

INHABITING THE PLACES AND NON-PLACES  
OF A RESIDENTIAL HOME:  
A CASE STUDY FROM NEW ZEALAND

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ABSTRACT

*This study is based on interviews with the residents of two aged care facilities in southern New Zealand which explored the residents' concept of home. Home proved to be an ambiguous and polysemous concept and was used by the residents in several different ways to refer to both their current and their past circumstances. Noticeable differences in the residents' perception of the 'homeliness' of each institution as well as in the general ethos of each care facility were observed during the course of the study. However, both groups of residents were generally very positive about residential life. Residents and staff were found to act as though one facility was rather like a hotel and the other, a home. These different understandings of institutional space are explained through reference to Marc Augé's notion of non-place and place.*

INTRODUCTION

While roughly only five percent of contemporary New Zealanders (Statistics New Zealand 2001a) may spend their final years in residential care facilities, fears of being 'placed in a home' are often prominent in older people's lists of concerns about the future and their continued well-being (OECD 2005). Peace, Kellaher and Willcocks (1997: 119) suggest that the residential provision is still seen as 'the option of last resort' rather than a 'positive choice'. This is reflected in submissions by older people about the problematic nature of such care to the Retirement Commission of New Zealand (2005). It appears that cultural perceptions of the desirability of entering such care in New Zealand reflect the more extensively researched British perceptions (Dalley 2002: 10–25). If so few New Zealanders eventually move into residential care facilities why does the *possibility* of residential care figure so predominantly in New Zealanders' concerns for their future? Perhaps it reflects a public awareness of what Alas-

zewski (2000) has described as an over-obsession by government institutions on the need to keep older people 'safe'. This may be the result of the current ethos on risk reduction as the latest fashion in health and social services. It may also reflect the cultural importance within New Zealand society of home ownership (Morrison 1984; Hulme 1989; Bell 1996), as this must be forfeited in return for government supported care in a Residential Home. For whatever reasons, the cultural antipathy towards 'going into a Home' suggests that the experience of living in residential care is a topic worth investigating empirically in New Zealand.

#### METHOD AND RESEARCH SETTING

South City<sup>3</sup> has a population of 109,563 people (Statistics New Zealand 2002b) in a largely rural province and is experiencing a rapidly increasing average age of its citizens due to lowering birth rates and a drift of younger folk towards the larger employment centres of the North Island. The city contains around 50 residential care facilities, and the two Homes chosen for this study (Home A and Home B) were selected solely for pragmatic reasons based on the likelihood of gaining consent to interview residents and because of geographical proximity to the researchers. As research began, it became clear, however, that the two institutions formed the extreme ends of a continuum of styles of domiciliary institution which locals (when prompted) would classify as 'slightly down at heel' but 'cosy and homely' at one end (Home B) as against 'posh', 'luxurious' and 'like a hotel' at the other (Home A).

Residential Home A supported 50 residents and was recently built and furnished in the impersonal and sumptuous style of a luxury hotel. This impression was sustained with wonderful vistas stretching away from plate glass windows, a grand and high ceilinged living/dining area and, at the entrance, a prominent reception desk and office area. Tucked away from the impressive foyer were a smaller lounge and a hairdressing salon, and radiating off from this space were identical corridors of closed doors extending into the distance in replicating shades of pastel. The cliff-side location of the Home resulted in quite limited outdoor walking space for the residents, however the management's perception was that the view and general ambience of luxury compensated for residents' lack of mobility. A nurse-manager was responsible for the entire Home (including apartments which were in an adjoining building) and had a hands-on approach with other staff assisting the residents who varied from being self-ambulating to requiring a degree of nursing care. 'Pristine' and 'immaculate' were words that came to mind on viewing this particular facility.

Residential Home B was an older eclectic group of buildings situated in a flat, well-populated, residential area. Residents interviewed here were in a range of settings; most (eight) were assessed as needing basic nursing care and were either in a complex originally designed as a nurses home, or in a newer environment known as the 'flats' in which private living units opened out onto a large mall which included a dining area. The remaining two were in the hospital wing which had individual rooms and a shared bathroom. Each area had from fourteen to twenty-two residents with a nurse in charge who was ultimately responsible to a manager who controlled the service to all aspects of the complex. Residential Home B was notable for its efforts to integrate the Home into the community by encouraging volunteers in the running of the day care program, family attendance at church services and the involvement of local school children in activities with the residents. Its physical environment was also extremely different from that of Home A. Home B was older with warm wood panelling across many interior walls. Its haphazard expansion had produced a warren of interlinking corridors and small courtyards and a variety of architectural styles. The effect was that of a small village enclosed within the larger town (a small internal chapel and a proposed internally located coffee shop added to this). Several cats and a small dog were also able to wander in certain areas of the property, and the little lounge areas which kept appearing at each turn of the corridors had the appearance and function of local street corners. This difference in ambience (both materially and socially constructed) at each residence will be returned to in our discussion, as it has significance for understanding how the idea of 'home' may relate to residents in a Residential Home.

Extended semi-structured interviews were carried out with twenty residents (in total) from the two Residential Homes – ten (three men and seven women) from Home A and ten (four men and six women) from Home B. Sampling was purposive at the discretion of the home manager on the basis of each participant's ability to communicate orally and to provide a coherent account of their thoughts about Residential Home life. All respondents were over the age of 70, of European descent and had been in the Residential Home for at least six months.

Each interview was of approximately one hour's duration and centred around the following topics: the participants' image of a home, the difference between their own home and their current situation, what they viewed as being most/least satisfactory about this environment as a 'home', and their ideas about adjustment to a Residential Home.

Consent to participate was obtained from all participants and their confidentiality was maintained as interviews were taped, transcribed and reviewed by the participants, and coded and analysed for common themes and paradoxes in their responses. (Relevant institutional ethical approval was also obtained.) Subsequent to the analysis of the residents' interviews, the managers were also interviewed in order to obtain their ideas of the ethos of the Homes. This was to determine if the marked differences observed between the institutions by the researchers were knowingly reproduced by the managers – an observation with which they concurred.

#### THE MEANING OF 'HOME' AND 'HOMELY' IN SOUTH CITY

Initially this study had commenced with the idea that home could be readily defined and was usually equated with a house on the presumption of the cultural importance of home ownership for many New Zealanders. Our first research question was thus to determine if residents would consider their more recent dwelling (the Residential Home) to be a 'home' in its colloquial sense. This assumption, however, has been critiqued by Rappaport (1995). For instance, he suggests that the use of home as a synonym for house is theoretically confusing and fatally contaminates attempts to draw attention to 'people's affective, psychological, social, cultural, and behavioural relationships' with a variety of dwellings (Rappaport 1995:41). The term also confuses product (the objects within the home) with process (the relations that people have with these objects). Some of the literature on home, he suggests, falls prey to a tautology and defines home through a meaningless circularity as 'the meaning of home' (Rappaport 1995:42). Also, such discussions of home's meaning routinely neglect its physical (environmental or geographical) qualities. Another critical perspective is provided by Lawrence (1995: 58), who defines home as a relative concept including spatial and temporal capacity as well as societal and experiential dimensions. He argues that these ill-defined components are surrounded by a degree of ambiguity that require specific historical and social localisation in order to begin to tie down the use of the expression 'home' and its possible range of meanings. These are convincing arguments to avoid the use of home in a theoretical discussion, however in the specific historical and cultural location of South City, the residents' perception of Home B as 'homely' and Home A as 'not' justified the retention of the original research question.

Certainly however, the term is frequently ethnocentrically defined, for instance Csikszentmihalyi and Rochberg-Halton (1981) write that few English words are filled with such emotional meaning that can bring to mind one's

roots as well as the security of a private place. For New Zealand researchers, the secondary meaning attached to this definition obliterates in a sentence the strongly communal (i.e. public) understanding of the Marae as home for some New Zealand Maori. The initial terms of the inquiry may thus appear to have been inauspicious, however the colloquial definitions of home which we obtained from the interviewees were extremely helpful to establish, on an individual basis, the criteria against which each resident assessed their experience of their Residential Home as 'home-like'. The marked institutional variation in the perception of home compared to the general positive evaluation of the experience of living in each Home then emerged as an interesting result worthy of further consideration and explanation.

The ambiguity of the concept of home was apparent in all of the interviews, as in the following responses: 'You mean this home here, or *my own* home?' and 'I still hate the idea that I haven't got *my* home...but this is home'. An extensive period of conversation was required to make clear the basis on which people were referring to home. However, as interviews progressed several themes of the meaning of home emerged.

For some of the interviewees home was a geographical location such as the place of their birth or their childhood, and some spoke of specific aspects of this physical environment, as one woman said, 'I miss the hills' and regretted having moved to a Residential Home so far from the countryside that she loved. For others there was no strong tie to a location and home was as Harman (1987: 89) has suggested, more of a 'moveable feast', celebrated through life in a nation of strangers. Several of the residents who were interviewed had made major geographical changes during their lifetime, and a number of the participants made reference to having had several 'homes'. Giuliani (1991) refers to moving homes frequently as 'nomadism' (ibid:138) and makes the observation that for some people their emotional attachment is not to the home (as in the architectural structure) but rather to people, objects in the home and (as already noted) to the general geographical location. This is the concept of home as a *process* to which Rappaport (1995: 41-42) refers.

Ley (1981, cited in Eyles 1985) also notes that place (i.e. home) in turn re-enforces the identity of the social group. Amongst the interviewees there were gendered differences in the expression of the identity of the family in relation to home. Women described home as their extended families (e.g. 'home was our children' and 'family is home') while the men tended to refer to their wives alone as the central focus of home with much less emphasis on connections with children. For instance, one woman was clear that '...it becomes

an extension of yourself almost – home – [*is*] me, as their mother, isn't it?' One male resident said in reference to the Residential Home, it is the 'next best thing, but is isn't home'. He then went on to discuss the cooking, which clearly had an association with home, and made the point that if the cook 'cooked a little bit like my wife cooks, well it'd be ideal'. One man in this study viewed his home as soulless once his wife was no longer there. 'I don't miss the home...now the wife's not there'.

An affective element of home was also captured in the responses of the participants associating memories of home with positive images, like 'feeling happy'. Only one woman spoke in a negative way of her home in order to state bleakly that she had never had one – her husband having 'gambled it away'. (Whether this was a reference to what home should/could have represented, i.e. domestic stability, or the actual physical dwelling itself we felt unable to intrude further to ascertain.) Her comment is, however, a necessary reminder that home is not experienced by all as a place of sanctuary or happiness. Far too little of the literature on home discusses this more problematic aspect (see Jones 2000 and Lawrence 1995: 58). Certainly as Darke (1994) suggests, home may evoke as much resentment over enforced and unpaid labour for women as it evokes ideas of love and contentment. The memories which this group of participants chose to share with us, however, were positive. As one reviewer suggests, these discussions indicate the metaphorical use of home in the production of identity. For some women, the social institution of the family home offered a specific range of technologies of the self. In contrast, the men were (at times) the docile bodies of the power arrangement with part of their role being the passive reception of a bundle of women's domestic and relational tasks.

In relation to each interviewee's affective experience of the Residential Home (as Table 1 illustrates) there was a general agreement with few exceptions that the current experience of living in either Home was a positive one. It was with interest, then, that we observed that contrary to our initial assumption, positive experiences of Residential Home life were not all related to the perceived 'homeliness' of the institution. Indeed, there were marked differences between the residents of Home A and Home B in their perceptions of their specific Home as 'home'. We will return to suggest an explanation for this difference later in the article.

Home was also understood as a place of privacy and autonomy. For instance, one woman noted: 'Well this is an institution. Your family home is personal and private...you've got to remember there's just that...difference...it's not

unpleasant...but it is a difference'. Privacy remained an important issue in Home A and it was noticeable that residents frequently wanted their doors closed as the interviewer left their room, with many commenting that they lived behind these doors, emerging only for meals and special occasions. This was not so for residents of Home B.

Autonomy was another quality of home for many residents, and one referred to home as 'being able to do exactly what you want to do'. Research has identified the extent to which control and autonomy are encouraged or denied as being central to the adjustment of older people to a sheltered environment (Morgan Reed and Palmer 1997; Nolan and Grant 1993; Nay 1995) and more generally a major factor in ageing successfully. Many residents in this study expressed that autonomy needs were met in that they had time to read, choice in regards to how they used their time and as much privacy as they liked. There was only one area of concern, which was that they were much less happy with their ability to move unimpeded through the physical environment.

Creativity and expression (as discussed by Allan and Crow 1989) was a final aspect of home for some residents, and while they referred to having been creative in their lives, they were talking about the past rather than their current environment. One man referred to his workshop that had had all his 'little bits and pieces' and his garden tools which he had lovingly taken care of. One woman had immersed herself in painting: 'You get lost in it, you even forget to eat'. Having now decided that she could not paint through her lessening ability to grasp a paintbrush and also lack of space to set up materials, this was a major regret in her life. Another participant was sorry not to have any work to do. She had looked after someone all her life and was not used to having things done for her. She then went on to say how she missed working in the garden and also making pottery (which she had recently given up as the products were disappointing due to failing eye sight). Finding an alternative was not easy: 'I do work with modelling clay, it's not the same'. In this sense their current situation was unsatisfactory and worked against the Residential Home's classification as home for several of the interviewees. Jackson (1996), in a study of well elderly people posited that the ability to experience meaning in the context of one's occupation is a key component of successful ageing.

#### THE PERCEPTION OF THE TWO RESIDENTIAL HOMES AS 'HOME'

The following table represents the perceptions of the residents as to whether or not they thought of their residence as home:

Table 1. *Use of the word 'home'*. Note m = male gendered.

	Home A 10 participants 3xm	Home B 10 participants 4xm
Referred to their current situation as home	1	8 (2xm)
Definite statement that this was not home	7 (1xm)	2 (2xm)
Unclear in meaning	2 (1xm)	

The clear division between Home A and B should not be interpreted as a degree of unhappiness or dissatisfaction with Home A. The residents were quite emphatic at both locations that on the whole they were happy, or at least contented, in their situation. The explanation of these counter-intuitive results became the next component of our initial research question. The explanation we suggest lies in the social construction of meaning around each dwelling in which Home A was socially created as the non-place of a 'hotel' and Home B was created as 'homely' and imbued with social history.

Both varieties of social life, we argue, are made possible in New Zealand society by virtue of the manner in which a Residential Home has the potential to collapse from place into non-place in Augé's (1995) sense of the word. In such a case, the satisfaction of the residents in their 'hotel'-like environment can be understood as part of what he describes as the pleasurable identity constructions of non-place. The next section of our argument thus discusses and defends the use of Augé's concept of non-place in a discussion of New Zealand Residential Homes using material from the interviews and observation at the Residential Homes to support this interpretation before discussing in the final section of the paper how these social experiences were maintained.

#### RESIDENTIAL HOMES AS POTENTIAL NON-PLACE

Augé (1995) describes these peculiar experiences of space (non-places) as one of the three key aspects of social life<sup>4</sup> which this age of supermodernity impresses upon us. Non-place offers the peculiarly simultaneous experience of solitude in an overcrowded world best typified by our contemporary experience of car travel – as endlessly replicated yet individually isolated cubicles

of speeding silence – an image replicated in the multiplicity of residents patiently sitting in their cubicles of care in the Residential Homes.

Solitude was certainly one aspect of life which the interviewees mentioned frequently with the comment that relationships with other residents were no longer so important and were even problematic in various ways. One theme was that other residents were ‘moaners’ and it was not pleasant sitting in the lounge listening to ‘all their tales of woe’, while others were regarded as having ‘dementia’ and not responsive in the ‘normal’ way. In both cases, engaging in an intelligent conversation became a burden. Another issue was that such friendships were a high risk venture with the possibility of the work involved in developing a relationship being ‘lost’ when one’s friend died or was moved to hospital care. One resident was very clear on this issue having experienced the death of three friends – ‘I’m not making close friends anymore. It’s too heart wrenching’. A number of studies (see Higgins 1989) have supported this observation that close friendships are not often observed in Residential Homes with people being friendly rather than having friends. There is a difference between social isolation and loneliness, however, and while loneliness may be associated with old age, there are studies that demonstrate that the prevalence of loneliness shows no significance between age groups (Tornstam 1981, cited in Wenger *et al* 1996). Most residents lived a solitary life, merging with others only as they chose to do so.

The other criteria by which Augé defines non-place is as a location that can be understood as a place devoid of history, admission to which allows the temporary loss of our personal identity beneath a larger generic identifier as we become (in his examples) ‘the customer’, ‘the passenger’, or ‘the spectator’. The generic identifier ‘older person’ is immediately evoked in such a context with recent attempts to replace earlier generic identifiers such as ‘old people’, ‘the aged’, and ‘senior citizens’ reflecting the power of such category labels to obliterate personal identity utterly in a sense which is negative and disempowering. Augé argues, however, that non-places are a phenomenon through which we traverse and re-emerge (i.e. they are transient) and it is the temporary surrendering of individual identity which we can experience as pleasurable, the inhabitants having (for a moment) nothing more required of them than to ‘...keep in line, go where they are told, check their appearance...’ (Augé 1995: 101). In this sense, the idea of non-place for the period of time during which one is a resident of a residential care institution is quite appropriate and several interviewees gave specific examples of the pleasures of diminished role responsibility in that capacity – for instance, no longer shouldering the responsibility of shopping, housekeeping and meal prepara-

tion. For older people it may also be relaxing to no longer engage deeply with others in a world that has lost its relevance to some degree through the rapid advance of history. (Augé describes this process as a contemporary sense of the ‘present day’ which goes back no further than the last twenty-four hour news bulletin.) While the person’s home was a place, the Residential Home is, potentially at least, a non-place because there is no historical connection with other people and the person is forced to re-establish their identity on their own. This might be easier for some than others, e.g. those who build up their identity through specific objects which they bring along. The extent to which such identity is either built around or invested within such objects depends upon the social life of the ‘thing’ in question. We return with specific examples of the relationship between objects and identity formation at a later stage in the paper. For those whose identity was formed through tasks, for example, or relationships, this might be more complex. It is also difficult to mobilise one’s own particular identity when others see you as part of one homogenous group – in this case ‘the aged’.

There are, of course, many other ways to theorise identity formation, and while the purpose of this article is to focus on Augé’s writing on this subject, we would be remiss<sup>5</sup> to fail to point out the wider complexities of the issue. For instance, Erving Goffman’s work discusses the dramaturgical construction of identity in places regarded as front stage and back stage. It would be possible, then, to discuss older people’s identity formation through a sense of moving from a location (home) that was primarily backstage to a location (THE Home) in which it becomes primarily frontstage work. However, such an analysis would focus on the micro levels of human interactions without exploring the qualitative differences in the broader scale of social spaces which Augé’s discussion of supermodernity offers. Continuing for a moment with this theme, it would also be possible to discuss identity formation in a Foucauldian, antihumanist sense. Identity would then result from the constructive and deconstructive power of discourses located at institutional, embodied and textual levels. To a degree, our comment on the potential self-obliterating capacity of the term ‘the aged’ is an example of such a deconstructive act of identity formation. Taking this theoretical approach one would consider the emotion work carried out by residents in Home B to transition to residential care (discussed later in the text) as an act of self surveillance to produce the appropriate ‘Residential Home resident’ or ‘happy mother’. There is clearly scope for further reflections on identity formation for the residents of Residential Homes from this perspective, although for reasons of space, the topic is not pursued further in this paper.

The third element which Augé comments on in defining non-place is its contractual nature whereby the user of, say, an airport waiting lounge may enter only on production of the relevant boarding pass. He speaks of this as the need to prove ‘innocence’ – in other words one achieves the loss of identity of ‘non-place’ only after subjecting oneself to rigorous scrutiny of the representational markers of the very individual identity which one later revokes. The contractual obligations with both the State and the owners of the Residential Home for residents of such Homes in New Zealand are poignantly clear, as one resident describes it:

Financially it's a big thing. Because you have to pay...the \$2000 something a month out of your own money [savings] and until you're down to \$16,000 [*at which point Government subsidies are paid to the institution to maintain the resident*]. ...And you're allowed to have \$10,000 for your funeral. That was a struggle to me. We have worked hard to have a free home! To see all that money... [*disappear*].

Entrance into the Residential Home system is through a strict government assessment of the most minute and detailed aspects of potential residents' lives – finances, continence, social skills, etc. Residents accumulate an individual file during their stay and their final exit is subject yet again to each individual organisation's bureaucratic investigation and record keeping (pers. com.) in addition to the completion of the Government-required death certificate. Augé's ideas of transit are well applied to New Zealand residential care facilities which are inhabited by those whom the broader (age phobic) Pakeha society views as being definitely in transit on to death, staffed by people who are paid to be there, which run for profit or at least along business type lines, and where entry is gained only after extensive State probing of one's individual life experience in both its representational sense and in embodied form.

The final aspect of non-place to which Augé draws our attention is the quality and form of the communicative interactions which people engage in once they inhabit this location. He notes that frequently such interactions involve electronic media in which our conversational companion is ourselves as we interrogate our voice mail and our credit limits for instance. At a mundane level most of the residents whom we interviewed certainly spent long hours in companionship with books, radios, tapes and televisions, however the more striking facet of their social interactions was the nature of their social interactions with the staff which were noticeably different between Home A and B.

Conversations with staff in both Homes invariably involved snippets of the worker's lives but for the residents of Home A the use of this social resource was in the manner of a compelling soap opera allowing life to be experienced but from a distance as a simulacrum. The dependency on staff as a source of fun and as 'someone you could have a laugh with' made them appear almost as paid entertainers in the interview transcripts of the residents of Home A.

These four elements form the basis of our argument that a Pakeha New Zealand Residential Home can be understood as having the potential to be described as non-place; however, as Augé notes (1995:107) our experience of places and non-places are inter-related, and each has the potential to dissolve into the other at any moment. In this sense, while our understanding of these categories may be oppositional, they are a good deal more fluid than the binary suggests. This is certainly so for our interview data and we suggest that in New Zealand, Residential Homes probably exist on a continuum of social environments of place and non-place – their variety reflecting the solid cultural labour of residents and staff to reinscribe the Homes with social meaning ('homely') or to construct desirable and glamorous experiences of non-place ('a hotel'). While such labour gave specific identities to these Homes from our positions as external observers, one must recognise that within each Home the individual cultural labour was not always to a homogenous design, and we observe that one resident in the 'homely' Home specifically referred to her accommodation as a 'five star hotel' while another resident in the 'hotel' like Home referred to it instead as a 'prison' (another non-place, although with negative instead of positive associations). These exceptions express clearly that cultural labour is required to exist in these Homes and that such work is contested, imbued with personal history and unlikely to ever be homogeneously experienced within any population. The following section makes clear exactly how much emotion work was generally involved in adjusting to the Residential Home.

#### TRADE-OFFS AND EMOTION WORK

Augé (1995: 94) notes that non-places create a new social arrangement, which he speaks of as solitary contractuality, and while his argument is for the societal level, the interviewees also reported a personal contractual element to living in the Residential Home – something along the lines of, 'I will agree to going into the home if I get the following personal benefits for myself...'. We have used the term 'trade-offs' to describe this.

For many interviewees, one of the major advantages in the trade-off of Residential Home life was the feeling of safety. This is consistent with Dupuis and Thorns (1996) who discovered that security was the key issue associated with home (in particular, home ownership) for the over 60s age group in New Zealand. The idea of the Residential Home as a safe haven was an underlying theme in the interviews and this is also reflected in the home literature (Sixsmith 1986; Young 1997). As Rowles (1987) has noted, home for older people may be understood as 'a womb', i.e. a place of warmth, security and a haven from the outside world. There was a strong agreement that their current living situation relieved the residents of many anxieties related to health and managing a home. As one of our interviewees noted: 'I'm not a person who can live on their own, I'm frightened, always have been all my life'. Routines provided much of this security and stability. Meal times, for instance, were apparently also used by the staff to monitor residents' wellbeing and this was much appreciated – 'They make sure you eat...they come and find out why you haven't gone to lunch'. The social autonomy which is forfeited in order to secure such safety may not be as great as one imagines. For instance, Sixsmith (1986) has suggested that for the elderly with restricted mobility, the home becomes increasingly a place of enforced seclusion and one more step on the path of disengagement from society. Before moving to a rest home, this disengagement process may have already begun.

The more poignant trade-off reported was, however, to do with family approval, as frequently the move into the Residential Home was perceived as giving the family more freedom. As one resident was quick to point out, the family did not mention this, it was her own analysis of the situation that the family needed 'rid of me'. She considered that she had had a good life but now she needed to give them freedom – 'I made myself like the home'. Another resident had felt a burden on her sister-in-law with whom she had been living: 'I hated being too much of a nuisance for them when I was a bit lame...and not able to help at all'. The issue of modern families was frequently raised with the older family member recognising the need for both parents to work and even the children being too busy to have much time for them. Comments were made such as, 'I don't want to be a burden on people', 'Younger people are living a new way of life – you've got to face up to that', and 'We've had our life, let them have their life'.

Success in such trade-offs, as we observed it, was accomplished through sheer hard work in the sense in which Arlie Hochschild (1983) uses 'emotion work'. When carried out in personal relationships, Hochschild suggests that such emotion work is guided by feeling rules which 'establish...the sense of obli-

gation that governs emotional exchanges' (Hochschild 1983: 56). This involves us purposefully working on our feelings in order to shape them into a suitable form for public expression. This work includes assessing how we feel about something and observing others' assessments of our emotions and the pervading cultural sanctions in which we participate. The unspoken 'feeling rules' for the parent/child relationship (i.e. that parents love and care for their children) requires that the parent 'manufacture' contentment and good grace in the Residential Home in order to recompense the children for politely 'masking' their inability or wish to look after the elderly parent. Disturbing personal stories, for instance of one resident being told by her daughter to pack for a holiday and then being dropped off with no explanation at a Residential Home, were (with time) reworked to become stories of the daughter 'being responsible' and wishing for the mother to be 'looked after well', and really 'quite understandable'. The more positive interpretations which one could place on such work relates to the earlier description of parents 'making space' or 'creating freedom' for their children. However, the wish to not disturb (with bad feelings) what was perhaps the last existing family relationship may also have worked as a powerful compulsion on parents to engage in the gift exchange of more personal space for younger family members in return for their continued esteem.

Various strategies were used by residents to engage in this emotion work, for instance a resident whose move had been enforced due to illness said that returning home was 'too heartbreaking' and so she refused all attempts by her family to get her to visit (for fear of breaking down in front of them). Many of the residents chose to maintain an outward calm over inner turmoil until they had performed the necessary emotion work to come to terms with their situation, for instance: 'No, as I say, I made myself work at it here. I was very um...determined that I wasn't going to grumble about it, you know...I made up my mind that I was going to like it for [*her daughter's*] sake...'. Hochschild speaks of emotion work as proceeding at several levels similar to superficial and deep acting, of which these are two excellent examples. For most of the residents, the emotion work appeared to be deep acting, with a difference which Hochschild notes commonly accompanies this work when it is engaged in for intimate relationships – namely, that the participants rarely acknowledged the process, or rather, treated it simply as a normal and expected aspect of living. The sphere of emotion work/labour in each Home was a more complex event than we have just briefly described. For instance, in Hochschild's sense it would encompass the labour of the staff and the work involved in visits by family members as well. However, this was not the scope of the current investigation and remains to be examined in more detail at a later date. The

following section of this paper examines the results of such emotional labour – the re-inscription of non-place as place in the case of the ‘homely’ Home and the celebration of the delights of non-place in the ‘hotel-like’ Home.

COLLAPSING NON-PLACE INTO PLACE: THE RESIDENTIAL HOME AS ‘HOMELY’

Of the two Residential Home environments, the previously described Home B with its slightly ‘down at heel’ charm, its very informal staff/resident relations and its deliberate networking extended out into the local community via local churches and schools, had far more of the characteristics of homeliness as suggested by Rappaport’s brief description of folk definitions of home (Rappaport 1995: 27). While the physical design of the Home induced a reading of the environment as homely in the Pakeha New Zealand sense of the term, such a view was also maintained by the active cultural work of the residents. The clearest mechanism by which people reinscribed Home B with meaning as ‘homely’ was through a re-invention of family connectedness via the use of possessions and memorabilia, and through efforts to create the Home as a space of fun and happiness and friendly concern for one another. There were also a lucky few (two) for whom home was defined geographically, and so simply residing within the Home in the suburb they loved was sufficient to make it a homely space.

Home in its extended (or for men contracted) web of family relationships was reconstructed with photographs and other memorabilia for some of the residents in Home B. Consider the following example of emotion work: ‘You just make it a home. That’s what I done here. I’ve put the family portraits up. And paintings that family have done. Most of those [*gesturing*] are done by relatives’. Kamptner (1989: 192–193) suggests that in old age, ‘possessions may be *the* primary source of self-maintenance’. She also goes on to say that separation from possessions resulting from a move into residential care embraces more than the loss of material things – it involves also ‘loss of part of the fabric of one’s life and one’s self, a fabric that has been carefully woven over the course of an entire life’. For those who constructed home from personal possessions, bringing them into the small space allocated within a Residential Home was an issue that provoked anguish. The eclectic mix of rooms and furnishings in Home B, however, worked to integrate the incongruities of personal possessions with institutional décor in a way that the glamorous interior of Home A could not achieve, but instead only managed to continually subvert.

While residents in Home B were not oblivious to difficulties posed by other residents’ behaviours, they seemed to consider the person rather than the be-

behaviour as more important and made allowance for inappropriate/poor communication skills. For instance, one interviewee explained how he made a point of laboriously repeating the highlights of any conversation to a deaf resident to 'make her feel included'. Our argument then is not that residents at Home B were kinder or more sociable than Home A. Rather, the orientation of emotion work amongst the residents, the ethos of the Home management *and* the physical environment of the Home seemed to coalesce into a more 'homely' environment in which slightly warmer relationships could occur. For instance, the presumably unintended effect of successive incorporations of adjacent housing and extensions to Home B provided many small communal areas for groups of residents to gather and socialise. Also the older, less soundproofed individual rooms of Home B gave residents opportunities to lend assistance and support to each other when needed. For instance:

...The carer was on her own, somebody was screaming, she had four or five bells going at the same time and I could hear this ooh, you know, painful [*sound*] and I thought '...who on earth is that? That sounds dreadful!' And I traced it down to this poor little old lady, and she says:

'Oooh, I got something stuck in my throat!'

I said, 'What is it, a pill?'

She said, 'Yes'.

'I'll give you a glass of water and that will dissolve it – you'll see'. (She'd stuck a Panadol in her mouth without any water).

And then she said, 'I want to go to the toilet'.

And I said, 'Oh okay dear, that doesn't worry me'. (I mean it was second nature to me). 'Come to the toilet - I'll put you on'. (In fact, it was getting to be like old times [*the resident was a former nurse*]). So I sat her on the commode, pulled her little briefs down...and left her alone and [*then*] I fixed her up [*and*] put her back to bed.

#### NON-PLACE REMAINING NON-PLACE – THE RESIDENTIAL HOME AS 'HOTEL'

While the positive experience of Home B residents was readily explained by their emotion work to reinscribe the institutional space as 'homely', the very

positive experiences of residents of Home A could not be similarly explained. Indeed, on nearly all counts Home A did not conform to anyone's folk definition of home. Consider, for instance, the concept of autonomy as part of home, as one resident remarked: 'You don't really think for yourself...people think for you'. This attitude was typical of the ethos of the entire Home and there was a marked passivity of the residents with little evidence of people organising things for themselves apart from card groups. Residents were required, for instance, to 'put up your hand' if they wanted to go on a bus trip and staff alone were allowed to organise the dining room seating arrangements.

This passive element to the community life extended over into the entertainment in Home A which tended to be staged as a spectacle rather than as an opportunity for combined participation. For instance, while the interviewing was in progress, the foyer of Home A had been the site of a bold display exhibiting a life-sized horse and memorabilia related to racing. These displays were avidly consumed (in a visual sense) by staff, residents and visitors and were assembled and then disassembled according to a regular institutional timetable. The ennui associated, however, with a life of such passive pleasures was remarked on by several who counted themselves very fortunate that they could still read. Others spoke of the Home activity program (along with mealtimes) as a useful way of keeping track of the passing of time. (As a quick point of comparison between the two Homes, Home B residents also enjoyed displays but these were of each other's work projects).

Relationships with other residents were also passive in Home A (in the sense of disengaged) by virtue of being superficial and exquisitely polite. Certainly the regular and consistent shutting of doors discouraged deeper connections and were knowingly used in such a manner. For example: '[Home A] is not the same thing as home – it can't be of course. But it is really very nice. You see if you want, you can come and sit in your room and be by yourself if you want to be. You haven't, you haven't got to be with people if you don't want to'. While to a non-resident, shut doors may have a negative connotation of enforced loneliness, they were not viewed in this manner by the residents. Perhaps this was because there was no buffer between the bedroom and the 'public' Residential Home life. Rowles (1987) in his study of older people, referred to such buffer space as a surveillance zone, meaning the space surrounding a house which was used by the occupant for watching what was happening in the neighbourhood and for communicating with neighbours. Mutually dependent relationships were developed here and it was a particularly important zone when mobility was restricted. Home B provided, via its nook and cranny

construction, such an intermediate zone, however in Home A, residents were either in their own private space or thrust into the neighbourhood – i.e. the central living area. In such circumstances the door was a particularly powerful gateway between worlds.

The disconnectedness and formality made such relationships very unlike utopian ideas of the family home which so many residents offered to us as their definition of home. Home, indeed for all but one of the residents (who understood herself as the embodiment of home), was evoked as being ‘somewhere else’ either in association with family members, in a different geographical location or another physical dwelling such as a house.

How then could we explain the very positive impression which the residents gave us of life in Home A? After reflecting further on the data, we observed that there were several instances in which the residents explicitly chose to be served by the staff rather than provide for themselves. For instance, when providing feedback on the research to the residents of Home A, the interviewing investigator observed that all of the residents waived their opportunity to make their own morning tea from the nearby tea and coffee making facilities in order to be served by the staff members. Subsequent informal conversations with acquaintances whose family members were residents in the Home elicited several stories of Home residents who would hop back into bed (in the midst of walking around their room) in order to receive their meals on a tray lying down (pers. com.). Residents clearly derived immense pleasure (expressed with facial displays of smiling and relaxation and audible sighs of contentment) from the arrival of their tray of tea and biscuits (pers. com.). The image evoked was of a hotel far more than a residential care facility. This was reinforced by the manner in which residents described the responsibility of the staff as far more to entertain than to engage residents in creating their own entertainments. It was also fostered by the internal physical environment of the Home which was more like a luxury resort – an image aided by the grand vistas from the public rooms, and the elegant but somewhat impersonal interiors of the institution. The perception of the staff as more like the *gentil organisateur* of a Club Med than professional health carers was also apparent in the differences in introductions to participants at Home A, which were always on a first name basis. We understood this as signifying the importance of the person as a recognised individual, i.e. as a paying guest. While none of the residents at Home A actually used the term ‘hotel’ to describe their experience of the institution, this was the overwhelming interpretation of the manner in which they lived in the facility, as discussed informally in

subsequent conversations with the staff and formally with the manager who noted that Home A had been designed specifically with the idea of recreating a hotel-like atmosphere.

Interestingly there is some mention of experiences of Residential Homes as hotels in the literature. For instance, Kellaher (2000:21) quotes one resident in an English Home: 'We visit in rooms. We lead hotel lives, not like a private home'. Similarly, Schwarz (1996:237) quotes from a study of ten Residential Homes in England, in which one staff member observed that residents in the institution with which she was associated saw it as the local 'Hilton'. This idea of the Home as a very luxurious hotel seems, in this case, to have helped residents make a successful transition and also to have aided the rest of the family to overcome the guilt of abandoning their mother by reimagining her as moving to a first class hotel.

## CONCLUSIONS

Several conclusions can be drawn from this research project. First, the interpretation of this research data has provided further empirical insights into the validity of Marc Augé's theoretical concept of non-places as a characteristic of supermodernity. In this case, the Residential Home provides a fascinating example of the proliferation of such environments in the contemporary world and, as Augé suggests, their potential mutability into 'place' again. While occasional reference has been made to non-place in conference discussions of Residential Homes, the term is most generally invoked in a despondently negative sense with the implication that such a residential experience is likely to be alienating. However, this research indicates that such an outcome is not uniformly the case. In our own example, residents experienced *another* very satisfying variety of non-place (far from the stereotypical negativity of highly regulated institutional care) in their experience of the home as 'hotel-like'. The references to hotel-like Residential Homes in the British literature suggest that pleasurable experiences of non-place for the elderly may not be restricted to New Zealand alone and such a possibility requires further cross cultural empirical research. Further research is also required to understand the mechanism by which residents and their families differentiate between potential Residential Homes and also their own perceptions of the place or non-place of the dwelling. While undoubtedly examples of non-places in their negative sense as prisons or holding pens for older people will also be brought to light in such research, the possibility for other more pleasant arrangements of residential care (beyond that of a hotel) may also become manifest. There is also a need for further empirical investigation of exactly how it is that such

places and non-places develop. What are the relative weightings of management redevelopment plans and ‘concepts’ for a Residential Home against the residents’ construction of their world? Do residents resist the constructions of the management? Such research would be a very interesting ethnographic project.

Secondly, while this current research has touched only lightly on the topic of emotion work as a mechanism for explaining how the ‘homeliness’ of Home B was constructed, there is clearly much further scope for tracing the intimate economies of care which operate inside Residential Homes and the emotional labour and emotion work which underwrites them. To consider such cultural locations as retirement homes is, in a sense, to completely misrepresent the amount of cultural *labour* which residents must engage in, in order to manufacture appropriate feelings about their situation – these Homes instead are full of emotion workers. The role of the staff and other family members in this regard would be significant.

This paper closes, then, on a note which emphasises the need to explore the potential diversity of environments within pleasant Residential Homes for older people. Most importantly we need to consider that as non-places proliferate in cosmopolitan, industrialised societies they may offer potentially pleasurable, and nowadays, increasingly culturally familiar, alternatives for living situations for older people. Certainly there is a need to expand our thinking on Residential Homes beyond the medical and the ‘homely’ model. As Peace and Holland (2001: 407) have provocatively suggested, homeliness in a care facility need not always be a benign quality but rather a genteel mask for a rigid institutionalism. Residential Homes may perhaps better be understood as a fluid continuum of social and physical environments ranging from place to non-place and manifesting in a variety of potential forms, although for the moment we must retain the proviso that these observations remain culturally specific to Pakeha New Zealand society.

#### NOTES

- 1 The authors wish to state that this is a jointly authored paper.
- 2 Corresponding author
- 3 The name of the community has been altered in the interests of anonymity of the institutions.

- 4 As Augé defines it supermodernity is: 'A world where people are born in the clinic and die in hospital, where transit points and temporary abodes are proliferating under luxurious or inhuman conditions (hotel chains and squats, holiday clubs and refugee camps, shanty towns threatened with demolition or doomed to festering longevity); where a dense network of means of transport which are also inhabited spaces is developing; where the habitué of supermarkets, slot machines and credit cards communicates wordlessly, through gestures, with an abstract, unmediated commerce; a world thus surrendered to solitary individuality, to the fleeting, the temporary and ephemeral...' (Augé 1995: 78).
- 5 The authors are indebted to one of the reviewers of this manuscript for the development of this point.

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