them was shrinking. The declining body could cope within the confines of a given, known and familiar environment but was less secure in the outside world.

The discourse of connections was a consequence of the discourse of risk, failing body and cognition as these could have negative effects for the individual leaving them isolated and lonely. This could add to the burden versus self-

sufficiency dichotomy where the individual could pose a problem for carers and authorities if they were unable to maintain their connections. The need for some to receive connections in the home rather than initiate them externally was very clear and this meant that the individual had to accept what was available rather than being in control of their socialisation opportunities.

The discourse of consumption was interesting as it offered clear options for resistance and a way of changing the status of the older person. It was used to demonstrate a level of resistance to the meta-discourse of ageing as inevitable decline as the participants demonstrated their ability to manage themselves and their homes. Sinclair (2010) highlights effectively the consumer power that the older population has, which is important in a society dominated by neoliberal ideology. This appears to be one way of emphasising what older people contribute through their purchasing power, supporting local businesses and local economies, and in turn helping to change stereotypical images of older people. The combined wealth of this group means, that as a collective, they were in a strong position to use this discourse to demand, through their purchasing power, changes in the market economy. Rather than being a drain on the state, the older people were contributing and sustaining local economies. By enacting the discourse of consumption and 'playing the game' the participants were able to remain in their homes and thus use the discourse of consumption as an act of resistance. Acts of resistance, however, are not always viewed in a positive way by others, such as professionals and family, who can consider signs of resistance not as attempts at agency but as deviant behaviour. This led to older people sometimes being described as 'awkward', 'difficult', 'eccentric' or 'non-compliant'. On other occasions the resistance would be simply ignored in the expectation it would go away or be labelled as unsuccessful ageing.

This study sought to investigate how societal pressures and the effect of power, which according to Foucault is everywhere, tempered the ability to act as an agent. The adoption of a critical approach allowed for the analysis of discourses and language that was internalised at the micro-level and thus contributed to the constitution of the individual. Such an approach allows the researcher to

challenge the problematisation of ageing and opens up possibilities that things could be different (Hossain and Karim 2013). With this in mind, I was keen to challenge the dominant thinking regarding ageing, to show that there might be a possibility that individuals could in effect refuse objectification and subjectification, resist power and open up the possibilities so that ageing could be different.

As ageing is inevitable, the way in which the participants were living longer and healthier lives demonstrates how age can be a positive part of life. Such positive aspects of ageing are at times implied in policy documents but are subsumed under demands that older people contribute, in line with neoliberal policies. Age UK (2014) highlight how policies and support for older people are in opposition, and some of the participants highlighted this point in their discussions. If the policy is to maintain people in their own homes, and with this group of participants this was certainly the preference, then there needs to be appropriate support, which is based on the needs of the individual, not the needs of the organisation. The findings in this study indicate how older people remain a marginalised group and how government policy reinforces this. Changes which are not placing the individual at the centre of the policy are not necessarily helpful. For example, the change in the compulsory retirement age of women at the age of 60 and men at 65 was amended not for the good of older people but for the good of the economy. As there are increasing numbers of older people, however, and they can make themselves heard through such action as consumption and voting, politicians and others will take heed of this group in order to remain in government. The development of grass roots support groups, which is clearly demonstrating an increase in critical consciousness of older people through organisations such as The Grey Panthers, can mobilise and bring older people together in order to make their voices heard. The impact that older people have on local economies could also be used to demand change in terms of services and goods that are available to meet their needs and desires. Finally, the raising of critical consciousness in professional groups and others will contribute to a change in the way ageing is perceived.

6.3 Recommendation for Future Research

The research in this study is but one text regarding ageing in the home and does not seek to provide a single truthful account, but rather seeks to open up the possibilities for academic resistance to dominant ageist discourses. In so doing it is hoped that this offers an opportunity to increase critical consciousness and thus to further resistance to the meta-discourse of ageing as inevitable decline. Such work, located in a critical paradigm, highlights how older people are currently living and how such experiences are influenced by neoliberal and ageist discourses. Such discourses become dominant and are shaped by our use of them and as such they can be changed.

The development of my own critical consciousness has been a positive and on-going experience and as I reflect upon this academic journey I realise that my natural inclination was to pursue this study via the interpretative paradigm through a phenomenological design. Whilst such a study would have added to the evidence base on the topic it would not have challenged the status quo. My desire to challenge ageism, however, meant that I became particularly interested in Foucault's thinking particularly as he prioritised more explicitly the influence of institutions, social practices, technologies of power and technologies of self and how these relate to knowledge and discursive practices in his writing from the 1970s onwards (Smart 1985). My interest in the topic and the on-going development of my critical consciousness means I continue to be drawn to the critical paradigm in order to further develop my thinking. Furthermore, I would encourage fellow researchers to pursue the topic of home and older people from a Foucauldian perspective so that the micro-level of the individual and the complexity of multiple processes can be appreciated. Such an approach can offer opportunities to challenge dominant ways of thinking and to change the way ageing is viewed. In order to achieve this an appreciation of Foucault's analyses in relation to the individual is necessary. According to Foucault individuals are viewed not as autonomous rational thinking beings, but rather as being caught up in a '*web of power relations*' so that the human being turns him/herself into a subject – such a perspective is a fundamental starting point in the analysis of power relations (Smart 1985: 8). To challenge the status

quo, therefore, the individual researcher I would suggest, commences with the challenging of the self to think differently.

Ageing is a unique experience for each individual but the process of ageing is a part of living for all humanity and it is imperative that this phase of our lives is as positive an experience as any other part. Whilst there has been considerable research on the topic of home, and a growing research base on the topic of older people and home, there are still gaps in the knowledge base. In order to enhance resistance opportunities and to influence policy development it is necessary to investigate further, using a critical perspective, the micro-level of older people living in different circumstances compared to the participants in this study.

Older people living in rural areas may well have different views and different problems to deal with compared to those who live in urban areas, with needs that require addressing, and possibilities that need to be fostered, in a different way. In addition, older people who live in rented accommodation both privately and publicly may feel differently towards their home than the participants in this study who predominately owned their own homes. Indeed, as Bill hinted, there may be distinct advantages to renting as opposed to buying, which have not been investigated to-date. Whilst not addressed here, both the findings and the literature reviewed suggested that there could be possible differences of attitude towards home based on gender. It would therefore be useful to explore how men and women view their homes and the different demands and pressures upon them from a critical perspective. Finally, for those who opt for a different lifestyle to the vast majority, such as older homeless people or older people living in the travelling and circus communities, their views on home also require investigation.

6.4 Conclusion

More and more aspects of 'conduct' are coming under the surveillance umbrella. The home of the older individual is now the demarcation sphere between the private and the public and is a contested space for inhabitants and the surveillance society. Despite the policy trend which encourages people to live in their own homes, reflected in the literature, there are clearly a range of views from the participants regarding the advantages and disadvantages of home living. Whilst in this study all the participants wished to remain in their own homes, they acknowledged several difficulties and highlighted issues where support would make this a much improved option.

The important contribution of this work is to focus not on the individual but on the dominant discursive practices which impact upon him/her, demonstrating how discursive practices are enacted by older people in their own homes. Whilst it was apparent that these dominant discourses were difficult to resist, nonetheless acts of resistance and clear attempts at agency were demonstrated by all of the participants in this study. The development of critical consciousness is an important aspect that needs to be researched further to investigate the possibility of change. This thesis, therefore, is a positive addition to a critical discourse which demonstrates how resistance to ageist discourses can be achieved and how change to the status of older people can be accomplished through investigative endeavours.

Chapter 7

Reflexivity

7.1 Introduction

This chapter examines the strengths and limitations of the research and includes reflection upon the process I have been through in order to make explicit to you, the reader, how decisions taken have had an impact upon the findings. A ‘confessional’ reflexive account has not been included here for two reasons: one is that there is an argument in this genre that the author is decentred and such an approach is not appropriate. Secondly, I am aware that not everyone believes that reflexivity is appropriate in terms of academic scholarship. However, I agree with Grbich’s (2013) criticism of post-structuralism that such decentring of the author does not take into account the impact the author has on a piece of text. My view on this is that there needs to be a balance between transparency and openness and the need to ‘bear all’. I was keen from the outset to make clear to the reader that this was my work and hence I took the decision to write in the first person (explained in chapter 1). It was important, however, whilst not emphasising the author, to make clear the decision-making process and therefore a degree of reflexivity was required. Lynch (2000: 36), discusses a number of approaches to conducting reflexivity but remains sceptical of claims that such an act can increase objectivity, reduce bias, or increase ‘*critical potency*’. He points out that ‘*a self-consciously reflexive pronouncement will not necessarily strike others as profound and revealing*’ (Lynch 2000: 47). Indeed in line with Foucault’s (1979: 59) thinking such a confessional approach is merely reflecting the dominance of the western ideals of know thyself as he makes clear:

‘...the confession became one of the West’s most highly valued techniques for producing truth. We have since become a singularly confessing society. The confession has spread its effects far and wide. It

plays a part in justice, medicine, education, family relationships, and love relationships, in the most ordinary affairs of everyday life, and in the most solemn rites; one confesses ones crimes, one's sins one's thoughts and desires, ones illnesses and troubles; one goes about telling, with the greatest precision, whatever is most difficult to tell. One confesses in public and in private, to one's parents, one's educators, one's doctor, to those one loves; one admits to oneself in pleasure and in pain, things it would be impossible to tell to anyone else, the things people write books about. One confesses – or is forced to confess. When it is not spontaneous or dictated by some internal imperative, the confession is wrung from a person by violence or threat; it is driven from its hiding place in the soul, or extracted from the body ... Western man has become a confessing animal.'

My first draft of this chapter was a confessional chapter with which, I have to admit, I was not entirely comfortable, although such a reflexive account is not uncommon in writing in paradigms that lead to qualitative methods. It did seem appropriate, however, that I consider the decisions that I had taken and how these had influenced the thesis so helping me to recognise the embeddedness of assumptions in my everyday life. I fully appreciate that who I am and where I have come from all come together and inevitably influence the topic selection and design decisions and how the project was carried out. Indeed, I do confess that during the process of studying for this doctoral thesis, I have become acutely aware of how societal influences and dominant discourses have an impact on one's life. Interestingly, my main motive for the selection of postmodernism was this very critique of societal pressures particularly on older people and was deemed important to specifically offer a different perspective upon the agency of the individual as presented in much of the literature. I was not convinced that it was appropriate or indeed relevant for me to confess all in my writing as Lynch (2000) discusses.

I certainly did not believe that a reflexive account would add objectivity to a project where objectivism was not sought, nor did I feel it would reduce bias if bias existed, but I was keen to present a critical piece of work. I did consider, as Pels (2000) discusses, that I as researcher and writer did not wish to be entirely hidden and therefore reflexivity was the critical opposite of a concealing objectivist stance and therefore had a part to play. I also found myself questioning whether I should partake in something just because others

do, or that it was 'expected' of me. In effect I was allowing my writing to be dictated by the dogmatic views of others who consider reflexivity to be an essential part of such work. An important point made by Foucault is that power is only acquiesced to if it is hidden with any overt form of power inciting resistance (Pickett 1996). In effect, the act of reflexivity has become an expectation and therefore a form of hidden power in terms of the researcher giving a confessional. It struck me that I was no longer challenging nor demonstrating any critical consciousness as the power I was succumbing to was not overt, as reflexivity was a presumption. However, this realisation allowed me to move my thinking and regain my critical consciousness, which opened up the possibility of resistance to what might be expected of me in this thesis (Pickett 1996). This brought to mind one of the criticisms frequently levelled at Foucault that he unveiled issues of knowledge and power but never suggested how one should deal with them. To give solutions is the opposite of trying to open up new opportunities for the individual, indeed it is limiting. Foucault needs to avoid not only making suggestions with regards to how things should change but also to avoid saying how his works should be read or his approach operationalised. To give dogmatic responses as to how the individual should proceed would be to act in an authoritarian manner and would be adding to the totalising discourse which Foucault is trying to expose. What is frequently overlooked is the fact that Foucault himself was an activist and others who draw on his work for '*resources*' and '*inspiration*' become activists for change (Berard 1999: 210). Indeed, Berard (1999) highlights how Foucault's works have contributed to social criticism and by implication political activism, citing the critique of orientalism by Said (1978) as an example. What was important to Foucault was to '*free a space from institutions and dogmas, rather than proposing new ones*' thus creating the opportunities for individuals to resist and make changes (Berard 1999: 216). Foucault (1981: 33) also points out what his analyses have achieved in opening up ways to think differently when he states:

'First, I'll answer the claim that "it did nothing." There are hundreds and thousands of people who have worked toward the emergence of a certain number of problems, which today are actually being posed. To say that this did nothing is altogether wrong. Do you think that twenty years ago the

problems of the relation between mental illness and psychological normality, the problem of the prison, the problem of medical power, the problem of the relations between the sexes, etc.,...were being posed as they are posed today?’

In addition, post-structuralism emphasises the plurality of voices and any attempt to give a solution would be to use the power/knowledge nexus and therefore would be to align oneself with the very discursive practices Foucault sets out to oppose (Allan 1996). This made me think – the very criticisms that others made of Foucault were enlightening and I could appreciate the argument that Pels (2000) was making regarding reflexivity becoming an imperative not a tool in this genre of writing. Such thinking allowed me to seek a balance in what I wanted to present in this chapter. This account therefore does include reflexive comment to explain and illuminate decision making but does not act as a confessional where the writer bears all and becomes the subject of the discourse.

7.2 Reflection upon the Philosophical and Theoretical Framework adopted

As mentioned above the paradigm of postmodernism and the particular theoretical thinking of Foucault were important aspects of the design as they both challenged and allowed me to think differently. To continuously question dominant ways of thinking was at times exhausting and frustrating as I endeavoured to ‘see’ topics from a different perspective and to decentre the participant in order to appreciate discursive practices at the micro-level. Indeed as mentioned above, applying this to myself was also challenging my embedded assumptions and maintaining critical consciousness was not easy. Having spent years as an occupational therapist emphasising client-centredness, I suddenly found myself placing emphasis on the context and not the individual. This was a personal dilemma, in which I questioned myself and my knowledge and realised that I too was ‘positioned’ through my historical experiences, my class, my education, my race, my gender and so on. These personal factors together with the episteme and cultural practices within which

I was enmeshed, all interacted with each other and influenced, limited and constrained the production of knowledge with which I was engaged (Scheurich 1997). This realisation resonates with post-structuralist thinking which opposes modernist ideas of the subject as an autonomous, free, self-conscious individual possessing moral and political agency (Lye 1997). Rather, the subject is seen as imbued with cultural and historical complexities thus created by language, discursive practices and positioned within social and cultural ideals (Lye 1997). Such an approach implies that meaning does not exist outside of the text and meaning itself is not stable but changes over time. This leads to criticism that this endless deconstruction leads to '*nihilism*' and is ultimately meaningless with such an approach being ineffective in influencing policy making due to the constant postponement of meaning (Grbich 2013: 174). Whilst acknowledging that meanings for the participants may well change, at this moment in time I have accepted the narratives they have given as a representation of what they were trying to say.

Whilst some of these criticisms have value, Grbich (2013) does not comment on how any discourse serves the interests of power, with some texts and authors being privileged whilst others are excluded. This is an important aspect which post-structuralism addresses. In this project what was interesting was how the policy kept changing in line with the needs of government, not the needs of the individual – retirement age changes, where people should live as they age and importantly, how they should live as they age. Such dominant discourses and use of language have, according to Foucault, created discursive practices which in turn have been internalised in terms of right and wrong and therefore constitute human nature and this was apparent in some of the narratives given by the participants. To challenge these notions is to make visible how the present has been formulated and post-structuralism seeks to achieve this despite its faults.

Alcoff (1988) highlights how Foucault argues that we are all bodies marked by history and our day to day lives are mediated by discourse, which is beyond our individual control with our subjective experiences being determined to some degree by macro-forces. Thus Foucault's approach fitted with the

politicalisation I wished to achieve. Rather than carrying out an interpretative project I wanted to elicit the discourses and macro-forces which influence older people without them realising it and which has not, as yet, been discussed in the body of evidence on this topic. I hoped that by taking this particular approach I would reveal aspects of the home that is normally invisible and ignored in prevailing professional practice and literature. I liked the idea that I could be radical, conscious and to attend to 'biases' such as historical and structural factors that impact and influence any inquiry and at the same time to challenge and demystify the assumptions underpinning accepted knowledge (Bolam, Gleeson and Murphy 2003). Thus the words of Ball (1995: 266) were particularly meaningful:

'Theory is a vehicle for "thinking otherwise"; it is a platform for "outrageous hypotheses" and for "unleashing criticism". Theory is destructive, disruptive and violent. It offers a language for challenge, and modes of thought, other than those articulated for us by dominant others. It provides a language of rigour and irony rather than contingency. The purpose of such theory is to de-familiarise present practices and categories, to make them seem less self-evident and necessary, and to open up spaces for the invention of new forms of experience.'

It was important to me, from the outset that I started from somewhere different and consider older people living in their homes from other perspectives. I was aware, that in selecting this group of the population and intimating that they were a marginalised group, I was making a judgement with which the participants might not agree. This is an acknowledgement of one of the criticisms of postmodernists that it is they who decide which groups they consider to be marginalised and others, including the highlighted group, might not agree with this assumption (Rosenau 1992). Despite the criticisms and the reaction against postmodernism, it still attracts a lot of interest and this is because it offers a different approach to the examination of social reality – it challenges and opens up possibilities (Hossain and Karim 2013). With this in mind I was keen to challenge the established thinking regarding ageing – I, like everyone else, age every day and becoming a member of this population group is now on the horizon. As I age I am certain that I wish to remain in my own property and my home is sacrosanct to me as I indicated in chapter one,

hence it seemed to me where the individual lives is an important aspect of growing older. Indeed, the current emphasis on changing demographics and the move to the policy of positive ageing and older people remaining in their own homes were important cultural reasons to study the topic.

I realised that by selecting a paradigm and theorists who would give me alternative perspectives I was in effect politicising the topic of study. Rosenau (1992) makes a valid critical point here when she states that the anti-theoretical stance claimed by postmodernists is in fact a theoretical claim in itself and certainly my reading intimated this. I can appreciate the thinking here, however, that such a way of 'seeing' the world should not dominate but nor should it be excluded. Martinez (2014) makes the point that throughout history there are instances where writers have been incarcerated, ridiculed and threatened for the words they have committed to paper. Such incarceration, ridicule and threat has meant that established ways of thinking have remained unchallenged and such a restriction upon critique is of concern to anyone, but particularly to those who seek to challenge, disrupt and question the status quo (Martinez 2014). Interestingly as I began to change as the project progressed, I found myself questioning how I carried out tasks at work that I did not agree with and how much I internalised rules and regulations in everyday work activities. Indeed, following this gradual development of critical consciousness I began to rebel. I began to teach topics in a different way having found the tools to enable me to articulate critique differently highlighting alternative views on topics that were taught in a non-critical manner. I challenged students through questioning and asked them to read controversial or 'off-message' papers. Through my studies I realised that most students I worked with did not think, challenge or query established ways of thinking and as these students were post-graduate and studying at master's level I found this worrying. Indeed I found myself becoming aware of how little intellectual debate and discussion there was at my work place and it struck me that not only do people fear putting words on paper, as Martinez (2014) suggests, they also fear speaking out at all due to the hidden nature of reprisals – power is indeed everywhere as Foucault suggests. This point regarding challenge raises two criticisms levelled at

Foucault. One is that his work is pessimistic and that he offers no solutions as to how to change things. However, I would contend that Foucault's (1981: 34) work sets out to show that things could be different and to do this individuals need to develop the ability to think in a critical way:

'Criticism consists in driving this thought out of hiding and trying to change it: showing that things are not as obvious as we might believe, doing it in such a way that what we accept as going without saying no longer goes without saying. To criticize is to render the too-easy gestures difficult.'

Older people, however, may find it difficult to resist all or even some of the dominant discourses. It was clear in the narratives of the participants that some were clearly resisting the dominant discourses regarding ageing in the home but others were compliant, finding the path of least resistance the easiest route. Foucault argued that resistance exists where power exists with each constituting and being constituted by the other (Powers 2007). Consequently, as power is diffused throughout society so must resistance. Indeed Foucault always argued there could not be power without resistance and that *'Resistance is what eludes power, and power targets resistance as its adversary'* (Pickett 1996: 458). Resistance can be found in extensive rebellious movements such as the civil rights demands of the catholic population in Northern Ireland during the 1960s and 70s but can equally be found in micro-situations on an individual level. Power may well create disciplined individuals but resistance seeks to prevent the subjectification of the individual (Pickett 1996).

Contrary to the comments made by critics Foucault believes that resistance can be successful and he suggests *'maybe the target nowadays is not to discover what we are but to refuse what we are'* (Foucault in Faubion 2000: 336). I could relate to this as I recognised I had refused to be constrained by a discipline with which I had not always agreed and had moved into academia to allow me to think. Within academia I began to rebel against the constraints I felt there by refusing to be an agent of the state. In this thesis, I questioned the 'need' to write a confessional reflexive account and opted instead to write what I was comfortable with whilst remaining open and transparent. I was

witnessing for myself and by myself the practice of resistance linked directly to the practice of self-creation. As Pickett (1996) explains from a Foucauldian point of view, the individual is the product of power and by refusing what we are, we resist power and open up the possibilities to be something different. Pickett (1996), however, points out there is a difficulty with Foucault's ideas of resistance. One aspect that is disturbing is the reliance upon individuals to act or resist according to their morals, without which there are no limits. This results in either the acceptance of modern power or we need to accept resistance without limits – a problem which Foucault did not address (Pickett 1996).

While other authors criticise Foucault as they perceive a lack of emphasis on resistance in his work, this is something I have been particularly cognisant of, and made use of in my analyses. Having said that Best and Kellner (1991) point out that Foucault's discussion regarding resistance is relatively rare and much of his work concentrates upon the ways in which individuals are classified, excluded, objectified, individualised, disciplined, and normalised. I wonder if this is partly because the topic of resistance, although existing in Foucault's work commencing with the publication of *Madness and Civilisation* in 1967, was not fully developed until his later works and is therefore not always apparent (Pickett 1996). I would contend, however, that with or without the topic of resistance unless discursive practices are made visible there is no opportunity for the possibility of change (or resistance) and Foucault should, therefore, be credited for his analyses, which have opened up and allowed others to recognise issues across a number of disciplines and topics.

I can appreciate older peoples' reluctance to place their head above the parapet and maybe they are in too vulnerable a position to do so, hence the need for postmodernism and the people who challenge either, with them or, on their behalf. For groups such as older people being critical poses two problems. First, older people, I would claim in adhering to the postmodernist paradigm, belong to a devalued marginal group, although I acknowledge they may not see themselves that way. Any challenge, therefore, to the status quo could be considered by them as too much of a personal risk to their current

living arrangements. Second, by challenging the discourses on ageing they are accepting the youth/age distinction within the normalising society which could have the opposite effect and could entrench further the current circulating discourses regarding ageing (Allan 1996). By highlighting that things could be different, however, Foucault (1981: 35) in effect allows for change and his theories appear to be optimistic rather than pessimistic.

'There is an optimism which consists in saying: well, in any case, it couldn't be better. My optimism consists, rather, in saying: as long as things can be changed, fragile as they are, held together more by contingencies than by necessities, more by the arbitrary than by the obvious, more by complex but transitory historical contingency than by inevitable anthropological constraints....You know, saying that we are much more recent than we believe is not a way of placing all the burden of our history on our shoulders. Rather, it puts within the range of work which we can do to and for ourselves the greatest possible part of what is presented to us as inaccessible.'

From the above discussion it is apparent that there are criticisms to be laid at the door of postmodernism, poststructuralism and Foucault but there should also be a celebration of the way that thinkers in this paradigm have opened up topics for debate. Indeed Scheurich (1997: 62) explains how postmodern thinkers have drawn attention to the difficulties associated with language in that they *'recognise the persistently slippery, unstable and ambiguous nature of language which changes from person to person, situation to situation, and time to time'*. Whilst there are criticisms of postmodernism there are also positive aspects that this way of thinking allows. Inevitably, those who have a vested interest in things remaining the same will be critical of anything which challenges the status quo. Equally, those in favour of postmodernist thinking must acknowledge the weaknesses and problems associated with this paradigm. However, ultimately I feel that the opening up of everyday occurrences to expose how individuals are caught up in an array of discursive practices, should only be commended. As should the opposition to totalitarian truth systems which I am applying here to my own work in that any knowledge created is only ever of a temporary nature waiting to be questioned and debated. As such this thesis is just *'another story'* among others regarding older people and their homes (Pels 2000: 8).

7.3 Reflection upon Methods

This section revisits the practicalities of carrying out this project and highlights the difficulties and problems I had in the real world of research. I am very aware that quite frequently research does not run smoothly and mentally I thought I was prepared for this. However, I was taken aback by some of the events that occurred as I had deliberately planned some strategies to try and do what I considered to be the 'right' thing. The loneliness of the doctoral student and the continual pressure of the ticking clock affected me more than I had anticipated at these difficult times. These factors together with the need to develop and to attain critical consciousness made me realise the importance and necessity of a positive and supportive supervisory relationship and that this was absolutely key to my being able to complete this project.

Sampling

The process of gaining a sample was much more difficult than I had imagined. I thought the time I spent socialising with individuals at the Fish Friday group and discussing what I was doing would be reassuring in terms of the actual project and getting to know me as a person not as some anonymous university 'researcher'. I also thought that this relaxed approach would reduce the impact of the formalities with which I had to engage such as signing the consent form which can feel quite intimidating as it is not dissimilar to the signing of a contract (Cohn and Lyons 2003). I spent some time reflecting on why individuals from this group did not wish to take part. I wondered if the group were fatigued with research, perhaps they had been involved in longitudinal projects or perhaps there had been many requests for involvement in research (Clark 2008). Clark (2008) highlights other reasons why people do not get involved in research such as the perceived lack of change following involvement; time factors; cost factors and the difficulty in organising the research meeting. None of these factors were ever confirmed by either Age UK staff or the participants who did take part in the study. However, the process made me realise that although the project was important to me and a big part of my life, this was not the case for others. I thought I had done all the

'right' things in trying to spend time with potential participants and providing information. What struck me as quite odd was how a number of people came forward straight away at the day centre where I had not put in any additional time. I could not help but wonder if getting to know me and the project had actually put people off. I will never know!

The outcome of this experience, apart from being a salutary lesson learnt for myself, was the impact on the project. It meant I was not able to fully carry out purposeful sampling as I had originally intended and so my mix of participants was not quite as I had originally hoped (see Table 3 eligibility criteria page 89). In addition, I did not attain the sample size I had intended of between 15 and 20 participants and had to settle for 12. One positive aspect of this was that I had no influence in selecting participants but accepted those who volunteered to be a part of the project as long as they met the eligibility criteria. I was fortunate in that all 12 participants gave 'rich' and in-depth data and the process of undertaking two interviews meant that in the second interview all participants were much more relaxed and appeared to converse openly regarding the topic. I assumed that this was because they knew the process and a rapport had been achieved.

I also felt that it was important to offer the potential participants' choice as to where we met for the interviews – there was the possibility of meeting at a neutral venue such as the Age UK premises which potential participants knew or their own homes. Two participants opted to meet at the Age UK venue – one of these did not live alone so I understood that talking to me where another person might overhear the conversation could be difficult. The second participant lived on her own, however, so I was never sure why she preferred to meet in a neutral venue compared to her own home. There was the possibility that this participant had equally strong feelings about her home as I did and did not want the intrusion of a stranger in her private domain. Furthermore, such a refusal to invite me into her home could be seen as a sign of resistance to someone whom she did not know and whose motives might be questionable. Whatever the reasons I did believe that choice was important as inevitably the venue would impact upon the participant's

comments and was another factor in the distribution of power in the research process (Cohn and Lyons 2003). I did consider that most participants would want to be interviewed in their homes as I thought this offered security, comfort and hopefully a more relaxed atmosphere with me being the guest thus redressing a little the power differential in favour of the participants (Cohn and Lyons 2003). However, with hindsight I can see that from a participant's perspective I could be a part of society's surveillance mechanism and they felt unable to resist even though I thought I was giving them a clear choice. Indeed, during the first round of interviews I did 'feel' that participants were not entirely sure of my motives but the second round of interviews were palpably different with individuals much more relaxed and friendly. Not only were they used to the process but they appeared to be more confident with me in that a degree of trust had been established.

Data generation

I thought long and hard about how to elicit the data, being fully aware that in discourse analysis 'naturally occurring' talk is preferred. The focus on language in any form of discourse analysis, however, is criticised by Alvesson and Sköldbberg (2000) who argue that an exclusive focus on language use and speech acts, is too narrow an approach. They state that if research is concentrated on such a limited area many questions will be left unanswered. They do acknowledge, however, that discourse analyses do alert individuals to the possibility that language is far from being neutral and meanings in statements go beyond the utterance itself, thus demonstrating they have some empathy with poststructuralist ideas. In addition, I would argue that an investigation into the discursive practices of older people living in their own homes opens up new lines of thought and enquiry and is a novel way of investigating this topic which to-date has not been addressed in the literature reviewed.

I originally planned to hold focus groups where individuals could discuss their views on their home with their peers. I had hoped that these would give me the main themes I could then pursue in individual interviews. However, not

one participant wished to take part in any form of group discussion. I wondered if discussing personal meanings of home, and perhaps a worry regarding private topics such as finances, were off-putting to individuals, or if the whole process just felt too formal. As I was unable to pursue a form of group data generation I had no option but to carry out individual interviews. In order to try and strengthen this process I decided to carry out two interviews per person. As I wished to discuss home in-depth I felt the only way I could gain the information was to interview participants in line with Potter and Wetherall's (1987) ideas regarding interviews in discourse analysis projects.

Something that struck me as being ironic with the use of interviews was the way I encouraged the participants to confess their views and feelings regarding home to me as a researcher, which seemed to be in opposition to the use of Foucault's ideas of giving voice to a marginalised group. Thus I felt the data generation reflected the surveillance techniques used to monitor the older people and I felt uncomfortable with this. My intentions were to highlight issues that the participants raised in order that their situation could be conceived of differently, however, the older people may not consider that I was any different to other professionals they encountered. Thus the strategies I was using was the same as more traditional surveillance systems the difference being in the approach to the data – my aim was to challenge, question and unpick the status quo and consider whether things could indeed be different.

I tried to reduce the formality of the interviews as much as I could by chatting informally after the formalities of consent had been completed. I also used the home grid to prompt memories and to give the participants concrete questions which were easier to answer and enabled them to get used to the process. Nevertheless, I found that the first round of interviews to be a much more formal process with a semi-structured questioning approach. The second round of interviews, however, were based on a much more loosely structured questioning approach which allowed the participants to speak more openly and I felt was more akin to what I was trying to achieve with naturally occurring talk. As Malacrida (2007: 1337) eloquently put it:

'One of the primary reasons that many of us engage in such research is to provide an opportunity for emancipatory knowledge production in which such people's stories are told as a way of naming hurts and outlining injustices and as a way to move toward positive and social change.'

I did, however, come across another method subsequently in which researchers discuss how they used a café culture approach. They set up tables and provided refreshments as one would have in a café and had groups of people around the tables discussing the topic. This would have been quite hard for me to achieve as I would have needed the support of other facilitators (one per table) but I think this would have been a good method to generate data had I considered it. It would have promoted a much more relaxed atmosphere and allowed for open discussion and would have fitted more with the 'naturally occurring' talk I would have liked to have achieved. Such an approach is not without drawbacks though. I wondered if people would be as open and honest in such a setting, in effect it was a very public approach to data generation with people sharing ideas but also with the possibility of being able to overhear each other at different tables; speaking in front of a facilitator would also invariably add a different dimension to the process. Individuals may also have been more wary about the topics they discussed and although were very open with me regarding such things as idleness, spirituality and speaking to deceased loved ones, there is a possibility that such topics would not have been discussed in a public setting. Any data generation process has advantages and disadvantages and these need to be considered fully before deciding which approach to use. In any event, by the time I considered the idea of a café culture approach I had already completed the data generation for this project. It is something I would consider in the future perhaps combined with individual interviews.

Data analysis and consideration of findings

Having completed two rounds of interviews, some of which lasted three hours, with 12 participants I had a vast amount of data. At first this felt overwhelming and I decided to undertake a thematic analysis simply to immerse myself in the data and to gain some organisation. This allowed me to gauge the depth and

breadth of what the participants had said and was a useful process for me, as a novice researcher, as I was then able to appreciate much more clearly the specific aspects of the home that the participants discussed. Having now undertaken the whole analytical process, and with hindsight, I would not feel the need to carry out a thematic analysis were I to undertake a discourse analysis again. However, at that time a feeling of panic and a lack of direction prompted me to undertake some form of analysis in order to commence the process. The thematic analysis helped to give me a clearer appreciation of the data generated and what I was trying to achieve. Not only did it allow me to organise the data and to make a start on analysis it gave me confidence and helped me to develop and then operationalise, via the rules for analysis (see chapter 4), the process of a Foucauldian discourse analysis. I fully acknowledge that a thematic analysis is not a 'normal' procedure when carrying out a Foucauldian discourse analysis and does not 'fit' with the earlier theorising in chapter 4. However, the reader should note that the thematic analysis per se did not inform the discourse analysis it merely allowed me to regain control of the process and to actually make a start on the analysis proper. It was a tool which allowed me to move from a position of impasse to a position of action creating and applying the rules of analysis and thus continue with the study and into an in-depth analysis.

Following the thematic analysis I operationalised Foucault's ideas via developing some rules for analysis. Once the rules for analysis had been developed, each theme was analysed and there was a constant 'checking' of the themes with the original transcripts in order to ensure that no material, or meaning, had been lost.

The process of data analysis took far longer than I had imagined as I continually went back and forth between the raw data and the thematic analysis as I developed the findings. I frequently had to stop myself from drifting into the interpretivist paradigm and remain true to what I was trying to achieve. I also returned to reading theoretical papers and texts by Foucault and about Foucault. In addition, I accessed research papers that had used his ideas so that I could understand how others had applied his approach to their

work. As a consequence of this reading I really began to appreciate what Foucault was saying – it began to make sense to me as I actually applied his ideas. I particularly enjoyed some of the interviews that Foucault gave and I wanted to read more and there were times when I ‘forgot’ what I was doing as I became immersed in reading and understanding his approach.

This additional reading was absolutely essential as the lack of instruction on how to apply Foucault’s ideas, although in-keeping with his thinking of not adding to the power/knowledge he was trying to expose, created both a challenge and a dilemma. A challenge as I frequently questioned myself as to how I was applying his ideas and checking to see if I was remaining true to his approach. A dilemma because I did find other researchers who gave a clear description on how they used Foucault’s ideas. Such a description is meant to offer transparency and some ideas on how to use Foucault without being dictatorial but essentially is advocating a method, which goes against Foucault’s ideas. Ultimately I did not use any one of these in isolation but combined them together, taking aspects from each author to develop the rules for analysis (see page 99) which I then applied consistently to each of the themes. In this way I hoped that I was remaining true to Foucault in not following a prescriptive method.

Having decided to use a critical paradigm I was still, however, surprised at the findings. I had not expected such an emphasis on the vulnerability subject position, nor that the participants’ work so hard, on a daily basis, to demonstrate their abilities to those around them. The surveillance society and the implications of the surveillance society were very apparent. Some of the findings mirrored the literature reviewed, but what I found interesting was rather than seeing the participant as a rational, free-thinking individual personally responsible for their situation as in much of the literature, this approach allowed me to see the participant in a different light. Foucault’s ideas showed me how the individual was subjugated and their discursive practices were in line with the dominant discourses regarding ageing and the home. They were not free, but were confined by their age and subject to the age gaze. I had not expected the dominance of policy, media and circulating

discourses to have such a dramatic impact on individuals in the 'private' domain of their own homes. It made me realise that none of us are truly free and that all of us are subject to power/knowledge, surveillance, normalising judgements, technologies of power and technologies of the self, which impact upon our actions and behaviour.

This way of viewing the individual, however, is criticised by Parker (1994: 106) as he argues the focus on language results in a lack of agency for individuals. Such a focus intentionally moves the analysis away from an interpretative paradigm and to a critical perspective, focussing upon the effects of society and how discursive practices permeate individual behaviour. This removal of agency is highlighted as a concern of post-structural thinking and therefore of Foucault (Pickard 2009). Agency, however, is one of the key points that Foucault raises. His argument is that without an awareness or a critical consciousness of what is going on around the individual, it is not possible to change the status quo. Foucault's point is that individuals can challenge and indeed change the way things are, thus demonstrating agency, only if they develop critical consciousness which can lead to resistance. The key point here for Foucault is the balance between structure and agency and the lack of attention that has been given to the way that power/knowledge has infiltrated all levels of society, including the micro-level to the point that individuals are unaware of the discursive practices which permeate their behaviour. This is an important aspect of Foucault's idea which few critics highlight. It could be argued, however, and Pickard (2009) does, that Foucault's ideas regarding resistance are under-developed and what is required is a genealogy of resistance.

The adoption of Foucault's discourse analysis has enabled me and, hopefully the reader, to appreciate how a particular approach to power has allowed for the development of self-government, self-regulation and self-responsibility which ultimately enmeshes older people and in turn impacts upon their actions (Rabinow and Rose 2003). What is also apparent is that this way of being governed is not inevitable, however, and the exposure of such problematisations as that of age can allow for change.

7.4 Disciplinary Reflexivity

I no longer practice occupational therapy, nor do I teach occupational therapy but nonetheless I recognise that I have been influenced by my past experiences in a professional group I have been socialised into. I am aware that the way that occupational therapists think remains in my repertoire. As an occupational therapist I frequently worked with older people in a variety of settings and with individuals with a variety of medical and social requirements. At the time I felt I always acted on behalf of the individual: arguing with general practitioners that an individual should be allowed to return home to try and live independently following a trauma; questioning other professional groups as to why an individual had not been prescribed a certain piece of equipment or assessment; explaining to relatives why I was undertaking the course of action I was; taking equipment from one budget and giving it to older people who were in need despite this being the 'incorrect' budget – all done to support and advocate for an individual older person. There was though, another side to my practice. The times I assessed older people using standardised assessments and not truly listening to the individual's narrative; informing individuals that they needed to remove trip hazards without taking a moment to contemplate the emotional meaning of personal possessions; thinking I knew best when I recommended adaptations to reduce risk and improve safety not taking into account how the older person might view the problem; coaxing an individual to join a group activity when they had made it clear they did not wish to; asking an individual to demonstrate how they made a cup of tea/sandwich/meal without considering whether this was important to them; asking personal questions about how they managed personal care. The list could go on. There were times, even when I was practising, that I felt I was going against what I believed to be right because I was being told that some policy or some target had to be met. I am ashamed to say I did not rebel but followed policy – it was easier. When I did rebel it was quietly and without fuss so that no-one ever knew. Looking back now I can see that I looked at older people through the 'age gaze', I used surveillance to check how they were managing, I used normalising judgements to assess one against another in order to make

recommendations as I was expected to do. I did not spend the time with individuals and often carried out my work in a mechanical way not really considering the individual person who was in front of me, although at the time I thought I did.

7.5 Emotional Reflexivity

During the undertaking of the doctorate I had a number of personal issues to deal with and one of these concerned my mum. Part way through the doctoral study she sustained two fractures which ultimately meant she was unable to walk. She was also diagnosed with dementia and came to live with me to recuperate but always with the intention of returning home, possibly with support. However, her condition seemed to deteriorate rather quickly initially and she remained living with me for 20 months.

During this time my studies had to be suspended as I could no longer work full-time, manage my mum plus all the daily arrangements that were required. Institutionalisation was not something either of us wanted to consider but when she began getting me up on a nightly basis a minimum of six times exhaustion meant I had to do something. We spoke about the possibility of her going into a home on a permanent basis with which my mum agreed.

Sadly, the homes we tried were dreadful and I remain emotionally scarred with the constant battles I had to undertake to try and ensure that my mum was looked after adequately. Some of the events were shocking and I decided that she should return to live with me. After four months she entered respite care for a week whilst I took a pre-booked holiday. Once in the home she said she liked it and wanted to remain, however, this did not last. I remain full of guilt as I had ultimately taken the decision to place my mum in an institution having carried out surveillance, normalising judgements and used technologies of power to incarcerate her. Had any of the homes been run at a satisfactory standard it would not have been quite so emotionally draining.

My mum loved her home and I have been forced to face the consequences of my decisions. Analysing and writing up the findings of this project made me feel that I had betrayed my mum as I applied the theoretical ideas to my mum's situation. This has added to my views of older people as being subject to the dominant discourses that prevail in society at any given time. As there are increasing numbers of older people it is likely that there will be an increasing number of older people with dementia and the traumatic events I have been through are likely to be repeated many times. Indeed, I know only too well I may be subject to this process as I age. I have found myself writing this thesis trying to encourage empowerment for older people whilst feeling I disempowered my own mum. On the one hand challenging the system and on the other implementing it. At the present time I have been unable to resolve my emotions regarding this dilemma and suspect I never will.

I recognise, however, that the experience of caring for my mum and dealing with the issues that arose during this time have had a powerful impact upon my thinking. Much of the analysis was carried out as my mum's condition deteriorated and she had returned to live with me following a particularly difficult scenario in one of the homes. Such incidents are not pleasant and the reality of caring for my mum, together with the academic challenge in undertaking this thesis, inevitably had an impact upon each other. Had I completed the analysis of this project at another time I believe the findings would have been different. Consequently the development of my critical consciousness was as a result of the intertwining of the analysis process with the care of my mum – each informing the other.

7.6 Strengths and Limitations

One of the main strengths of this work is the use of postmodernism, a number of the papers used in the literature review Dixon and Durrheim 2000; Manzo 2003; Manzo 2005; Moore 2007 suggest that this work needs to be done but none of them have specifically looked at ageing in the home from this perspective. What is clear to me is the need to look at any topic from a number of different angles and perspectives and older people are often

researched using predominately the interpretivist paradigm which necessarily limits the understanding of what is happening to this group. There is some work being published which investigates older people from a critical paradigm but to-date this has not specifically included the topic of home.

As a consequence of the design choices taken, the decentring of the older person is an important strength as the focus and emphasis is then placed on societal influences to show the discursive practices which influence at the micro-level. This opening up of the wider issues and not solely concentrating on the individual is important to demonstrate the pressures that older people are subject to. It also points out how difficult agency is in such a situation but that agency is indeed possible through resistance.

One of the main limitations was the difficult in obtaining a sample – this is the reality of research but nonetheless the eligibility criteria I wanted to address could not fully be achieved and although I had participants living in semi-rural locations these were mainly on the edge of towns and thus did not capture the potential differences between rural and urban living I initially had sought. In addition, there were nine women and only three men although Audrey's husband contributed considerably when she was discussing their home. Nevertheless I had hoped for a more equitable division between the sexes.

All the older people except one, owned their own homes and I had not expected this assuming there would be a few in some form of rental accommodation. Apart from Margaret who lived with her daughter, I did not gain the views of those who lived in rented accommodation and they may feel very differently about their home so that this aspect of the investigation is missing.

Interviewing the older people had not been my sole method of data generation when I planned the project but the unwillingness of any of the participants to take part in a group discussion is a limitation. With hindsight I do believe the use of a café culture might have been useful and contributed to the individual interviews and would fit with the philosophical and design decisions much

more appropriately. I did try to overcome this limitation as much as I could within the interviewing process but I am aware that the use solely of interviews does limit the findings of the study.

7.7 Conclusion

I have a tendency to strive to make things better in all aspects of my life, and this research project has been no exception, with me placing pressure upon myself to achieve a high standard. However, I have had to accept that no research is perfect and I am now in a place where I appreciate that no matter how hard I try the research process and therefore the research output will never be quite as I would like it. The undertaking of this project has taught me that I cannot achieve everything and that life happens. I also take some comfort that great thinkers like Foucault also have criticisms made of them and that it is inevitable that others will view my work both positively and negatively.

I hope that this chapter enables the reader to appreciate how I reached this point and how various influences have impacted upon my academic and emotional involvement with this project, the participants and with the research process. It has been a long journey and there have been times along the way that I wanted to stop as no doubt others do too. The work I have presented at conferences has been well received and many have encouraged me to write for publication. My aim now is to do just that and I have commenced that part of the process as I work on my first paper for publication. However, events have once again precluded this from progressing in quite the way I had hoped but as I move to the completion of the academic side of this work I hope to take forward my findings to encourage and stimulate others to think differently about older people.

Finally, one of the most important points about this project for me is that Foucault sought to expose hidden power in order that the individual, or groups of individuals, could decide which power, if any, they were willing to accept and which power required change. This is a fundamental point which shows a

commitment to agency, resistance and optimism often ignored by Foucault's critics but something I have appreciated tremendously (Berard 1999).

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APPENDICES

Appendix 1

Literature Search Strategy

Literature Search Strategy

Databases

Allied and Complementary Medicine (AMED)
ASSIA
CINAHL
JSTOR
PsychINFO
Science Direct
Scopus
Zetoc

Search Terms

Older people/persons
Elderly people/persons
Retired people/persons
Retirees
Senior Citizens
Grey/silver Community (Grey Panthers)
Aged People/persons

Home
Owner occupied home
Rented home
Own home
Private home
House
Space and place
Dwelling
Dwelling home
Dwelling place

Limits

No limits were placed on the papers although papers written in a language other than English were not translated due to resource limitations

Other Searches

Reference lists at the end of papers were checked and a number of additional papers obtained

Conference proceedings were searched but only to find author names which were then used to search for peer reviewed journal papers

Appendix 2

Pen Portraits

Barbara

Pen Portrait

Barbara was 69 years old and had been a widow for 15 years living in her family's semi-detached owner occupied two bedroomed bungalow in the suburbs of a town. Barbara attended grammar school but decided she did not want to continue into 6th form when the family moved location to her current town of residence as she did not want to start again making friends and she opted to work. She married and had one son who was the most important person in her life although he worked abroad and she did not see him on a regular basis. When her son went to school and was settled Barbara undertook educational activities in order to gain the opportunity to study and gain her Diploma in teaching when the family finances permitted it. Her occupation as a teacher was clearly very important to her and was something she alluded to a number of times during our conversations.

Her son had treated her to holidays abroad which enabled Barbara to visit her sister in Australia which she thoroughly enjoyed. She was hopeful that, in the not too distant future, he would return to the UK so that she could see him more regularly. His daughter, Barbara's grand-daughter, with whom she had a close relationship, was also important to her living fairly close by.

Barbara described her health status as good – she had angina and had a particularly bad fall in 2004 in which she fractured her hip followed by a number of complications which resulted in her remaining in hospital receiving medical treatment for some months. She was able to go home because she lived in a bungalow with everything on the level and accessible whilst she was using elbow crutches. She recognised that she would not have been 'allowed' home as quickly had she lived in a house with stairs. Other equipment had also been provided at that time but much of this Barbara had not liked or did not use and she returned these as quickly as she could. She did find the raised toilet seat useful but not aesthetically pleasing. A bannister fitted to some outside steps was also useful and supportive. She had, however, become 'aware' of her increasing age and her vulnerability following her fall, so she had a 'proper staircase' installed which allowed her to access the loft easily.

Barbara's attitude to home was quite pragmatic in that she liked to keep it clean but she was not concerned about untidiness and preferred to undertake household chores when she felt like it or if it became particularly untidy, rather than having a routine. She loved reading books and said she did not need people if she had her books. Having said that she attended a number of craft and socialising events/activities each week and she set the quiz for the Fish

Friday group which incorporated topical events (I can vouch for its degree of difficulty!). She had a number of friends who also attended the same activities and with whom she socialised. She had a close family friend who visited her every Tuesday evening and they reminisced discussing their families whilst watching television and drinking a few cans of lager together.

Olivia

Pen Portrait

Olivia was 68 years old and was single and had inherited and lived in the family home which was a 3 bedroomed semi-detached owner occupied house on a council estate. She did not have any adaptations or equipment in her home but she was planning for the future and hoped to install a downstairs toilet to save her going up and down the stairs as much and hence make things easier for her as she aged. She was security conscious and her dog was not only important to her for companionship but also offered a degree of protection warning her of people at the door and being highly visible to anyone who visited thus acting as a deterrent.

Olivia attended a technical school (halfway between a grammar and secondary school) and gained employment as a senior clerk in a utility company. She described her health status as being good and kept herself busy running craft activities for others and being involved in a number of groups. She used the home in a very traditional way keeping the front room for guests as a sitting room and 'lived' and 'worked' in the back room where she and her dog would curl up on the sofa together sometimes to watch television or snooze.

She had hoped to marry and have children of her own but *'that just wasn't meant to be'* although she was close to her god-daughter who visited her fairly regularly. On the whole she said she was content with her lot but would sometimes liked to have had someone else to share worries with and be there to give her a *'cuddle and tell me everything is going to be alright'*. As she was on her own she had learnt just to get on with things and to be resourceful but she was careful about contractors as she felt they may not do a good job and charge her more than they would others so she tended to try and use people she knew or that others highly recommended. She found getting people to do jobs she was unable to do one of the most difficult challenges she had to deal with.

Her home was important to her as it did give her both security and protection and also offered a connection to her family, all of whom had died. She kept, in the front living room, ornaments that had been her mothers and she felt that in some way (she cannot explain this) her family were there with her which offered her some comfort and attachment to this particular property which she would not gain elsewhere.

Audrey

Pen Portrait

Audrey lived with her husband in a first-floor 4 bedroomed apartment in a building which was converted from a hotel into apartments. The building has a large and very grand staircase which the couple opted to use on a regular basis even though there was a lift outside their apartment door. The lift was used only to transport shopping but they recognised that they had easy access to their apartment via the lift should it be required. There were no other adaptations or equipment in the property. The apartment was large and airy with high ceilings and large windows looking out across the sands to the sea. The couple revelled in the view observing the antics of people on the seafront keeping a pair of binoculars accessible so they could focus on any particular interesting events! Audrey made it clear that she could no longer live behind hedges or fences, as they did in their previous property, as she liked the open expanse in front of the apartment so much. The apartment was also very quiet which suited the couple but they had had to adapt to communal living but enjoyed the challenge.

Audrey was 82 and her husband slightly older and they had decided not to have a set weekly routine for household chores which they relished as they had been unable to achieve this whilst they worked. They highlighted how much they enjoyed the freedom and no longer had the worries associated with work that they once did. Audrey left school at the age of 14 and worked as an office clerk and also for her parents who ran a village shop/post office business. She was also a musician and had been involved in further education with her musical abilities but now preferred to paint with water colours attending the art group at the day centre where she painted landscapes. She hardly mentioned her health describing it as good but during the conversation it was apparent that she had osteoarthritis and osteoporosis and sometimes used a walking stick to help her get about when outside.

Her husband was the most important person in her life and Audrey requested that the interview take place at home. Her husband remained in the room and joined in so that the interviews were informal chats over a cup of coffee as they discussed their home together. They were very positive about their lives and talked about the future together but also recognised that at some point either one of them could be left on their own and might struggle with such a large apartment. They were certain that they would not move again except if alone, when alternative arrangements would be considered including a nursing home. They were also in the process of considering employing people privately to help with everyday activities in order to be able to remain where they were for as long as possible but also to give them more quality time.

They were both involved in the running of the building with Audrey's husband a member of the management committee and they enjoyed the new opportunities that this new living had brought. They still gained pleasure from going out into the countryside and kept their gardening interest alive by visiting a garden centre each week and planted up pots to give colour and interest to the communal car park.

Bill

Pen Portrait

Bill was 83 years old and had been a widower for 2 years. He lived in a 3 bedroomed owner occupied modern terraced house. He had bought the house from the council with his lump sum when he retired as his wife wished to own the property. He was concerned that the maintenance of the house was an unknown entity whereas renting was a regular and known amount. The house had not been adapted in any way and Bill did not have any equipment to help him in and around the house. He did, however, have a house alarm fitted and security lighting so that should anyone enter the garden at night the lighting would automatically shine upon them and hopefully dissuade them from attempting burglary.

Bill left school at 14 in order to obtain work to contribute to the family income, he was the oldest of 6 siblings and the family could not afford for Bill to remain in education. He carried out a number of jobs including undertaking the role of a car mechanic which his father was keen for him to pursue but Bill did not like the work. He was called up to join the forces at the age of 18 and after the war worked as a van driver and as a labourer on a building site. He needed to move somewhere in order to achieve better pay to support his family and selected the north of the country as his wife's sister had married and moved to the area and his wife wished to be closer to her sister. Once re-located he was able to gain employment as a process worker in a large organisation where he remained for over 25 years. He did not like this work and '*switched off*' when he entered the gates with his wife never expecting him to continue but the money was relatively good and he had two daughters to consider.

For Bill one of the most traumatic events in his life was when he found his wife dead in the bathroom – something he found difficult to discuss and he talked about how he continued to avoid going into the bathroom at that time every day. He missed, as he put it, '*feminine company*' especially in the evenings when he sat alone and watched television and also on a '*cold winters night when there is no-one to cuddle up to*'. He kept himself busy with the household chores and had a routine during the week which revolved around meeting with his two daughters who were now the most significant people in his life. He was also busy undertaking shopping and attending the day centre where he had joined the art group and painted. He thoroughly enjoyed this and was an accomplished painter concentrating on painting animals but enjoyed the 'banter' and the leg-pulling with the rest of the group probably more than the painting. He was reluctant to join in with trips as these often went to places he had been with his wife and it brought back memories that he found difficult. Bill also discussed how he was a shy man and found social occasions stressful. He described his health as being 'good' but with the usual aches and pains. He appeared to be constrained by his age and although he would have liked to return to his roots he felt it was too late and he could no longer leave his daughters.

Pamela

Pen Portrait

Pamela was 79 years old and lived in a three bedroomed owner occupied end terraced house bought from the council on an estate which was fairly central to a town. She was a widow having lost her husband a few years previously but her son remained living with her. Pamela had moved a few times but liked her current house and had made alterations to make it comfortable and the way she wanted it. She had no specific adaptations but she had had an over the bath shower installed and a downstairs toilet to make things easier. She left school at 14 but was able to return to education in order that she could train to be a nurse as a mature student. She thoroughly enjoyed this and this was an important achievement for her. She had a number of health issues but says she *'tries to be well'*.

She had a weekly routine, with days when she shopped, days when she attended activities and days for household chores. She enjoyed the art group at the day centre where she enjoyed painting landscapes and relished the camaraderie of the group. She liked her son living at home but became frustrated with his untidiness especially in his room and his lack of support in the house. She also had a close relationship with her daughter who visited two or three times a week and sometimes stayed over. She and her daughter occasionally went off on trips together and she talked of those with pleasure. Her bonds to her family appeared to be strong and she talked of her childhood days and of her parents and siblings and in particular her mother who appeared to have had a strong influence upon her. She no longer saw as much of her siblings as all had aged and had their own families.

Pamela also had a dog, which she acquired shortly after her husband's death, who was important to her and was a good companion but she was unable to walk her so a neighbour usually took her out for a walk. She appeared to have a strong relationship with the neighbours and would be able to ask any one of them for support should this be needed.

Margaret

Pen Portrait

Margaret was 75 years old and lived with her daughter and her daughter's family in a 4 bedroomed mid-terraced owner occupied house. The property had steps at both front and back which Margaret found difficult to negotiate alone. In effect Margaret lodged with her daughter although she felt the amount she paid was very small for what she received in return. She had been living there for a number of years having lost her husband. Margaret was grateful to her daughter for taking her in but did sometimes wonder about living in a place of her own and therefore perhaps see her other children more frequently. She explained that her daughter could be a difficult woman and wondered if that was the reason her other children did not visit her. Apart from attending the day centre she felt that she rarely got out and was restricted to her own room in the house although she had been told to use all the rooms (although she could not manage the stairs) but did not like to intrude. She was reliant on others to take her out because although she described her health as '*not bad*' she added that she did have '*ever so many things wrong with me*'. She used a tripod for mobilising indoors and had an attendant controlled wheelchair for external use.

Margaret left school at 14 and had a number of jobs including being a waitress, paper girl, working on a milk round, nanny and her favourite job of bingo caller. Margaret enjoyed her bingo very much and missed not being able to play it although she did play at the day centre and also called the numbers there which she thoroughly enjoyed. If she could she would attend bingo more often saying that it was not much but that she enjoyed it. She had clearly had a very hard life, her husband not being a well man who required care especially in the latter years. This meant that Margaret not only worked as much as she could but was also a carer for her husband. She described her relationship with him as a '*hard life*'. She had seven children but did not see some of the children very often, and in some cases not at all, and she found this upsetting as she explained she always did what she could for them even though she acknowledged she never had any money. She said that now she was living with her daughter she was relatively financially secure and had the most money she had ever had in her life but due to her difficulties with mobilising she did not have the opportunity to enjoy it.

Ella

Pen Portrait

Ella, who was 82 years old, explained she had been a widow for 7 years. She clearly missed her husband as she said *'it wouldn't matter where I was it would still be the same'* intimating that the property was not important it was with whom she shared it that was important. She talked of how she frequently sat in the living room and talked to her husband as thinking things was not the same as saying them out loud.

She moved to her current property, a 2 bedroomed owner occupied middle of the row bungalow, only two months after her husband had died. She had decided she could not remain in the property they had shared without him – there were too many memories of her husband and her younger son who had died in his early 30s. She did not like her current property but felt that it was better than the alternative and importantly it was close to her elder son from whom she gained support.

Ella left school at 14 and worked in a bakery, later in life she worked in a shop which she really liked as she got to know a lot of people many of whom she remained in contact with via the telephone as she could no longer visit them. She described her health as being good apart from her legs and sciatica. This affected her mobility and she had trouble mobilising both inside the bungalow and externally. She relied on other people to support her or used an attendant controlled wheelchair when trying to mobilise outside her home. She struggled with some personal care activities and accepted carers going into her home first thing in the morning to help her put on her tights but she only allowed them to do the minimum so that she maintained her abilities. She did ask the carers to undertake chores such as re-making the bed as she found it difficult trying to stand and keep her balance at the same time. She had also employed a cleaner to help her with the tasks she could not manage but was frustrated when others did not do things the way she would.

Ella attended the day centre a couple of times a week which she thoroughly enjoyed as she mixed with people of her own age with whom she had things in common. Her son took her once a week to undertake her shopping and to have her hair done, otherwise she felt a 'prisoner' in her own home. She particularly did not like the layout of the property in that the kitchen and bathroom did not have windows and she liked to see out as this enabled her to have contact with the outside world. She also had the television on from the moment she got up until she went to bed so that she had movement and people talking around her. Her son was the most significant person in her life but she was aware that her relationship with her daughter-in-law was not particularly good and this caused her son to be pulled in different directions so this was another reason she tried hard not to ask too much of him.

Alice

Pen Portrait

Alice, who was 76 years old, lived in a spacious detached 3 bedroomed owner occupied bungalow on an estate near the edge of a town. The property had been adapted for her husband who had sustained a life threatening accident which left him disabled and Alice in the role of a carer for a number of years. Whilst caring for her husband Alice had lived by a strict timetable in undertaking activities of daily living for herself and her husband and had been restricted in activities she had been able to undertake. When her husband died Alice removed the specialised equipment in favour of a more conventional appearance as she wanted to rebuild her life and no longer be a carer. She began to socialise and mix with friends and go out which included attending a day centre lunch club as well as other social events and outings. However, a couple of years ago her daughter had an illness which left her disabled necessitating the use of a wheelchair. Alice once again became involved in a caring role and although this was not a 24 hour commitment she had found it had encroached upon her freedom. She had a dilemma here as she wanted to help and support her daughter but at the same time she was weary of being a carer and wanted to have her life back. Whilst she did undertake activities for herself, she did commit some of her week to being with her daughter which she found limiting. This reduced her opportunities to mix with her friends and undertake activities and outings that she would have liked to participate in thus reducing her opportunities to socialise. She did state, however, that her family were the most significant people in her life and she had close and regular contact with both her daughters, her son and grandchildren on a very regular basis.

Alice left school at 14 and worked in a factory making icing sugar flowers but when she married and had children she stopped work. Following her husband's accident she was unable to work as she was a full-time carer. Some years after her husband's accident he was paid compensation and the couple used some of the money to buy a better property. They moved properties on a regular basis always trying to improve on the property they had had and also ensuring it met the needs or could be adapted to meet the needs of her husband. Alice was concerned that her current bungalow was just too big for her and is relatively expensive to run. However, she was in a dilemma as she liked the property and was torn as to whether to move or to remain where she was. She had been looking at alternative properties and would move to a smaller 2 bedroomed bungalow but had not been able to find anything she liked. She described her health as good but explained she had diabetes type II which did not impinge upon her other than she monitored her diet more than she used to. She enjoyed her social life and mixing with friends, although this was restricted, but the thing she missed most was being able to take the touring caravan and visit different places for holidays or short breaks which she and her husband used to thoroughly enjoy.

Enid

Pen Portrait

Enid is an 80 year old widow who lived in a 2 bedroomed owner occupied modern terraced house on an estate in the suburbs of a town. She had a number of adaptations including a stairlift and a specially fitted shower which was easier to access with a seat enabling her to sit down whilst she showered. She also had some equipment and had purchased a number of gadgets which she felt were supportive. She was concerned because she felt her eyesight had deteriorated over the last few years and she was particularly keen to ensure that the lighting was good enough for her to mobilise safely. Internal safety was an important consideration for Enid. She was also very security conscious, with chains on the doors, security alarm and personal pendant alarm.

She was not very specific about when she lost her husband but was undergoing bereavement counselling when we spoke. She had four children two of whom lived some distance away but she had two daughters both of whom lived in the locality. She spoke with her daughters and saw them on a regular basis. She also had a small number of close friends, one of who she went on holidays with and another close friend with whom she attended a number of activities and undertook shopping with. Her niece, who used to live with her for a period of time, remained in close contact and took her to church from time to time which she appreciated a lot.

Enid left school at 14 and had a number of different jobs including catering, working for the school meals service, and working in local pubs. As her own children grew up she also undertook other work such as cleaning and looking after young children. She described how she had had a number of falls and had a particularly bad fall in 2005 which led to a total hip replacement but she had had subsequent falls both internally and externally. The stair-lift and walk-in shower were installed to reduce the risk of falls and to enable her to cope on her own. She now employed a cleaner once a fortnight to do the tasks she found difficult to help her maintain her home but an important aspect of this relationship was the socialisation.

She was very sociable and enjoyed her holidays and any outings or trips there may be and she organised parties to celebrate her 80th birthday for family and friends. She had a shopper who came in once a week to take her shopping and again an important aspect of this relationship was the socialisation element.

William

Pen Portrait

William lived in a 2 bedroomed semi-detached house which he bought from the council on an estate in the town. He was comfortable living there as there were a number of amenities not far away which were convenient for him and he felt that the location was as good as anywhere. He did not have any specialised equipment or adaptations and did not appear to particularly worry about security issues. He was a widower having lost his wife a few years ago and now lived alone. He was 84 years old and had two sons one of whom worked abroad on projects and the other had emigrated to New Zealand. William had been to see his son in New Zealand and liked it very much and was hoping to go again in the near future if he was fit enough. He discussed his health status in a very matter of fact way and added that he had a terrible memory!

William left school at 14 and worked in purchasing for a fleet of transport at a factory - he did not mind the job but did not like some of the people he had to work with and this caused him stress. He enjoyed the freedom of not working and attended social activities and went walking with a walking group and generally tried to keep himself active which included walking to the local amenities to get his paper and taking the stairs as he lived by the motto '*use them or lose them*'. His attendance at the day centre appeared to be specifically to reduce isolation and loneliness as he was alone a lot of the time. He was interested in sport and enjoyed watching this on television and particularly enjoyed the cricket. He watched the news nightly and liked presenters who challenge politicians to answer the questions the presenter had asked. His real passion was his car and he thoroughly enjoyed driving and went out most days, when the weather permitted, for a drive heading for the dales or to the coast.

His son in New Zealand had asked him to go live with them but William felt that he could not afford to do this so opted for holidays when he could. His other son who worked abroad on projects came home from time to time and stayed with William. William had four grandchildren but did not see them as there had been a family rift. He felt that this was sad but it was their loss and remained philosophical about it.

Ken

Pen Portrait

Ken lived in an owner occupied semi-detached 3 bedroomed bungalow with his live-in carer. Ken had a number of health problems which affected his ability to manage his own home and he required some support for personal care activities. He used a wheelchair both internally and externally and had equipment to help him with everyday tasks, such as an electric bed to help him sit up, which allowed him to remain in his own home with the support of his carer. He had been very involved in the adaptations to the bungalow and felt he had done the best he could although acknowledged that this property was not ideal both in terms of location (on a hillside) and in terms of space (to manoeuvre). However, he was proud that he had achieved all his ambitions and had been able to buy his own property. He had lived initially with his grandparents and then in residential care before being able to rent and ultimately buy. He had had a number of jobs including that of a dental technician and a book binder before he was able to move into electronics where he became an assistant technical design engineer and a pneumatics and electric engineer. The latter work he particularly enjoyed and felt he was paid for the first time what he was worth. His career ended at the age of 40 on medical advice and he regretted not being able to continue his employment. He had a shed where he undertook various projects of interest and he played the keyboard as well as being involved in service-user groups speaking up for those he felt were unable to speak up for themselves. He took part in activities giving the service user perspective and felt that this was a very important aspect of education for health and social care workers.

Ken was divorced and had three children but sadly lost his daughter to breast cancer a number of years ago. One of the most important people in his life was his live-in carer without whom Ken would struggle to maintain his independence. Ken recounted how he had to change his habits when the carer came to live with him and how for a while there was tension which he sorted by, as he put it, *'laying down the rules'*. Ken and his carer agreed on a fairly strict division of labour within the property in order for the relationship to work and they appeared to have settled into a routine with which they both abide.

Ken had a conservatory built at the back of the property and particularly liked the views from there as he could see the sea with no other properties over-looking him. He talked on a number of occasions that this property was not his ideal and should he win the lottery he would move or have a property built which would fully meet his needs.

Sheila

Pen Portrait

Sheila explained that recently (10 months previously) she had lost her husband and that she was still grieving and was receiving bereavement counselling. Despite this Sheila volunteered to be a part of this research and wanted to tell her story. She was 61 years of age and lived with her cat, in the family's 3 bedroomed owner occupied semi-detached house on an estate in the suburbs of a town. Sheila had been able to stay on at school and gained her A' levels which gave her a place at university where she studied to honours degree continuing her education and undertook a master's degree and followed this with a post-graduate certificate in education. Sheila taught for 5 years until the birth of her son when she decided to undertake supply teaching so that she could care for her son at home.

Her mother was still alive and lived in what Sheila referred to as the 'family home' which was where the family moved to when they moved from the south when she was about 5 years old. She therefore knew the area well and was settled there with a good network of people she could call upon should she need any help. Interestingly though, when she did require help with a broken down boiler she did not turn to these people but approached the statutory authorities. Sheila was registered blind but had retained and developed a good mental map of her home and the geographical location of the property. This was essential for her to be able to manoeuvre and undertake tasks. The authorities and her son appeared to have considered that she was at risk and indeed when first entering the house it did strike one as being bare and unwelcoming with no decoration. In addition what would be the living/dining area is stacked high from floor to ceiling with papers – it was not possible to get into the room beyond about a metre of the door. On first sight this appeared to be a problem but in reality for Sheila who could not see the papers it acted as a wall which she used to orientate herself and access her chair. The visual impact of the property did not affect Sheila as she was unable to see it and the reduction in space enabled her to move around with confidence. Sheila had a number of health problems which affected and threatened her self-sufficiency and she had a number of adaptations to the house to enable her to remain living there which included a stairlift, walk-in shower and a ramp at the front door to allow for a wheelchair. Sheila used taxis when she went out and had a support worker with whom she went shopping once a week. Sheila was also involved in advocacy groups and on panels where health and social care organisations were trying to gain the views of service-users or give consultations on proposed legislation or policy. She felt that this was important work as she was able to speak up for those who could not speak up for themselves.

Appendix 3

Participant Information Sheet

PARTICIPANT INFORMATION SHEET – Individual Interviews

Title of Study: The making of place - the importance of home to older people

Invitation

You are being invited to take part in a research project. Before you decide to participate it is important you understand why the research is being undertaken and what your participation in the study will involve. Please read the following information carefully. You may wish to discuss the study with others before making your decision. The researcher will be happy to answer any questions you may have about the study before you decide whether to participate or not.

What is the purpose of the study?

The purpose of the study is to gain a greater appreciation of the importance of home to older people.

Why have I been chosen?

The research is aiming to gain the views of older people who live in their own home.

Do I have to take part?

It is entirely your decision as to whether to participate or not in the study. If you do decide to participate you will be asked to sign a consent form. You will be free to withdraw from the study at any time up to the commencement of data analysis (i.e. January 2009) without giving a reason and without affecting your involvement with Age Concern.

What will happen to me if I take part?

The researcher will meet with you on an individual basis to ask you some questions about what is important to you regarding your home. The interview will be tape recorded and will last for approximately 1 to 2 hours.

If you decide you would like to take part the interview can be held at your convenience either at Age Concern premises, or if you would prefer, in your own home – the decision is yours.

What do I have to do?

You will meet with the researcher who will ask you a number of questions about your home and what is important about it to you. There are no right and wrong answers and you can answer the questions in your own way. If

you agree, the interview will be tape recorded. If you are not comfortable with this the researcher will make notes of your answers.

After the interview the researcher will type out your answers to the questions and, with your permission, visit you again to check that these are correct and are what you intended to say.

What are the possible disadvantages and risks of taking part?

There are no risks in taking part – your views are being sought but as the topic is very personal you may find some of the discussion distressing. If you do the researcher is available to assist you.

What are the possible benefits of taking part?

There are no benefits to you personally the information that you give will be used to inform health care practitioners about the best way to work with older people in their own homes.

What about confidentiality?

All information and personal details collected during the study will be confidential and will be kept in a locked cabinet at the School of Health and Social Care, University of Teesside. Your anonymity will be maintained at all times. The Data Protection Act (1998) and the Human Rights Act (2000) will be adhered to at all times.

What will happen to the findings of the study?

The findings of the study will be written up and submitted towards a Doctorate of Philosophy at the University of Teesside. You will not be identified in any report or publication although your views will be used within a thesis and publications. All tape recordings will be destroyed at the completion of the study.

If you would like to have a summary of the findings upon completion of the study the researcher will ensure that these are sent to you.

Who has organised and reviewed the study?

The study is being carried out as part of a research dissertation for a Doctorate of Philosophy at the University of Teesside. Ethical approval has been gained from the School of Health and Social Care Research Ethics Committee.

Thank you for taking time to read this information leaflet.

For further information please contact:

Dr. S. Conway (Supervisor),
School of Health and Social Care,
University of Teesside,
Centuria Building,
Middlesbrough,
TS1 3BA.
Tel: 01642 384100

Appendix 4

Demographic Template

Participant:

Interview Date:

Demographic Information

Age/DoB:

Gender:

Marital Status:

Education/Employment (Spouse):

Health Status (fall/trauma):

Type of House (terraced, detached, semi-detached, bungalow, flat, bedsit):

Number of rooms (bedrooms):

Position of House (area of residence – urban/rural):

Owner occupied/rented (private/council/housing association/sheltered/warden controlled):

Appendix 5

Consent Form

CONSENT FORM – Individual Interviews

The Making of Place – the importance of home to older people

Supervisor:

Dr. Steve Conway, Senior Lecturer, School of Health and Social Care,
University of Teesside, Centuria Building, Middlesbrough
Tel: 01642 384100

Researcher:

Jean Davison, Senior Lecturer (address as above)

Please initial
boxes below

1. I have read the information sheet that has been provided regarding the research about the importance of home. I understand the information which has been provided, and have had the opportunity to ask questions
2. I understand that my involvement in this research is entirely voluntary and I have the right to withdraw any time before the commencement of data analysis in January 2009 without giving a reason and without affecting my involvement with Age Concern.
3. I understand that all information I give will be confidential and that my anonymity will be maintained at all times and I will not be identified in any report or publication.
4. I understand that the interview will be tape recorded.
5. I understand that the information I give will only be available to the researcher and supervisor and it will be stored in a locked cabinet in the University of Teesside. On completion of the research I understand that the tape recordings will be destroyed.
6. I agree to take part in this study

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

Appendix 6

Home Grid Template

Participant:
Interview Date:

Home Grid

Year	Residence	With whom?	Significant Events	Why move?

Appendix 7

First-round Interview Questions

Topics and Questions for discussion

Getting started:

Introduce self again, explain project, explain interview

Check consent (consent form, information sheets)

Check MP3 recording

Stress do not answer anything they do not want to, no right/wrong answers just their thoughts I am seeking

Comfortable – refreshments (tea, coffee, milk and biscuits taken and offered)

Complete demographic information

Complete home grid – get participants talking about properties and get used to the situation and remembering places they have lived

Questions:

You have lived in a (number) of places – are there any that you particularly like or particularly dislike?
(why – what was good/bad about that place?)

What was the best place you ever lived?
(why – what was special about that place?)

How does this compare to your present home? *(If best place is not current home)*
(What do you like/dislike about where you live now?)

Thinking about your home what does it mean to you? Could be positive or negative things
(Is your home important to you? Why?)

What does the phrase 'being at home' mean to you?
(Does it conjure up any thoughts, visions?)

Would you say you were emotionally attached to your home?
(Do you have any strong feelings when away from your home; look forward to returning home?)

Are you comfortable and at ease in your home?
(Relaxed, yourself, do and act the way you want)

Would you find it difficult to move to another place?
(Do you ever think about what it will be like to live here in the future?)

What would you say were the most important aspects or features in your home (by implication other things less important)
(What is it about your home that makes it important/special to you?)

How do these aspects/features compare with other places you have lived?

Are there any particular rooms/artefacts that evoke strong emotions for you? (memories)

Have you experienced any (significant) event which affected how you feel/relate to your home?
(Stress, health, loss – don't always appreciate the everyday unless it is disrupted by something e.g. bereavement, trauma etc. Could be classed as turning points – home may be explained in relation to these)

Are you having any difficulties in living in your home?
(e.g. Has looking after, maintaining and day-to-day tasks in your home become a burden? Are you happy with the condition of your home?)

Do you think the significance/importance of home has changed for you as you have got older?

Does your home have any impact on your overall well-being?
(Impact of home on healthy aging relationship?)

Close:

Thank you very much for taking part
I would like to visit you again to ensure I have recorded things correctly – arrange a date

Would they like to have a copy of the main findings?

Appendix 8

Overview of Themes

Overview of Themes

Theme 1 – Home as a liability

Living in one's own home might have benefits but it also brought liabilities and some of the participants articulated their worries. Issues of managing space such as the garden and the internal space together with cleaning, maintenance and repairs were all in evidence causing worry, distress, frustration and financial considerations. The impact of time was also mentioned and how for some there was a worry about the cold and darkness which added to their reluctance of going out and a feeling of being isolated from others when drawing the curtains. Others liked the dark evenings as they could create a cosy nest for themselves (castle style). Financial concerns were also mentioned with individuals expressing a need to be able to pay their way and remain debt free - most had planned for their retirement so felt they were managing but unexpected events or changes including policy changes were a constant worry. The need to secure the space that belonged to them was a concern with regards to the possibility of intruders. All the participants who discussed this particular aspect of the home demonstrated an awareness of the need to remain 'secure'. Some participants discussed their concerns regarding their safety within the home – an awareness of abilities and disabilities being discussed with actions undertaken to reduce possible risk and ensure that they were as safe as possible and that they were able to summon help in an emergency

Overall, a number of participants recognised that living in their own homes brought problems as well as benefits. As the participants discussed the different issues of concern certain recurring topics were raised – the body not being able to do what they wanted or what it used to be able to do. Participants discussed how it was important for them to take whatever steps necessary to remain as self-sufficient as possible and not be a burden upon society or families no matter what their age. However, they seemed to view ageing as inevitable decline and highlighted this by discussing the physical body and its changes. There appeared to be an acknowledgement that as one aged there would be changes to the body but it was how these changes were socially and culturally constructed which positioned the individual and influenced the identity regarding ageing that they were subscribing to.

Theme 2 - Home and the impact of health

The impact of health upon them in the home was conceived of in different ways. Some participants discussed how their own health status created challenges for them within the home whilst others mentioned the impact home could have on their health and well-being thus contributing to good health. Others did not see any connection between home and their well-being it was a place to live and whilst it may not be perfect it was better than elsewhere. Home had not always been selected on the basis of

individual preference but considerations such as being close to carers to keep their support was far more important.

Some had a need for routine/structure in the home which was interfered with on some occasions by health issues which was frustrating. Others relished not having to have a routine as they had been forced to whilst they were at work. Any changes in physical abilities was monitored closely and home was discussed in terms of being an enabler of independence through activity such as stair climbing but at the same time a dis-enabler, a threat and therefore a danger to self-sufficiency. For some this danger was apparent when the inhabitant had to cope with obstacles such as physical restrictions (steps, stairs) which could cause accidents and trauma. Psychological difficulties such as being able to cope with the running of the home could pose a threat to their continued self-sufficiency. For one participant home fulfilled an emotional 'need' with the constant reminder of others who had lived there but who were now gone (this was a source of comfort). A number of participants mentioned that home could become a negative place if they had to remain in it all of the time and they sought change and opportunities to leave the home. Where individuals could not leave home at their own freewill, home became a prison and created isolation from others; there was a sense here of being trapped by their bodies and this was a negative and could therefore detract from good health. However, the participants recognised the need for a base of some sort and a place to relax in was highlighted and because of this was an important aspect of well-being.

Generally home was not thought about unless something went wrong – this demonstrated how the health role of home was taken for granted and only when it became a problem were the negative aspects of home recognised. It was essential that home was looked after so that the individual did not worry (psychological health).

Theme 3 – Home - Environment, community, location

There were a number of points which came through in this theme which were linked to the geographical location of the property and the importance of this for maintaining a certain way of living which was of great importance to many. Some also commented on the change in community spirit and how at one time everyone knew each other and there was a strong community feel which had been lost. Others wished to be located where there were people around so that there were strong connections to neighbours and what was going on. This could affect how they felt about a particular place and one couple discussed the advantages and disadvantages of community living and how that impacted on their lives. The role that outside agencies played ranging from volunteers through to government were also issues discussed here in that support and help could enable individuals to remain in their own homes. One important aspect was the ease of which public transport could be accessed which would enable activities to be continued and allow socialisation.

Theme 4 – Home: Connections

Relationships with others were a dominant feature of the narratives and for most participants it was family relationships which were the most frequently discussed. However, it was apparent that relationships with others, such as neighbours and friends, were also important and had an impact on how participants managed within their home and improved the feeling of being connected. For most of the participants their children featured prominently in their narratives but this was not always the case. Some participants recounted difficult times when they had lost loved ones and how relationships with others such as children, neighbours and friends had made a huge difference to them at those times.

One aspect of remaining connected was the need to privately employ people to do the jobs that the individual was no longer able or willing to undertake. This was a decision that many of the participants opted for in order that they maintained control, there was no support available from official channels and it was one way they were able to remain self-sufficient and reduce the burden on loved ones. There were a number of aspects to this relationship which included quality or standard of work together with the trustworthiness of the individual undertaking the work and, importantly, the ability of the employee to socialise with the participant. Employing others also fitted with the need to have people visiting and have company – some were relaxed about who it was that visited as long as someone did whilst others preferred people to come in by invitation only.

Being connected to inanimate objects such as ornaments and photographs as well as the house itself was also discussed by some. Some were very fond of certain items and they held great personal significance for others possessions held very little meaning. The possession of pets – cats or dogs – was important and gave companionship, comfort, security, friendship and a purpose to life that they were unable to gain from other sources. Often officials from organisations and even family failed to appreciate the importance of animals to individuals.

Theme 5 – Home: retreat, sanctuary

Home to some degree was about control – about being able to do what the participants wanted without any comment or recrimination. Activities that others might not approve of or might consider worrying were undertaken without any fear and this demonstrated the nature of the private/public division. The sense of control also came with the ownership of the property (all but one of the participants owned their own home) and this meant they were debt free which was an important aspect of their freedom and security – this seemed to be particularly important to this generation. However, with ownership came a worry for the future – not being able to cope or not being able to pay bills appeared to be a constant concern – there was a recognition that running a home and maintaining it were not cheap and reduced incomes meant this was even harder. Some

wished they had done more when they were earning in preparation for this stage of their lives – but it was too late now.

There were differences of opinion as to whether the needs of the individual and their feelings towards home had changed as they had become older. Some were adamant that it had whilst others felt that home had been, and always would be, important and central to their lives. Along with this came the discussion that home was not only a sanctuary for some but also offered stability, a place that was always there that the participants could return to – a base from which other things could occur.

The aspect of home as a retreat or sanctuary was also evident when participants discussed the ability to lock oneself away from society and the outside world. Home for these participants was about the ability to gain sanctuary or retreat – a place to go to where they could be themselves and unwind from daily life and escape from others. This meant that the home had to be comfortable both for the self and for others who visited – the idea of a comfortable and warm home where one was safe and secure presented a certain image to visitors. Consequently, participants alluded to being content with their circumstances and this was accompanied by a realisation that they were able to afford to live where they did and continue living the way they wished. There was also a hint here of them having reached an age where they had everything and therefore should be content.

Theme 6 – Home - everyday living

The layout and the structure of the home made a difference to participants as did the overall size of the property (not too big that made it difficult to cope but not too small that they were squashed and would have to get rid of possessions). The 'correct' size meant that the participants discussed how they could cope now and into the future without being a burden on families or state. Some had already made changes to their homes – for convenience, or to create more space and make living arrangements easier for them on a day-to-day basis. For some help was needed with certain aspects of personal care and adaptations and equipment had been obtained to allow individuals to look after themselves – being able to look after the self was something that was discussed in order to demonstrate the difficulties but also the ability to cope. Alongside personal care was the ability to mobilise both internally and externally. Mobility was an important issue in that it had an impact upon all aspects of life and a reduction in this ability would result in a reduced quality of life.

One thing that a number of participants discussed was the need to be sorted and organised – some had even set time limits in order to persuade them to carry this out. They appeared to be putting themselves under pressure to ensure everything was in order. From what they said this sorting was not for their benefit but for those around them. They wanted

to make things easier so when they had gone others had very little to do. Also whilst some things meant a lot to the participant, there was an appreciation that these items did not mean much to others and they wanted to ensure that these were dealt with appropriately and to their satisfaction.

Remaining busy, occupied and having purpose had featured heavily throughout their lives and now some were more productive than others depending upon their circumstances. Leisure was important to all but it was different for the participants. Some had specific 'leisure time' which they enjoyed whilst others had predominately leisure activities and wanted more purpose in their lives. Being confined in the home and having predominately leisure activities to undertake was tedious.

Appendix 9

Ethical Approval

PRIVATE AND CONFIDENTIAL

Direct Line: 01642 384154

2nd July 2007

Steve Conway
School of Health & Social Care
University of Teesside

Dear Steve

Study 066/07 – The making of place – the importance of home for older people following a fall Researcher: Jean Davison Supervisor: Steve Conway

Thank you for resubmitting the changes to the above proposal. I acknowledge that the comments raised by the Research Governance and Ethics Committee have been addressed as discussed with myself, and therefore, through Chair's action the study can now proceed.

The School of Health & Social Care Research Ethics Committee wish you well with your study.

Yours sincerely

Tricia Forster
Chair
Research Ethics Committee
School of Health & Social Care

Appendix 10

**Substantial Amendment Ethical
Approval**

From: Macsween, Alasdair
Sent: 24 June 2009 14:08
To: Davison, Jean
Cc: Crawshaw, Paul; Conway, Steve; Gee, Claire
Subject: Approved SA to 066/07

Dear Jean,

I am happy to confirm approval for your request for a substantial amendment to 066/07 - on behalf of the School of Health & Social Care Research Governance and Ethics Committee please accept our best wishes for the successful completion of the project.

Dear Claire,

Would you please print a copy of this email and file it with application 066/07 – I have the paperwork concerned and will drop it in for filing.

Regards

Alasdair

Alasdair MacSween Ph.D B.Sc.(Hons) MCSP
Principal Lecturer in Research Governance, Chair of School of Health
& Social Care Research Governance and Ethics Committee
P1.18 Parkside West Offices
School of Health & Social Care
Teesside University
Middlesbrough
TS1 3BA
Tel +44(0)1642 34 2965

Fax +44(0)1642 34 2983