The Home: A Cage or a Castle?

The significance of *home* in the lives of two older people *ageing in place* in Nijmegen, the Netherlands

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Image: Older woman sitting in a living room chair, looking out the window.

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Abstract

Efforts to make cities and communities more age-friendly have gained popularity in recent years. One of the dominant approaches has been to encourage ageing in place (AIP). AIP policy (and the supporting literature) attaches particular importance to the neighbourhood and its community, and pays little, to no, attention to the home itself. It portrays a too negative image of home (as a space that imprisons and confines), and a too positive image of the neighbourhood (as a space that liberates and socialises). This case study research takes a more balanced view of the older person's home. By focusing on the interrelations between older people's time-space routines *inside* the home and those *outside* the home, this research moves beyond the home-neighbourhood (or private-public) divide. In this way, it accentuates the home's complexity. Firstly, this research shows that the home is a site of ambiguity, that is best defined by contrasting connotations. Secondly, it shows that the meanings of home, and the routines performed inside it, are never fixed; they are continuously altered and renewed. In brief, this research shows that the home is less of a *cage*, and more of a *castle*.

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1 Introduction

With quivering hands, Mrs. de Jong[1] (81 years old) stands waiting for the traffic light on the *Kronenburgersingel* – one of the busiest streets in the city centre of Nijmegen, the Netherlands. When the green light invites her, Mrs. de Jong makes an attempt to cross the road. Despite her best efforts, the green light starts to flash before she is even close to the other side. Clearly, the traffic light does not allow Mrs. de Jong enough time to cross the road. Mrs. de Jong tries to not let the flashing light affect her. She squeezes a little more in the hand grips of her Zimmer frame, and continues her walk at her own pace; arriving at the other side well after the light has turned red. Unfortunately, this is only one example of the many problems that older people face when going outdoors. Cluttered streets, uneven pavements, poor lighting and signage, all contribute to "pushing [older people] back into the home" (Phillipson in The Guardian, 2015). It seems, urban areas are not always appropriate for all ages.

And yet by 2050, two-thirds of the world's population will be living in cities, and almost a quarter of them will be aged over 60 (Rémillard-Boilard, 2018; Steels, 2015). Being highly concerned with the wellbeing of older people, the World Health Organisation (WHO) responded to this demographic development by publishing its *Age-Friendly City Guide* in 2007. The guide's purpose is to inspire local governments to become more 'age-friendly' – that is, more responsive to the needs and aspirations of older people. An age-friendly city "adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities" (WHO, 2007a, p. 1). When people grow older, it is likely that their call for a more supportive and enabling living environment "that compensates for the physical and social changes associated with ageing" will grow (ibid., p. 4). Therefore the guide offers a checklist of 88 'core age-friendly features' – directed at both the physical and the social environment of cities – that governments need to adhere to. In any case, this should make the simple act of crossing a road a less frightening experience for an older person like Mrs. de Jong.

Of course, the WHO is not the only one encouraging local governments to take on an age-friendly approach (Lui et al., 2009; Scharlach & Lehning, 2013). Nevertheless the WHO's checklist remains one of the most frequently used tools to evaluate the age-friendliness of cities and communities worldwide (Fitzgerald & Caro, 2014; Plouffe, Kalache, & Voelcker, 2016). To encourage implementation of its age-friendly programme, the WHO launched the 'Global

[1] The name Mrs. de Jong is a pseudonym.

Network of Age-Friendly Cities and Communities' (GNAFCC). Since its launch in 2010, the GNAFCC has seen a rapid increase in membership, now reaching over 700 cities and communities across 39 countries (WHO, 2018). Unmistakeably, developing what has been termed 'age-friendly cities and communities' (AFCCs) has gained immense popularity over the last two decades (Fitzgerald & Caro, 2014; Buffel, Phillipson, & Scharf, 2012). What the WHO has put in motion, deliberately or not, is a global age-friendly *movement* (Buffel, Handler, & Phillipson, 2018). Albeit more or less forced, by the converging trends of urbanisation and population ageing, a growing number of local governments are making efforts to develop urban environments that are accessible to, and inclusive of, all inhabitants.

Naturally, the cities and communities involved all employ different strategies to improve their level of age-friendliness. Yet, one of the more dominant approaches has been to encourage ageing in place (AIP) (Buffel et al., 2018). This also applies to the government of the Netherlands. In 2007, the Dutch government adopted the 'Social Support Act' (in Dutch: *de Wet Maatschappelijke Ondersteuning*). This act stimulates older citizens to 'age in place,' which is to age in their own home and neighbourhood (i.e. outside of institutional care) as long as possible (Rijksoverheid, 2017; Eerste Kamer, 2018). The Dutch governments' AIP policies have been criticised. The main criticism voiced towards AIP is that it is more a cost-cutting strategy than an age-friendly initiative. Indeed, ageing populations produce quite the expense for their governing bodies. The number of people appealing to expensive or long-term (institutionalised) healthcare will grow with the ageing of a population. This brings along additional charges that the Dutch government would like to reduce or postpone, and AIP might just be the method to do so (Wiles et al., 2012).

However, the Dutch government argues that AIP is, first and foremost, in the best interest of the older people, because it allows them to age within a familiar and predictable environment (Ministry of Health, Welfare and Sport, 2018). Here, older people can rely on the extensive knowledge that they have of 'their' living environment, which enables them to maintain autonomy and independence (ibid.). Several authors in a wide range of disciplines support this claim of familiarity, with the physical and social structure of the neighbourhood, being important for older people's wellbeing (Gardner, 2011; Rowles & Watkins, 2003; Wiles et al., 2012). Their research suggests that a sense of familiarity or 'insideness' (Rowles, 1983) is developed over time, through spatial routines and habits and through the accumulation of memorable events. The remembrance of these events and one's life in the neighbourhood can invoke a sense of belonging and continuity, even in times of major change (ibid.). The longer older people live in an area, the more likely they are to develop strong emotional feelings

towards the neighbourhood (Buffel et al., 2014; Smetcoren, 2015) and therefore, they maintain a stronger sense of independence. Older people's attachment to place establishes itself, thus, through the length of time they reside in the neighbourhood.

However, other authors have refocused attention to other dimensions of time, such as timing (i.e. synchronisation of activities) and sense of time (Bildtgard & Oberg, 2015; Lee, 2014; Stjernborg, Wretstrand, & Tesfahuney, 2014). For instance, Debbie Lager and colleagues (2016) believe that an analysis of 'rhythms' offers a better, and more comprehensive understanding of older people's attachment to place, drawing here on the work of Henri Lefebvre (2004). Interestingly, their *rhythmanalysis* projects a more problematic view of the lives of older people AIP. It shows that older people's rhythms are slower than, and therefore 'out of sync' with, those of younger people in the neighbourhood (Lager, van Hoven, & Huigen, 2016). Because of this, older people can feel invisible (Burns, Lavoie, & Rose, 2012; Watson, 2006) and experience a sense of 'otherness' in urban space (Lager et al., 2016). Indeed, Mrs. de Jong may have felt out of place when she could not keep up with the traffic lights' time settings, whereas others (the younger pedestrians) reached the other side without any difficulty, even with some time to spare. In this sense, the neighbourhood is rather confirming older people's stasis (ibid.), than supporting its "[older] residents' wellbeing and productivity" (WHO, 2007a, p. 4).

Now, is encouraging AIP truly a wise decision? How age-friendly is (the Dutch approach to) AIP really? Are older people, residing in their own homes and neighbourhoods, really able to uphold autonomy and independence? This research describes the life stories of two older people (91 and 88 years old) that are AIP, in the neighbourhoods of Hatert and Nijmegen-Oud-West, in the city of Nijmegen. As part of my internship at the municipality of Nijmegen, I engaged in intensive contact with these two older adults through weekly visits. For 6 months, Mrs. Jacobs and Mrs. de Groot[2] invited me into their homes, and made me part of their weekly rhythms, or time-space routines. In this way, I was given the ability to investigate how well these older women were doing in finding their way on their own – not only around, but specifically *within* the home itself.

[2] The names Mrs. Jacobs and Mrs. de Groot are pseudonyms.

1.1 Societal relevance

Two converging trends are shaping social and economic life in the 21st century: population ageing on the one hand and urbanisation on the other (Steels, 2015). Population ageing is taking place all over the world. Globally, the proportion of those 60 years and over is expected to increase from 12.3% in 2015 to 22% in 2050 (ibid.). Of equal importance is the spread of urbanisation. Over half of the world's population (54%) now lives in urban areas, and this is expected to increase to around two-thirds by 2050 (Rémillard-Boilard, 2018). Hence, a growing number of people will live and spend their old age in cities. Similar trends are projected in the Netherlands. Here, the number of people over 75 will grow with 14% by 2040 (PBL, 2013). Whereas in 2012 there were 686.227 'older' older people (over 80), in 2040 there will be 1.554.742 (CBS, 2016). Of course, this change in demographics has major consequences for public policies related to ageing, and their impact on urban living.

As stated before, the Dutch response to population ageing has been to encourage AIP. With this, responsibility for organising social support, housing, and care for older people is being transferred from the public to the private domain (Lager, van Hoven, & Huigen, 2015). Hence, instead of governmental organisations; family members, friends, and neighbours become responsible for older people's wellbeing. This transition from the public to the private relies heavily on the existence of a 'supportive community.' The Dutch approach to AIP assumes that the immediate living environment (i.e. the neighbourhood) will act as a supporting, caring community, that will offer both instrumental and social support to its older and more vulnerable inhabitants (van der Meer, Fortuijn, & Thissen, 2008). In this vein, older people's social capital is envisioned as a "panacea for [their] problems" (Lager et al., 2015, p. 87). Encouraging ageing in *place* translates, thus, into promoting ageing in *community*. The Dutch government uses the potential of community support fairly often to legitimise its AIP policy and the privatisation of elderly care.

Indeed, Tine Buffel and colleagues (2014) consider the neighbourhood an important place in which social capital is acquired by older people. Although social capital is not necessarily neighbourhood-bound, in circumstances of limited social ties, financial constraints, and mobility problems, local social contacts are highly important resources for receiving instrumental and social support (Völker, Flap, & Lindenberg, 2007). As Claude S. Fischer (1982, p. 175) once argued: "[…] nearby associates are preferred when nearness is critical." Meeting opportunities and interaction possibilities in the vicinity become, thus, relatively important for those who are more dependent on their locality – such as the older people.

According to the study of Fleur Thomése and Theo van Tilburg (2000), 60% of the most important relationships in the social networks of older people in the Netherlands are located in the neighbourhood. Similar results have been reported in research of the 'Belgian Ageing Studies' (Buffel et al., 2012).

However, according to research of the SCP (The Netherlands Institute of Social Research, 2017), not every older person is able to mobilise a supportive network of family members, friends, and neighbours. Actually, the social networks of many older people are very limited (ibid.), and older people appear to have little to almost no contact with other age-groups in the neighbourhood (Lager et al., 2015). For this reason, it is no surprise that feelings of loneliness and solitude are growing in the Netherlands (SCP, 2017). In 2016, 17% of the age-group of older people declared 'feeling lonely,' which increased to 22% in 2017 (ibid.). The question arises, if diminishing institutionalised resources (i.e. AIP) will not only make this worse. The Dutch government did launch a new campaign called 'as one against loneliness' (in Dutch: *één tegen eenzaamheid*) on September 26, 2018, consisting of three television commercials (Rijksoverheid, 2018). In one of the commercials, we watch a conversation of an elderly couple. While drinking their morning coffee, they decide to invite their neighbour 'Henk' for one of their upcoming walks. The goal of the campaign seems to be to enhance supportiveness among neighbours, especially among those who are more vulnerable, in order to reverse the negative trend in loneliness.

Clearly, the (lack of) social contacts in the lives of older people remains a fierce point of debate to this day. However, there seems to be agreement on one thing: the answer to loneliness lies within the neighbourhood and its community; not in the home. Both professionals (policy-makers and care workers) and family members, neighbours, and friends, are eager to stimulate out-of-home activities among elderly people, as a way to let them meet, and interact, with others, and to prevent them from spending too much time at home. Indeed, in the Netherlands, there is a motley collection of (charity) organisations that are dedicated to the wellbeing of older people. With might and main, these organisations (operating on national, regional, and urban levels) try to organise trips, coffee mornings, and other group activities outdoors, to tackle loneliness and vulnerability among elderly people (see The National Foundation for the Elderly, 2019; Sterker Sociaal Werk, 2019).

For society, the home in later life is, thus, associated with loneliness, solitude, and deterioration, and in some respects, it is even envisaged as a prison cell (see Rowles, 1978). In brief, the home is considered a treacherous environment, where we need to keep our elders as far away from as possible. Yet, an increasing number of older people will live on their own,

and in their own homes – due to the Dutch governments' AIP efforts. This thesis contributes to a more nuanced image of home in later life. It not only includes the confining characteristics of home, but also its comforting and protective abilities. Hence, in this thesis the older person's home is not considered a *cage*, but a *castle*.

1.2 Scientific relevance

It is not only on a societal level that the older person's home is portrayed in a negative light. Also in scientific literature, authors are concerned with older people "being secluded and trapped at home" (Zidén et al., 2008, p. 801). Older adults spending (a lot of) time at home is depicted as the problem, for which we need to find a solution. As a consequence, literature on 'urban age-friendliness' and on the 'rhythms of later life' focus, almost exclusively, on the home's surrounding locality (i.e. the neighbourhood). As stated before, age-friendly efforts are trying to adapt a city's "structures and services to be accessible to, and inclusive of, older people" (WHO, 2007a, p. 1). The WHO (2002) contends that older people who live in an unsafe environment or an area with multiple physical barriers are less likely to get out, and are, therefore, more prone to isolation, depression, reduced fitness, and mobility problems. In this view, ageing can only be a positive experience when seniors are able to "walk their neighbourhoods" (Ahrentzen, 2014, p. 286). It is only then, when they set foot outside, that they will feel 'included' (see also Buffel et al., 2014; Phillips et al., 2013).

In a similar fashion, literature on the 'rhythms of later life' focuses mainly on older people's routines and habits *outside* the home, in order to understand their attachment to place (see Bildtgard & Oberg, 2015; Lee, 2014; Stjernborg et al., 2014). For instance, Lager and colleagues (2016) draw attention to older people's slower rhythms. These slower rhythms affect the time available in the day to go out, and subsequently, older people can experience a shrinking life world (ibid.). Furthermore, the study of Lager and colleagues (2016) shows that older people's rhythms are no longer *in sync* with those of younger people in the neighbourhood. Consequently, older people can feel invisible and can experience a sense of 'otherness' in urban space (ibid.) (see also Burns et al., 2012; Watson, 2006). Because of this, there are limited opportunities for older people to acquire social capital (Lager et al., 2015). However, Dirk van Eck and Roos Pijpers (2017, p. 167) argue that using the urban living environment still allows older people "positive moments of contact – enjoyment, restoration, wonder" (see also Turel, Yigit, & Altug, 2007; Sugiyama, Thompson, & Alves, 2009;

Galčanová & Sýkorová, 2015). All in all, it appears that being able to go outdoors and 'walk the neighbourhood' (albeit in sync with neighbours) is quite essential for older people to satisfy their social needs – and to prevent them from becoming 'prisoners of space' (Rowles, 1978). It seems, the neighbourhood (and being able to use it) is the holy grail for living a happy, healthy, and fulfilling old age. It is, therefore, not surprising that many authorities adopt the AIP approach to enhance their level of age-friendliness.

Writings on 'home' show, however, that the spatiality of the home gives shape and meaning to people's everyday lives, in very complicated and contrasting ways. Alison Blunt and Ann Varley (2004, p. 3) contend that the home is both a space of "belonging and alienation, intimacy and violence, desire and fear." It appears, these mixed feelings are vital in understanding the meaning of home (Manzo, 2003). In this vein, Jeanne Moore (2000, p. 213) stresses that we "need to focus on the ways in which home disappoints, aggravates, neglects, confines and contradicts as much as it inspires and comforts us." However, up to now, studies on 'age-friendliness' and the 'rhythms of later life' have failed to acknowledge the inspiring and comforting qualities of home. In brief, these studies portray a too negative image of home, as a space that imprisons and confines, and a too optimistic picture of the neighbourhood, as a space that liberates and socialises (van Melik & Pijpers, 2017).

Additionally, older people are able to experience the neighbourhood in a more passive way; they can feel included in public life *at home*, through the window. In this observer role, older people "insert a part of the public domain into the privacy of their homes" (van Melik & Pijpers, 2017, p. 300). This blurs the sharp distinction between the inside and the outside (of a house); separating private from public spheres (Blunt & Varley, 2004). Besides, the home has become an important site of care for older people (Dyck et al., 2005; Liaschenko, 2000; Milligan, 2009). Many older people have to renegotiate public and private space, because of the regular presence of healthcare workers in their homes (Cloutier et al., 2015). The blurring of public and private space is a daily reality for them. On top of this, healthcare workers are an important source of social contact (van Melik & Pijpers, 2017). The question arises whether the sharp distinction between public space and private space still serves us. Seemingly, it would be more appropriate to move beyond the separation between the (public) neighbourhood and the (private) home (Blunt & Varley, 2004).

This also means that the meaning of home is never fixed; it is very much unstable and transitory (Hall, Chouinard, Wilton, 2010). In fact, home is a continuous process of negotiations, contracts, renegotiations, and exchanges (Folbre, 1986; Harris, 1981; Lawson, 1998). For anthropologist Daniel Miller (2001, p. 4), the private is "a turbulent sea of constant

negotiation." In this thesis, I recognise the home's contrasting, and constantly changing, connotations. This thesis contributes to a more nuanced image of home, by attending it as a site of ambiguity. Indeed, the home's protective functions will always be interconnected with its limiting ones; "feelings of solidarity, safety, and protection are often achieved by severe acts of exclusion and regulation" (Schröder, 2006, p. 33).

By including the concept of home, this thesis adds a new dimension to current theorisations on AIP and older people's rhythms (in time and space). Essentially, this thesis tries to break through the clear-cut line that is drawn between public and private space (between neighbourhood and home) in this body of literature – by displaying the home's complexity. It describes how older people's routines and habits *inside* the house are very much related to those *outside* the house, and demonstrates how these interactions beyond the public-private divide are constantly (re)shaping older people's use (and meanings) of *home*.

1.3 Research aim and research questions

This study gains insight into the time-space routines of two older people AIP in Nijmegen, the Netherlands – by centring on how they structure (and attach meaning to) their daily lives *inside* and *outside* the home – with the aim of further developing our understanding of the role and meaning of home in the AIP experience, and determining the 'age-friendliness' of the AIP approach.

This leads to the following research questions:

What is the AIP experience of Mrs. Jacobs and Mrs. de Groot?

1. What do the time-space routines of Mrs. Jacobs and Mrs. de Groot *inside* the home look like?
2. What do the time-space routines of Mrs. Jacobs and Mrs. de Groot *outside* the home look like?
3. How are Mrs. Jacobs and Mrs. de Groot's time-space routines *inside* the home related to their time-space routines *outside* the home?

1.4 Thesis outline

The next chapter of this thesis, is the study's *conceptual framework*. This chapter is divided into three sections. The first section debates the WHO's Global Age-Friendly City Guide (2007a). Here, I address the origins of the age-friendly movement, the main criticisms, and future challenges. The second section draws attention to the temporal dimensions of ageing. Firstly, I give a short review of how 'time' has been used in geography research. Thereafter, I explore the 'rhythms of later life,' which are "out of synchrony in time and space" with those of younger residents (Lager et al., 2016, p. 11), and the light-touch sociality of 'place ballets.' The third section focuses on the spatiality of home, and its potential meaning in older people's lives. Firstly, I give a short overview of the geographical literature on home. Thereafter, I explore the meanings assigned to the home by persons with mobility impairments. Lastly, I discuss the home as an important site of care in people's later lives.

The chapter that follows, is the study's *methodology*. In this thesis' third chapter, I describe my search for informants, which happened through the organisation *Sterker Sociaal Werk*. Here, I also briefly refer to my first visits to Mrs. Jacobs and Mrs. de Groot. Thereafter, I explain the study's methodology: the case study. There is a wide diversity in themes and priorities in case study designs, which can make it difficult to define, and understand, the methodology. I try to explain the main commonalities. Next, I reflect on the limits of case study research. One of the main criticism on case study is its potential lack of generalisability. In other words, can the case study offer information that is useful beyond the individual case? Can findings be generalised? Another points of debate is the case study's objectivity. According to some academics, particularly those from 'hard' science traditions, the case study involves too many subjective decisions, made by the researcher, to offer genuinely objective results.

Chapter four presents the study's *analysis*. This chapter includes detailed illustrations and quotations from my conversations with Mrs. Jacobs and Mrs. de Groot; with the general aim of providing a sense of 'character,' so that the reader might feel to get to know them. Firstly, I briefly introduce both Mrs. Jacobs and Mrs. de Groot. Thereafter, I provide an analysis on Mrs. Jacobs' and Mrs. de Groot's routines *inside* the home and their routines *outside* the home. Then, I discuss the routines that do not fit in any of these two categories, but confirm a blurring of the private-public (home-neighbourhood) divide. Finally, in the concluding chapter five, I answer the research questions. I present the study's main findings, while also considering their limits. Lastly, I offer recommendations for praxis and future research on AIP.

2 Conceptual framework: age-friendly, rhythms & home

This chapter considers three theoretical concepts: the age-friendly movement, time-space routines (in old age), and the spatiality of home. Section *one* discusses the age-friendly movement. The WHO's *Global Age-Friendly City Guide* (2007a) has attained great popularity in the last decade (Buffel et al., 2018). However, the guide has been criticised as promoting an 'ideal city' (Buffel et al., 2012), as a 'top-down' perspective (Lui et al., 2009), and as a tool unable to capture the diversity of the ageing experience (see Moulaert & Garon, 2016). Notwithstanding these critiques, the narrow focus on (the accessibility of and the community networks in) the living environment has remained. The importance of an accessible, enabling, and supportive neighbourhood for older people's wellbeing, is confirmed by an extensive body of academic literature on (older people's) time-space routines; set out in section *two*. Research in this field highlights how familiarity with, and being attuned to, the physical and social structure of the neighbourhood, is important for older people's wellbeing, because it confers a sense of belonging and independence (Gardner, 2011; Rowles & Watkins, 2003; Wiles et al., 2012). However, research has also shown that older people's slower pace of doing things, can make them feel 'invisible' (Burns et al., 2012; Watson, 2006) and 'out of place' (Lager et al., 2016). Albeit optimistic or critical, writings on older people's time-space routines focus, almost exclusively, on repetitive behaviours *outside* the home. Hence, they deepen and strengthen the notion of the living environment in AIP, but fail to recognise the significance of the home itself. To counter this one-sided narrative, section *three* focuses on the spatiality of home. Outside the framework of AIP, geographic literature *does* take into account the home, as one of the fundamental places that gives shape and meaning to people's everyday lives (Hall et al., 2010), albeit in complicated and contrasting ways.

2.1 Age-friendly movement: taking part in the city

This section discusses the age-friendly movement, as it is initiated by the World Health Organisation (WHO). As stated before, the WHO is not the only one encouraging local governments to take on an 'age-friendly' approach (Lui et al., 2009; Scharlach & Lehning, 2013). Nevertheless, the WHO's *Global Age-Friendly City Guide* (2007a) remains one of the most frequently used tools to evaluate the age-friendliness of cities and communities worldwide

(Fitzgerald & Caro, 2014; Plouffe et al., 2016). The WHO's approach to age-friendliness is therefore the starting point of this section. First, I shortly address the origins of the age-friendly movement. Thereafter, I discuss the main critiques of the WHO guide of 2007, and the special attention devoted to the neighbourhood in age-friendly initiatives. Lastly, I consider the challenges that the age-friendly movement might encounter in the future.

2.1.1 Background

The origins of the age-friendly movement can be traced back to several policy initiatives launched by the WHO during the 1990s and early 2000s (Phillipson, 2015). A central theme running through these plans was the idea of 'active ageing.' The notion of active ageing was originally developed during the United Nations' Year of Older People in 1999 and further developed by the European Commission (1999) and the WHO (2002). In its *Active Ageing Policy Framework* (2002), the WHO affirms that ageing can only be a positive experience when later life is accompanied by continuing opportunities for health, participation, and security. The word 'active' refers to older people's "continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour market" (WHO, 2002, p. 12). Developing environments that are age-friendly can make the difference between independence and dependence for all individuals, but are crucial for those growing older (ibid.). Indeed, older people who live in an unsafe environment or an area with multiple physical barriers are less likely to get out, and are, therefore, more prone to isolation, depression, reduced fitness, and mobility problems (ibid.).

The idea of an age-friendly environment was applied to the urban context in 2005, with work around the theme of 'global age-friendly cities' (Rémillard-Boilard, 2018). The WHO conducted research in 33 countries across the global north and south (ibid.). The aim of this research was to identify the core features of an age-friendly city from the perspective of older people, caregivers, and local service providers (WHO, 2007a). A total of 1.485 older adults (60 years old and over), 250 caregivers, and 515 service providers took part in more than 158 focus groups, performed in various cities around the world (WHO, 2007b).

On the basis of these focus groups, the WHO identified eight domains that all need to be addressed in order to improve a city's age-friendliness: housing; transportation; respect and social inclusion; social participation; social and civic engagement; outdoor spaces and buildings; community support and health services; and communication and information (WHO,

2007a, p. 9) (see figure 1). The eight domains are accompanied by a checklist of 88 'core age-friendly features' (ibid.). The results were published in a guide entitled *Global Age-Friendly Cities*; also known as the WHO checklist (WHO, 2007a). This guide is one of the first attempts to operationalise the WHO's comprehensive concept of 'active ageing' (Warth, 2016; Moulaert & Garon, 2016), and has since become one of the most frequently used tools to assess the age-friendliness of cities, in very divers environments across the globe (Plouffe et al., 2016).

Figure 1: The eight domains of an age-friendly city (Handler, 2014, p. 15)

To encourage implementation of the age-friendly city guide, the WHO launched the 'Global Network of Age-Friendly Cities and Communities' (GNAFCC). Since its launch in 2010, the GNAFCC has seen a rapid increase in membership, now reaching over 700 cities and communities across 39 countries (WHO, 2018). The aim of the GNAFCC is to connect the local governments that are using the WHO's age-friendly approach (Warth, 2016) and to provide a platform for experience exchange (WHO, 2018). The network's name was changed from 'Age-Friendly Cities' to 'Age-Friendly Cities and Communities' (AFCCs) to also include smaller

communities (Moulaert & Garon, 2016). The size of the city or community does not matter: the GNAFCC membership includes small villages, and megacities such as New York City, Seoul, and Tehran (WHO, 2018). The WHO has put in motion a 'global age-friendly *movement*' (Buffel et al., 2018). An increasing number of cities and communities worldwide make commitments to become more age-friendly. According to the WHO this means that they are adapting their "structures and services to be accessible to, and inclusive of, older people with varying needs and capacities" (WHO, 2007a, p. 1). In other words, AFCCs are developing supportive and enabling living environments "that [compensate] for the physical and social changes associated with ageing" (ibid., p. 4).

2.1.2 Critique

Despite its apparent popularity, the WHO's age-friendly city guide (2007a) is often criticised, by practitioners and by researchers (Moulaert & Garon, 2016). First of all, according to Buffel and colleagues (2012), the WHO guide is promoting a utopian or an 'ideal' city. Indeed, the WHO has created a checklist of 88 core age-friendly features, applying to "less developed as well as more developed cities," to provide "a universal standard for an age-friendly city" (WHO, 2007a, p. 11). Of course, the WHO's framing has had enormous success; it has made many authorities aware of the wellbeing of older people, and encouraged many to take the age-friendly road. In Canada alone, over 850 municipalities now participate in age-friendly initiatives, promoted by municipal, provincial, and federal governments (Plouffe et al., 2012). Nevertheless, Buffel and colleagues (2012) argue against the 'idealistic model' of the WHO (see also Phillipson, 2010; Liddle et al., 2014; Menec et al., 2011; Keating, Eales, & Phillips, 2013). They support a shift in focus "from questions such as 'What is an *ideal* city for older people?' to the question of 'How age-friendly are cities?'" (Buffel et al., 2012, p. 601). In a similar fashion, Lisa Warth (2016) declares that it is *not* a question of what an age-friendly city looks like, but rather what a city enables older persons to do and how well it caters to their needs. In brief, what makes a city or community 'age-friendly' is having a good fit between the older person and his/her environment – not conformity with a standard set of features.

Another critique of the WHO guide is that it is, in its current form, unable to capture the diversity of the ageing experience (Moulaert & Garon, 2016). Of course, the needs and preferences of older people are highly context-specific. The WHO recognises that there is no 'one-size-fits-all' solution when it comes to creating an age-friendly environment. It recommends local governments to tailor the model to their own needs, and to develop their own

programmes in order to benefit their level of age-friendliness (Rémillard-Boilard, 2018). The WHO meant to provide a set of key 'ingredients,' that remain flexible enough to be adapted to the local realities that local governments operate within (Warth, 2016). However, do these 'ingredients' also consider the diversity *within* the city or community? Buffel and colleagues (2012) question the WHO Guide's ability to deal with the complexities of cities, as they are places of interlocking – and often conflicting – commercial, social, and political interests. Besides, places, and people's interests, may change over time; a city that is age-friendly at one time may become unfriendly at another. Hence, becoming or remaining 'age-friendly' is an ongoing process (Moulaert & Garon, 2016), in which local authorities are constantly trying to capture, and respond to, *their* heterogeneity.

To understand a city's complexity, it is important to involve the experiences of the experts themselves – the seniors. This brings us to another critique of the WHO guide; it is primarily a 'top-down' approach, directed by local authorities to achieve pre-established criteria (Barusch, 2013; Lui et al., 2009). Of course, the engagement of older persons takes on different forms. The WHO's top-down approach primarily involves planners and policy-makers, and engages older people only in conventional ways through focus group meetings, interviews, and surveys (Lui et al., 2009). Others, like the Calgary *Elder Friendly Communities Program* (EFCP) in Canada (Austin et al., 2009), concentrate more on 'empowerment,' and engage older people as *the* main actors in enhancing neighbourhoods. In this respect, older people are not passive, dependent recipients of a community; they play a highly active role in defining and fostering the community's distinctive features (ibid.). Hence, age-friendly initiatives should be using a "strictly bottom-up" approach (Buffel et al., 2012, p. 601) and promote meaningful engagement among seniors (Austin et al., 2009). In other words, older people should not only be part of, but also take part in, the city's age-friendly efforts.

2.1.3 The significance of the neighbourhood

As stated before, the development of AFCCs is often linked to the promotion of AIP (Buffel et al., 2018). This policy emphasises the role of community networks in offering (instrumental and social) support to more vulnerable groups, such as the group of older people. Apparently, it is not only the older people that have a strong desire to remain in their own homes (see Gilleard, Hyde, & Higgs, 2007); several authors believe that AIP is the means by which older people can best receive support (see Wiles et al., 2012). Their writings represent the neighbourhood as the "key [locale] in the lives (and wellbeing) of older people" (Gardner, 2011,

p. 263) and its community as a "panacea for [older people's] problems" (Lager et al., 2015, p. 87). AIP policy is, thus, mainly concerned with public places of ageing (i.e. neighbourhoods) (Buffel et al., 2018). But why exactly? In the book *Age-Friendly Cities: A Global Perspective* (2018), authors Fleur Thomése, Tine Buffel, and Chris Phillipson identify a range of factors that underpin the significance of the neighbourhood in later life.

First off all, the built environment effects the lives of all age-groups, but it may be especially important for young and older people, and those with a disability – given the length of time spent within the home and surrounding locality (Thomése et al., 2018). Based on research by Horgas and colleagues (1998), older people (70 years old and over) spend 80% of their time in their own homes and neighbourhoods. It seems, "seniors do not walk their cities, they walk their neighbourhoods" (Ahrentzen, 2014, p. 286). Growing frailty confines many older people to the close proximity of their homes (Shoval et al., 2010). Because of this, people's living space narrows down significantly in old age, making older people increasingly dependent on the 'character' of their immediate living environment (Thomése et al., 2018). Indeed, research shows that the presence of obstacles, slippery surfaces, and busy crossroads discourages older people's use of public space, whereas landmarks, distinctive buildings, and signs boost the confidence of seniors (Phillips et al., 2013). Hence, neighbourhood designs with good facilities, accessible public spaces, and places to rest, as well as measures that promote pedestrian walkability, play an important part in promoting older people's sense of safety and wellbeing (De Donder et al., 2013; Buffel et al., 2014).

Furthermore, the neighbourhood is an important place for older people to acquire social capital (Buffel et al., 2014). Although social capital is not necessarily neighbourhood-bound, in circumstances of limited social ties, financial constraints, and problems with physical mobility, local social contacts are highly important resources for receiving instrumental and social support (Völker, Flap, & Lindenberg, 2007). As Claude S. Fischer (1982, p. 175) once argued: "[…] nearby associates are preferred when nearness is critical." Meeting opportunities and interaction possibilities in the vicinity, thus become relatively important for those who are more dependent on their locality. Indeed, according to the study of Fleur Thomése and Theo van Tilburg (2000), 60% of the most important relationships in the social networks of older people in the Netherlands are located in the neighbourhood. Similar results have been reported in research of the 'Belgian Ageing Studies' (Buffel et al., 2012). Interestingly, the older persons that *are* in greater need of support, will not only appeal more often to their neighbours, they will actually receive the support they need (Thomése, van Tilburg, & Knipscheer, 2003).

Lastly, AIP policy is often associated with attachment to place (Thomése et al., 2018), which is seen as an important dimension of later life (Krause, 2004; Oswald et al., 2011). In fact, the study of Chris Gilleard and colleagues (2007) shows that both age and AIP positively affect older people's place attachment. This means that older people's attachment to place establishes itself over time (Lager et al., 2016). Simply put, the longer older people live in a neighbourhood, the more likely they are to develop strong feelings, and an affective bond, towards that neighbourhood (Buffel et al., 2014; Smetcoren, 2015). This underpins the significance of the neighbourhood in later life once more. Evidently, we cannot underestimate the prominence of the (immediate) living environment in fostering older people's wellbeing and self-assurance. What the aforementioned authors seem to overlook, however, is that the home itself *also* has supportive potentials. Yet, up to now, AIP has paid far too little attention to the significance of home.

2.1.4 Future challenges

Just like any other place, a neighbourhood (and people's attachment to it) is subject to change. Especially when we take into account the notion of global change, which has received only limited acknowledgement within the age-friendly movement (Buffel & Phillipson, 2016; Thomése et al., 2018). Globalisation processes, and the resulting area-based, or geographic, inequality can, indeed, change the way older people experience 'community' (ibid.). The social and physical discontinuities associated with globalisation (for instance, new relationships associated with transnational migration or new types of movement in old age) can challenge one's social and emotional connections with the neighbourhood, especially when these changes are rapid and intense (Jones & Evans, 2012). This can lead to feelings of disorientation, grief, and alienation (Lager et al., 2013). According to Chris Phillipson (2007), globalisation processes have the potential to generate new social divisions between the "elected" and the "excluded;" between "those able to choose residential locations consistent with their biographies and life histories and those who experience rejection or marginalisation from their neighbourhood" (Phillipson in Thomése et al., 2018, p. 38).

These neighbourhood transitions may be especially challenging for older people, because growing frailty (and retirement) heightens the importance of the neighbourhood (Lager et al., 2013). Buffel and colleagues (2013) explored experiences of neighbourhood inclusion and exclusion among seniors living in deprived inner-city areas, in Belgium and England. In both countries, the population turnover and the changing economic and social structures of the

neighbourhood appeared to translate into a desire for a 'lost community' (ibid.). This desire reflects, at least partly, the considerable investments that older people have made in their neighbourhoods, and a sense of disillusion that the changes affecting their neighbourhoods are beyond their control (Thomése et al., 2018). Discontinuities of place can, thus, challenge older people's sense of belonging and social relationships, thereby increasing the likelihood of social exclusion (Lager et al., 2013) (see also Blokland, 2003).

Yet, it is important to note that older people are not passive, dependent recipients of a physical space (that is no longer catered to their needs). Rather, they play a highly active role in trying to counter social exclusion, and other negative consequences of global change. Lager and colleagues (2013) have studied the impact of neighbourhood transitions on older people's sense of belonging in a former working-class neighbourhood in Groningen, the Netherlands. They found that the older residents negotiated "a sense of belonging […] in relation to everyday places and interactions within the neighbourhood" (ibid., p. 54). Despite the urban renewal taking place in the neighbourhood, they created a sense of continuity by transferring specific routines and behaviours (typical of their working-class identity) to the present. The value of these repetitive behaviours, or time-space routines (in old age), is further explored in section *two* of this theoretical chapter.

2.2 Time-space routines in old age

Geography research has paid only little attention to the 'temporal dimensions' of socio-spatial phenomena (Lager et al., 2016). However, Mei-Po Kwan (2013, p. 1078) contends that more "temporally integrated geographies" could give new insights into old issues that have been examined by geographers for decades (for instance, ethnic segregation, environmental exposure, and accessibility). In a similar fashion, Tim Schwanen and colleagues (2012) argue for systematically including 'time' to enhance our understandings of older people's engagement with place. This chapter draws attention to the temporal dimensions of ageing, within the context of the urban neighbourhood. First, I give a short review of how 'time' has been used in geography research. Thereafter, I discuss the 'rhythms of later life,' which are "out of synchrony in time and space" with those of younger residents (Lager et al., 2016, p. 11). Lastly, I explore the value of light-touch sociality in old age, on the basis of David Seamon's (1979, 1980) notion of 'place ballet.'

2.2.1 Time in geography research

In geography research, 'time' has been regarded an important component of older people's attachment to place. The argument here is that older people develop affective and experiential connections with their respective neighbourhoods over time (through the length of residence in the neighbourhood) (Golant, 2003; Cutchin, 2001). In this field, Graham D. Rowles' research (1978, 1983) has been highly influential. Rowles developed the notion of physical, social, and autobiographical "insideness" (1983, p. 299). This insideness (or sense of familiarity) establishes itself over time through spatial routines and habits, and through the accumulation of memorable events. Rowles argues that the remembrance of these events and one's life in the neighbourhood invokes a sense of belonging and continuity, even in times of major change. Jointly with John F. Watkins, he developed the "experience-based life course model of being in place," which affirms that the accumulation of experiences over the life course results in the older person becoming attuned to his/her environment (2003, p. 77). Rowles and Watkins assert that environmental changes (for instance, a move to a care home for instance) can disrupt a person's insideness. Regaining congruence with place requires a 'remaking of place,' by transferring one's insideness into the new or changed place (ibid.). An example may be the transfer of personal belongings to the new home. Indeed, as Malcolm P. Cutchin (2001) emphasises, people's interactions with places are in constant flux, and require constant negotiation to establish and maintain a sense of continuity and belonging (see also Wiles & Allen, 2010; Wiles et al., 2009). Hence, the relationship between the older person and place is *not* understood as "merely contextual snapshots or temporally static episodes" but as "frames of an ongoing environmental movie" (Golant, 2003, p. 639).

As indicated before, this strand of research has gained considerable popularity as a result of the AIP policies of many Western governments. Gavin J. Andrews and colleagues (2007, p. 157) suggest that place attachment and AIP are "closely related, even overlapping concepts which have a strong development in policy and in the literature." Recently, however, several authors have advocated moving beyond this 'traditional' perspective, and have drawn attention to other dimensions of time (Andrews, Evans, & Wiles, 2013; Schwanen, Hardill, & Lucas, 2012; Skinner, Cloutier, & Andrews, 2015). For instance, Lager and colleagues (2016), who draw on the work of Henri Lefebvre (2004), argue that an analysis of 'rhythms' offers a better, and more comprehensive, understanding of older people's attachment to place. In *Rhythmanalysis* (2004), Lefebvre highlights the multiplicity and intersection of rhythms (social, non-human, corporeal, mobile, and institutionally inscribed) that form the polyrhythmic

ensembles of spaces and places. Rhythmanalysis stresses the entwinement and dynamism of time and space: "everywhere where there is interaction between a place, a time and an expenditure of energy, there is rhythm" (Lefebvre, 2004, p. 15).

These 'time spaces' are practiced, over and over again (May & Thrift, 2001; Crang, 2001). In the words of Tom Mels (2004, p. 3), "human beings have always been rhythm-makers as much as place-makers." This means that places are not static pre-existing entities; they are constantly (re)made via the intersection of multiple, and at times conflicting, rhythms (Edensor, 2010). Neighbourhoods consist of "multiple routines and rhythms that may form a compatible or clashing whole, as the different, remediating, tempos, timings and durations come together" (Crang, 2001, p. 2419). Hence, a neighbourhood can be a 'compatible whole,' in which the rhythms are aligned, or a 'clashing whole,' in which the rhythms are in discord. Lefebvre (2004, p. 67) refers to these forms as "eurhythmia" (rhythms being aligned with each other) and "arrhythmia" (when rhythms "break apart, alter and bypass *synchronisation*"). In everyday life, activities usually involve eurhythmic ordering; they are carried out in a habitual and routine manner in familiar places of work, shopping, commuting, leisure, and so on. The everyday relies, thus, on a "synchronisation of practices," which adheres to people's preference for "predictability and security" (Edensor, 2010, p. 8).

However, it is exactly this 'ordinariness' of the everyday, that makes it challenging for rhythmanalysists to reveal the mechanism *behind* a rhythmic ordering. To understand the rhythmic ordering of a place, the analysist needs to ask whether there is "a determining rhythm? A primordial and coordinating aspect?" (Lefebvre, 2004, p. 33). According to Lefebvre, it is above all the timing of 'work' that determines the everyday. Subordinating to the organisation of work creates (hourly, daily) demands, that coordinate other aspects of the everyday: "the hours of sleep and waking, meal-times and the hours of private life" (ibid., p. 73). Ultimately, this results in the repetitive organisation of daily routine. Tim Edensor (2006) adds to this, by asserting that everyday rhythms are, to a great extent, managed by the state, from daily rhythms to life-course rhythms. To a degree, these rhythms set 'the pace' for urban life, and are referred to by Don Parkes and Nigel Thrift (1979, p. 353) as "pacemakers." It is, however, important to note that these rhythmic orderings may differ between individuals and social groups. As Lefebvre (2004, p. 73) puts forward: "we can describe daytime and the uses of time in accordance with social categories, sex and age."

Rhythmic everyday orderings "reinforce normative ways of understanding and experiencing the world" (Edensor & Holloway, 2008, p. 484). In his study of everyday cycling practices in London, Justin Spinney (2010, p. 116) discovered that the rhythms of cyclists were

not “deemed equally desirable” as the rhythms of motorised vehicles, because the city’s roads were designed for the latter. This example emphasises the relational character of rhythms, where rhythms acquire a ‘quality’ in relation to other rhythms. Indeed, Lefebvre (2004, p. 10) argues that “we know that a rhythm is slow or lively only in relation to other rhythms (often our own: those of our walking, our breathing, our heart)” (see also May & Thrift, 2001). This relationality has gained currency in recent years, as scholars became aware that mobility practices are in fact ingrained with moments of stillness and waiting (Cresswell, 2012). In an era “that privileges the mobilisation of mobility” (Bissell & Fuller, 2011, p. 3), these still moments are seen as an abnormality, and hold negative connotations. In addition, since rhythms vary between individuals and groups, people also have different ‘senses of time,’ depending on where they are, and what their social position is (May & Thrift, 2001). Here, Tim Cresswell (2010) raises the example of air travel, which shows how mobility, and the relative speed of the passing of time, can be experienced in completely different ways, depending on which class (and the accompanying level of comfort) a person is able to afford.

2.2.2 The rhythms of later life

The discussion outlined above shows that everyday places are imbued with ‘a multiplicity of rhythms.’ The orderings behind these rhythms can, however, vary from one person to another. This section focuses on the ‘rhythms of *later life*.’ First of all, as the study of Lager and colleagues (2016) indicates, daily rhythms slow down significantly in old age. The process of ageing brings along bodily changes, and will affect people’s energy levels. For many seniors, this will result in a rhythm that includes daytime sleep (Venn & Arber, 2011). Furthermore, older people have to take in their medicines at fixed timeframes, and often at regular intervals, which structures their day and fixes their mealtimes. These medicine intake commitments can constrain the older person to the home (Lager et al., 2016). In addition to these new acquired rhythms of medicine intake and rest, it is likely that the general pace of doing things will slow down in later life (Schwanen & Kwan, 2012; Stjernborg et al., 2014), due to decreasing energy levels and/or mobility problems. The decelerated rhythms of later life affect the time available in a day to go ‘outdoors,’ and consequently, older people can experience a shrinking life world (Lager et al., 2016).

Another important aspect of these slower rhythms, is the increased ‘waiting’ in old age (Droogleever Fortuijn et al., 2006). According to Lager and colleagues (2016, p. 9), waiting is “an intrinsic and inevitable part of old age,” and evokes a sense of dependence. They give the

example of the winter weather, and argue that the appearance of snow and ice 'forces' older people to stay indoors, since they are afraid of falling. Regularly, a state's snow removal and ice prevention policies give priority to the passageways of cars and bicycles, and are not responsible for the neighbourhoods' streets and pavements. These policies mitigate the weather's impact on the working population, and secure the 'eurhythmia' for this group. However, they leave the seniors 'waiting' to be able to go outdoors again, and dependent on the willingness of others to make the pavements accessible to them (Lager et al., 2016; Wennberg, Stahl, & Hydén, 2009).

Subsequently, a stark contrast emerges between the rhythms of later life and the much busier rhythms of younger, and working, people. Lager and colleagues (2016, p. 11) argue that the rhythms of older and younger residents are "out of synchrony in time and space," which can result in a "generational divide within the neighbourhood." Generally, it is the time of work that determines, and acts as a 'pacemaker' of, everyday urban life (see Parkes & Thrift, 1979). But most older people do no longer have the bodily capacities and/or energy to keep up with this pace. Older people spent most of their time at home or in the neighbourhood, and only go out during the day, when the younger residents would be at places of work and/or study. This difference in time geographies accentuates older people's stasis in the neighbourhood and, consequently, their 'slowness,' 'immobility,' and 'oldness.' This can evoke a sense of 'otherness' within the neighbourhood, and creates a milieu in which older people "feel 'out of sync' and out of place" (Lager et al., 2016, p. 13).

It seems, the temporal orderings of younger people's lives (and older people's younger selves) are viewed as the preferred rhythm. Older people, therefore, actively seek ways to structure their "post-(re)productive free time" (Bildtgard & Oberg, 2015, p. 1), to make life more eventful (Marhánková, 2011). This requires a process of 'anchoring' or 'punctuating' time, by adding daily and weekly reoccurring activities, or "rites and ritualisations" (Lefebvre, 2004, p. 94), to everyday time, such as walking, grocery shopping, cleaning, and club activities. Indeed, the French philosopher Jean-Marie Guyau (1988, p. 137) argued that older people lack the new, intense, and vivid experiences of children and youth, making "the weeks resemble each other, the months resemble each other, that constitute the monotonous rut of life." In this regard, old age, at times, can lead to "a nullity of action, place, and time" (ibid., p. 137). According to Lager and colleagues (2016), older people are wary of this nullity, which explains their concern with filling time with activities, and their active attempts to keep busy (see also Lee, 2014). Keeping busy seems to be linked to the norm of 'active ageing' (Katz, 2000; Marhánková, 2011), which "implicitly contains reference to the young, able-bodied and

working population – with a higher tempo of life, being constantly on the move, and busy in their careers and family lives" (Lager et al., 2016, p. 12). It seems, older people have internalised the (society's) ideal of 'activity' in old age, and are actively trying to punctuate or anchor everyday time, in order to counteract the negative connotations ascribed to the slower, non-productive rhythms of their older bodies.

2.2.3 Older people in place ballet

"Timing and synchronisation are integral aspects of interactions" (Adam, 2000, p. 136). Given the 'generational divide' within the neighbourhood, the opportunities for older people to acquire 'social capital' are fairly limited (Lager et al., 2015, 2016). However, obtaining social capital is not only grounded on actual communication. It also comes into existence via simple visual encounters with neighbours, even from behind a window. Although the rhythms of older and younger people are 'out of sync,' walking the neighbourhood can still allow older people positive moments of contact (van Eck & Pijpers, 2017). To understand the value of these visual encounters in older people's lives, Dirk van Eck and Roos Pijpers (2017) adopted a phenomenological perspective instead of a sociological one. The sociological perspective considers superficial everyday contact between neighbours merely as 'signs of coexistence.' Yet, from a phenomenological viewpoint, these seemingly insignificant encounters have, in fact, an effect on people's life and *are* meaningful to those involved (ibid.). The phenomenological perspective is, thus, more open to the positive effects that encounters (even from a distance) can have on older people's lives.

These encounters become particularly meaningful when they appear in 'place ballet' (Lefebvre & Régulier, 2004). The notion of 'place ballet' refers to recurring everyday encounters that create "a strong, even profound, sense of place" (Seamon, 1979, p. 56). 'Place ballets' are, thus, constituted by people's time-space routines, and present opportunities for meaningful encounter (see also Jacobs, 1961). According to van Eck and Pijpers (2017), they offer people a sense of home in neighbourhood spaces that (at first sight) appear to be bursting with strangers. However, this routine use of space can also restrict people. Once a routine is attained, a person "is closely held to it, and by its own initiative is limited in the creation of new routines" (Seamon, 1979, p. 49). People are, indeed, conservative in nature, and stick to their patterns of the past, even if the rationale behind them is long gone. In fact, time-space routines are performed rather unconsciously, and "the mental judgement of the need to continue a particular practice is subdued" (van Eck & Pijpers, 2017, p. 172).

Older people's highly systematic routines make them encounter the same others; at the same times; at the same places. However, in addition to continuity, a shared 'sense of place' is needed for an encounter to become a 'place ballet.' For David Seamon (1979, p. 59) 'place ballet' is "a situation in which a place is experienced without deliberate and self-conscious reflection yet is full of significances; people know the place and its people, and are known and accepted there." When this is the case, encounters can create an atmosphere of fellowship, or conviviality (Laurier & Philo, 2006). According to van Eck and Pijpers (2017), encounters in 'place ballet' offer a sense of familiarity and comfort that its participants, in this case the seniors, grow quite attached to. Claiming that 'place ballets' offer older people a coping strategy for their everyday frustrations with growing 'old' may be a bridge to far. Yet, the 'light-touch' sociality of 'place ballets,' for example in parks, market places or cafés, does offer older people brief moments of enjoyment and kindness (ibid.) (see also Laurier & Philo, 2006; Watson, 2009). Interestingly, it is only when the familiar elements or actors are found missing, that the significance of 'place ballet' becomes crystal clear. Occurrences of 'breakdown' bring about a sudden awareness of one's emotional attachment to a particular place, and to fellow regular visitors (Seamon, 1979).

Thus, spaces and places are imbued with rhythm. If researchers want to understand older people's engagement with place, an analysis of rhythms seems vital. This section discussed the restricting and a-synchronising qualities as well as the liberating and communicative qualities of the 'rhythms of later life.' Albeit positive or negative, the discussion outlined above draws, almost exclusively, attention to the time-space routines in the neighbourhood. But how do the routines in the neighbourhood relate to those within the home? The next section delves deeper into the meanings of the spatiality of *home* in (older) people's lives.

2.3 The home: beyond house and haven

In geographic literature, it has been well established that the spatiality of home is one of the fundamental places that gives shape and meaning to people's everyday lives (Hall et al., 2010), but it does so in very complicated, and often contrasting, ways. For Alison Blunt and Ann Varley (2004, p. 3), the home is a space of both "belonging and alienation, intimacy and violence, desire and fear. [It is] invested with meanings, emotions, experiences, and relationships that lie at the heart of human life." The home has become an important site for scientific research, and not only in geography, across all the humanities and social sciences

(ibid.). Yet, as argued before, the growing, diverse, and interdisciplinary study on AIP has failed to acknowledge the importance of the spatiality of home. By contrast, this section focuses solely on the home, and its potential meaning in older people's lives. First, I give a short, historical review of the geographic literature on home. Thereafter, I explore the meanings assigned to the home by persons with mobility impairments. Lastly, I discuss the home as an important site of care for older people as they age.

2.3.1 Geographic histories of home

Throughout the twentieth century, the home was cast as a 'protected place;' a uniform space of safety, familiarity, and nurture (Tuan, 2004). Nowadays, it is recognised as a far more problematic entity (Brickell, 2012). In the 1970s and 1980s, humanistic geographers defined the home as a site of authenticity and experience, that provided a sense of place and belonging in an increasingly alienating world (Manzo, 2003). Essentially, the spatiality of home was counterpoised to places of work. *Home* was a place of retreat, social stability, and domestic bliss, far away from the troubles of public life; a place where the individual could control decisions about who to admit or to exclude (Rakoff, 1977; Saunders, 1990; Tuan, 2004). Unmistakeably, there was a clear-cut line between the inside and the outside (of a house); separating private from public spheres (Blunt & Varley, 2004). Maria Kaika argues that the home became constructed as:

> the epitome, the spatial inscription of the idea of individual freedom, a place liberated from fear and anxiety, a place supposedly untouched by social, political, and natural processes, a place enjoying an autonomous and independent existence: a *home*. (Kaika, 2004, p. 266)

Academic work in this era appeared to "exaggerate the emotional nobility of the home" (Ehrenreich & English, 1978, p. 10). The home became *the* metaphor for experiences of joy and protection. Ultimately, this led to the production of a normative association between home and positivity (Guiliani & Feldman, 1993; Moore, 2000; Short, 2006).

This 'house as haven' thesis was criticised in the 1990s (Brickell, 2012). David Sibley (1995, p. 93), for instance, deplored the "benign" approach of many studies on domestic environments, because the world is actually full of tension and conflict. An interdisciplinary

call for a more "gloomier tale" came up, to counteract the existing 'upbeat' literature on home (Porteous, 1995, p. 152). Indeed, multiple case studies displayed inconsistencies between the ideals and the lived realities of home (a key example is the edited collection *Ideal Homes?* by Chapman and Jenny Hockey from 1999). Gradually, the optimistic understandings of home and domesticity started to lose their credibility. This was particularly evident in feminist analysis (Brickell, 2012). A range of feminist writers (Badgett & Folbre, 1999; Olwig, 1998; Young, 1997) tried to deconstruct ideal images of home by showing that for some women, the domestic was a potential source of repression – a site of struggle and conflict. In this regard, home is "less of a castle, and more of cage" (Goldsack, 1999, p. 121).

These studies show that the meaning of home is not fixed, but unstable and transitory (Hall et al., 2010). For this reason, the concept of home was reconceptualised as a "continuous process of negotiations, contracts, renegotiations, and exchanges" (Brickell, 2012, p. 226). In a similar fashion, anthropologist Daniel Miller (2001, p. 4) defined the domestic as "a turbulent sea of constant negotiation rather than simply some haven for the self." Henceforth, more and more authors began to characterise the home by its contrasting connotations (Blunt, 2005; Blunt & Dowling, 2006; Blunt & Varley, 2004; Domosh, 1998; Duncan & Lambert, 2004; Varley, 2008; Young, 1997). For instance, Nicole Schröder (2006) views the home as a site of ambiguity, because the home's protective functions are always interconnected with its limiting ones. She argues that: "feelings of solidarity, safety, and protection are often achieved by severe acts of exclusion and regulation" (ibid., p. 33). These mixed feelings are, according to Lynne Manzo (2003), vital in trying to understand *home*.

In this regard, academic writings on AIP produce a rather one-sided view of the spatiality of home. They focus, almost exclusively, on the ways in which the home disappoints, aggravates, neglects and confines, whereas the neighbourhood is presented as a liberating and socialising space. It seems, this one-dimensional understanding of home needs to complicated by more positive and ambivalent feelings to home (Brickell, 2012). At this moment, AIP still tends to portray a too negative image of private space, and a too positive (or idealised) image of public space – by not taking into account the home's inspiring and comforting qualities. Analyses of home should always be ambiguous and contradictory, and focus on the home's hitches just as much as its pluses (Brickell, 2012; Moore, 2000). Indeed, for geographers, the home space is a "rich territory" (Cloutier et al., p. 766); it is a complex and multi-layered context that evokes both positive and negative memories, experiences, values, and preferences (ibid.) (see also Brickell, 2012; Milligan, 2003).

To emphasise the home's 'richness,' geographers Alison Blunt and Robyn Dowling proposed the term 'critical geographies of home,' in their book *Home* (2006). They argue that a critical geography of home comprises three (cross-cutting) components: "home as simultaneously material and imaginative; the nexus between home, power and identity; and home as multi-scalar" (ibid., p. 22). The first component – the 'material and imaginative' – reminds us that the home is not only a physical location in which people reside, but that it is an imaginative and metaphorical space of emotion and belonging (see also Ali-Ali & Koser, 2002; Rapport & Dawson, 1998). The second component – 'home, power and identity' – emphasises that the domestic, as a locus of personality, belonging and meaning, is experienced in different ways according to age, gender, sexuality, ethnicity, and class. Finally, the third component – 'multi-scalar' – concerns the porosity of the home, "as the personal relations it plays host to transect public and political worlds" (Brickell, 2012, p. 226). The identity of home derives, thus, from its 'openness.' *Home* is "constructed out of movement, communication, social relations which always stretched beyond it" (Massey, 1992, p. 14). In brief, critical geographies of home are situated within a range of complex meanings, emotions, experiences, and relationships. They are important in both material and symbolic terms, and on scales ranging from the domestic to the global (Blunt & Dowling, 2006). Simply put, critical geographies of home move beyond *house* and *haven*.

2.3.2 Disability and home

The home's ambiguity becomes crystal clear when we consider the notion of disability. Rob Imrie (2010) contends that a person's mental and physical wellbeing is, to a great extent, related to the quality of the home environment, and that an important part of this quality is physical design and layout. For Imrie, a high quality design enables the ease of people's movement around the house and the use of facilities (ibid.). Physical design is, however, often ill-suited to the needs of disabled people. According to Malcolm Harrison and Cathy Davis (2000, p. 115), poor design prevents self-management of impairments "and may exacerbate a condition." Moreover, Christine Oldman and Bryony Beresford (2000, p. 439) found that for children with limited mobility the home often lacks 'spontaneity,' because they "rely on an adults to move them around." In these instances, the home is far from 'a haven.' The studies of Harrison and Davis (2000) and Oldman and Beresford (2000) indicate that disabled people's domestic experiences are, potentially, at odds with the 'ideal' conception of home as a space of privacy,

security, independence, and control. In part, this is because the home (and its physical design) still revolves around positively perceived values, such as companionship and freedom, and denies other aspects of domestic life, such as disease, impairment, and dying (Hockey, 1999). Imrie (2010) reasons that this reflects a broader problem with debates about the meaning of home, in which the impaired body is rarely a subject of comment and analysis.

Of course, some aspects of home *are* able to provide a sense privacy, security, and control, but these provisions are always conditional and contingent (Imrie, 2010). They are in flux, and likely to be challenged by "the onset and development of bodily impairment" (ibid., p. 40). In fact, impairment is a significant, and intrinsic, condition of human existence (see Bickenbach, 1993; Marks, 1999; Zola, 1989). It can affect anyone, at any time. In this regard, people's experiences of home can never be detached from their corporeality; the organic matter and material of the body. Nevertheless, literature on the meaning of home fails to acknowledge the impaired body and its interactions with the spatiality of home (Imrie, 2010). Physical housing designs rarely include the accurate fixtures, fittings, or spaces to enable the ease of movement and the use of facilities by disabled people (ibid.). According to Imrie (2010), these design are potentially 'disembodying,' because they deny the presence or possibility of bodily impairment. Consequently, they are likely to reduce the quality of 'home life' for many people with a disability (ibid.).

However, it is important to note that disability is neither fixed nor static. Research on disability tends to conceive disabled people as 'victims' of circumstances that are beyond their control. The impaired body is treated as a 'physiological dope,' without agency or the capacity to ameliorate or circumvent the 'given' conditions of existence (Allen, 2000). Imrie (2010) suggests, however, that disabled people are far from passive victims of insensitive design. Imrie's study illustrates that disabled people have "the capacity to generate usable spaces out of the social and physical impediments that are placed in their way" (ibid., p. 35) (see also Allen, Milner, & Price, 2002; Hawkesworth, 2001; Heywood, Oldman, & Means, 2002; Oldman & Beresford, 2000; Percival, 2002). For instance, Allen and colleagues (2002) found that parents of visually impaired children do not see their children as victims of the home's built environment, because most of these children are able to construct 'memory maps' or guides of their home, that permit them to navigate, with relative ease, from one space to another.

In reality, many disabled people are trying to adapt and/or reorganise the physical layout of their homes, in order to regain control over their own environment (Ridgway et al., 1994). They take out doors, install ramps, remove carpets, get rid of 'big' furniture, and put up grab rails to facilitate ease of movement and use of rooms (Imrie, 2010). People with (mobility)

impairments are constantly solving and resolving issues related to functioning in restrictive spaces (ibid.). Daily, the home is altered and renewed to serve the disabled body as best as possible. However, rearranging the physical layout of the home is not *only* a means to exercise control over, and reclaim, personal space. Research suggests that these energy saving strategies become part of people's daily routine (Oldman & Beresford, 2000; Percival, 2002; Rubinstein, 1989). Hence, disabled people's 'home lives' revolve around preserving their bodily energy and organising tasks in ways that enable them to 'get through the day.'

2.3.3 Home as a site of care

Several authors maintain that the home is the ultimate space in which to provide care for older people, because it is seen as a setting that is both familiar and imbued with meaning (see Milligan, 2009). The assumption is that the ongoing, and temporal, process of inhabiting a familiar place results in the development of a unique sense of attachment that is both supportive and adaptive (ibid.), and this would enable the older person to stay as independent as possible, for as long as possible. Undeniably, the presence of private possessions and familiar objects within the home reinforces our sense of self, and bestows the home with personal meaning (Rubinstein, 1989), and because of this, older people are more likely to feel safe, secure, and in control. According to Janine L. Wiles and colleagues (2009, p. 665), this "helps adjustment to the contingencies of ageing and enhancing well-being." Familiarity with the organisation of the home can, thus, uphold older people's sense of self and safety, even if their health declines. In a similar fashion, Rowles (1993, p. 66) has argued that familiarity of home facilitates a "preconscious sense of setting." He proposed that, over time, we develop routines inside the home. These routines would enhance our ability to instinctively negotiate spaces within the home without coming to any harm. Indeed, individuals are less likely to trip or knock over an object, when it is placed in the same, familiar location, for a long time.

However, as stated before, routines can also restrict people (Seamon, 1979). Once a routine is acquired, a person "is closely held to it, and by its own initiative is limited in the creation of new ones" (ibid., p. 49). The 'preconscious sense of setting' can enable individuals to transcend new physiological and sensory limitations. Nevertheless, because human beings are conservative in nature, it can also make them more vulnerable to changes in the physical environment (Milligan, 2009). When homes become places of care, they often need to be reorganised, as care professional still need workspaces that are clean, hygienic, and efficient

for the purpose of delivering safe, high-quality care (Dyck et al., 2005). This re-ordering of the home into a space of care frequently requires a physical modification of the home's infrastructure to support access (Milligan, 2009) (for example, through the installation of ramps, grab rails, or stair lifts). However, these installed adaptations, and the moving of small items of furniture (such as a chair or a side table) to different locations, *can* contribute to a fall (ibid.). In this regard, the rearranging of the home (to accommodate care-giving) is likely to decrease the 'preconscious sense of setting,' and increase vulnerability (ibid.). This may be especially true for those experiencing sight impairment or short-term memory loss.

However, the relocation of care (from institutional to domestic settings), does not only bring changes to the 'physical/material home' (Blunt & Dowling, 2006). It also brings the 'symbolic home' into tension, as an imaginative space of personal meaning, emotion, and belonging (ibid.). In the receipt of home care, many actors interact across the spatiality of home (Cloutier et al., 2015). Indeed, for many older people, the regular presence of, and social interaction with, formal care workers in their homes, is the new (daily) reality. When homes become places of (long-term) care, though, boundaries between public and private spaces become blurred (Dyck et al., 2005; Milligan, 2005; 2009; Twigg, 2000; Williams, 2002). For that reason, the older person's home has been defined as a "public-private space" or a "pseudo-institution" (Cloutier et al., 2015, p. 769). In any case, the regular presence of care workers in the home brings the 'the private' into tension (Milligan, 2009). Older people, who receive (in)formal care at home, constantly have to (re)negotiate public and private space (ibid.).

The constant revisioning of the home's physical and symbolic meaning, brings into focus the complexity of the home space. In the AIP context, the home is both a site of care and one of social interaction and personal meaning (Milligan, 2009). Delivering care at home can fundamentally change the way older people 'connect' to their homes. Indeed, Christine Milligan (2005) recognises that emotion and personal identity are deeply embedded in ideas about home when she writes: "our sense of who and what we are is continually shaped and reshaped by how we feel *about* places and how we feel *in* places" (Milligan, 2005, p. 2105). This explains why healthcare providers, sometimes, encounter resistance from older people (and their families) in their attempts to reorganise the home (Phillipson, 2007). At times, older people prefer to improvise or subvert the healthcare and safety requirements, in order to retain a sense of home (Milligan, 2009). This friction between the aesthetics of care and the aesthetics of home, produces an ambiguity of place for both the care-giver and the care-recipient (Milligan, 2009), one that brings care *and* home (public and private) into tension. Michael Brown (2003) identified a 'spatial paradox.' Initially, older people prefer to receive care at home. However,

contrary to their expectations, many eventually adjust their preference, because the ‘nature’ of the home changes when levels of care needs intensify. In brief, older people prefer to be cared for at home, but after the inevitable changes, “is it still home?” (ibid., p. 841).

3 Methodology: case study

This thesis is based on case study research. The case study as a methodology is an increasingly popular approach among qualitative researchers (Thomas, 2011). It is a pragmatic and flexible research strategy that can fit a range of theoretical perspectives and methods (ibid.; Taylor, 2016). The case study as an explicit methodology has also become more prominent in geography research (Castree, 2005). However, according to Liz Taylor (2016), it must be selected for the right reasons and with careful consideration of issues such as bounding, generalisation, and objectivity. If so, case studies are able to generate in-depth interpretations of complex systems of meaning, positioned within their unique socio-cultural context – something a breadth study (such as a large-scale survey) cannot do (ibid.).

Firstly, this chapter describes my search for informants, which happened through the organisation *Sterker Sociaal Werk*. Thereafter, I explain the case study as a methodology and discuss its most important pitfalls. Lastly, I describe my visits to Mrs. Jacobs' and Mrs. de Groot's homes (the main settings of data gathering).

3.1 Focus on two older people

This research describes the life stories and experiences of two older women, living in the city of Nijmegen, the Netherlands: Mrs. Jacobs and Mrs. de Groot. *Their* realities of daily life in the home and neighbourhood are the focus of the upcoming analytical chapter. As of recently, scholars of human geography (and other disciplines) have underscored the importance of understanding the experiences of older people from the perspective of older people themselves, "rather than being gleaned from proxy insights provided by care providers and family members" (Cloutier et al., 2015, p. 766) (see also Conradson, 2003; Milligan, 2003, 2005; Wiles, 2005, 2011). In fact, the way older people understand the meaning of (growing old in and around their own) home, is a rather underexplored topic (Wiles et al., 2012). This research offers, therefore, two detailed case study rapports, filled with the daily habits and routines of Mrs. Jacobs and Mrs. de Groot; two older women that are ageing in place.

But who is, in the context of this research, considered 'old'? In Dutch policy, the age at which people are labelled 'older' depends on the policy area. For instance, labour participation of older people concerns those aged 50-65 years, whereas in the care sector, older people are

those aged 75+ years (van Nimwegen & van Praag, 2012). The retirement age (in the Netherlands: 68+) is often embraced in research to define an older person, because from this age onwards people are likely to spend more time in the home and neighbourhood. This may especially be the case for men who used to be the breadwinner of the family (see Lager et al., 2013). However, in the context of this research, I choose to focus on the older 'older' people (80+) that still live in their own homes – that is, outside of institutional care. The reason for this is that the older people that 'just' retired are still very active and still have a vivid social network to fall back on. The older 'older' people are more likely to experience difficulties in the performance of their daily routines, due to their dwindling health and mobility, and the decline in their social network. In the process of this research, Mrs. Jacobs turned 91 years old and Mrs. de Groot celebrated her 88th birthday.

Mrs. Jacobs and Mrs. de Groot were recruited through the voluntary organisation *Sterker Sociaal Werk*. As part of my internship at the municipality of Nijmegen, I signed up as a volunteer who visits older people (in Dutch: *bezoekvrijwilliger*). *Sterker Sociaal Werk* offers several voluntary services in Nijmegen for both the young and old, with the purpose of making them feel 'stronger.' For the elderly, these services involve, for instance, grocery shopping, filing paperwork, going on walks together, transportation services, preparing diner, and being a 'buddy' (in Dutch: *gezelschapsmaatje*) (Sterker Sociaal Werk, 2019). Older people enrol themselves, or are registered by a family member or care professional (a GP, an elderly advisor, or a visiting nurse). In conversation with the organisation's head of volunteering, we settled for two 'clients,' who are at least 80 years of age, are living on their own, and residing in their own homes. Eventually, I got 'matched' with Mrs. Jacobs and Mrs. de Groot. Both of them were on a waitlist for a visiting volunteer, which means they were looking for (or a family member or care professional thought they would benefit from) a companion. On ethical grounds, we agreed that Mrs. Jacobs and Mrs. de Groot would be informed of my research intentions from the very start. During the first visits, I emphasised that, at all times, I would respect their privacy and protect their anonymity. Mrs. Jacobs and Mrs. de Groot gave their approval almost right away, on the condition that I would not use their full names in the final report. Hence, the names *Jacobs* and *de Groot* (and all other names used in this thesis) are aliases. Additionally, we agreed that it was only fair to Mrs. Jacobs and Mrs. de Groot, to volunteer for a minimum period of six months. From March till August 2018, I visited both women (almost) once a week. In total, I paid 22 visits to Mrs. Jacobs and 18 visits to Mrs. de Groot. Each visit lasted for about two hours. This corresponds to about 80 hours of extensive data gathering. This intensive contact, over an extensive period of time, made it possible to reconstruct a detailed, and in-

depth, case study report on (the AIP experience of) both Mrs. Jacobs and Mrs. de Groot, which forms the basis of this thesis.

3.2 Case study research

This thesis is based on case study research. As stated before, the case study is an increasingly popular approach among qualitative researchers (Thomas, 2011). This is perhaps because it provides a level of flexibility that is not readily offered by other qualitative approaches, such as grounded theory and phenomenology (Taylor, 2016). Yet, there is a wide diversity in themes and priorities in case study designs, which can make it difficult for researchers to define, and understand, the case study (Hyett, Kenny, & Dickson-Swift, 2014). Gary Thomas (2011) argues that this is, to some extent, explainable by the diversity in epistemological starting points, from which practitioners and analysts (of different disciplines) arrive. This means that the case study as a methodology is not necessarily bound to a particular theoretical perspective or epistemological approach (see also Taylor, 2016). Indeed, the key writers on case study (particularly, Robert Yin, 2012, 2014; Michael Bassey, 1999; and Robert Stake, 1995) come from a range of research background and each has its own distinctive approaches and ways of constructing the case study (Taylor, 2016). Nerida Hyett and colleagues (2014) discuss two popular case study approaches in qualitative research. The first, suggested by Stake (1995) and Sharan Merriam (2009), is situated within a social constructivist/constructionist paradigm and the second, proposed by Yin (2012), Bent Flyvbjerg (2011), and Kathleen Eisenhardt (1989), arrives from a post-positivist viewpoint. Post-positivists believe that there is one reality, independent of our thinking, that science can study; while social constructivists hold that there are multiple, socially constructed, realities (we each construct our own). Scholars from both schools have contributed heavily to the popularity of case study and to the development of theoretical frameworks and principles that characterise the methodology (Hyett et al., 2014).

Despite the differences, commonalities exist. First of all, most scholars agree that case study is a form of naturalistic research. This means that the case is being studied in its 'normal' context, rather than in a laboratory or other artificial environment (Bassey, 1999). Thus, case study researchers are united in their commitment to studying the complexity of *real* situations. Helen Simons (2009, p. 443) defines the case study as follows: "Case study is an in-depth exploration from multiple perspectives of the complexity and uniqueness of a particular project, policy, institution, program or system in a *real-life context*" (italics added). Secondly, most case

study researchers adopt multiple data collection methods (Taylor, 2016). According to Stake (1995, p. xi-xii), case study research draws together "naturalistic, holistic, ethnographic, phenomenological, and biographic research methods" in a "palette of methods." Hence, the case study is not defined by the methods of data collection that it employs. Rather, "analytical eclecticism" is a defining feature (Thomas, 2011, p. 512). These multiple data collection methods are adopted to obtain a range of perspectives and insights into the case, in order to further develop and understand it (Taylor, 2016). Whatever the methods used, the most important aim is to strive for what Clifford Geertz (1983) calls 'thick description.' Explaining social phenomena through thick description means that the researcher not only describes human behaviour, but also provides the context in which this behaviour occurs. The case study should give readers "the vicarious experience of 'being there,' so that they can share in the interpretation of the case, adjudicating its worth alongside the researcher" (Cousin, 2005, p. 424) (see also Stake, 1995).

Thirdly, cases are set in spatial and temporal boundaries. As Stake (1995, p. 2) suggests: a case is "a specific, a complex, functioning thing," bounded within space and time. This boundedness is considered key in defining a case (Ragin, 1992). For Yin (2014), the temporal boundary of a case study is generally contemporary to the researcher, in contrast to historical research. In his view, historical documents can only provide context to the case study. To sum up, I turn to John Creswell's (2013, p. 97) definition of a case study: it "explores a real-life, contemporary bounded system (a case) or multiple bounded systems (cases) over time, through detailed, in-depth data collection involving multiple sources of information."

In the context of my research, the bounded systems are persons: Mrs. Jacobs and Mrs. de Groot. These cases were set in *place* (in the real-life context of their home and neighbourhood, Nijmegen-Oud-West and Hatert) and in *time* (a period of 6 months, from March until August 2018). By centring on two persons, this research provides an 'embodied' understanding of (the meaning of) home and its environment. Indeed, Rob Imrie (2010) argues that there is an urgent need to 'corporealise' the meaning of the home, because people's feelings and experiences of home can never be separated from their corporeality (the organic matter and material of the body). The spatiality of home is, thus, thoroughly embodied (ibid.). Even "the most basis places and spatial indicators are first of all qualified by the body" (Lefebvre, 1991, p. 174). Hence, if one seeks an extensive and nuanced understanding of the spatiality of home, it makes sense to focus on the person that inhabits it. Additionally, the process of ageing brings along bodily changes. As a result, the home can be experienced as 'disembodying,' because it may no longer be attentive to older people's bodily needs and functions (Imrie, 2010). Selecting

persons as cases is, however, not without its difficulties. William Goode and Paul Hart comment that a person is hard to bound: "it is not always easy for the case researcher to recognise where the [person] ends and the environment begins" (in Stake, 2003, p. 135). In a similar vein, Taylor (2016) maintains that establishing the boundaries of a person is quite the challenge, because of the complex web of relational links that people have with their living, and non-living, environment.

In the literature, there is much discussion about the choice for a single case or multiple cases (Taylor, 2016). If your main interest is in a wider issue, then more than one case, across different sites, is likely to give a richer insight (ibid.). However, there will inevitably be a *depth* versus *breadth* "trade-off" (Hammersley & Gomm, 2000, p. 2). This brings us to one of the main critiques on case study research: its potential lack of generalisability. Indeed, rather than looking at a few variables in a large number of cases, the case study researcher looks at the complex interaction of many factors in only a few cases (Ragin, 1992). The 'extensiveness' of the former is discarded for the 'intensiveness' of the latter (ibid.). Hence, there is a trade-off "between the strength of a rich, in-depth explanatory narrative emerging from a very restricted number of cases and the capacity for generalisation that a larger sample of a wider population can offer" (Thomas, 2011, p. 512). In case study research, the emphasis lies on the case itself, and not on variables (ibid.). With my choice for 'only' two cases, I weakened my capacity for generalisation. However, it *did* result in a more intense, in-depth, and rich data set; which I would not be able to recreate with a larger number of cases.

Another important characteristic of a case is its analytical frame. Thomas (2011) argues that a case can only be studied if it is a case *of* something ("*of*" constitutes the study's analytical frame). In fact, a case must comprise two elements. First, there is the "characteristic unit" that the researcher observes (Wieviorka, 1992, p. 160). Thomas (2011) calls this the *subject* of the study. Second, there is the "theoretical, scientific basis" of the case (Wieviorka, 1992, p. 160). This is the study's analytical or theoretical frame, and Thomas (2011) calls this the *object*. The subject has no meaning in itself. "It is significant only if an observer […] can refer it to an analytical category or theory" (Wieviorka, 1992, p. 160). Hence, if we want to talk about a case, we need a means of interpretation; a context (ibid.). For additional clarification, Thomas (2011, p. 513) makes the distinction between the *explanandum* ("the thing to be explained") and the *explanans* ("the thing doing the explaining"). In the context of my research, Mrs. Jacobs and Mrs. de Groot (subjects) are case studies *of* ageing in place (object). The notion of ageing in place is the explanandum (the thing to be explained) and the 'things' doing the explaining – the explanantia – are Mrs. Jacobs and de Groot. A case study cannot be merely empirical

(Wieviorka, 1992). If the researcher only identifies a subject, he or she fails to explain anything, and provide only a simple description (Thomas, 2011). Hence, for a case study to constitute research, there has to be something to be explained (an object) and something potentially to offer explanation (a subject) (ibid.).

However, the question still stands whether the case study is able to offer information that can be useful *beyond* the individual case. In other words, can findings be generalised? Is a case representative of a wider population? Opinions on the case study's representativeness differ (see de Vaus, 2001; Flyvbjerg, 2006; Gomm, Hammersley & Foster, 2000; Yin, 2014). For instance, Stake (1995) was in favour of 'naturalistic generalisation,' Yvonna Lincoln and Egon Guba (1985) championed 'holographic generalisation' and Bassey (2001) propagates 'fuzzy generalisation.' Naturalistic generalisation invites readers to relate components of the case study to personal experiences. In Stake's (1995) view, naturalistic generalisations are conclusions arrived at by vicarious experience, whereby the reader feels as if it happened to them. They fall 'naturally' in line with readers' ordinary experiences. Lincoln and Guba (1985) draw on the metaphor of the hologram. A hologram is a three-dimensional image, which appearance varies depending on the perspective of the viewer. Lincoln and Guba invite the researcher to walk around the case and consider it from different angles (the back, front, and sides) to get to a 'full picture.' In Bassey's (2001) view, the most appropriate aim for case study research is to aspire to the making of 'fuzzy generalisations.' This notion is based on the scientific conception of the fuzzy principle, which asserts that everything is a matter of degree and nothing is certain. Hence, we can only aspire to predict probability in terms of 'may' rather than 'will' (see also Cousin, 2005).

However, according to Thomas (2011), the case study is in no sense representative (or 'typical') of a wider population. Namely, "it can never legitimately be claimed to form a representative sample from a larger set." (ibid., p. 514). Subsequently, it does not provide 'generalizable knowledge;' it gains 'exemplary knowledge.' This means that the case only has the ability to exemplify the analytical frame. In most instances, the subject is an interesting, unusual, or revealing example "through which the lineament of the object can be refracted" (ibid., p. 514). Henceforth, the aim of *this* case study research is to stretch, and complicate, current understandings of the notion of AIP. Mrs. Jacobs and Mrs. de Groot are revealing examples or "key cases" (ibid., p. 514), because they were on the *Sterker Sociaal Werk*'s waitlist for a reason. As stated before, the AIP approach has been framed to be in the best interest of older people. However, the fact that Mrs. Jacobs and de Groot were eyeing for a 'buddy,' undermines this somewhat optimistic understanding of AIP. Hence, the function (or ambition)

of case study research is not necessarily "to map and conquer the world, but to sophisticate the beholding of it" (Stake, 1995, p. 43).

Then, as a final point, does the case study involve too many subjective decisions, made by the researcher, to offer genuinely objective results? Some academics, particularly those from 'hard' science traditions, have difficulty seeing case study research as scientifically credible. Indeed, the case study falls within an interpretivist tradition, in which the subjective bias of the researcher is accepted as a given (Cousin, 2005). The researcher's personal traits and biased thoughts will always influence the scientific outcomes. Hence, case studies never grasp the whole truth; they are "inherently partial – committed and incomplete" (Clifford, 1986, p. 7). However, the possibility of neutrality in any academic discipline is increasingly understood as impossible (Cousin, 2005). It does not matter from which epistemological starting point the practitioner or analyst arrives; whether the research process can be characterised as an 'objective' investigation remains to be seen.

In addition, a social constructivist/constructionist approach to case study research supports a transactional method of inquiry (Hyett et al., 2014). Here, the researcher has a personal interaction with the case (ibid.). Indeed, during my research, I built personal relationships with Mrs. Jacobs and Mrs. de Groot. Subsequently, the cases are developed in close collaboration with the informants themselves. The social constructivist would argue that, in this way, the case is able to engage the reader, by inviting them to join in, in this interaction and in case discovery (Stake, 1995). This is at odds with the post-positivist approach to case study (Hyett et al., 2014). This viewpoint supports the development of clear case study protocols, with careful consideration of potential bias and validity (ibid.). Here, Yin (2012, 2014) advises to incorporate an exploratory or pilot phase, to ensure that all elements of the case are measured and adequately described. In this regard, my research seems to fall in the social constructivist paradigm. I visited Mrs. Jacobs and Mrs. de Groot regularly, on fixed days, at fixed times. In any case, I became part of their weekly schedule, and was affective on (the way they performed) their routines. An additional factor was that I became an important source of social contact for Mrs. Jacobs and Mrs. de Groot. This made my research not only time-consuming; it was emotionally demanding as well. However, at the time of writing this, six months have passed since my last visits to Mrs. Jacobs and Mrs. de Groot. This has given me ample time to process my emotional experiences with both and to enhance my objectivity. Although the social constructivist paradigm is not as theory oriented as some other epistemologies, I constantly tried to reflect (preliminary) results on the already existing body of literature – in order to reinforce the trustworthiness of my findings.

3.3 Visiting Mrs. Jacobs and Mrs. de Groot

As mentioned before, I visited Mrs. Jacobs and Mrs. de Groot on fixed days and fixed times. On Monday afternoons (from 2:00 until 4:00 p.m.), I was at Mrs. de Groot's house. In 25 minutes by bike, I arrived in the neighbourhood of Hatert. Hatert is part of the area Nijmegen-Zuid and located in the southern end of the city. Here, Mrs. de Groot lives in a one-family home, with neighbours on either side, and a rather spacious garden. The house is a bit big for Mrs. de Groot, who lives on her own. She mainly uses the downstairs; the living room, the kitchen, and her front and backyard. Upstairs, she only makes use of her bedroom and bathroom. The other rooms are closed and "a real mess." During my visits, we would sit in the living room, or (when the weather allowed it) in the backyard, under a shelter that provided shade. In both places, there were fixed seating arrangements. In the living room, Mrs. de Groot would sit on the couch and I would sit in the armchair diagonally across of her. In this chair, my back was turned to the window which provided a view on the street. On my first visit to Mrs. de Groot, I, unsuspectingly, choose to sit on the couch. However, when I arrived for the second time, Mrs. de Groot quickly nodded to the armchair. Clearly, I had blocked Mrs. de Groot usual spot on the sofa (and her view on the street), and was urged to sit somewhere else. In the backyard, Mrs. de Groot would sit in the chair closest to the house, with a small, round table right beside her. I would sit at the other end of this black metal table. In this arrangement, Mrs. de Groot was in the most sheltered spot and had the best view of the garden. During my visits, I was (almost) always offered two cups of coffee. In fact, the coffee machine was already heating up, before I entered the house. With the coffee, Mrs. de Groot would bring out a serving tray with sugar cubes and a little can of milk – although she eventually knew I take my coffee black. Additionally, she would bring out a chockful cookie jar and a glass bowl filled with all sorts of candy and chocolate. When I would not immediately take one (or multiple ones), she would say: "you are not dieting right, or are you?"

On Thursday afternoons (from 1:00 until 3:00 p.m.), I was at Mrs. Jacobs' house. In fifteen minutes by bike, I arrived in the neighbourhood of Nijmegen-Oud-West. Here, a block away from Nijmegen's central station, Mrs. Jacobs lives in a one-family house, with neighbours on either side. Mrs. Jacobs only uses the downstairs of her house. Despite the stair lift that has been installed, she is not able to go upstairs on her own. For that reason, Mrs. Jacobs only makes use of the living room (that also serves as her bedroom) and the kitchen. During my visits, we most often sat in the living room. I would sit down on (the right side of the sofa) or, when Mrs. Jacobs was not finished yet with her lunch, on one of the dining chairs. When the weather

allowed it, we would "go out." If so, I had to adjust the leg supports on Mrs. Jacobs' wheelchair, to support her feet. Plus, I always had to make sure that Mrs. Jacobs was dressed accordingly to the weather conditions (not too warm and, more importantly, not too cold). Mrs. Jacobs determined the routes of most of our walks, that would (almost) always lead us to, or along, shops. The shop we visited most often was the nearby supermarket *Jumbo*. On hot summer days, Mrs. Jacobs made me pick a route "in the shade." These routes would lead us to more wooded areas of Nijmegen-Oud-West and included breaks, because "with this hot weather" Mrs. Jacobs found it important that I took frequent breaks from pushing "the rather heavy wheelchair." We would 'end' our walks in Mrs. Jacobs' living room, with a cup of tea and "of course" a treat. "After such an effort, one deserves a treat!" Generally, this was a cookie or a pastry, that we just bought at *Jumbo*.

In general, Mrs. Jacobs and Mrs. de Groot led our conversations and determined the topics of our talks; dependant on what was on *their* mind that particular day. My role (as a researcher, but also as a volunteering 'buddy') was to provide a sympathetic ear and to ask considerate follow-up questions. From the very start, Mrs. Jacobs was very open. During our first meeting, she already told me about how difficult it is that she cannot go out on her own, and that she really looks forward to our walks. With Mrs. de Groot, however, it took a bit more time. Perhaps because my age and/or my research intentions, she was a little hesitant at first. Indeed, the last thing she wanted was to come across as "some sad lady." Eventually, after a few visits, she started to open up and felt more comfortable talking about the worries she has. Still, occasionally, she would ask me: "you didn't write anything weird about me, did you?" Clearly, Mrs. de Groot was slightly more concerned with the way she came across than Mrs. Jacobs. However, this case study research does not solely rest on (face-to-face) conversation. With Mrs. Jacobs, I also went on fourteen walks in the neighbourhood of Nijmegen-Oud-West, which can be labelled as *walking interviews* (see Lager et al., 2015). Additionally, I helped with household chores (for instance, hanging Mrs. de Groot's laundry and folding it, putting groceries away in Mrs. Jacobs' cupboards, and swiftly clean the wheels of Mrs. Jacobs' wheelchair). Hence, data was not only gathered in conversation, it also came into being while doing activities in and around Mrs. Jacobs' and Mrs. de Groot's houses. Thus, like many other case study researchers, I adopted multiple data collection methods: informal conversation, small-talk, walking interview, and (participant) observation.

4 Analysis

In case study research, there are various options in data analysis, but according to Liz Taylor (2016, p. 590), it should always be "an iterative process balancing breadth and depth." In other words, there is a balance to be struck in the case study's analysis between considering data as a whole (or holistically) and focusing on particular parts in detail. Taylor (2016) contends that finding this balance between parts and whole is an iterative process. This means that the case study arrives at its conclusions by repeating rounds of analysis. With each repetition (or iteration), the researcher brings the desired result closer to discovery. In summation, the case study researcher is constantly considering what is common and what is particular about the case (see also Hyett et al., 2014).

This chapter considers the data holistically by making some general remarks on older people's experiences of AIP, and by (repeatedly) reflecting it on the already existing body of literature. Moreover, this chapter looks in detail at particular parts, by incorporating detailed illustrations and quotations from the interviews with Mrs. Jacobs and Mrs. de Groot; with the general aim of providing a sense of 'character,' so that the reader might feel to get to know them. Firstly, this chapter introduces both Mrs. Jacobs and Mrs. de Groot. Thereafter, I provide an analysis on Mrs. Jacobs' and Mrs. de Groot's routines *inside* the home and *outside* the home (in the neighbourhood). Lastly, I discuss the routines that do not fit in any of these two categories, but confirm a blurring of the private-public (home-neighbourhood) divide.

4.1 Introducing Mrs. Jacobs and Mrs. de Groot

4.1.1 Mrs. Jacobs

Mrs. Jacobs is 91 years old. She grew up in 's-Gravendeel, in de Hoeksche Waard, a village in the west of The Netherlands. Mrs. Jacobs talked with great enthusiasm about her childhood in 's-Gravendeel. She was the oldest of three sisters, and "certainly no sweetheart." With the sister closest to her, she got up to all sorts of mischief. The younger sister, on the contrary, was very well behaved and her "mother's darling." Mrs. Jacobs spoke warmly of both her parents and sisters, and liked to share short stories and anecdotes about her childhood. In the 1950s, she moved eastward, to the city of Nijmegen, because her husband wanted to work at the paper

factory of Gelderland. The couple moved in a one-family house, in the neighbourhood Nijmegen-Oud-West, where they raised their two sons. To be able to pay the mortgage, Mrs. Jacobs' husband "always worked hard" and often worked overtime. "At night, the phone was always close to the bed. When he got a call, he had to go to the factory *again*. That was not always fun, you know." At home, Mrs. Jacobs pulled the strings; managing both the house and the children. Although her husband was the breadwinner of the family, Mrs. Jacobs was in charge of the budgeting, and had a strong hand in deciding where money did (and did not) go. During one of my visits, Mrs. Jacobs admitted that, every now and then, she tricked her husband into thinking there was less money than there actually was. With a proud look, she detailed that, in this way, he would not go out drinking with his colleagues (and spend all their money), and she would be able to pay the bills. Mrs. Jacobs' preference for a strictly managed budget, seems to have been stirred by her mother. From early on, she learned the tricks of the budgeting trade from her mother, and realised that persons should always be cautious of their expenses. As a little girl, Mrs. Jacobs received a wallet with coins. She explained, proudly, that unlike her sisters who spent their money carelessly, she was careful and decided to save it up for "something bigger than a pair of panty hoses."

Mrs. Jacobs still lives in the same one-family house in Nijmegen-Oud-West. She admitted that she never really fell in love with the city of Nijmegen. On the contrary, at some moment in her life, she truly ached for a return to 's-Gravendeel. Hence, Mrs. Jacobs visited her parents and sisters regularly (when she still was able to). Nevertheless, after her husband died (about 30 years ago), she decided to stay in Nijmegen. She was doubtful for quite some time, but in the end, she chose to remain physically close to her two sons. Furthermore, Mrs. Jacobs seems very content with the street where she lives. "There are decent people here, you know;" who take care of their houses and front yards. "This is different in the Koninginnelaan. I hear only bad stories about that street. Honestly, I am very lucky here." On top of this, Mrs. Jacobs lives on a relatively busy street; bursting with motorists, cyclists, and pedestrians. She seems happy with all the hustle and bustle in front of her house. A year ago, Mrs. Jacobs spent eight weeks in a rehabilitation centre. "There you don't have such a nice view, you know. It was really boring! Luckily, I could return home after eight weeks." Yet, Mrs. Jacobs observed that there are more young families with (small) children living in the street than before. "During the day, they are at school or at work. Then it is quieter."

Mrs. Jacobs "always got on well with the neighbours." Her next-door neighbours (on both sides) are still the same two women as 50 years ago. Despite their old age, they try to visit each other on their birthdays every year. However, Mrs. Jacobs seems to have a closer bond

with the neighbour across the street, residing at number 23; clearly visible through the window. When he leaves his house or comes back home, "he always waves. Because he knows I'm here." The phone number of this neighbour is written down on Mrs. Jacobs phone. "I can always call him when something is wrong. That is nice." Sometimes he comes over to check up on Mrs. Jacobs. "When he cannot see me smile, he crosses the road, to check if everything is okay." Additionally, the 'home help' (Anita) comes over every Tuesday and Friday to clean the house and to go grocery shopping. Anita has worked for Mrs. Jacobs for over 20 years, and Mrs. Jacobs is very fond of her. On Tuesdays, when the weather allows it, she takes Mrs. Jacobs with her to the supermarket, or wheels Mrs. Jacobs into the garden to enjoy the sun. Recently, Anita also took on Mrs. Jacobs' administrative tasks. Mrs. Jacobs really appreciates Anita's and her neighbours' efforts, though "it is only for a short time. They always have to go." Every other week, Mrs. Jacobs calls her sister (or her "*zussie*"), who still lives in 's-Gravendeel. This is the sister closest to her; the younger sister died a few years ago. They can talk for hours, reminiscing about the past and sharing their worries about the present. During one of my visits, Mrs. Jacobs said jokingly: "it is because of her that my phone bill is so high!" However, "she seems confused lately. I keep on telling the same thing over and over again. And then she calls *me* crazy."

As stated before, Mrs. Jacobs has two sons: Frank and Robert. But her relationship with them is problematic. Mrs. Jacobs' husband was a technician and both her sons choose technical jobs. Mrs. Jacobs never had technical interests, and "often felt alone in her family of four." Today, she has almost no contact with her oldest son, Frank. "I cannot even remember, the last time he [Frank] was here. Apparently, he is very busy. […] Sometimes, on the phone, he says 'I'll come visit.' But I still haven't seen him." The two brothers ran a company together, but this ended in a big fight. Since then, Mrs. Jacobs has lost touch with Frank. Meanwhile, Robert visits his mother almost every week, together with his two dogs. Mrs. Jacobs is not a big fan of her son's pets. "They [the dogs] are not good for me. But he [Robert] won't go anywhere without them." It turns out, Robert is definitely not an easy man. "He is my own son, but he really is a self-centred person. I always have to weigh my words. Otherwise, he'll get angry. In that respect, he's really like my husband." Although Mrs. Jacobs values her son's visits, she seems to lack a deep and close relationship with someone, to whom she can talk freely, about anything, without consequences and without an 'end time.'

Mrs. Jacobs has become physically very limited. A year ago, Mrs. Jacobs fell off her bed and, now, she is no longer able to walk independently. She ended up in a wheelchair. On top of this, her hands and arms are stiff and difficult to move; and she is hearing-impaired, for which she is wearing two hearing aids, one in each ear. Care professionals come four times a

day to help her get dressed, prepare her meals, hand over her medicines, and to put her to bed at night. It seems Mrs. Jacobs lost her independence almost completely. Nonetheless, Mrs. Jacobs tries to stay positive, because "whining won't help you." Once she joked: "I'm just glad I can go to the bathroom by myself." On a more serious note, she emphasised that "at least my brain is working the way it's supposed to." Of course, from time to time, Mrs. Jacobs admitted that it is difficult. Especially in bed at night, or in the morning, when she has trouble sleeping, the worries take over. She can spend hours in bed worrying. "I know I worry (*prakkezeer*) too much. Sometimes I just start counting the ceiling boards. My husband did exactly the same when he was ill. That always makes me think of him." Mrs. Jacobs finds it difficult that she cannot go out on her own. Apart from the supermarket trips with Anita, she spends most of her time at home. Mrs. Jacobs always liked going out "to the shops" and really misses it "to be among people." At home, she completes very light household chores and watches television. Yet, more often than not, Mrs. Jacobs is sitting in her wheelchair as close to the window – 'the action' – as she can get.

4.1.2 Mrs. de Groot

Mrs. de Groot is 88 years old. She grew up in Nijmegen, in de St. Jacobslaan. Here, Mrs. de Groot's parents owned a farm and a transport business. Instead of studying, like her two older sisters and one brother did, Mrs. de Groot helped her parents on the farm. She did not mind this, though. Except from the horses, who frightened her a little, she enjoyed working the fields with her father. Every now and again, Mrs. de Groot talked about how drastically the city of Nijmegen has changed, ever since she was a little girl. "There used to be only farms, you know. You could see only grass-lands and trees. But now, they are building houses *everywhere*." One time, Mrs. de Groot and her sisters went back to the St. Jacobslaan, to the place where the farm used to be. Euphorically, she announced: "there was still a small piece of fence left! Of *our* farm." During the *Nijmeegse Vierdaagse* (the four days marches), Mrs. de Groot's parents always let the military stay in their home. "That was always fun. My mother would fill up a big barrel with hot water, and they [the soldiers] would put their feet in there. They were very thankful for that." Mrs. de Groot was quite the walker herself. She was a member of the local march association, and marched almost every Sunday. Though, she admitted that: "really, it was the only entertainment there was." Mrs. de Groot completed the *Nijmeegse Vierdaagse* four times in a row. When I asked her if she enjoyed this, she said: "Yes. Well, at least you had

something to do." When Mrs. de Groot met her husband, she moved to his place of birth, Groesbeek. In the 1960s, the couple moved to a one-family house in the neighbourhood of Hatert, as their apartment in Groesbeek "was way too small to raise five children" (two daughters and three sons). Mrs. de Groot noted, with some pride, that they were one of the first inhabitants of 'the new' Hatert. The city of Nijmegen decided to reconstruct and to expand Hatert, to accommodate its growing population. In Hatert, Mrs. de Groot got a job as a cleaner, to support her family. "I often worked overtime, because I had *five* children to care for. And they weren't the most easy ones either."

Mrs. de Groot still lives in the same one-family house in Hatert. Instead of having to share it with six others, she now lives there alone. Multiple rooms in the house are empty. Yet, Mrs. de Groot does not feel the need to move. She ensures me that she is "*not* emotionally attached to the house." Though, she seems to be very fond of her gardens, both in front and behind the house. "In a care home, you don't have such a beautiful garden. I'd rather stay here." Mrs. de Groot thinks it is "really sad" that I do not *even* have a balcony. "Where do you leave your plants and flowers, then?" Although the neighbourhood Hatert is not what it used to be ("a lot of foreigners live here, you know"), Mrs. de Groot declared that she lives among well behaved and friendly people, apart from her next-door neighbour. "She [his wife] is very friendly, don't get me wrong. But he is a real bastard (*rotvent*). He cut my tree!" Without Mrs. de Groot's permission, the neighbour climbed over the wooden fence and gave the tree an uneven cut. "It looks really bad. I can't even look at it." Since the incident, Mrs. de Groot and her neighbour or not on speaking terms. With a mischievous smile, she said: "I just ignore him when he walks past." Nonetheless, Mrs. de Groot enjoys watching the people that walk by her house. "My sister lives in Mook. She has a big, beautiful garden, surrounded by forest. But I wouldn't want to live there. Here, at least people are walking by." Besides, "my sister doesn't have any house sparrows. I've got a lot of them!" Regularly, Mrs. de Groot recognises the person that walks past. Although she never met them in person, she can talk extensively about the behaviours they exhibit. However, "there aren't as many older people living here [in Hatert] as before. I am one of the few left. I think that's why it is less busy in the street these days."

Mrs. de Groot has regular contact with her two sisters. After an argument about the inheritance, she and her sisters lost touch with their brother. On Saturdays, one of her sisters accompanies her to the cemetery, where both their husbands are buried. Every other week on Sundays, they visit their other sister in Mook. Mrs. de Groot enjoys these trips. "Except when there is a Formula One race on. I couldn't care less about that." Mrs. de Groot and her husband raised five children. Her oldest daughter passed away from cancer. The other four children live

relatively close by. They all reach their mother within a fifteen-minute car ride. Jokingly, Mrs. de Groot noted: "they still know where to find me." However, Mrs. de Groot also worries about her children. Her oldest son (Edwin) has dementia, and "he is deteriorating rapidly." During the week, he lives in a care home. Mrs. de Groot feels uncomfortable with her son being institutionalised. "I wanted him to come live with me. I could care for him, just as I did with André [Mrs. de Groot's late husband]. But that's not possible anymore." Her other son (Rob) has diabetes and is mentally challenged. "He's always been a problem child (*zorgenkind*)," but nowadays Mrs. de Groot has no sight nor influence on Rob's actions. "He's too sweet, and other people can easily take advantage of this." Edwin and Rob visit Mrs. de Groot every Sunday. Although Mrs. de Groot enjoys seeing her sons, she is reluctant to go through all 'the hassle' ("*het gedoe*"). On the 8th of July, the whole family came over to Mrs. de Groot's house for a barbecue (a group of almost 20 people). Beforehand, Mrs. de Groot announced that, in all honesty, she is done "with all the hustle and bustle. I don't need that anymore." However, during my visit the day after, she admitted that she had "great fun" at the barbecue. "Everybody was there. And *Robbie* looked good! He really dressed up!" Mrs. de Groot's other two children (daughter Katrien and son Jan) are "well [healthy]." They take care of their mother and two brothers. The daughter calls almost every day, and keeps a close eye on what Mrs. de Groot does (or does not do). "Really, Katrien arranges everything for me. But she's very strict, you know. She always has something to say." Two neighbours, a married couple, also keep an eye on Mrs. de Groot. They visit Mrs. de Groot every other day, to do chores in (and around) the house and to drink a cup of coffee. "We want you [Mrs. de Groot] to stay with us a little while longer, *Annie*." Despite the involvement of her children and neighbours, "she [Katrien] thinks I'm alone too much. That's probably why *you* are here. But I'm perfectly fine on my own." During my first visit to Mrs. de Groot, she said: "Of course, you can come over if you'd like. But I'm not some sad lady, you know." Mrs. de Groot might come across as somewhat indifferent here, though when I announced on my 6th visit that I had to leave early, she responded: "Yes, no problem. I'm just glad you're coming at all."

Just as her son Rob, Mrs. de Groot has diabetes. However, now that she is older, the illness no longer has a major influence on her live. "I don't even have to take my medicines anymore." Mrs. de Groot has "just a few *minor* physical problems." She is hearing-impaired and owns two hearing aids (which she often forgets to wear); she has very dry eyes, which makes reading difficult; her left ankle is swollen, as a result of which she has little sensation in her heel and toes; and she gets tired a lot quicker than before. Despite all this, Mrs. de Groot likes to do things herself. However, she admitted that "sometimes, it's too much." With pride,

she told me that she scrubbed the tiles in the garden all by herself. “I’ve been doing well this morning. But I’m very tired now.” It takes a day or longer for Mrs. de Groot to recover from heavy household chores like this. On June 25, Mrs. de Groot said that she visited the neighbours, at the other end of the street. “When I returned home, I was completely exhausted. And my legs where swollen.” Mrs. de Groot owns a Zimmer frame, but she refuses to use it. “Katrien made me buy one, but I’ve put it in the shed.” When I asked her why she does not use the rollator, she responded: “I don’t need it, yet. When I *really* cannot do anything, I’ll use it […] maybe. Plus, it makes me feel old.” It seems, Mrs. de Groot likes to exaggerate how well she is doing. Getting ill is simply no option for her. During my visit on June 11, Mrs. de Groot expressed concerns about her children and said: “You see. I cannot die yet. They [the children] still need me.”

4.2 Routines *inside* the home

In general, Mrs. Jacobs and Mrs. de Groot valued their home, and life inside it, in a positive manner. Both women have lived in their homes for quite some time (each for about 50 years), and raised their 2 and 5 children in it. Notwithstanding that multiple rooms in the house are now empty or not being used, Mrs. Jacobs and Mrs. de Groot are not (yet) willing to move to a care home. Interestingly, this has nothing or very little to do with nostalgic feelings about the past and/or the family memories that they have accumulated there over the years. Rather, they seem to want to avoid any “hassle” (*gedoe*). After a period of 50 years, Mrs. Jacobs and Mrs. de Groot have become well ‘attuned to’ their homes, and have attained a fair amount of ‘insideness’ (Rowles, 1983; Rowles & Watkins, 2003). They know their home like the back of their hand, even the merest details. Familiarity with the home space makes live predictable, simple, and uncomplicated, and makes both Mrs. Jacobs and Mrs. de Groot feel they are able to control *their* personal space and daily routine. Both women are somewhat afraid that a move to a care home will disrupt this insideness, and will cause unnecessary ‘hassle’ and worry. However, Mrs. Jacobs and Mrs. de Groot have also mentioned negative facets of ageing inside the home, which are mostly related to their slower rhythms.

4.2.1 Good things come to those who wait

In accordance with the literature (see Lager, et al., 2016), Mrs. Jacobs' and Mrs. de Groot's daily rhythms have slowed down significantly in old age. Undoubtedly, the process of ageing brings along bodily changes and affects people's energy levels (ibid.). Mrs. de Groot is confronted by this on a daily basis. Household chores require a lot more energy than before, and can really exhaust her. The same goes for reading. Mrs. de Groot can fall asleep quite easily when she reads or watches television. On multiple occasions, I arrived at Mrs. de Groot's house and saw her with closed eyes (on her usual spot on the sofa) with the newspaper in her lap; making me doubt whether or not to ring the doorbell. In the case of Mrs. Jacobs, it is mostly the reduced mobility that slows her down. In her wheelchair (and with her stiff hands) it is certainly not easy to navigate through the house, considering its narrow passages and doorsteps. Every time I arrived at Mrs. Jacobs' house, she immediately sprang into action. However, it took her a good five minutes to reach, and open, the front door. Back in the living room, she always needed a minute to catch her breath. This confirms that the general pace of doing things slows down in people's later life, due to decreasing energy levels and/or mobility problems (see also Schwanen & Kwan, 2012; Stjernborg et al., 2014).

An important aspect of these slower rhythms, is the increased 'waiting' in old age (Droogleever Foruijn et al., 2006). Lager and colleagues (2016, p. 9) propose that waiting is "an intrinsic and inevitable part of old age," and that it evokes a sense of dependence. The case of Mrs. Jacobs imparts new significance to this 'waiting' in old age. Four times a day, care professionals come to Mrs. Jacobs' house. It starts at 8:00 in the morning, when they get Mrs. Jacobs out of bed, wash her, dress her, and make her breakfast (two pieces of bread and a cup of coffee). Usually at 12:00 a.m. they come back to prepare Mrs. Jacobs' lunch (four pieces of bread and a glass of milk). Thereafter, at 17:00 in the afternoon, they warm up a ready-to-serve dinner in Mrs. Jacobs' microwave. Finally, at night (around 9:30 p.m.), they provide her with her last medications and help her into bed. Generally, Mrs. Jacobs speaks positively about the help she gets. "They all are very kind. And they like to come here as well." Nonetheless, Mrs. Jacobs has difficulties with her dependence. She never gets to decide *when* she eats, drinks, sleeps, or showers; she always has to *wait* for a care worker to assist her. Additionally, the times mentioned above (8:00 and 12:00 a.m. and 17:00 and 9:30 p.m.) are only indications. "They [the care workers] don't always come at the agreed times. Sometimes, when they have a busy schedule, they are over an hour late, or worse, too early!" Consequently, it is no longer the time of work that determines Mrs. Jacobs' daily life; it is the time of *care* that acts as a "pacemaker"

(Parkes & Thrift, 1979, p. 353) (see also Milligan, 2000). Mrs. Jacobs' mobility issues did not only slow her down, they made her dependent on the wilfulness of others. Henceforth, it is not Mrs. Jacobs herself, but the care professional that sets 'the pace' – with the inevitable consequence that Mrs. Jacobs spends many hours inside her home waiting.

4.2.2 Anchoring time and changing routines

Although Mrs. Jacobs' and Mrs. de Groot's mobility practices inside the home are ingrained with moments of stillness and waiting (Cresswell, 2012), they should not be conceived as passive victims (Imrie, 2010). They both actively seek ways to structure their "post-(re)productive free time" (Bildtgard & Oberg, 2015, p. 1), to make life more 'eventful' (Marhánková, 2011). According to Lager and colleagues (2016), this entails a process of 'anchoring' time: adding daily and weekly reoccurring activities, or "rites and ritualisations" (Lefebvre, 2004, p. 94), to everyday time. Actually, Mrs. Jacobs often repeated her weekly schedule to me: "On Tuesdays and Fridays Anita [the home help] comes, to clean the house and to do the groceries. In the weekends, I call my sister. And on Thursdays, *you* are here." Mrs. Jacobs seems to prefer it that these 'anchors' are spread out through the week. Not only because multiple activities on one day would exhaust her; Mrs. Jacobs likes to have 'something to do' every single day, so "time passes more quickly." On days that Mrs. Jacobs has nothing special planned, which is usually on the weekends, "the day just never ends."

The literature suggests that 'keeping busy' is linked to the norm of 'active ageing' (Katz, 2000; Marhánková, 2011). In a sense, older people have internalised the society's ideal of 'activity' in old age, and through anchoring time, they try to counteract the negative connotations ascribed to their slower bodies (Lager et al., 2016). Indeed, multiple times, Mrs. de Groot assured me that she is "not some sad lady." Beaming with pride, she would tell me about the household chores she completed that week – all by herself. Grinning from ear to ear, she would show me the grease and dirt underneath her fingernails, the results of her gardening session that morning. Mrs. de Groot likes to clarify that she is neither "sad" nor "lazy," and that she is still able to make herself useful. It seems, older people are wary of 'nullity,' which explains their concern with filling time with activities, and their active attempts to keep busy (ibid.). However, the case of Mrs. Jacobs shows that it is not only 'nullity' that troubles an older person. For Mrs. Jacobs, the process of anchoring time is above all else, her way of making time go faster – to enable her to 'get through the day' (see also Imrie, 2010).

Thus, the older body still has agency. Older people still have the capacity to adapt their habitual routines, to circumvent "the social and physical impediment that are placed in their way" (Imrie, 2010, p. 35). Mrs. Jacobs and Mrs. de Groot eagerly try to revise their use of the home, to save valuable energy and to retain control over personal space (ibid.). Apparently, a person's 'insideness' is never a given; it needs an 'up-date' every now and then. The home environment, and the routines inside it, are continuously altered and renewed, to 'fit' Mrs. Jacobs' and Mrs. de Groot's slower (and physically challenged) bodies as best as possible. On the weekends, when two of her sons come over, Mrs. de Groot now orders Chinese take-out instead of preparing a large family meal. In all honesty, Mrs. de Groot has never been a fan of cooking, but now that her energy levels are declining, she tries to use her time more efficiently. When she cooks, she often prepares a whole lot more than she needs, so she has enough food in her fridge for the upcoming days. Mrs. de Groot has also changed the way she reads. The heavy books that she used to take up to bed with her have been replaced by magazines and small paperbacks, which are a lot lighter and easier to hold. Furthermore, on one of my first visits to Mrs. Jacobs, she showed me the rope that is attached to the handle of the bathroom door. Proudly, she demonstrated how this rope makes it easier for her to open the door, and make use of the bathroom on her own.

Seemingly, Mrs. Jacobs and Mrs. de Groot's 'home lives' revolve around preserving their bodily energy, in order to uphold (or regain) control over personal space (see also Imrie, 2010). This constant revisioning or remaking of life inside the home, confirms that the (meaning of) home is never fixed. Not only does the home allow for both positive and negative feelings (moments of dependence/submission and instances of independence/control are taking turns); it is continuously changed to fit the (continuously changing) body. The home gives shape and meaning to Mrs. Jacobs' and Mrs. de Groot's everyday lives in very complicated, and contrasting, ways. In the words of anthropologist Miller (2001, p. 4), the home is "a turbulent sea of constant negotiation rather than simply some haven for the self."

4.3 Routines *outside* the home

Mrs. Jacobs and Mrs. de Groot do not spend a lot of time outside the home. The reasons behind this, however, vary between the two. Mrs. de Groot is very active *inside* the home. Even though she has hired a cleaner (to clean the house every Monday morning), Mrs. de Groot does a lot of household chores herself. In a whispering voice, Mrs. de Groot reveals that this cleaner "is not very good at her job," and that she often has to correct her 'mistakes.' Mrs. de Groot still carries

full buckets with soapy water and heavy bags of soil; she still gets down to her knees to clean the space underneath the kitchen cabinets and occasionally climbs stools to hang laundry on the clothesline. This is, however, a completely different story *outside* the home. Mrs. de Groot admitted that she does not go on a lot of walks anymore, because this is "too tiring." She used to go grocery shopping with her shopping trolley. It is only a ten-minute walk from her home to the supermarket, but on the way back the trolley is now too heavy for her to pull comfortably. "It is my own fault, really. I put too much stuff in it." On the second of July, Mrs. de Groot's daughter (Katrien) came to pick her up, to go grocery shopping together. Before Katrien's arrival, Mrs. de Groot declared: "I don't think I'm going. I have diarrhoea." Instead, she wrote a shopping list, so Katrien could buy every item she needed that week, on her own. Mrs. de Groot does not seem to mind it though, that she has to let somebody else run her errands. In fact, she is "perfectly fine" with it. While sitting in her lawn chair, smiling at a couple of house sparrows (that are enthusiastically eating the old bread crumbs Mrs. de Groot just threw all around the garden), Mrs. de Groot repeated that she is "perfectly happy right here. I don't need anything else." Clearly, Mrs. de Groot prefers the comforts of her own home over the tiring process of grocery shopping. Furthermore, every year during the summer vacation, Katrien and her husband Ton invite Mrs. de Groot on a 3-day trip. Yet, this year, for the first time, Mrs. de Groot is reluctant to go, because "they like to walk […] a lot, and very fast." It seems, Mrs. de Groot is afraid she is no longer able to keep up with her daughter's and son-in-law's pace, and that a multiple-day trip will simply be too tiring for her. This implies that Mrs. de Groot's rhythm is no longer *in sync* with those of (younger) others (see Lager et al., 2016). In this regard, the 'outside world' is emphasising Mrs. de Groot's physical decline, rather than "supporting [her] wellbeing and productivity" (WHO, 2007a, p. 4).

Occasionally, Mrs. de Groot would complain about the quality of the pavements in Hatert. Indeed, many paving tiles are crooked and have cracks in them. "You really have to lift your feet when you walk here." With a mischievous smile, Mrs. de Groot continued: "I don't always do that. They say I shuffle too much." In the month of April, Mrs. de Groot said that her sister fell on one of Hatert's sidewalks. "She looks really awful. Her face is full of bruises." After this incident, Mrs. de Groot seemed even less keen on going out. "You really have to be careful *out there*. Have you seen my sister?" The fear of falling is, indeed, a common concern among seniors, as their agility, vision, reaction time, and balance decreases over time (Ahrentzen, 2010). When Mrs. de Groot *does* go out, it is primarily for social reasons. Every Saturday, together with her sister, she pays a visit to the cemetery, where her husband is buried, and every other Sunday, Mrs. de Groot visits her other sister in Mook. Around May 28, Mrs.

de Groot had to 'baby-sit' her son Rob's dog, because Rob was hospitalized for a few days. Every morning, Mrs. de Groot would go out to the nearest green, to let the little dog run around. It was not really necessary to walk the dog, because the little animal could just run around in Mrs. de Groot's garden. However, Mrs. de Groot seemed to want to take her job very seriously "for *Robbie*." Another, completely different reason for Mrs. de Groot to go out, are her visits to the garden centre. She welcomes any opportunity for new plants, flowers, and pots. During my first visits to Mrs. de Groot, she would fantasise about the different types of flowers she would get to pimp her already colourful garden. However, "Katrien thinks it's too early still. I have to wait until the weather gets better."

Noticeably, Mrs. de Groot loses (a part of) her self-assurance as soon as she steps foot outside the home. Inside the home she likes to do things herself, even corrects people when things are not done *her* way. Yet, outside the home, Mrs. de Groot welcomes any opportunity for others to run her errands with open arms – so *she* can stay inside. She only goes out when she really needs or wants to. Mrs. de Groot does not seem "to need it anymore." She is perfectly happy just where she is; in one of the lawn chairs, in her garden. This begs the question whether efforts to enhance Hatert's accessibility will be sufficient to get Mrs. de Groot out of this comfortable chair, into the neighbourhood.

In contrast to Mrs. de Groot, Mrs. Jacobs is really aching to go out. However, her body is working against her. Mrs. Jacobs is not able to go out by herself, because the doorsteps (of the front and backdoor) are dangerously high. She (literally) needs another person to bridge the gap between the inside and the outside of her house. As a consequence, Mrs. Jacobs spends most of her days inside the home. On Tuesdays, Anita (the home help), occasionally takes Mrs. Jacobs with her to the supermarket. Although it is only for half an hour, Mrs. Jacobs really appreciates it. One of the consequences is that Anita has less time to clean Mrs. Jacobs' rooms, but Mrs. Jacobs gladly takes this for granted. Mrs. Jacobs was enrolled on the *Sterker Sociaal Werk*'s waitlist, specifically for a volunteer that would be willing to go on walks with her in the neighbourhood (*rolstoelwandelen*). Hence, on Thursdays (when the weather allowed it), Mrs. Jacobs and I would go out. In total, we went on fourteen walks, that all lasted for about an hour. Initially, Mrs. Jacobs determined the routes of our walks in Nijmegen-Oud-West. These routes would always lead us to, or along, shops. The shop we visited most often was the nearby supermarket *Jumbo*. Mrs. Jacobs does not often get the chance to pick out items herself. She really seemed to enjoy it that she could just take her time, and carefully consider every option; to deliberately treat herself "for once." Additionally, Mrs. Jacobs often wanted to buy pastries for her son (Robert) and dog food for his dogs, in case Robert would come visit. Being in control

of her own grocery shopping seemed to give her a sense of satisfaction and peace of mind, because now "I'm sure I have everything I need." However, Mrs. Jacobs was not always sure about what she needed to buy. Once we returned home with a bag of dog food, but when I opened the kitchen cabinet there still were two unopened bags. From that moment on, I would always check Mrs. Jacobs' inventory *before* our walk. Of course, it could have been Mrs. Jacobs' memory, that let her down in this moment. However, she always seemed to have a (new) reason to "go to the shops" – something she always enjoyed doing. It appears, our trips to *Jumbo* not only made her feel in control, they also fulfilled her need to be part of something bigger than her home, and to meet (or just be among) other people. Distressed, Mrs. Jacobs would look at the Zimmer frame in the corner of her living room. "When I still was able to walk with it [nodding to the Zimmer frame], I could just look for sociality on my own." In this regard, our Thursday walks were actually Mrs. Jacobs retrieving or reviving her old routines of 'going to the shops' and finding conviviality. This suggests that everyday contact (even from a distance) can affect people's lives and can be meaningful for those involved. Indeed, the 'light-touch' sociality in the supermarket offered Mrs. Jacobs brief moments of "enjoyment, restoration, wonder" (van Eck & Pijpers, 2017, p. 167) (see also Turel et al., 2007; Laurier & Philo, 2006; Watson, 2009).

It seems, creating an age-friendly environment is not enough to pull Mrs. Jacobs and Mrs. de Groot out of their homes. AIP policy assumes that when public spaces are made accessible (and inclusive), older people will automatically start using them. However, the experiences of Mrs. de Groot and Mrs. Jacobs show that the reality is much more complex. Although Hatert's accessibility leaves a lot to be desired, it is not (only) the fear of falling and her limited energy that discourages Mrs. de Groot to go out; rather, it is her preference for being in, and taking care of, the garden that has her glued to home. The case of Mrs. de Groot suggests that older people *are* able to age comfortably *inside* the home, and that the use of public space is not necessarily important for every senior. Furthermore, AIP policy argues that older people's familiarity with the physical and social structure of their neighbourhood will help them maintain autonomy and independence (Gardner, 2011; Rowles & Watkins, 2003; Wiles et al., 2012). However, Mrs. Jacobs is not able to use the extensive knowledge that she has of Nijmegen-Oud-West, because she is physically unable to go out on her own. Whether a neighbourhood's accessibility is enhanced or not, some seniors will continue to be dependent on the wilfulness of others to take them out.

4.4 Routines *beyond* the inside/outside divide

In the routines discussed above, there appears to be a clear-cut line between the inside and the outside of the home. However, as the literature on the spatiality of home already suggested, the home is "multi-scalar" (Blunt & Dowling, 2006, p. 22). This means that the home consists of various movements, communications, and social relations that stretch beyond it (Massey, 1992). Consequently, a large number of Mrs. Jacobs' and Mrs. de Groot's routines *inside* the home are related to events and occurrences *outside* the home. These routines confirm a 'blurring' of the distinctions between public and private spheres (neighbourhood and home) (see Blunt & Varley, 2004; Milligan, 2005, 2009).

4.4.1 Just smile and wave

Mrs. Jacobs spends most of the day, sitting in her wheelchair, in front of the window. From here, she has "a nice view" of the street where she lives. Mrs. Jacobs seemed quite proud that, in this way, she is able to keep a close eye on everything that happens in (her part of) the street. In May, there was an unknown car parked in the street, just a few meters away from Mrs. Jacobs' house. The police officers, who came to inspect the car, "almost immediately turned to me, to ask if I had seen something suspicious!" It appears, the police officers did not only bring some 'excitement' to Mrs. Jacobs' life; by approaching her as a potential witness, they made her feel 'included' in public life. The role of observer gives Mrs. Jacobs the opportunity to experience the neighbourhood, *within* the home. She "insert[s] a part of the public domain into the privacy of [her home]" (van Melik & Pijpers, 2017, p. 300). Sometimes, when the weather is really hot, Mrs. Jacobs opens the front door of her house and sits down in the hallway (just in front of the opening), to enjoy the sun and fresh air. Mrs. Jacobs GP recommended this to her, for the sake of her health. However, it also brings Mrs. Jacobs even closer to 'the happenings' in the street, making her feel part of it all. With all the power she has left, she literally pushes the boundaries of her home (to a breaking point), in order to feel more involved in public life.

The same goes, although to a lesser degree, for Mrs. de Groot. Both women enjoy spending time in front of their window, looking at everything that happens outside. They both tell vivid, colourful stories about the events that occurred here and the (familiar) people that walk by. Though, for Mrs. Jacobs, the observer role seems to contain an extra layer of meaning, because she is not able to go out on her own. Mrs. Jacobs certainly flourishes when someone

walks by that she recognises, particularly when they smile and wave at her. Immediately her eyes light up and a big smile appears. Her left hand moves to her right elbow, to support her right arm in waving back. This happens quite frequently; during my visit on March 22 as many as four times. The regular 'wavers' are Mrs. Jacobs' next-door neighbour, the woman who walks with her two Labradors, "the man with the umbrella," and, of course, the neighbour from across the street (residing at number 23). On one occasion, Mrs. Jacobs compared herself to a queen: "Now, I'm living a queen's life. I'm constantly waving!" It seems, obtaining social capital is not only grounded on actual communication (van Eck & Pijpers, 2017). Mrs. Jacobs acquires it via simple visual encounters, from behind her window. These everyday moments of contact are not merely 'signs of coexistence;' they are meaningful encounters that can have positive effects on the lives of older people (ibid.). Certainly, they are of great significance for Mrs. Jacobs. They offer her brief moment of enjoyment and kindness, wherein Mrs. Jacobs is able to forget her worries and everyday frustrations.

However, are these meaningful encounters enough? Unfortunately, both Mrs. Jacobs and Mrs. de Groot appear to be missing a deeper form of social contact, in which they can fully express their concerns and clear their heart. Although the encounters with neighbours are of immeasurable value, they are all-too-brief for Mrs. Jacobs to express her deeper thoughts and feelings. For Mrs. Jacobs, Robert (her youngest son) is an important source of social contact, but her relationship with him has never been easy. Robert is easily upset and often misinterprets his mother's comments. Hence, "I always have to weigh my words." One of Mrs. Jacobs' main concerns is her other son, Frank, who she has not seen in years. However, she is "not allowed" to mention his name in the presence of Robert, since the fight between the two brothers has not yet been resolved. Furthermore, when Mrs. Jacobs tries to tell Robert about her (sometimes unbearable) frustrations with her physical limitations and dependence, "he says I have to stop complaining all the time. […] He has no idea how difficult it is." Clearly, Mrs. Jacobs lacks a person in her social network, to whom she can talk freely, about her deepest feelings and darkest thoughts. Mrs. de Groot has a slightly larger social network than Mrs. Jacobs, and can easily appeal to her children and neighbours for instrumental support. Still, Mrs. de Groot was enrolled on the *Sterker Sociaal Werk*'s waitlist for a reason. Namely, Mrs. de Groot worries a lot about her children, especially her sons Edwin and Rob, who are in ill health. This was a recurring topic during my visits to Mrs. de Groot. Mrs. de Groot spends most of her days alone, with no one there to set her troubled mind at ease. So, when I arrived on Mondays at 2:00 p.m., Mrs. de Groot would (almost) immediately start talking about her son's ailing health. Although she has

become quite good at keeping herself 'busy,' Mrs. de Groot does not seem to have enough opportunities in her everyday life to voice her concerns.

Local social contacts are, thus, highly important resources for receiving instrumental and social support (Völker, Flap, & Lindenberg, 2007). AIP policy, that emphasises the role of community networks in the neighbourhood, can, thus, improve older people's wellbeing and sense of happiness. Especially for Mrs. Jacobs, who has limited social ties and experiences major problems with her physical mobility, the visual encounters with neighbours are highly important. They offer her brief moments of joy and kindness, during this difficult time in her life. Certainly, everyday contact (even from a distance) are meaningful to those involved. However, in the long term, they are not able to (completely) fulfil older people's social needs. Undeniably, Mrs. de Jacobs and Mrs. de Groot have a need for a deeper form of social contact, and it is highly unlikely that AIP (on its own) is going to solve this.

4.4.2 Some rules are not meant to be broken

Older people do not only experience the 'outside world' through their window – by pulling a part of the public into the privacy of their homes. Neighbours, family members, and care providers also step foot *inside*. Indeed, the home is not only a physical space in which we shelter; it also is a space where many social interactions take place (Oswald & Wahl, 2005; Milligan, 2009). This is particularly true in the context of home care (Cloutier et al., 2015). From the moment she fell of her bed, Mrs. Jacobs became dependent on the regular presence of care professionals in her home. They arrive as many as four times a day, to dress and wash her, to hand over her medications, and to prepare and warm up her meals. Hence, Mrs. Jacobs' home has become a site of long-term care. When homes become places of care, boundaries between public and private space become (even more) blurry (see Dyck et al., 2005; Milligan, 2005, 2009; Twigg, 2000; Williams, 2002). Some academics would say that Mrs. Jacobs' home has turned into a "public-private space" or a "pseudo-institution," because of the large amounts of care services she utilises at home (Cloutier et al., 2015, p. 769). In any case, it brings the privacy of Mrs. Jacobs' home (and the routines she performs inside it) into tension.

Generally, Mrs. Jacobs and Mrs. de Groot are quite willing to compromise when it comes to 'intruders.' Of course, care professionals entering the home need workspaces that are clean, hygienic, and efficient for the purpose of delivering care (Milligan, 2009). This usually entails a reorganisation of domestic space (ibid.), for instance by moving the bed from the

upstairs bedroom to the living room downstairs. In the case of Mrs. Jacobs, it also required a physical modification of the house's infrastructure, through the installation of a stair lift, ramps, and grab rails. However, it is not only 'the physical home' that is compromised here (Oswald & Wahl, 2005). It also brings 'the emotional home' into tension (ibid.). Indeed, the home is a site of emotion and personal meaning, because of the routines older people are (still) able to perform in it. When the home becomes a site of care, however, certain routines or 'inside rules' (laid down in the home), have to be adjusted, or even disappear altogether. Recently, Mrs. de Groot had to hire a cleaner. For the most part, Mrs. de Groot is able to accept that household chores are no longer carried out completely according to *her* 'rules.' In fact, she can even be quite happy with the extra pair of hands. "She is very tall, you know. With her long arms, she easily cleans on top of the cupboard, it is unbelievable!" The challenge might be greater for Mrs. Jacobs, who is highly dependent on care professionals, in the performance of day-to-day activities. Her home's whole 'rule book' had to be rewritten. Furthermore, a lot of rewriting was executed, not by Mrs. Jacobs herself, but by the professional care taker. As stated before, the care professional acts as Mrs. Jacobs' "rhythm-maker" (Mels, 2004, p. 3). Since her fall, Mrs. Jacobs is no longer the one that decides *when* she eats, drinks, sleeps, or showers. Generally, Mrs. Jacobs is able to accept that her (personal) routines, inside the home, are no longer that 'private,' and perhaps not all 'her own' anymore. She and Mrs. de Groot are both willing to adjust, but this is not only for the sake of their physical health. It is also a means to satisfy their social-emotional needs. Indeed, professional care takers are an important source of social contact for older persons (Milligan, 2000), making them willing to sacrifice a part of their 'private' home.

Several authors believe that the home is the optimal space in which to provide care (see Milligan, 2009). For instance, Rowles (1993, p. 66) argued that the familiarity of home facilitates a "preconscious sense of setting." Over time, we develop routines inside the home, by practicing them, over and over again. This process enhances our ability to instinctively negotiate spaces within the home without coming to any harm (ibid.). However, the routine use of space can also restrict a person. Indeed, once a routine is attained, a person "is closely held to it, and by its own initiative is limited in the creation of new routines" (Seamon, 1979, p. 49). In this regard, older people can be very vulnerable to change (Milligan, 2009). Indeed, for Mrs. Jacobs and Mrs. de Groot, the process of adapting to 'intruders' is not always easy. For instance, on my first visit to Mrs. de Groot, I (unsuspectingly) choose to sit on the sofa. This turned out to be Mrs. de Groot's usual spot, and hence, at our second meeting I was politely urged to sit somewhere else. Mrs. de Groot would also regularly complain about her cleaner, for not doing

her job well. When this cleaner cleans the medicine cabinet in Mrs. de Groot's bathroom, she "always puts the products in their wrong place." Afterwards, "I have to put them all back to where they belong. […] I can better do it myself." It appears, certain 'inside rules' remain highly important to Mrs. de Groot, and are not meant to be broken.

In the week of June 11, Anita (Mrs. Jacobs' home help) was on holiday. Anita had found someone else to go grocery shopping for Mrs. Jacobs, and left this person a detailed grocery list. However, Mrs. Jacobs was very upset by this situation. When I arrived on June 14, Mrs. Jacobs immediately asked me to count the ready-to-serve dinners in her fridge. All confused and anxious, she could not believe that Anita's replacement got her "eight meals!" Because of Anita's holiday, the replacement had to buy a few extra meals (as was neatly written down on the grocery list) – but this made Mrs. Jacobs completely confused. "That is way too much! Now I don't have any money left!" I counted and recounted the meals (and the days left until Anita would come back from her holiday) out loud, and assured her that it was right, but Mrs. Jacobs remained overwhelmed by it all. "I believe you, I do. But I don't feel it." On May 24, a team supervisor of Mrs. Jacobs' home care organisation let me in. She came to visit Mrs. Jacobs to talk about her son Robert's dogs. Apparently, a few of her employees uttered that they no longer feel comfortable working for Mrs. Jacobs when Robert and his dogs are present. When I entered the room, Mrs. Jacobs was clearly upset. "He [one of the dogs] jumped on her only once!" The supervisor explains that the employees feel intimidated by Robert and his dogs, which makes working for Mrs. Jacobs an unpleasant experience. However, Mrs. Jacobs is not willing to confront Robert about this. On the verge of tears, she announces: "I'm not going to do that. No, I'm really not. […] If I say something, he won't come anymore." Mrs. Jacobs is clearly afraid that she is going to lose her son's visits. Notwithstanding that they have a troubled, complicated relationship, Robert's regular visits have become a very valuable routine to, and an important source of social contact for, Mrs. Jacobs.

In these instances, the effects of care professionals entering her home seem too overwhelming for Mrs. Jacobs. In this regard, the home is no longer a uniform space of safety, familiarity, and nurture, wherein *Mrs. Jacobs* is able to control decisions about who to admit or to exclude (Tuan, 2004). It appears, Mrs. Jacobs and Mrs. de Groot can be extremely flexible and generous, when it comes to adapting to the new 'normal.' However, some house rules are not meant to be broken. Indeed, when certain rules are not followed (for instance, Mrs. de Groot's seating arrangements or Mrs. Jacobs' spending habits), this can cause major discomfort or even (blind) panic. Mrs. Jacobs and Mrs. de Groot might not be emotionally attached to their homes; they certainly are keen on *their* habitual routines. In summation, the 'outside world' *has*

effect on the older person's home and the routines performed inside it – both in a passive way (through the window) and an active way (in the receipt of home care). The home space is, thus, not as private and autonomous as the AIP approach had us believed. In any case, if we really are to understand the AIP experience, we need to move beyond the private-public (home-neighbourhood) divide.

5 Conclusion

Two converging trends are shaping social and economic life in the 21st century: population ageing on the one hand and increased urbanisation on the other (Steels, 2015). Population ageing is taking place all over the world. Globally, the proportion of those aged over 60 is expected to increase from 12,3% to 22% in 2050 (ibid.). Of equal importance is the spread of urbanisation. Over half of the world's population (54%) now lives in urban areas, and this is expected to increase to around two-thirds by 2050 (Rémillard-Boilard, 2018). Thus, a growing number of people will live and spend their old age in cities. These trends have encouraged local governments to consider how best to develop communities that are accessible for all inhabitants (Fitzgerald & Caro, 2014). Hence, efforts to make cities and communities more 'age-friendly' have gained significant momentum in recent years (ibid.).

One of the dominant approaches has been to encourage ageing in place (AIP). This policy stimulates older citizens to age in their own home and neighbourhood, for as long as possible (Milligan, 2009). AIP underscores the role of community networks in the provision of support to older people (Thomése et al., 2018). The AIP approach has been reinforced by an extensive body of literature on the preferences and priorities of older people (Means, 2007). Ageing at home appears to be the residential strategy that most older people prefer, even when they have economic difficulties, or are in need of care (Gilleard et al., 2007). Moreover, AIP is often associated with older people's place attachment, which establishes itself through the length of residence in the neighbourhood (Lager et al., 2016). Research in this field has highlighted that AIP positively affects older people's place attachment (Thomése et al., 2018). In other words, the longer older people live in an area, the more likely they are to develop strong feelings, and an affective bond, towards it (Smetcoren, 2015; Buffel et al., 2014). Through spatial routines and habits, people establish a sense of familiarity with the physical and social structure of their living environment, and this familiarity (or *insideness*) is considered key in the lives and wellbeing of older people, as it confers a sense of belonging and independence (Gardner, 2011; Rowles & Watkins, 2003; Wiles et al., 2012).

Evidently, AIP policy (and the literature that supports it) attaches particular importance to the neighbourhood (and its community) and pays little, to no, attention to the home itself. Moreover, when writers do take into account the spatiality of home, it is often in a negative sense, because seniors who spend many hours inside the home are "more prone to isolation, depression, reduced fitness and increased mobility problems" (WHO, 2002, p. 27). In this view,

ageing can only be a positive experience when the older person 'goes out.' The AIP approach puts the home down as a treacherous space, that is able to imprison (Rowles, 1978), confine (Brickell, 2012), or trap (Zidén et al., 2008), and where feelings of loneliness and solitude could hit at any given moment. In any case, this explains AIP's concern with creating age-friendly public spaces – to 'liberate' older people from their home.

However, geographic writings on the spatiality of home take a more balanced view. These writings suggest that the home gives shape and meaning to people's everyday lives in very complicated and contrasting ways (Brickell, 2012). In this vein, Blunt and Varley (2004, p. 3) argue that the home is a space of both "belonging and alienation, intimacy and violence, desire and fear." These mixed feelings are seen as crucial in understanding the meaning of home (Manzo, 2003). The home is a site of ambiguity; the home's limiting functions are always interconnected with its protective ones (Schröder, 2006). It seems AIP's one-sided narrative on the spatiality of home needs to be complicated by more positive feelings to home, such as belonging, rootedness, memory, and nostalgia (Brickell, 2012). Research needs "to focus on the ways in which home disappoints, aggravates, neglects, confines and contradicts as much as it inspires and comforts us" (Moore, 2000, p. 213). This begs the question whether the current imagery of the *cage* still serves us.

To get a better understanding of the role and meaning of home in the AIP experience, I engaged in a case study research, of two cases. From March until August 2018, I visited two older people almost once a week, in the neighbourhoods Nijmegen-Oud-West and Hatert, in the city of Nijmegen. In total, I paid 22 visits to Mrs. Jacobs and 18 visits to Mrs. de Groot. Both women were ageing in their own home and neighbourhood, and were 91 and 88 years of age. Every visit lasted for about two hours, which corresponds to about 80 hours of extensive data gathering. This intensive contact, over an extensive period of time, made it possible to reconstruct detailed and in-depth case study reports on the time-space routines of both Mrs. Jacobs and Mrs. de Groot (both *inside* and *outside* the home). I made use of multiple data collection methods: informal conversation, small-talk, walking interview, and (participant) observation. Like most case study researchers, I adopted this "palette of methods" (Stake, 1995, p. xi) to obtain a range of perspectives and insights into the case, in order to further develop and understand it (Taylor, 2016).

Nonetheless, this research was subject to several limitations. One of them has to do with the restricted number of cases I selected. Rather than looking at a few variables in a large number of cases, I focused on the complex interactions of many factors in 'only' two. With this, I weakened the study's generalisability (Thomas, 2011). The cases of Mrs. Jacobs and Mrs. de

Groot are in no sense representative, or typical, of a wider population (ibid.). On the basis of this case study research, I am not able to make firm predictions about the older population as a whole. For this, one simply needs a substantially larger set of cases. However, it *did* result in a rich, detailed, and in-depth explanatory narrative – something I would not have been able to create with a larger number of cases. Although this research did not provide 'generalizable knowledge,' it *did* gain 'exemplary knowledge.' Hence, the cases of Mrs. Jacobs and Mrs. de Groot are 'exemplifying' the AIP experience. They are unique, unusual, and revealing examples, that have the capability to bend the object's lineaments (ibid.). This study tried to "sophisticate the beholding" of AIP (Stake, 1995, p. 43); its function was to complicate, improve, and further develop, current understandings of AIP.

This research was further limited by my subjectivity. Some academics, particularly those from 'hard' science traditions, claim that case study research involves too many subjective decisions, to offer genuinely objective results (Cousin, 2005). Undeniably, the case study methodology falls within the interpretivist tradition, wherein the subjective bias of the researcher is accepted as a given (ibid.). Every researcher will come out of 'the field' with slightly different results. Hence, case studies never grasp the whole truth; they are "inherently partial – committed and incomplete" (Clifford, 1986, p. 7). My research was no exception to this rule. In truth, I had a very personal interaction with the 'cases.' The data was gathered in a close relationship between me and the two informants. It is therefore likely that my biased thoughts and personality traits influenced the research results. However, the possibility of neutrality in *any* academic discipline is increasingly understood as impossible (see Nowotny, Scott, & Gibbons, 2001). It remains to be seen if *any* research for that matter can be characterised as an 'objective' investigation. Moreover, I tried to maintain my professional objectivity as much as possible. First of all, six months have passed since my last visits to Mrs. Jacobs and Mrs. de Groot. In this period, I was able to distance myself, physically and emotionally, from the data I gathered. Furthermore, I constantly reflected (preliminary) results on the already existing body of literature (on AIP and the spatiality of home) – in order to reinforce the trustworthiness of my findings.

It is, however, important to note that the literature I used in this thesis is primarily based on data from Western contexts. In actuality, research on the role of the environment on the wellbeing of (vulnerable) older people in *non*-western countries is rather sparse (Yang & Victor, 2008). As stated before, population ageing is taking place all over the world. Yet, its consequences can vary in intensity and form. For instance, adverse effects of population ageing (such as loneliness) might be stronger, and occur earlier, in non-western countries with poorer

living conditions and welfare provision (Hansen & Slagsvold, 2016). However, the opposite can also be argued. The issue of loneliness might be less relevant in non-western countries, as they often prioritise collectivistic values over individualistic ones, such as family and community bonds (Johnson & Mullins, 1987). Thus, whilst the WHO (2007a, p. 11) meant to provide "a universal standard for an age-friendly city" – that applies to less developed as well as more developed cities – this thesis is only able to 'exemplify' the AIP experience for countries in Western Europe.

This research has brought attention to the ambiguous character of home. Undoubtedly, the home gives shape and meaning to Mrs. Jacobs' and Mrs. de Groot's lives in complicated and contrasting ways. Notwithstanding their slower rhythms, they *are* able to take control over personal space. They are by no means 'prisoners' awaiting their release. Indeed, Mrs. de Groot is most comfortable (and "perfectly happy") when she is in her colourful garden, packed with flowers and house sparrows. However, the same goes for the neighbourhood. Just as the home, the neighbourhood holds both negative and positive connotations. On the one hand, the neighbourhood emphasises Mrs. Jacobs' and Mrs. de Groot's physical decline, because they are no longer able to 'keep up the pace.' Furthermore, due to Hatert's inadequate accessibility, Mrs. de Groot has a fear of falling, which makes her feel nervous when she goes out. On the other hand, the everyday encounters with neighbours are quite meaningful to both Mrs. Jacobs and Mrs. de Groot (even from a distance). Particularly for Mrs. Jacobs, this 'light-touch' sociality offers brief moments of enjoyment. Evidently, the home is not *only* negative and the neighbourhood not *only* positive. It is therefore important that future research on AIP recognises the ambiguous character of home (and neighbourhood). Currently, AIP portrays a too negative image of home (as a space that imprisons and confines), and a too positive image of the neighbourhood (as a space that liberates and socialises). To break through this, we should renounce the imagery of the cage, and focus on 'the castle' as a metaphor for home. In contrast to a *cage*, a *castle* is both enclosing and restrictive *and* comforting and protective.

This research has also shown that the home is *not* a place untouched by the 'troubles' of public life, that enjoys an autonomous and independent existence. On the contrary, the home is 'multi-scalar,' as it consists of movements, communications, and social relations that stretch beyond it. Mrs. Jacobs' and Mrs. de Groot's time-space routines inside the home are related to events and occurrences outside the home. The role of observer allows them to experience the neighbourhood *within* the home (through their window), by pulling a part of the public into the 'privacy' of their homes. The relocation of care (from institutional to domestic settings) blurs the divide between public and private spheres even further. Mrs. Jacobs' home can be termed a

'public-private space' or a 'pseudo-institution,' due to the large amounts of care services she utilises at home. The regular presence of (in)formal care workers brings the privacy of Mrs. Jacobs' home (and the personal routines performed inside it) into tension. Intentionally or unintentionally, public life finds its way inside Mrs. Jacobs' and Mrs. de Groot's homes; the neighbourhood is both visible and tangible *inside* the home. It is therefore important that future research moves beyond the dichotomy, between the (private) home and the (public) neighbourhood, that AIP currently maintains. Hence, to get a full understanding of the AIP experience, future research should focus on *both* the home and neighbourhood, but mainly on how the two relate and influence each other.

AIP is built on the premise that the neighbourhood will act as a 'supportive community,' that offers both instrumental and social support to its older inhabitants. Indeed, Mrs. Jacobs and Mrs. de Groot are surrounded by attentive neighbours, who are happy to help if needed. For Mrs. Jacobs, the everyday encounters with neighbours are immensely meaningful. They even make her feel like a 'queen.' In this regard, AIP is certainly able to improve older people's wellbeing and happiness. Yet, this research advocates that this 'light-touch' sociality is not able to completely fulfil older people's social needs. In the longer term, older people need a deeper, profounder form of social contact, and its highly unlikely that AIP – without taking the home into account – is going to provide this. With this, this research established the added value of the *Sterker Sociaal Werk*'s 'buddy project.' The project not only recognises the significance of home; it meets older people's needs for a deeper, more personal, social relationship, wherein they can talk freely, about their deepest and darkest thoughts. Older people's wellbeing could, thus, be improved if organisations, such as *Sterker Sociaal Werk* would expand their buddy projects. Whilst the out-of-home activities (trips, coffee mornings, knitting groups) are of great importance, older people's (at times unbearable) worries and fears will most definitely return, as soon as they arrive back home, alone. However, just as AIP, *Sterker Sociaal Werk*'s buddy project can be more responsive to the home's blurred lines. Although the buddies are already crossing the inside-outside divide, they could further capitalise it by combining activities inside the home with activities outside. For Mrs. Jacobs, for instance, the cups of tea (and biscuits) we shared inside the home, after a walk in the neighbourhood, were immensely valuable. In this way, the pleasant experience of our walk continued on inside the home, then became part of it. The 'buddy project' might be the perfect opportunity to go beyond the inside-outside divide, and use the home's blurred lines to older people's advantage.

Lastly, it is important to note that older people are not 'victims' of circumstances beyond their control. On the contrary, they are quite able, and willing, to adapt. In fact, Mrs. Jacobs and Mrs de Groot are continuously altering and renewing their routinely use of space, to find a better 'fit' between the home and their slower, physically challenged bodies. Interestingly, when this process breaks down, the value of certain routines becomes crystal clear. In the context of home care, for instance, older people are 'forced' to change or break down their habitual routines, for the purpose of delivering safe care. This outside force can be experienced as too overpowering and lead to feelings of discomfort and anxiety, because the home, and the routines performed inside it, no longer feel *theirs*. In these instances, care workers will encounter resistance from their clients, who are trying to regain control. This makes the spatiality of home even more complex. Older people's experiences of home change over time; the home can be positively evaluated at one time, and negatively at another. Thus, the home and its inhabitants "do not hold still for their portraits" (Clifford, 1986, p. 10). In spite of their physical limitations, Mrs. Jacobs and Mrs. de Groot still try, with might and main, to 'reign' over intruders – as any respectable queen of a castle would.

In short, as things stand at present, AIP (and the academic literature that stands by it) pays too little attention to the home. Moreover, when AIP *does* take into account the home, it usually is in a negative way. The case studies of Mrs. Jacobs and Mrs. de Groot indicate, however, that the home also has its advantages. Hence, AIP is currently in discord with the experiences of two 'older' older people. This is perhaps because AIP is set (too much) on the capabilities of 'younger' older people, who are still quite active and have a larger social network to fall back on – in other words, who are less housebound (and perhaps put a lesser value on life inside it). The experiences of 'younger' older people have, however, not been studied in this thesis. Future research on AIP may choose to include both the 'younger' and 'older' older people (65-80 and 80+), to develop a more complete view of the role and meaning of home in the AIP experience. In any case, for the 'older' older people, it is important that AIP starts to recognise the more positive sides to home. In this way, it becomes easier to understand the home as a space that is ever-changing, from both the inside-out and the outside-in.

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