

Paid Companions for the Elderly: Ambiguities, Relationships and 'Being in the World'

by

Linda Allison Outcalt
B.A.A., Ryerson University, 1984

A Thesis Submitted in Partial Fulfillment
of the Requirements for the Degree of

MASTER OF ARTS

in Interdisciplinary Studies

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Supervisory Committee

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Abstract

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The restructuring of Canadian health care for more than twenty years has ushered in opportunities for growth in private home care services. Within this socio-economic reality, some seniors and families feeling the impacts of the cutbacks to health and social services have turned to other alternatives of care to fill care gaps. A new type of caregiver, the *paid companion*, has surfaced in this respect. Operating either independently or through private health care agencies, paid companions resemble surrogate family members or friends who perform a variety of services for the elderly who can afford to pay for private home care and support.

My research objective has been to explore and develop an understanding of the experiences and relationships of paid companions and their clients within the context of the political-economic climate of neoliberalism that has supported the development of paid companions. This thesis presents research conducted between 2009 and 2010 in the Greater Victoria area with 30 participants: 15 companions, 8 clients, and 7 key informants. The two qualitative methods of *qualitative (semi-structured open-ended)* in-person interviews and *autodriven photo elicitation* were utilized in order to examine the subjective experiences of paid companions and their clients.

The research revealed the ambiguity and divergence of opinion around the terms ‘companion’ and ‘paid companion,’ which are inherent in the nature of the work itself. The majority of participants emphasized that friendship and *fictive kinship* often form the core of a relationship that has been built on caregiving and trust. While paid companions derive fulfillment by providing care for clients, the relationships they develop with them are intrinsically linked to the companionship and care they give. Although clients’ care needs most often stem from general health and mobility issues, the relationships that are gradually formed with their companions often become as important as the task-based assistance their companions provide to them.

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Dedication

This thesis is dedicated to Devon and Benjamin Anderson

CHAPTER 1: Introduction

Over the last thirty-five years in Canada, a particular type of caregiving has slowly emerged in private home care services for the elderly - *paid companions*. To date, while considerable scholarly research has been conducted on care and caregiving, paid companions represent a particularly unrecognized type of caregiver in our society, one that also reflects an explicit research gap as very little is currently known about the prevalence, socio-demographic characteristics and functions of paid companions in contemporary Canada. This thesis focuses on the experiences and relationships of paid companions and their care recipient clients within the context of a neoliberal political environment.

While the concept of companions is not new and can be traced to the Victorian era companion services in England, the form taken by paid companions today is new, a reflection of the contemporary socio-economic climate of self-care, individual responsibility and choice. The political-economic framework of neoliberalism, which has shaped the restructuring of Canadian health care for more than two decades, including cutbacks to health and social services, has shifted more responsibility for care of the elderly to the community and informal caregivers. At the same time, because these informal caregivers are most often women who are generally employed, this shift in responsibility from the state back to the individual has provided the ideal environment for a variety of private health services to emerge (Williams, Deber et al. 2001). Within this socio-economic reality, some seniors and families, feeling the impacts of the cutbacks to

health and social services, have turned to other alternatives of care to fill care gaps. A new type of caregiver, the paid companion, has surfaced in this respect.

Paid companions resemble surrogate family members or substitute friends (often referred to in sociological literature as *fictive kin*) who offer a form of commodified friendship and care. In anthropology *fictive kin* has a very specific connotation, referring to people who have been awarded a kinship title and are treated as if they are actual blood kin (Barfield 1997). Within the context of this interdisciplinary thesis, fictive kin will refer to the sociological definition of the term. For the financially secure elderly who can afford to pay for private support in their homes and in care facilities, paid companions now perform a wide range of services, which include: companionship, conversation and visiting; accompaniment to dinner, shopping and other outings; assistance with activities of daily living at home or in care facilities; and palliative care in the form of family respite or direct palliative care.

In addition, the services of paid companions consist in large part of “emotion work” (Hochschild 2003 [1983]; MacRae 1998), placing them at the intersection of informal and formal care work where the boundaries of care are increasingly blurred (Ward-Griffin & Marshall 2003). Informal care has generally been defined as “unpaid assistance from family or friends,” while formal care has referred to care in which payment was received, either by a family member or a paid worker (Chappell 2008:314). However, the boundary between formal and informal care has become increasingly less clearly defined, as non-profit agencies provide unpaid volunteer ‘companions’ for the elderly; or when informal care recipients pay informal caregivers (directly or indirectly).

Additionally, paid home care workers become unpaid, informal caregivers when they put in extra hours for no pay in order to provide the assistance care recipients need; and family members without government support or adequate resources hire companions who then become fictive kin to their elderly family members. In fact, Ward-Griffin and Marshall (2003) argue that formal and informal caregiving are not separate ‘public’ and ‘private’ spheres; instead, boundaries between informal and formal caregivers are “overstepped and negotiated” in interactions (p. 195). Although the caregiving provided by paid companions includes emotional and physical assistance supporting independent living and allowing many seniors to remain in their homes for a longer period of time, power and dependency are also embedded in these relationships, creating potential situations of domination and inequality (Fine & Glendinning 2005).

Paid companion services in Victoria are available through: 1) Independent companion services: individuals (or incorporated individuals) who advertise their services in care facilities, local classified advertisements, caregivers’ organizations and through word of mouth; and 2) Private home care agencies: agencies who advertise online and through print media (local newspapers and magazines, such as *Senior Living Magazine*). It is difficult to pinpoint exact numbers of private home care agencies as new agencies appear quite frequently. At the present time there are at least 16 private home care agencies in Victoria and Sidney¹. In addition to the private home care agencies, there are a number of other businesses and individuals that specialize in aging related assistance: transportation only; downsizing/moving assistance; recording memories;

¹ As of January 2011, there were 16 private home care agencies listed in the 2010 Greater Victoria phone directory, but there could easily be new agencies that are not yet listed.

financial planning and asset management for seniors; and travel companions. The commodification of aging appears to be a lucrative and growing industry.

This research is informed by a perspective embedded in critical theory and political economy. However, because the broader socio-political framework that surrounds the growth of companion services impacts the individual experiences and feelings of the participants, I also drew on a phenomenological approach in order to develop a more thorough understanding of the motivations and relationships of paid companions and their clients. The specific questions I addressed in my research were:

- What contextual circumstances (economic, political, social) and personal situations² contribute to the use of paid companions?
- How does each member of the paid companion and care recipient dyad perceive their relationship and the extent to which it consists of emotional/friendship components compared with task/worker-oriented components?
- How does each member of the dyad feel about their relationship and its good and bad aspects? This question will address issues of: power and dependency; trust; conflict and harmony in the relationship.

Recruitment for this research took place in the Greater Victoria area from September 2009 through April 2010. Recruitment strategies consisted of posterage, assistance from private home care agencies, retirement home presentations, professional contacts, and snowball sampling. Thirty qualitative interviews in total were conducted with 15 paid companions (13 female and 2 male); 8 clients (6 female and 2 male); and 7 key informants (5 private home care agency representatives, 1 owner/operator of a senior's asset management company who employed paid companions, and 1 retired volunteer coordinator). In addition, the visual methodological component of the research, *autodriven photo elicitation*, (a method whereby participants produce the photographs

² Personal situations may include divorce or death of a spouse, caregiving obligations, or a job change based on personal motivations.

which are later discussed in interviews), resulted in 142 photographs. Research participants included independent and private agency companions, and clients living in private residences or retirement homes. Paid companions ages ranged from 40 to 72 (mean age = 56, with the majority in their 50s and early 60s). Clients ages ranged from 62 to 96 years of age (mean age = 82 years old).

This thesis presents the methods and analysis used to explore these questions and the key findings that evolved from the research. Participant photographs combined with a corresponding analysis are integrated into the methodology section in Chapter 3 and research findings in Chapter 4.

Chapter 2 provides a literature review: “*Foundations of care and home care services*,” which examines the underlying historical and socio-political structures that have impacted the Canadian Health Care system, specifically the two ideologies that have supported the growth of neoliberalism – *familialism* and *individualism*. The chapter begins with historical background material on companion service, tracing its roots to the Victorian era’s ‘lady’s companion’ of eighteenth and nineteenth century England, which later evolved into a North American version of companion service and home-help in the 1800s-1900s. The historical section of this chapter concludes with an overview of the development of paid companion services at the Gorge Road Hospital in Victoria in the 1970s. This service provided the foundation for the long-term care work that paid companions are doing today.

The next section of this chapter focuses on the influence of neoliberalism on formal and informal caregiving. A critical theoretical perspective and political economy are applied to an analysis of neoliberalism in order to examine the political and economic

forces that have shaped the development of paid companion services in Canada over the last 35 years, starting with an historical and political overview of neoliberalism and its foundational ideologies. The overview is followed by an examination of the impact that neoliberalism and its subsequent economic policies have had on Canadian health care policy – the *profitization* of health care, the transference of responsibility to the family, and the commodification of care, which laid the groundwork for the expansion of private home care services in Canada.

Also discussed in this literature review is an overview of care and caregiving, which includes the two main themes that predominate the literature on formal and informal care: the blurring of boundaries between formal and informal care and the growing commodification of care. Finally, while no specific literature could be found on paid companions, this chapter concludes with an examination of the literature on home care workers, which finds parallels in the work of paid companions.

Chapter 3, “*Methodology*,” will explain the processes undertaken for this research which include: the combined theoretical approaches that were employed (political economy and a critical theoretical perspective, while also drawing from a phenomenological approach); the two qualitative methods used to collect information for the research (in-person semi-structured, open-ended qualitative interviews, and the visual method of *autodriven photo elicitation*); a detailed description of the sampling and recruitment strategies, (which includes recruitment modification); details and realities of data collection; transcription particulars; and data analysis. Participant photographs are utilized in this chapter to explain aspects of the data analysis.

Chapter 4, “*Ambiguities of Meaning, Relationships and ‘Being in the World,’*” presents the research findings: the demographics of paid companions and their clients; ambiguities inherent in the work and in the term ‘paid companion’; the importance of the relationship between companions and their clients; and the meaning of the work for companions and clients, which is both emotional and spiritual. This chapter will also discuss the concept of ‘*being in the world,*’ its importance to clients, and the ways in which companions assist their clients to maintain this connection to the world. Companion and client photographs are interspersed throughout this chapter (as in Chapter 3) and included in the analysis, adding another level of meaning to the context of the interview data.

Chapter 5 provides the conclusion to this thesis with a summary of the research findings, along with suggestions for further research and references.

CHAPTER 2: Literature Review: Foundations of Care and Paid Companion Services

Chapter 2 presents an overview of the relevant literature in order to gain an understanding of the historical, social, economic and political influences that have given rise to the utilization of paid companion service today. The chapter begins with historical background material on companion service, tracing its roots to the Victorian era's 'lady's companion' through to a wage-based version of companions and 'home-help' in North America in the 1800s-1900s.

The next section of this chapter then turns to contemporary Canada. Because the broader socio-political framework impacts the individual experiences and feelings of the participants, it was also essential to consider this context within the research. An analysis, informed by political economy and critical theory, examine these interconnections that have shaped the growth of private home care agencies and paid companion services in Canada over the last 35 years. Kincheloe and McLaren (2005) have pointed out that it is very difficult to define critical theory because "there are many different critical theories, not just one" and the critical theoretical tradition is always changing and evolving" (p. 303). Nevertheless, the tradition of critical theory developed by Horkheimer, Adorno and Marcuse in the 1940s provides the basic means to examine the discourses of power and ideology that intersect with issues of class, ethnicity and gender in this research (Scott & Marshall 2009). In addition, the critical theoretical understandings of power and control put forward by Foucault (1975), and the ways that power becomes hegemonic formulated by Gramsci (1929-1935) add to my analysis of neoliberalism.

Political economy also has many interpretations, but Navarro's understanding of political economy as "the analysis of how power is realized through our economic, political and social institutions" fits well with my research (2002:2). Additionally, the political economy of scholars such as Estes who view aging through the lens of critical gerontology is also relevant. Estes' (1999) for example, takes a similar point-of-view to Navarro's perspective of political economy when she states that:

The political economy of aging emphasizes the broad implications of political, economic, and social relations for the aging and for society's treatment of older people. It is a systematic view predicated upon the assumption that old age can only be understood in the context of problems and issues of the larger social order (p. 17).

These combined theoretical perspectives have been utilized to situate the work of paid companions, as well as inform an analysis of the political-economic context of neoliberalism that has fuelled the growth of the Canadian home care industry that supports the use of paid companions within this privatized sector of health care. Starting with an historical and political overview of neoliberalism and its foundational ideologies of *individualism* and *familialism*, (which are also implicated in the development of companion service in the Victorian era), this section of the chapter will provide an examination into the impact that neoliberalism and its subsequent economic policies have had on Canadian health care policy: the profitization of health care, the transference of responsibility to the family, and the commodification of care.

The discussion of neoliberalism leads into an overview of care and caregiving. Two main themes dominate the literature on formal and informal care: the blurring of boundaries between formal and informal care and the growing commodification of informal and formal care. Finally, while no specific literature could be found on paid

companions, I will conclude this chapter with an exploration of the literature on home care workers, which finds parallels in the work of paid companions.

The historical context of companion service

The British 'lady's companion' in the Victorian era

Companion: A person who lives with another in need of society, and who, through receiving remuneration, is treated rather as a friend and equal than as an inferior and servant, (now usually of women) (Oxford English Dictionary, [historical] 7th Definition, in Rizzo 1994:26).

The notion of the Victorian era's 'lady's companion' conjures up the literary worlds of Jane Austin, Charlotte Bronte, and Thomas Hardy whose fiction describes the aristocracy with their life of leisure and an assortment of domestic servants, governesses and companions who made that life possible. The roots of these literary worlds can be traced to the socio-economic realities of eighteenth century England, which created the framework for the emergence of the Victorian era's lady's companion.

England in the mid eighteenth and early nineteenth century was an era in which political-economic realities, combined with Victorian social conventions and values, greatly restricted women's independence and opportunities (Rizzo 1994). A major underlying social factor to the general inequality of women's position in that era was due to the population imbalance of females to males³, attributed by many historians to major political events - the years of war between 1790 and 1918, followed by years of male immigration to the colonies (Jackel 1982). For example, in 1861 the UK had 800,000 more females than males, and 1.3 million more women than men by 1911; a fact of

³ This demographic has been in place from the Napoleonic era through to contemporary Britain (Jackel 1982:xiv-xv).

British life which had a dramatic impact on the 800,000 to 1.3 million “surplus” women who lived in Britain in 1861-1911 (Jackel 1982).

In addition, other social and political changes also took place in nineteenth century England affecting women’s role in society and the family. Victorian class structure included rules that had dictated behaviour and class status for centuries. However, in the 1800s women’s roles were also heavily influenced by the rapid growth of the middle class who expressed a great deal of uncertainty about their new position in society, evidenced in behavior, roles and societal position that were no longer clearly defined in relation to the working-class and the aristocracy (McCord & Purdue 2007). Propriety as the basis of respectability found a home in the search for a new moral order based on a type of evangelicalism that worshiped the sanctity of the home and family life (McCord & Purdue 2007). While historians vary in their interpretation of the social changes that occurred in the 1800s, they generally concur that the early nineteenth century ushered in the model of the ideal woman—the “Angel of the Hearth⁴,” a feminine, passive, and saintly female—devoted to the maintenance of her home and obedience to her husband (McCord & Purdue 2007:244).

The influence of familialism and separate spheres

Familialism has its roots in this idealized early 19th century vision of domesticity which assured the compliance of women to maintain the “home and hearth,” thereby enabling men to perform labour in the public sphere which was indispensable to capitalist industry (Hooyman & Gonyea 1995; Folbre & Nelson 2000). As a result, during the late eighteenth and early nineteenth centuries “women were increasingly cut off from the

⁴ “The compelling image of womanhood at mid-century is that of the ‘Angel of the Hearth,’ described in Coventry Patmore’s sequence of poems, ‘The Angel in the House’ (1854-63)” (McCord et al. 2007:244).

world of work and business as the home and workplace became *separate spheres*⁵” (McCord et al. 2007:137). Hooyman and Gonyea (1995) suggest that the ideology of *familialism* therefore:

...operates as a principle of social organization at both the domestic and public levels especially in the arena of social care, by affirming women’s place in the domestic sphere as natural and appropriate and family care as superior (p. 111).

However, it should be noted that although *familialism* maintained this social organization for many decades it was only possible for privileged families (Benoit 2009). McCord et al. point out that within the privileged class, status and propriety were also reflected in the ideology of *familialism*:

For those sectors of society experiencing greater prosperity, the removal or distancing of wives and daughters from a wider society with all its brutalities and poverty could be a mark of status, while a sentimentalism as to female purity and otherworldliness fitted in with both one strain of romanticism and that aspect of evangelicalism which emphasized patriarchy, duty, and a subjugation of sensual appetites (McCord et al. 2007:137-38).

While upper class women in the nineteenth century were prevented from working outside of the home, employment opportunities were extremely limited for middle and working class women (McCord et al. 2007). According to McCord, the 1861 census “attributed only 1 percent of office employment to women; by 1881 this had grown to 3 per cent” (2007:363). Until the 1900s and the Industrial Revolution, the majority of working-class women who worked took piecemeal work into their home, rather than work in the public realm. In fact, as Jackel (1994) explains, it was the “educated gentlewomen⁶, not the artisan, farm worker or skilled domestic servant, who was most clearly redundant in nineteenth-century British society” (p. xvii).

⁵ The ideology of “separate spheres” has also been referred to as “the cult of domesticity” (Colt 1977).

⁶ “Gentlewoman: [pl. gentlewomen] (*archaic*) woman of noble birth or good social standing (The Concise Oxford English Dictionary).

Marrying well was the predetermined role for the upper and middle class Englishwoman. But as there were more than a million women who remained unmarried in 1851 and the number rose thereafter to some million and a half in 1911, the lack of potential marriage partners and female employment opportunities were major problems (Jackel 1982). Statistics show “that between 20 and 25 per cent of upper class girls in the 18th century never married, compared with 5 per cent in the Tudor period” (Stone 1977:380). In addition, particular groups of women were more likely to remain unmarried than others, with daughters of clergyman at the top of the list for spinsterhood. Hufton in *The Prospect Before Her* (1995) explains the reasons for this:

Anglican clergymen’s families...were large, and it would appear to have been normal to marry no more than a couple of daughters per generation (usually to other clergymen), leaving the rest to serve as housekeepers, governesses, ladies’ companions or simply to stay at home to tend aged parents (p. 253).

Living a comfortable autonomous life was a possibility only for a small percentage of women with adequate financial resources, which most single women (those who had never married, or were widowed or divorced) did not possess in the 18th and 19th centuries (Rizzo 1994). Instead, for the majority of women of this era life was filled with insecurity and limited potential for autonomy. Property and other financial assets were controlled by men—by the father, the husband, and if the husband or father died, by the oldest son (Rizzo 1994). Therefore, for widows their sons maintained access to money and subsequently controlled their personal independence (Jackel 1982). In the best-case scenario, widows and their younger sons were given a place to live and a small allowance, but this was dependent on the generosity and benevolence of older sons (Rizzo 1994). Without a husband or employment many women found themselves without any income or means of support (Jackel 1982). The only option available to these

impoverished, but respectable single middle or upper-middle class women other than securing a post as a governess (if they had enough education), was to seek out a position as a “humble companion”⁷ with a distant relative, or sometimes a stranger, an option not without its drawbacks (Hill 2001; Jackel 1982).

For many of these “distressed gentlewomen” a position as a humble companion was one of the only available reputable alternatives (Jackel 1982:xvi). Because of their birth and upbringing, companions were generally prohibited from receiving a salary for the invisible work they performed, instead trading their services for secure accommodation and food (Rizzo 1994). Their class position placed them in the role of *fictive kin*, an acknowledgement that they, outwardly at least, shared an “equal class” status with their employer (Rizzo 1994). By and large though, this was a superficial acknowledgement only, designed to maintain an aura of respectability and propriety through the illusion that no economic exchange was taking place (Rizzo 1994).

Although the majority of the indigent gentlewomen of the era avoided working for strangers, living instead with close family members or distant relatives who provided room and board in exchange for their companionship and service, in both situations, once they became companions they often experienced life as a non-paid servant (Rizzo 1994). In addition, the more “genteel” the background of the companion was, the less actual household skills she possessed, which limited her options even further and placed her in an extremely tenuous socio-economic position (Rizzo 1994). As a result, companions in this situation were unable to perform tasks carried out by paid domestic servants, so that

⁷ The term “humble companion” is often used in reference to the gentlewomen who worked without pay as companions in Victorian England (Rizzo 1994; Hill 2001). This word also has a connection to the word “*toadeater*” or “*toady*.” *Toady* was used to describe a political lackey, while *toadeater* referred to persons in a position of dependency who are forced to engage in repulsive actions in order to please their employers/patrons (Horace Walpole 1742 & Sarah Fielding 1744 [in Rizzo, 1995:41]).

even if they had wanted to, they lacked the necessary skills for domestic service, which was of course also limiting.

J. Jean Hecht in *Domestic Servant Class in Eighteenth-Century England* (1956) provides another perspective on companion service, pointing out that there were exceptions to the model of the genteel companion as lady's maid. For example, in some circumstances the position of companion was "genuinely non-servile":

Although such women [companions] received their expenses and often were given a regular stipend or generous gifts besides, they were treated as social equals or nearly so. They had no duties to perform; they shared the social life of the ladies to whom they were attached (p. 62).

However, Hecht also emphasizes that this situation was not the norm. More often than not, the companion was basically a lady's maid who attended to all aspects of her mistress's life. While the actual physical work of the companion was less than that of a simple lady's maid, and she was shown respect, "usually the title of companion meant little more than its bearer was a lady's maid of a superior sort" (Hecht 1956:63). In *Companions Without Vows*, Rizzo (1994) describes the darker side of this relationship – one of dependency and insecurity:

Because they could not be stigmatized as the recipients of salaries, companions usually had to be provided for by judiciously and sometimes injudiciously bestowed gifts, and making their needs known must have been a matter of exceedingly delicate negotiation. Because they lived in the house as social equals, they invariably took on the colouration of dependent family members (p. 131).

At the same time, the social conventions of the time created a need for companions, without which the genteel humble companions would have found themselves in even more unpleasant situations as 'prostitutes' or destitute in the workhouses of London (Jackel 1982). Secure housing with a relative or kind stranger,

although not without its limitations, was the primary benefit of companion service for the indigent gentlewomen:

[The] great object [for the indigent gentlewoman] was to find a home—anyone’s—to live as a humble member of the family and for a home she was willing to make herself useful at all times. She was constantly in danger of the degradation of being asked to perform tasks beneath her station, of being snubbed, but a salary would have been an intolerable insult, a clear statement of her social inferiority. Thus in her dependency she was in a precarious socio-economic position: without the right to remain under the family’s protection except as she gave satisfaction from hour to hour and without a dependent daughter’s modest right to a share of the family resources (Rizzo 1994:27).

Women’s work - the ambiguous status of the companion

It should be noted that the definition and categorization of Victorian era companions is not a straightforward issue. On the one hand, some of the academic literature on domestic servants of the 1800s and 1900s positions companions outside of the category of domestic servant with a higher societal rank. As such, becoming a lady’s companion was therefore a much sought after position by ladies’ maids who used it as a way to “move up” within the domestic service and achieve a higher class status (Hecht 1956; Hill 2001). Occasionally though, companions were classified as a type of domestic servant⁸, which encompassed a large category of workers in pre-industrial England. The literature usually classifies them as a type of lady’s maid. For example, in *Domestic Service in Late Victorian and Edwardian England, 1871-1914*, (1976) Mark Ebery and Brian Preston, place companions at the top of the domestic servant category of “Personal Attendance – to Head,” which also includes the lady’s maid, waiting maid, dressing maid, wardrobe maid, and lady’s help (p. 114).

⁸ Definitions vary for domestic servants, but they generally included two basic requirements in England: 1) an individual (the servant) performed duties of a personal and domestic nature for the employer; and 2) the servant lived in the employer’s house or on [his] estate (Ebery & Preston 1976:11).

In addition, because of the nebulous position of the companion – a quasi-employment status versus a *fictive kin* relationship, much of the scholarly literature on women's work does not even list companion as an occupation. For example, an encyclopedia of women's work in 1863 does not record companion as an occupation, but does include an item for travelling companions. In the 1863 *The Employments of Women: A Cyclopaedia of Women's Work*, travelling companions are listed in the section, "Contributions to the Comfort of the Amusement of Others" (Penny 1863:xxii). *Travelling companions* are sought after to avoid traveling alone which is considered "most favourable to thought, but not to pleasure" with job requirements focusing on having good conversational skills and an appreciation of nature (Penny 1863:423).

Duties and responsibilities of the lady's companion

Victorian era companions fulfilled a variety of roles, serving middle and upper class mistresses and masters. Hired by middle class families often meant doing double duty—as a combination companion-lady's maid and governess or as a companion-housekeeper (Rizzo 1994:26). Only when working as a companion for the upper class who employed many servants, each carrying out specific duties, did companions find themselves with duties that could be classified as "genteel," reflecting their background as gentlewomen in financial distress (Rizzo 1994:27). In this situation, companions fulfilled basic responsibilities that included: "pouring tea, reading to and walking with her employer, and unburdened by those responsibilities of the lady's maid, the washing out of lace and the making up of small linen" (Rizzo 1994:27). In this respect, contemporary companions fulfill some of these similar roles: having tea and conversation with clients; taking their clients on outings and walks; and doing the laundry and ironing.

Victorian companion service provided homes and unpaid employment for indigent gentlewomen, but it also served a function for the married and single women they served. Even for those rare 'independent' women who were able to live alone, solitary ventures into the public realm were more often than not considered socially unacceptable. Firmly established rules of behaviour and codes of etiquette maintained social class and position, unwritten rules which linger on today. Furthermore, because social mores of the Victorian era focused on the vulnerability and weakness of all women, companions for married women were also in demand. Companions served the married women who employed them as their consultants for social engagements and events; personal assistants who took care of errands, conveyed messages to friends and acquaintances, and helped to smooth over domestic troubles; and confidants, who listened to the troubles and difficulties of their employers (Rizzo 1994:30).

These companions fulfilled a number of functions that appear surprisingly contemporary, finding resonance with the services provided by the paid companion of 2010. In addition to listening to the personal stories and troubles of their clients and preserving confidentiality, paid companions today also help their clients maintain their social contacts with friends and family by providing computer assistance. By learning new skills, this assistance helps their clients remain connected and involved with the outside world.

Companions and home-help in North America in the 1800s-1900s

Lorraine Brown's MA Thesis (2007), *Domestic Service in Canada 1850-1914*, provides an excellent overview of the development of domestic service and home help in Western Canada in the 1800s-1900s. This section draws largely on that research unless otherwise indicated.

Despite the "frontier mentality" of North America in the 1800s, the European immigrant population brought with it a version of the British class structure. Wealthy immigrants to the United States and Canada in many ways attempted to recreate the class-based worlds they left. However, unlike England with its "surplus" of women, the United States and Western Canada had a shortage of women (Brown 2007). Domestic servants were in demand, but they were not always easy to obtain. Although historical information on paid companions in North America is limited, impressions gleaned from archival research in one of New York's main magazines of the time, *The Outlook*, (dating from 1895) reveals that companions advertised in the "Work Wanted" section, while "Help Wanted" columns advertised for companions, as well as other types of domestic workers [*figures a and b, page 20*].

Evidence suggests that the companion role was transformed in North America to include some form of salaried position. However, when exactly this took place is unclear. Some of the ads suggest that companions sought wages, while other advertisements offer (or request) room and board only. Most likely both types of companion service took place.

SUBSCRIBERS' WANTS

Want advertisements of thirty words or less will be published under this heading at one dollar a week. Four cents a week is charged for each word in excess of thirty.

YOUNG LADIES wishing to attend Brooklyn schools may find board and home comforts at Mrs. A. Amrath's private house, 525 Lafayette Ave. Motherly care and training given to younger children. German taught if desired. Refers to Rev. John W. Chadwick.

A YOUNG LADY wishing to spend the winter in Boston in finishing studies will be received into the family of a physician, who can give the advantages and comforts of a refined home, with undoubted references as to social position. No boarders. Address X. Y. Z., No. 1,778, The Outlook Office.

A TRAINED NURSE of several years' experience in both hospital and private practice desires a position in physician's office, or as companion-nurse. Best references from prominent physicians. Address "NURSE," No. 1,772, care The Outlook.

A WOMAN of three years' experience desires a position as matron or housekeeper in a school, college, or institution. Understands catering for students. References given. Address BROOKLYN, No. 1,718, care The Outlook.

GOVERNESS—the last 4 years in a family in Philadelphia, Pa.—wishes similar position, or to teach in private school. All school branches and music. Specialties: Languages and Art. Address T. E., Seal P. O., Chester Co. Pa.

COMPANION.—An educated and refined lady of middle age desires a position as companion. No objection to traveling. Highest references. Address Miss E. M., 104 Prospect Street, Binghamton, N. Y.

YALE UNIVERSITY.—For rent near Yale University, several first-class houses; two of them furnished. Also smaller rents in half-house and flats. Address JOHN T. SLOAN, New Haven, Conn.

(Figure a) The Outlook, (NY) August 1896

HELP WANTED

Professional Situations

PRINCIPAL desired for long established residential school of national reputation situated in New England. 175 students from 5 to 18 years, both sexes. A woman is preferred who has been principal or assistant with sound educational background and general knowledge of affairs of administration and household management. Applicants state age, previous experience in detail, reason for leaving present or past position, and salary in last two. 1,405 Outlook.

Business Situations

WANTED—Experienced headworker for well established settlement occupying strategic educational position in large Eastern city. Open September 1. 1,469, Outlook.

Companions and Domestic Helpers

WANTED—An intelligent young woman not over 35, must be amiable, active, fond of outdoors, quiet in her manner, willing to follow directions, as companion to a vigorous thoughtfully trained girl of eleven. 1,473, Outlook.

WANTED, in Plantsville, Conn., refined young woman as companion and household helper for widow. Opportunity for the right person of securing good home with attractive surroundings. 1,493, Outlook.

(Figure b) The Outlook, (NY) May-Aug. 1922

Home-help and companion service in British Columbia

Wanted: Required by a lady, a situation as Housekeeper, Companion or Matron. Can make herself generally useful. Address "Z," Colonist Office [The British Colonist. March 2, 1888]

Situations Wanted-Female: Young English lady seeks position as companion help or nursery governess with refined people. Good references. Victoria preferred. [The British Colonist. August 27, 1908]

Immigration and the economy of British Columbia in the 1800s were based on resources (the fur trade and gold rushes), which ensured a population demographic heavily weighted with men. Census data from 1881 indicates that only 25.6 per cent of the "non native Indian population" consisted of women; 25.4 per cent in 1891; and 30

percent by 1911⁹ (Brown 2007: 12). In fact, the entire European population of Vancouver Island in 1855 was only 744, compared to 50,000 Aboriginal peoples¹⁰ (Knight 1996: 82 & 87 [in Brown 2007:8]). In addition to the scarcity of the “preferred British female domestic” Canadian society offered greater opportunities for women:

Moreover, while class distinctions did exist, British Columbia’s white domestic servants were more independent than their British counterparts. They were usually employed in one-servant households, often of necessity working with their mistresses on a familiar basis. In an under stocked market, they could also change employers frequently. And of course, in B.C. there were more opportunities for the ultimate alternative to life as a paid female servant –marriage (Brown 2007:15).

Despite these problems, the British working-class immigrant was still the preferred servant. However, Aboriginals and Chinese immigrants were also often employed as servants in BC because of the difficulty in finding, and then keeping British domestics.

By the early 1900s socio-economic forces brought changes to British Columbia, mirroring the social changes taking place in England with the advent of the Industrial Revolution. As a result, more appealing and lucrative factory work opened up for working-class women. Even as early as the late 1800s, employment opportunities outside of domestic service were available in BC – clerical, dressmaking, stenography and typing – all of which offered work for women. Domestic service, never held in very high regard by servants themselves in Canada, slipped even further into a lower status occupation. Factory work and retail or clerical jobs were much more sought after and domestic service rapidly declined (Brown 2007: 42).

In the late 1800s, with the decline of the ready-made working-class domestic servant population, the Vancouver Island upper classes turned to other alternatives for

⁹ Brown obtains her data from Jean Barman’s, *The West Beyond the West: A History of British Columbia*. Toronto: University of Toronto Press, 1966:385.

¹⁰ Aboriginal peoples greatly outnumbered European immigrants until the mid 1880s, when 90-95% of the Aboriginal population was decimated due to contact with European diseases.

domestic help – the English gentlewoman as one of the options. Prior to this time period the educated upper class English gentlewomen were not considered as a possible choice due to their lack of domestic skill combined with an attitude that was not servile (Brown 2007: 42). However, according to Brown: “By the late nineteenth century, emigration proponents insisted that the emigration of gentlewomen would alter the gender imbalance that plagued Britain and help ‘civilize’ the colonies” (p. 42).

As perceptions changed, philanthropic immigration agencies¹¹ and individual philanthropists shifted their recruitment efforts in the UK from working-class domestics to middle and upper class “gentlewomen” (p. 44). Using Britain’s population imbalance as a recruitment tool, immigration agencies based their recruitment ads on fear tactics, focusing on the precarious position of gentlewomen in British society and highlighting the positive aspects of life in Canada. To avoid the association with lower class domestic service, ‘helping’ rather than serving in Canadian homes was emphasized. Home-help work was presented as a way to either assist these women in acquiring the skills that would enable them to achieve social mobility and independence or find a husband (p. 43). When all else failed to increase the desired quota of emigrant gentlewomen, promotional immigration literature switched to patriotic rhetoric which highlighted “the duty of single gentlewomen to serve the empire by relieving Britain’s gender imbalance while also exporting the ‘best of British values’” (Brown 2007: 44).

¹¹ “In 1911, one of the newly formed philanthropic agencies, the Colonial Intelligence league for Educated Women sponsored Ella Constance Sykes (an upper-class gentlewoman) to look into the situations of British “home-helps” in Canada.” Sykes spent six months in Canada as “home-help,” and published a rather critical review of her experience in her “advice book for gentlewomen.” Her expectation to “be treated as one of the family,” as a “lady” and an equal was not met. Instead, she remarked that only “on Vancouver Island and in a few other locations in BC, were “lady-helps” treated as equals, while elsewhere in Canada she was usually treated as a “servant” (Brown 2007:44).

As a result, a new type of domestic servant evolved – the “home-helps, mothers helps or ladies’ helps,” a category which combined the duties and activities of the British lady’s companion with the basic tasks of housekeeping, child care, and cooking expected of the domestic servant in BC (pp. 42-3). Although conclusive evidence is lacking, it would appear that home-help companions did receive some sort of remuneration for the work they performed, a shift from the room and board only situation of the British companion. In her book, *A Home-Help in Canada*, published in 1921, Ella Sykes mentions that home-helps were paid ten to twelve dollars a month in the early 1900s (Sykes 1921:227). However, it should be emphasized that home-helps performed a combination of duties which may have included the companion role, but focused on domestic chores. One of the paid companions interviewed for my research recalled a young woman who was employed in the 1940s to help an elderly couple in the rural area where she grew up, suggesting that this woman may well have been one of the Canadian home-helps.

Immigration always brings change and this was no exception for the gentlewomen who immigrated to British Columbia in the late 1800s and early 1900s. With few opportunities for women of their class and situation in Britain, gentlewomen with courage and determination took a risk and immigrated to a foreign country, willing to step outside of their narrowly defined role as a lady’s companion to work as ‘home-help’ or ‘lady’s help’ in Canada. Most of these women did not remain as a home-help for very long, instead opting for marriage or finding more lucrative and fulfilling employment within a few years of immigrating. In doing so, these gentlewomen who moved outside of

the confines of the British definition of the lady's companion often improved their own lives and gained new abilities and financial independence in the process.

Time constraints and the focus of my research on contemporary paid companions allowed only preliminary archival investigation into the evolution of paid companions from the mid 1900s through to the present day. This information is limited and difficult to access, and as such, is a topic that deserves a thesis of its own. However, I would propose that in Canada it is very probable that wealthy individuals continued to hire personal companions throughout this time period. Additionally, the literature suggests that the lady's companion of the Victorian era and the home-helps of the 1800s and 1900s are the precursors to contemporary paid companions and home care workers. Home care workers perform many of the same duties (aside from child care) as the home-helps – housekeeping, meal prep, personal care, and shopping, while the lady's companion performed many of the companionship roles assumed by paid companions today. In addition, the contemporary and historical companion roles are similar, in terms of, for instance, the *fictive kin*, surrogate family or friend nature of the role. This finds resonance with literature on home care workers or resident care aides who often become surrogate family members or friends to their clients, which will be discussed in more detail later on in this chapter.

Volunteer visitors become paid companions in the 1970s in Victoria

As mentioned earlier, preliminary research on the growth of companion services in Victoria from the 1970s to 2010 suggests that personal companions and home-helps were in existence in British Columbia throughout this period of time. Through a series of

interviews I uncovered documentation as to the start of paid companions in long-term care facilities in Victoria in the 1970s.

During an interview with a client, I was put in touch with a woman, Isabel Morrison¹², who was the Volunteer Coordinator at the Gorge Road Hospital in the 1970s. When the hospital opened in 1973, Ms. Morrison organized a volunteer visitor program for the residents. Although the job description of these volunteers was very similar to that of companions, she called them volunteers because they were not paid (although they were provided with meal vouchers as compensation). While security checks were not required of volunteers during this time, Isabel screened people based on a character assessment. She looked for “a warm, dedicated type of person,” and screened out those people who smoked or drank alcohol. Because many volunteers came from church congregations she felt they could be trusted. She also engaged a number of disabled adults as volunteers.

At the time there were fewer people with dementia and more of those people lived in nursing homes, while hospital health care workers’ job descriptions were protected by the Hospital Employees’ Union with the roles of volunteers clearly defined to prevent overstepping union boundaries. Volunteers could not, for example, provide personal care, but were allowed to assist in feeding patients who were slow eaters if no staff member was available to feed them. Volunteers supplied companionship for residents with a number of medical conditions, including strokes, diabetes, accidents (usually younger residents), and dementia.

¹² Ms. Morrison’s name and contribution to the development of paid companion service in Victoria has been included in this research with her permission.

Isabel realized that although families visited their hospitalized family members on a regular (often daily) basis they sometimes needed additional support when they went on holidays or if they were sick. Additionally, some family members didn't drive or were finding it too difficult to visit as they aged. Families started to ask her if specific volunteers could provide extra assistance to their family member, noting that they willing to pay for the service. As a result, Isabel established a companion service in 1974. I asked Isabel why she chose the word 'companion' for this service. She explained that companion designated a "comrade, companion sort of idea," plus it also reinforced the boundaries of their work—no personal care. At the same time, she described how it functioned to delineate volunteer work from paid companion work:

Once they [the volunteers] had this expanded time with the relative they were a companion, because they were doing walking, visiting, reading to them, anything that the resident wanted. Even if someone couldn't speak, they were a companion to them because they took them outside and that type of thing.

Once the companion program was set up, Isabel matched residents with specific volunteers who had developed a relationship with the resident, although the hospital social worker was the staff member who initiated the contact with the family (i.e. the resident would request a companion and the social worker would pass that on to the families). Because volunteers were at the Gorge Hospital for 2-4 hours at a time providing the residents with companionship and visiting, they formed relationships with the residents and their families. When asked how decisions were made as to who was going to become a companion, Isabel explained that either the resident requested a specific volunteer because of the "friendship" that had developed over time between the resident and the volunteer, or the resident's family member relative knew the

volunteer/companion. Although frequently short-term, companion contracts could also be long-term to accommodate families who could not visit as often as they wished.

Like volunteers, paid companions also had to abide by the strict union regulations and provide no personal care aside from feeding assistance. In addition, companions (like volunteers) were restricted to visiting with residents within the hospital and hospital grounds area. Because they were not allowed to leave the grounds with residents, they were unable to take residents on outings, but they could take them for walks outside around the hospital grounds. The only exception that was made was to accompany residents on group outings that were organized through the facility. Companions also escorted residents to music and entertainment at the facility. Initially all of the paid companions at the hospital were females who provided companionship to female and male clients. Although there were no male companions, there were male volunteers.

In 1974 when paid companions first began at the Gorge wages were approximately half the wages of health care workers – \$4.00 per hour. Companions had 1-3 resident clients, with a four-hour maximum per day allowed for each companion (sometimes mornings or afternoons), depending on what the families requested. If families wanted a companion for their relative for eight hours a day, Isabel would organize two companions: one for the morning and one for the afternoon. Most of the paid companions also continued with their volunteer work.

Ms. Morrison retired in 1985, but continued on as volunteer for a number of years. She noted that by 1986 the need for paid companions had escalated, hours had expanded, and wages had increased to \$8 per hour. At that point, some companions were working seven days a week (eight hours a day), and as a result, were making more money

than some of the facility health care workers. Isabel also noted that as the need for paid companions grew, after 1985 a number of health care workers and LPNs left the Gorge Hospital, established their own private companies and started to hire paid companions.

Although further research needs to be done on this area of paid companion work, the companion service that was set up in 1974 at the Gorge Hospital may have been the first of its kind directly arranged in long-term care facilities in Victoria. This possibility was confirmed by one study participant who stated that when she “first started working at the Veteran’s Hospital [as an RN] in the 1970s there were family and visitors but no companions, as far as I know. They [the visitors] might have been part of the legion or from their church community.” This same participant confirmed that although Mt. St. Mary’s had volunteers who helped out with feeding at lunch and dinner in the mid to late 1970s, companions did not arrive at the facility until the 1980s.

However, one of the oldest private home care agencies in the city, Alpha Home Health Care, a locally family-owned and operated company, has been providing private home care services, including paid companions, in the Greater Victoria area since 1975. According to one of the other participants, in the 1970s and 1980s there were only 2 -3 private home care agencies operating in Victoria. Independent companions however, may have also provided companionship services at the same time. In sum, there are many aspects of private home care agency services and paid companion work from a historical perspective that we know little about, and that call for further research on the topic.

The influence of neoliberalism on formal and informal caregiving

While *familialism* and its ‘separate spheres’ dogma of the 1800s and early 1900s fuelled the development of the Victorian ladies companion, it is neoliberalism that has

provided the ideological and economic foundation enabling the implementation of health care policies based on *familialism* and rooted in *individualism* that have blurred the boundaries of care and shifted the responsibility of care for the elderly back to the community and created a care gap in services (Hooyman & Gonyea 1995; Navarro 2002). In addition, by generating a gap in health care services, neoliberal economic health care policies have manufactured a need for private health care services, thus allowing for the creeping privatization of Canadian health care and the marketization of both formal and informal care. In this way, neoliberal ideology with its embedded economic policies forms the socio-political framework that has enabled private home care services to become established in Canada, with paid companions one of the new private home care options being utilized by the financially secure elderly and their families.

The ideologies of individualism and individualization

Individualism refers to a set of ideals or values from a 19th century American legacy, which in North America celebrated “individualism, self-determination, independence, privacy, and freedom from intrusion” as the country’s cultural values (Hooyman & Gonyea, 1995:108). Hooyman and Gonyea (1995) argue that American culture also emphasizes values such as self-reliance, economic initiative and productivity, and negatively characterizes dependence. Through geographical proximity, combined with similar economic and political foundations of capitalism and democracy that privilege the individual, both *individualism* and *familialism* have also been incorporated into the Canadian identity. Neoliberalism found a home in the values of 19th century individualism, expanding it to include the ideology of choice with that of self-reliance and personal responsibility. It is perhaps this element of neoliberalism – *choice* – that has

proved problematic for scholars writing on the individualization of the 20th and 21st century. *Individualization*, although similar to individualism, is a slightly more complex concept generally defined as:

The process whereby individuals have increasingly come to be seen and held accountable as social beings in their own right rather than as members of some predefined social group, class or category (Durkheim 1984; Elias 1991; Lukes 1973 [in Fine, 2003]).

The idea that the individual creates their own individual life path utilizing the process of “reflexive decision-making” is the primary hypothesis underlying *individualization* (Fine 2005:254). This seems to be strikingly similar to the neoliberal concept of “choice,” but in *Individualization: Institutionalized Individualism and its Social and Political Consequences* (2001), Beck and Beck-Bernsheim make a strong effort to disassociate individualization from neoliberalism. They emphasize that a distinction has to be made between “*the neoliberal idea of the free-market individual* (inseparable from the concept of ‘individualization’ as used in the English-speaking countries) and the concept of *individualisierung* in the sense of institutionalized individualism” (Beck & Beck-Gernsheim 2001:xxi).

According to Beck and Beck-Gernsheim, neoliberalism rests on the “image of the autarkic [self-sufficient] human self,” which focuses on the idea of individual responsibility, in which the individual as master of his/her own fate denies an obligation to other human beings on a familial, community or global level in direct opposition to the notion of the welfare state (Beck & Beck-Gernsheim 2001). Yet, they argue that the society we live in today is also one in which individuals have to carve out their own lives, the “do-it-yourself biography” (Beck & Beck-Gernsheim 1993), but by this they do not simply mean choice. Creating a life for oneself is difficult for individuals today who have

lost the protection of families, communities, religion or even countries. Beck and Beck-Gernsheim (2001) explain that:

...[In the past] one was born into traditional society and its preconditions (such as social estate and religion). For modern social advantage one has to do something, to make an active effort. One has to win, know how to assert oneself in the competition for limited resources—and not only once, but day after day (p. 3).

Today, although the socioeconomic presence of corporate capitalism prevails, the individual is immersed in an environment of constant and always changing possibilities. Looking through the lens of individualization in order to survive, one must negotiate, adapt and act upon, hoping that the correct decision has been made at a particular time and place (Beck & Beck-Gernsheim 2001). This leads to what Weymand refers to as the ‘tyranny of possibilities,’ in which the life of the individual is controlled by various forms of bureaucracy and regulations called “institutionalized individualism” by Parsons (1978:321). According to Beck and Beck-Gernsheim’s (2001) interpretation:

...in modern life the individual is confronted on many levels with the following challenge: You may and you must lead your own independent life, outside the old bonds of family, tribe, origin, and class; and you must do this within the new guidelines and rules which the state, the job market, the bureaucracy, etc. lay down (p. 11).

However, while Fine and Beck and Beck-Gernsheim argue that the two concepts of *individualism* and *individualization* are different, the definition they build for individualization nevertheless seems to rest on *choice*, which is also a key element of neoliberal ideology.

Familialism: Familialistic and de-familialistic models of care

The traditional society discussed by Beck and Beck-Gernsheim has a political-economic foundation based on the mutually reinforcing ideologies of capitalism and individualism. Intrinsically connected to *individualism* is the ideology of *familialism* (or

the family ethic of care). With roots in the early 19th century, *familialism* is an ideology that privileges the family as opposed to the individual, thereby making the assumption that the family will sustain the primary responsibility for the care of kin family members (Leitner 2003). The historical roots of *familialism* lie in an idealized vision of domesticity that divided genders by private and public space: private (home) space was the woman's world and public (work) space was the man's. Although separating public and private areas of life may have been beneficial to the market because value was assigned to the public (market) sphere of life which was controlled by men, the private (family) sphere of women came to have little value and was perceived as an inferior realm of existence (Hooyman & Gonyea 1995). Women have suffered the consequences of this separation of public and private spheres for centuries. Maintaining the home and family has been expected of women, their unpaid labour considered to be "their mission in life, yet unvalued and often viewed as nonwork," creating a situation that generates a great deal of gender inequality (Hooyman & Gonyea 1995: 117).

Additionally, while individualism tends to deny the interdependence of human beings, Hooyman and Gonyea (1995) maintain that familialism operates out of an "outmoded, unrealistic (and actually never-existent) model of the middle-class nuclear family as a private place where all caring occurs" (p. 112). As such, these values of both individualism and familialism are consistent with values of neoliberalism and its focus on "individual responsibility" and personal "choice" which deny the interdependent, interconnected nature of human existence.

The question of choice also arises in Leitner's examination of familialism in the European Union. Throughout Europe, (as in North America), the need for elder care is

increasing with the family continuing as the primary care provider (Leitner 2003). Leitner argues that familialism is more than just a value; it is a structural feature of many societies, the ideology of familialism institutionalized in government policy. However, European caregiving policies illustrate the range of levels of government support provided to families by governments. In addition, Leitner notes that there are two different types of familialism that vary, regarding gender equality/inequality:

A gendered model of familialism which is connected to the male breadwinner/female homemaker ideology, and a de-gendered model of familialism which enables gender equality in the field of family care can be distinguished (p. 354).

Although this “separate spheres” male breadwinner model of familialism still exists (notably in Japan and the Southern European countries¹³), Leitner posits that *de-familialization* is also taking place within a number of northern European states (Leitner 2003). Referring to studies by Esping-Anderson, Leitner distinguishes between familialistic and de-familialistic welfare states as follows:

A familialistic system, [...], is one in which public policy assumes - indeed insists - that households must carry the principal responsibility for their members' welfare. A de-familializing regime is one which seeks to unburden the household and diminish individuals' welfare dependence on kinship (Leitner 2003:356).

Reaffirming the analysis of other scholars, Leitner suggests that choice is not an option for family caregiving, but instead, familialistic policies obligate family members to provide care and encourage a dependence on the family (Leitner 2003:358). But she points out that there are considerable differences in the four main types of familialism: 1) *explicit familialism*, consisting of familialistic policies that shift care of children, the disabled and the elderly to families through no provision of public and market driven

¹³ Although Leitner's study does not include Canada, the “separate spheres” of *familialism* still appears to dominate policy in North America, a situation that has increased in the last two decades as formal care has been shifted to the community, with the family assuming the primary responsibility for care (Williams, Deber et al. 2001).

care, which essentially denies any alternative to family care; 2) *optional familialism*, strengthens the family but because it provides supportive services and policies to the family, “only in optional familialism is the family’s right to care not equated with the family’s obligation to care”; 3) *implicit familialism*, very similar to explicit familialism in that the responsibility for the care of children and elderly is with the family), but implicit familialism takes place by not implementing familialistic (or de-familialistic) policies of any kind, thereby implicitly shifting responsibility for care to the family; and 4) de-familialism, which attempts to remove the burden of care from families through “state or market provision of care services and weak familialism” (Leitner 2003: 358-9).

Leitner also emphasizes that the important distinction here is really between “welfare regimes that rely on *and actively support* the family as the main source of care provisions and welfare regimes that attempt to relieve the family from caring responsibilities” (p. 357). In the first instance, the family becomes the centre of care with government support, whereas the second policy “either socializes or ‘marketizes’ the caring function of the family through public social services or market-driven care provision” (Leitner 2003: 357).

Many scholars have argued that a familialistic model of care creates an extremely inequitable model of care as the quality and amount of care given to care recipients greatly depends on socio-economic factors as well as the family relationships between the care recipient and the family members. Therefore, in this context, reducing familial responsibility through de-familialistic policies also decreases care recipients’ dependence on family relationships to meet their care needs, thereby creating a more equal and balanced environment for care (Leitner 2003: 358; McLaughlin & Glendinning 1994:

54). However, Leitner (2003) explains that while one type of de-familialistic policy contains the seeds of generating a more equitable model of care through the expansion of health and social welfare programs, a second type carries the potential to expand neoliberal economic policies through a market-driven model of care. This type of model of care “makes de-familialization a class biased issue since either only the better-off can afford to be de-familialized or the quality of de-familialization varies considerably by income” (p. 357). Leitner forms the conclusion that optional familialism provides the best supportive care options for family caregivers:

Whereas de-familialism provides family carers exactly with the option of labour market participation, the optional familialism additionally supports family care directly as an alternative to formal care arrangements. The optional familialism, therefore, provides a better opportunity to *choose* [italics in the original] between family care and formal care than de-familialism which does not actively enable family care (2003:366).

An overview of neoliberalism

Before turning to an examination of care and care work, the impact of neoliberalism needs to be explored, beginning with an overview of its history and ideological principles. The late 1970s – early 1980s saw the major political-economic changes that formed the foundation for neoliberalism and set the stage for ‘globalization.’ Milton Friedman (in 1974) and Friedrich von Hayek (in 1976) won the Nobel Prize in economics for the development of an economic system based on deregulation and privatization of public services and assets, designed to combat the threats to capitalism advanced by the social democratic policies of the left¹⁴ (Harvey 2004: 8-9). Shortly after this, three world leaders whose positions proved to be widely influential on the world

¹⁴ Harvey points out that Chile provided the stage for the first experiment with neoliberal policies following Pinochet’s coup in 1973. The main effect of this experiment reflected an inequitable outcome: Chilean elites and foreign investors did very well financially while the standard of living for the general population decreased. In addition, neoliberalism helped to restore the class position of the elites (Harvey 2005: 8-9).

stage all took power: China's Deng Xiaoping began China's ascent into the world of market capitalism in 1978; Margaret Thatcher was elected Prime Minister of the United Kingdom in 1979; and in 1980 Ronald Reagan was elected President of the United States (Harvey 2005). Thatcher and Reagan embraced similar economic policies and ideologies, drawing from the monetary policy of Chairman of the US Federal Reserve, Paul Volcker in order to deal with a variety of economic problems affecting their countries (Harvey 2005). These economic policies as put forward by Friedman, von Hayek and Volcker came to be known as *neoliberalism*.

Neoliberalism proposed that by reducing the power of the state, power would be transferred to the individual, a supposedly ideal situation for those nations with a strong belief in individualism. According to neoliberal thought "all forms of social solidarity were to be dissolved in favour of individualism, private property, personal responsibility and family values" (Harvey 2005: 23). David Harvey (2005) clearly summarizes the theory and purpose behind neoliberalism in *A Brief History of Neoliberalism*:

Neoliberalism is in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutionalized framework characterized by strong private property rights, free markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices (p.3).

The purpose of government is thus transformed from a system that protects the interests of its citizens to one that focuses on protecting the interests of the market. To accomplish this, it contains a political-economic structure based on replacing government support of public services with deregulation and privatization (or *profitization*¹⁵) of

¹⁵ *Profitization* needs to be distinguished from privatization, because in the Canadian context, private providers can supply public health care, but within the '*profitization*' model, private facilities and services function with the exclusive purpose of making a profit. The profits made by these providers are not reinvested in the health care system, but instead go directly to the providers and their investors/stockholders (Williams et al. 2001).

public services (Harvey 2005; Navarro 2002; Williams et al. 2001). At the same time neoliberalism functions as an “ethic in itself” with a total belief in the power of market transactions to rectify all societal problems by bringing everything into the domain of the market place which essentially commodifies all aspects of life (Harvey 2005: 2-3).

Secondly, neoliberalism is embedded in a pervasive ideology of ‘individual responsibility’ (or *responsibilization*) and ‘choice’ which drives these policies (Harvey 2005; Hooyman & Goonyea 1995). Burchell (1996) argues that the primary feature of this type of government by ‘*responsibilization*’ is the promotion of an “enterprise” (and consumer culture) which provides “choice and encourages individual responsibility”:

This involves “offering” individuals and collectivities active involvement in action to resolve the kind of issues hitherto held to be the responsibility of authorized governmental agencies. However, the price of this involvement is that they must assume active responsibility for these activities, both for carrying them out and, of course, for their outcomes, and in so doing they are required to conduct themselves in accordance with the appropriate (or approved) model of action. This might be described as a new form of “*responsibilization*” [italics added] corresponding to the new forms in which the governed are encouraged, freely and rationally, to conduct themselves (p. 29).

With the assistance of effective government and corporate media this ideological rhetoric becomes internalized and normalized, thereby transforming citizens into consumers, customers readily available for the emerging markets provided by the *profitization* of social welfare programs (Ungerson 1997; Williams et al. 2001). This remarkably successful transformation has affected all aspects of Canadian life – including health care. Rather quickly over the last decade, neoliberalism has become the dominant ideology and economic policy, creating the illusion of an inevitable and unquestionable system that provides the only option for care, a kind of “economic determinism” (Navarro 2002).

The global transnational agenda of neoliberalism

In Canada, the weakening of the health-care system over the last two decades, which has eroded services and quality of care, can be directly attributed to the neoliberal political assault on social welfare and the public health system (Williams, Deber et al. 2001). Gaining access to Canada's health care system has the potential of generating huge profits for the American pharmaceutical and health insurance industries. The neoliberal political assault on social programs and care in Canada has been strengthened by the transnational interests of globalization expanded through international trade agreements in which Canada has been an active participant including: the Free Trade Agreement (FTA), North American Free Trade Agreement (NAFTA), the Organization for Economic Co-operation and Development (OECD) and the Multilateral Agreement of Investment (MAI) (Williams, Deber et al. 2001:16). The main problem with these agreements according to Williams et al. is that:

“...they generally restrict the capacity of governments to give preferential treatment to local providers, restrict governments' ability to make domestic policy, and make public governments accountable to foreign corporations all of which have important implications for health and health care”(Williams, Deber et al. 2001:16).

The effect of globalization and trade agreements on Canadian health policy was raised by a number of participants at the 14th Annual Health Policy Conference in 2001. Many of their concerns parallel those of Navarro (2002) and Williams, Deber et al. (2001). Flood and Epps (2001) discuss the precarious position and lack of protection that the Canadian health care system now faces due to trade agreements such as NAFTA, with core values that are entrenched in the belief in the free market to solve all economic problems. The values embedded in this agreement are in direct opposition to the values underpinning Canadian health care of equal access to all regardless of financial status

(Flood & Epps 2001: 29-32). In addition, they emphasize that Canada now must move very cautiously in health care reform, as any move towards a two-tiered public and private system opens the doors to American multinational corporations with pharmaceuticals, health insurance companies and surgical facilities at the top of the list.

At the same conference, Sanger presented a paper on health insurance and the General Agreement on Trade in Services (GATS), which focused on health insurance and the myth of the benefits of globalization. Although sold as an economic system with a “trickle-down” effect, globalization is in reality a system that operates within a triad of developed nations controlling world trade (Sanger 2001: 32). Examining some of specific claims made by neoliberalism, Chappell and Penning (2005), citing work by Navarro, (2002) argue that:

Importantly, recent evidence suggests that shifts towards global capitalism are not producing the type of economic prosperity that has been predicted...and instead, implementation of the capitalist agenda has been accompanied by increased unemployment in all OECD countries (p. 456).

But despite evidence-based research opposing these agreements and policies, Canada has embarked on a path of healthcare reform embedded in neoliberalism. The *profitization* of Canadian health care is one of its main goals. This *profitization* model of care can be seen in the Public-Private Partnerships (P3s) taking place today in British Columbia in health care facilities, one that has been strongly opposed by the BC Health Coalition. They argue that P3s are more expensive to run; are not accountable to the public because they represent private business interests; and the quality of care suffers because the emphasis is on profit, not good quality health care (BC Health Coalition 2008). *Profitization* can also be found in the outsourcing of food services and housekeeping in BC’s hospitals, both of which have resulted in a poorer quality of care

(Werb 2005). But this neoliberal model of health care has opened up business opportunities for American Insurance companies (i.e. Blue Cross) in Canada, as well as for private health care agencies specializing in community home care services, which include the services of *paid companions*. This development has its roots in another aspect of Canada's health care reform – the shift to community care.

Health care reform in Canada: The shift to informal care and private home care services

The following section of this chapter, '*Health Care Reform in Canada*,' includes a discussion on government policy in terms of informal and formal care. For purposes of clarification, the following definitions delineate between the main types of seniors' facilities: private retirement homes, supportive housing, assisted living and complex care facilities. The primary difference between private retirement homes and assisted living is limited personal care assistance which is available to residents in assisted living, whereas personal care is a private home care option in a retirement home. Supportive housing is very similar to retirement home residences, except that subsidies are available for supportive housing, whereas retirement homes are private-pay. The definitions below (with the exception of retirement homes) are taken from the BC Ministry of Health Services, Office of the Assisted Living Registrar (2011) and Housing BC (2011). Assisted living and complex care facilities are defined in section one of the Community Care and Assisted Living Act (2002).

Definitions: Different types of senior housing facilities

- ***Retirement residences:*** Housing for seniors who want to live independently but in a facility with other seniors. While retirement homes vary, all are privately owned, but include both for-profit and not-for-profit operators. Most offer suites with a private bath, and some include kitchenettes. Services include: common dining rooms that serve meals

(usually at least 2 per day), housekeeping (including laundry of linens, but not personal laundry), social and recreational opportunities, and an emergency response system. Personal care is not provided but can be purchased through the facility or privately¹⁶.

- *Supportive housing*: Housing for older adults only. Generally includes at least one meal a day, emergency response system, housekeeping and social and recreational opportunities. This housing option is usually private (not subsidized), though there are a very few subsidized supportive housing units available through BC Housing's Seniors Supported Housing (SSH) program. "As a senior's Supportive Housing tenant you pay 50% of your gross household income for your home. This includes your support package system."
- *Assisted living residence (falls under the guideline of 'Independent Living BC'*: Assisted living provides semi-independent housing, a middle option between home support and residential care, for adults who are able to select and direct the services they need. An assisted living residence offers three key components: housing, hospitality services (meal services [1 to 3 meals per day plus snacks], housekeeping and laundry services, social and recreational opportunities, and a 24-hour emergency response team) and personal care/assistance services (modeled on home support, providing assistance with activities of daily living [e.g. bathing] and medication). Some nursing care can be provided, but only on a short-term basis. There is both private-pay (residents pay all costs) and publicly subsidized assisted living, whereby "eligible residents pay a monthly fee of 70% of their after-tax income for rent, hospitality services and personal assistance, up to a maximum amount."
- *Complex care (also referred to as extended care, intermediate care, long-term care or residential care)*: "Complex care is provided in a community care facility. It provides a higher level of personal assistance than assisted living. Complex care is for people who require 24-hour supervision, personal nursing care and/or treatment by skilled nursing staff" (BC Ministry of Health Services 2008).

Health care reform in Canada

Specifically in terms of health care, neoliberal reforms have included deregulation and/or privatization of services, which have greatly impacted both those who deliver and receive health care (Williams et al. 2001). These reforms have focused on market-driven goals such as increasing efficiency in care delivery and worker performance in order to maximize profit (Benoit & Hallgrímsdóttir 2008: S8). In addition, Hooyman and Gonyea (1995), referencing Estes (1991) also point out that "by appealing to economic necessities, ideologies sustain dominant views about the role of social welfare and public

¹⁶ Murray, M. (2011). What to consider when searching for senior housing. Online resource.

interventions and can thus contribute to structural inequalities of gender, race and class” (p. 107).

Ageism is also reinforced through these dominant ideologies. A recent example is the “catastrophic demographic” (or “apocalyptic demography”) – a perspective which is slowly creeping into the dominant discourse in Canada, used as another justification for health care restructuring. Generating fear of a “catastrophic” landslide of an aging population who will drain the health care resources of the younger generation, fuels ageism in North American society (Binney & Estes 1988; Hooyman & Gonyea 1999). In reality, the consequences of an aging boomer population has been exaggerated and sensationalized by the media, and used to justify government retreat from public responsibility, transferring that responsibility back to the community, the family, and the individual (Binney & Estes 1988).

In addition, Benoit and Hallgrímsdóttir (2008) emphasize that Canada, and other countries which have a public health care system, have too often based their decisions for health care reforms on the American model of theorizing and research which is entrenched in two decades of neoliberal policy implementation and a profit-driven private health care system. And by accepting this American model of health care as a given, these global neoliberal economic policies embedded in an ideology of choice and personal responsibility now dominate Canadian government policy including health care (Williams et al. 2000). This neoliberal model of profitization and commodification of care is one in which the interdependent and collective model of health care which has been the basis of universal health care in Canada since the establishment of the Medicare

Care Insurance Act in 1966 is slowly being replaced by an economic market driven model of care (Baines et al. 1998; Williams et al. 2001).

After a decade of cutbacks to the Canadian health care system, there has been a definite shift in care responsibility: the transference of institutional, formal care to informal, “community care,” which has thereby shifted more responsibility for elder care to family caregivers who are most often women and generally employed (Binney & Estes 1988; Baines et al. 1998; Fine 2005; Chappell & Penning 2005). At the same time, the documented socio-demographic trend of less women having children creates a lack of family who provide eldercare.

Home-based care, which lies outside of the protection of the *Canada Health Act of 1984*, has been extremely vulnerable to the neoliberal economic agenda. Once the locus of care is removed from the protection of hospital and/or physician services covered under the Canada Health Act, they are opened up to the market and business interests, such as private insurance companies, and private home care agencies (Williams et al. 2001). And while community-based long-term care can involve better and more equitable care for the elderly, as well as more cost-effective care, this can only be the case if there are adequate resources and funding for community care (Chappell, Havens et al. 2004). Yet this is increasingly not the case in the current political economic environment (Chappell, Havens et al. 2004). In addition to shifting the responsibility for elder care to the family, this change in government policy has restricted the ability of the elderly to age in place, which has been recognized as a means of providing better health outcomes while also reducing care costs if accompanied by adequate home care resources and support (Rantz, Phillips, et al. 2011).

In the 1990s British Columbia was one of the first provinces to implement health care reforms which included: “the movement of non-acute care services out of hospitals and into the community, a reduction in the hospital workforce by up to 10%, and reduced utilization rates in the hospital sector (to 850 beds per 1000 population)” (Fuller 2002: 287-8). According to the 1991 *Royal Commission on Health Care and Costs* these reforms “were responsible for growing disparities in access to health across the population and inequalities in access to health services” (Fuller 2002: 287).

In May 2008, a group of British Columbia’s physicians¹⁷ released *Bridging the Islands: Re-Building BC’s Home and Community Care System*, a policy paper examining BC’s Home and Community Care system. Their study reveals that since the mid-1990s the BC government has decreased the number of residential care beds and, at the same time, not increased funding of community-based care. They point out that in 2001 the government promised to build 5,000 new not-for-profit residential care beds by 2006, but soon changed that figure to 1,500 residential care beds switching 3,500 to independent living beds (mostly assisted living) (HCC Project group 2008: 2). In the community-based (and “continuing care¹⁸”) care sectors, services have been cut to daily living services, including housekeeping, meal preparation, shopping and social contact services which help to keep people in their homes and out of long-term care facilities (HCC Project group 2008). They also emphasize that according to Cohen, McLaren et al. (2006)

¹⁷ The BCMA Council on Health Economics and Policy (CHEP) reviews and formulates policy through project-oriented groups. The HCC Project Group members for this paper are: Dr. Trina Larsen Soles - Golden, Chair; Dr. B. Lynn Beattie - Geriatrician, Vancouver; Dr. Kathryn Bell – Geriatrician, West Vancouver; Dr. Alan Gow – GP, Salmon Arm; Dr. William Rife; and Dr. Ian Schokking – GP, Prince George.

¹⁸ “Continuing Care refers to the range of programs designed to maintain the health and functioning of frail seniors and people with disabilities. These services are delivered outside of the hospital and doctors’ offices. They include home care, home support, assisted living, residential care and other community-based services” (CCPA 2005).

“the number of home support patients dropped by 24% and the number of total home support hours dropped by 12%” (in 2000/01 to 2004/05) (HCC Project group 2008: 24).

At the hospital and long-term care level, funding cuts over the past ten years have outsourced food and laundry services and reduced staff ratios. Stemming from the BC government’s 2002 Healthy and Social Services Delivery Act (Bill 29), housekeeping services in all 32 hospitals on southern Vancouver Island and Vancouver’s Lower Mainland have been privatized (Werb 2005). In addition, many of the hospitals also outsourced their “dietary, security and laundry services over the same period — mostly to the Paris-based giant Sodexho” (Werb 2005). In terms of staffing levels, a report by the Hospital Employees Union to the Office of the BC Ombudsman on Seniors’ Care showed that in 2001 staffing levels in residential care facilities in BC were far below the minimum recommended by researchers and experts, with widely varying discrepancies across the province (HEU 2008: 13).

These funding cuts, embedded in government policy at both the community and long-term care levels, have also opened the door for the expansion of private home care services, and paid companions. Creating a shortage of beds and a need for care therefore becomes another way to increase public acceptance of for-profit, sometimes totally private services. The *Bridging the Islands* report for example, reveals that one of the repercussions of the shortage of both residential care and assisted living beds is that “many patients are accessing *private* [emphasis added] assisted living facilities where wait times will be shorter due to a greater bed supply and the scope of care provided is greater” (HCC Project group 2008: 28).

The restructuring of Canadian health care, which includes the shift from formal care to informal family care, has therefore created a number of other expected and unexpected consequences, the marketization of care and health care services among them (Williams et al. 2001). For example, in Victoria, British Columbia, in 2010 over 16 private home care agencies, such as We Care Home Health Services, Home Instead Senior Care, Bayshore Home Health Care and Alpha Home Health Care provide a range of private home care services, which include the services of paid companions. As a result of decreased extended care facility staffing levels, home care agency representatives interviewed for this research propose that the services of paid companions have become more in demand in public and P3 facilities by families who seek support for their elderly family members.

Care, caregiving and care work

Although meanings vary, *care* or *caring* has generally been defined as “the physical, mental and emotional activities and effort involved in looking after, responding to, and supporting others” (Baines et al. 1998: 3). Two main themes surface in the literature on formal and informal care: the blurring of boundaries between formal and informal care and the growing commodification of informal and formal care. These processes are in turn linked to neoliberalism through government implemented health care policies which replace government support of public services with privatization or *profitization* of public services, and an internalization of the neoliberal ideology (or values) of individual responsibility and choice (Hooyman & Goonyea 1995).

The concept of *care* originated from the second-wave feminist “domestic labour debates” (Secombe 1980) of the 1970s, in which “care,” which lacked the connotation

of the market inherent in words such as “domestic labour” and “unpaid work,” came to be defined as the personal aspect of the work that women do within the confines of the home (Ungerson 1997: 362; Baines et al. 1998: 6). In Canada, *caring* is commonly referred to as *caregiving*, generally meaning to provide care for elderly persons who require assistance (Chappell 2008:314), although *caregiving* can also refer to the care provided to children, the disabled, and friends or other family members who require support due to illness (Ungerson 1997:362).

Caring labour (or *care work*) takes place in the home, as well as in a paid and unpaid work context outside of the home (Ungerson 1997). In addition, care work has two dimensions: *informal* and *formal care*. Informal care has generally been defined as “unpaid assistance from family or friends,” while formal care has referred to care in which payment was received, either by a family member or a paid worker (Chappell 2008:314). However, the boundary between formal and informal care has become increasingly less clearly defined, as non-profit agencies provide unpaid volunteer “companions” for the elderly, or when informal care recipients pay informal caregivers (directly or indirectly).

Additionally, paid home care workers become unpaid, informal caregivers when they put in extra hours for no pay in order to provide the assistance care recipients need; and family members without government support or limited time due to work commitments hire companions who then become *fictive kin* to their elderly family members. The question of the boundaries around formal and informal care work has been raised by feminist scholars for over ten years (Ward Griffin 2008). In fact, Ward-Griffin and Marshall (2003) argue that formal and informal caregiving are not separate ‘public’

and ‘private’ spheres; instead, boundaries between informal and formal caregivers are “overstepped and negotiated” in interactions (p. 195). Ward-Griffin (2008) also refers to the blurred boundary between the public (work) and private (home) spheres as the “intermediate domain.”¹⁹ She points out that this “intermediate domain”:

...highlights how the complex dimensions of location and social relations are brought together in caring work. It is particularly useful because it facilitates recognition that the family and the state are not separate spheres of interest, but are interconnected in the provision of care to older family members (pp. 2-3).

In terms of who does the work of caregiving and care work scholars agree that in our society, as in most western nations, the majority of this work is done by women and perceived as their responsibility (Baines et al. 1998; Hooyman & Gonyea 1995; Chappell 2008). Although men do provide care, when they do, their efforts are often seen as unusual, and rewarded with better support and government services (Baines, et al. 1998:5). Through the nature of the work, the informal care provided by women is also rendered highly invisible and awarded little value in our society, which creates a socio-economic power imbalance for women caregivers, but also for the care recipients who find themselves in a “precarious position of socially created dependence” (Baines, et al. 1998:8). As Kittay has pointed out, the social positioning of care workers to care recipients contains the element of power and the potential for domination²⁰ (Fine 2005:150). These gender-biased separation of roles in caregiving and care work can be traced directly to values of *familialism* which has its roots in the ideology of

¹⁹ Ward Griffin (2008) points out that “the conceptualization of an ‘intermediate domain,’ first identified by Stacey and Davies (1983 cited in Mayall, 1993), highlights how the complex dimensions of location and social relations are brought together in caring work” (in Phillips & Martin-Matthews (Eds.), *Blurring the boundaries: Aging and caring at the intersection of work and home life*. 2008: 2-3).

²⁰ Kittay however, makes a distinction between power and domination, emphasizing that “vulnerability and dependency are basic dimensions of the human life course,” and that while unequal power relationships exist between caregiver and care recipient, this does not necessarily mean that an abuse of power (domination) will take place (Fine 2005:150).

individualism entrenched in North [American]²¹ society (Hooyman & Gonyea 1995:107). At the same time, a number of scholars writing on care work in Canada argue that when “*responsibilization*” is combined with familialist policies it threatens to add to the already gendered nature of care work (Treloar & Funk 2008: S34). This transfer of care has resulted in more responsibility for eldercare ending up with family caregivers which in turn has increased the financial, social and physical stress of both members of the dyad (Hooyman & Gonyea 1995; Navarro 2002). In this way, family care work is also “an important *public health* issue” (Treloar & Funk, 2008:S34).

The concept of work and the blurring of boundaries of paid and unpaid work

While theories and debates taking place regarding paid and unpaid work are quite numerous, the question of care and *who* provides elder care also needs to be considered in relation to the concept of *work* itself. The definition of work has been the focus of feminist scholars for decades who have long been pushing for the informal care that women provide to their families at home to be recognized as “unpaid work” (Ungerson 1997). The lack of acceptance of informal care as work is noticeable in language used only a few decades ago where women (as mothers and “homemakers”) were asked if they worked. That same question has now been replaced with the question: “Do you work outside the home?” thereby acknowledging women’s unpaid labour as work.

One of the main outcomes of the acknowledgment of “unpaid work” as a concept has been the adoption of different systems of care within the European Union and in North America. For example, three Scandinavian countries (Finland, Denmark and Sweden) have acknowledged women’s unpaid, informal care as work through supportive

²¹ Although Hooyman and Gonyea refer specifically to the United States in their article, the argument they make is also relevant to Canada.

care policies which also strengthen the family. These policies provide a “considerable degree of home help coverage as well as direct transfers for elderly care and thus in the field of elderly care resemble *optional familialism*” (Leitner 2003: 363).

In the 1980s and into the early 1990s European nations tried a variety of different methods to address the problems and loss of wages faced by caregivers. They settled largely on policies which were quite unlike the Scandinavian model of optional familialism, making changes in their systems of payment for care with de-familialistic care policies that shifted payment of care to the *care recipient*, rather than to the *care worker*²² (Ungerson 1997). In this way the care user became the “care consumer” (Ungerson 1997: 364). These experiments in care payments include: 1) the British “carer allowances,” paid either through tax credits or social security systems, which compensated adult carers who were unable to work outside of the home due to unpaid care work at home; 2) actual and “proper wages” paid to the carer by the state, which include payment to family members, (although, as noted by Heaton (1999), these allowances were eroded away by changes in government policy restricting access through more stringent caregiver needs qualifications); 3) “routed wages” which generate a kind of “consumer autonomy” in which care recipients receive an allowance and *choose* which services they wish to purchase (however, regulations and amounts provided vary considerably across countries); 4) “symbolic payments” of very low monetary amounts that function to acknowledge the support of family, friends and neighbours; and 5) “paid volunteering,” which also provides symbolic, honorarium-based payments for care work (Ungerson 1997:366-73).

²² Although it should be noted that Ireland went in the opposite direction (McLaughlin 1994 in Ungerson 1997: 364).

Although the reasoning behind payments for care in part rests on the desire to acknowledge and value the informal care work that women do, these payment for service solutions are not without their problems and dilemmas. While payment for care has granted women the recognition they deserve for work they had been doing for generations, at the same time, this has also provided an additional opportunity for the “marketization of intimacy and the commodification of care” to occur (Ungerson 1997:363). As Ungerson et al. have pointed out, these “economies of care” may additionally transform the relationships of the people in them, and rather than liberate women, they may do the opposite and instead reinforce care work as “women’s work” contributing to further gender and class exploitation (Ungerson 1997; Hooyman & Gonyea 1995). Ungerson further suggests that this may even lead to the development of another form of domestic service class, which is yet another form of the commodification of care.

At the present time Canadian health care policy has none of the payment for care options as described by Ungerson, while the neoliberal political assault on social welfare has considerably weakened Canada’s health-care system over the last two decades creating gaps in care services (Williams, Deber et al. 2001). In shifting eldercare back to the family through a reduction of funds and resources to health care, and specifically by cutting beds at long-term care facilities (Williams, Deber et al. 2001), Canada has not turned to *optional familialism*, but instead has embraced *implicit familialistic* care policies which basically ignore the gaps left by government cutbacks, forcing elder care on the family (usually women). These same neoliberal policies have also created an opening for the market-driven component of Leitner’s *de-familialistic* policies, which

have found expression in the emergence of private health care agencies that specialize in community home care services. The commodification of care has entered Canada through the back door.

Home care work and theories of care

Although there is virtually no available literature that specifically focuses on paid companions, considerable research has been conducted on home care workers and will be discussed in this section. Home care work, which includes similar kinds of work to that of paid companions, finds parallels with informal caregiving, and also reflects socioeconomic inequity, one based on class, race and ethnicity in addition to gender. Due to health care restructuring that has “downloaded” care to families, home care is one of the fastest growing professions. Studies conducted by Hondagneu-Sotelo (2001), Misra (2003) and Romero (1992) concluded that the majority of care work consists of the lowest paying jobs, and in the United States are done by women of colour, rather than Caucasian women (England 2005:384). For example, the median hourly wage for the average home care worker in the US is \$7.81 and \$10.50 in Canada (Benoit & Shumka, 2009:14), while my research on paid companions and their clients confirmed that in 2010 paid companions who worked for private home care agencies averaged \$12-\$13 per hour.

According to Benoit and Shumka:

A recent US study confirms findings from an earlier Canadian study indicating that as many as 80 percent of home-care workers are women and of those there is an ‘over representation of racial and ethnic minorities’ as well as immigrants (Bureau of Labor Statistics 2003; Stacey 2005:836 [in Benoit & Shumka 2009:14]).

Home care workers also often assume additional responsibilities that jeopardize their own physical and emotional health. They perform physically and emotionally demanding work, which often causes job related injuries and other health related

problems. Sometimes home care workers face racist attitudes and behaviours by care recipients and their families (Aronson & Neysmith 1996: 72). At other times, they are exploited through the additional unpaid hours of work they contribute out of concern for their clients' well-being, who are also often "poor in health, lonely and as financially constrained as the home-care workers themselves" (Benoit & Shumka 2009:14). As Benoit and Shumka emphasize, social and economic status "intersects with gender [as well as race, ethnicity, and migrant status] to constrain the opportunities and health status of women in this line of work" (Benoit & Shumka 2009:14).

There have been a number of theories put forward to explain this gender inequality, which also includes wage disparity between men and women. England (2005) draws on literature from a number of scholars (Kilbourne et al., 1994; Hooyman & Gonyea 1995; Sorensen, 1994; Steinberg, 2001) who support the "*devaluation thesis*." This theory puts forward the hypothesis that jobs which consist predominantly of women, such as the caring professions, are valued less highly by our society, and as a result, wages for these jobs are also lower, a reflection of the influence of familialism, rooted in the ideology of *individualism* entrenched in [North] American²³ society (England 2005:381-2; Hooyman & Gonyea 1995:107).

Closely linked to the "*devaluation thesis*" is the "*prisoner of love*" (also called the "*care done for love*") framework (England 2005), which posits that care is provided out of love, not money, thereby setting up the argument that "commodifying care dries up real love, or worse, makes the sacred profane" (Nelson 1999; Zelizer 2002). The emphasis in the latter theory is placed on either love or money, but not both. In this way,

²³ Although Hooyman and Gonyea refer specifically to the United States in their article, the argument they make is also relevant to Canada.

care workers are on the one hand respected for the caring work they provide, but at the same time are not acknowledged through reasonable wages. This suggests that altruistic motives of care work and emotional satisfaction from the work also provide the environment that enables care workers to receive and accept low wages (England 2005:382).

Additionally, the notion of “*compensating differentials*,” is a theory put forward by neoclassical economists to explain the pay penalty in predominantly female occupations. This theory symbolically connects care to women and mothering which is viewed as “natural,” and in this way care work becomes invisible, and consequently not considered as something that should be valued or paid for (Nelson 1999; Zelizer 2002; England 2005). Compensating differentials focuses on the level of intrinsic rewards (or penalties) within occupations as a major determinant of wage differentiation, and suggests that altruism becomes its own reward (England et al. 2005: 458). As England (2005) explains:

In this view, if the marginal worker sees the intrinsic properties of the work as an amenity, this permits a lower wage. [Whereas] if the marginal worker sees the work as onerous compared with other jobs, the employer will have to pay a high wage to fill the job (p. 389).

The invisibility aspect of care work is an issue addressed by a number of scholars. For example, looking at the work performed by personal care attendants in the United States, Rivas (2002) posits that in order to maintain the illusion of independence required by the dependent care receiver, the *careworker*, rather than the labour of the *careworker*, is made invisible:

Independence, after all, is not simply a passive status: it is something people “do.” Personal attendants, beyond performing caregiving tasks, participate in creating an illusion of independence for the disabled individuals they serve. Together with the consumers of their services, personal attendants accomplish this by transferring the

authorship of many caregiving tasks from the worker to the consumer. This is a collaborative process, through which not one but two identities are constructed: care receivers are constructed as independent, and caregivers are constructed as invisible (p. 75).

This constructed invisibility has a number of features, the most important being the effective use of emotional labour by the personal care attendants. In this particular instance, emotional labour is employed to maintain an emotional ‘distance’ when performing intimate tasks associated with bodily functions, such as changing diapers of a dependent person. In order to reduce the shame and humiliation of the care recipient, which draws attention to the care being performed, personal care attendants use emotional labour to repress any feelings of disgust they might have (Rivas 2002: 76-7). Another important factor that maintains the invisibility of the work and the worker is the attitude of the care attendant toward the work they do. Linked to the ‘*care done for love*’ hypothesis, if care workers enjoy the work they do their labour disappears (Rivas 2002: 76). In the United States, immigrant women generally perform most of the personal care attendant work. Because of this, according to Rivas (2002): “immigrant women are easily cast into roles that require invisibility, because they already belong to a category that is socially invisible” (p. 76).

These theories of “economies of care” (Evers 1994) have generated numerous debates among scholars around care work. The main point of contention centres on whether or not care/love can be combined with economics without causing harm. The two main positions in this controversy are represented by Hochschild’s (1983) “commodification of emotion” hypothesis versus Nelson and Folbre (2000) and Zelizer’s (2002) “for love *and* money” theory. Hochschild was one of the first sociologists to address the issues embedded in relational work, arguing that although emotional work

has always been used in a variety of different human encounters, its exploitative use is the essential problem. She proposed a “*commodification of emotion*”²⁴ framework, in which she suggested that engaging in care work, causes workers to “alienate themselves from their true feelings,” and thereby damages individuals emotionally who participate in such work (Hochschild 1983: 89). Her analysis of a case study of the work performed by flight attendants, which she referred to as “*emotional labour*,” revealed that while many types of labour are exploitative, emotional labour is always more so:

When rules about how to feel and how to express feeling are set by management, when workers have weaker rights to courtesy than customers do, when deep and surface acting are forms of labor to be sold, and when private capacities for empathy and warmth are put to corporate uses, what happens to the way a person relates to her feelings or to her face? (Hochschild 1983: 89).

In opposition to Hochschild’s “*commodification of emotion*” argument is the “*love and money*” hypothesis. Rejecting the idea of “an oppositional dichotomy between the realms of love and self-interested economic action,” this theory emphasizes that care work is no more alienating than other work, and that families are not always “wellsprings of genuine care” (England 2005: 381-92). The main voices promoting this view are Zelizer (2002), an economic sociologist, and economists, Nelson and Folbre (2000) who reject the notion that commercial transactions are necessarily selfish or corrupt. They argue against the idea that economic exchange prohibits true care and against the view that only families, communities or non-profit groups can provide genuine care. They also contest the perspective of Himmelweit, a Feminist economist, who posited that genuine caring can only take place in a non-commodified setting, one in which no payment is

²⁴ The “commodification of emotion” framework and “emotional labour” are largely associated with Hochschild’s book, *The Managed Heart: Commercialization of Human Feeling* (1983).

received. Zelizer, Folbre and Nelson interpret these arguments as a “hostile worlds²⁵” point of view, which are based on implied, but empirically unsupported assumptions about gender in which the work of women is categorized and separated from that of men (England 2005: 394).

Challenging the notion that money corrupts and commodifies our lives, Zelizer (2005) argues against the ‘*hostile worlds*’ and ‘*nothing but*’²⁶ perspectives for the intimacy/love and economics/money theories. Instead, she suggests that economic transactions have saturated our social lives and coexist within our intimate relationships. Taking a “*connected lives*” approach, Zelizer instead proposes that the interactions between money and care are far more complex than either of these theories acknowledges. Her perspective includes an expanding definition of work, recognition of differentiated social ties, an understanding of the actual content of economic transactions, and a positioning of these transactions within a cultural context. As she explains:

...across a wide range of intimate relations, in the provision of personal care, and in the complexities of household life, people manage the mingling of economic activity and intimacy by creating, enforcing, and renegotiating extensive differentiation among social ties, their boundaries, and their appropriate matching with commercial media and transactions of production, consumption, and distribution (Zelizer 2005: 41).

However, the vast potential for domination and exploitation that exists through the commodification of care, is not recognized in the “*for love and money*” theoretical framework, but is one that Hochschild addressed in her early work on emotional labour and flight attendants. In addition, a large part of Zelizer’s argument is based on accepting

²⁵ The ‘*hostile worlds*’ theory presents a hypothesis based on the notion of “separate spheres,” a sharp division between economy (representing impersonal rationality) and society (standing in for intimate sentimentality), one in which a romanticized perspective of intimacy exists by separating the domains of love and money (Zelizer 2005:22).

²⁶ The ‘*nothing but*’ theories posit that “intimate relationships are nothing but the result of coercive, and more specifically patriarchal, power structures” (Zelizer 2005:32).

economics as the basis for all human interaction. Although monetary transactions do take place between family members, they do not usually form the foundation of interactions between family members. I would argue that while Zelizer's theory of 'connected lives' represents the complexities found in the relational and economic aspects of care work, at the same time because it posits that all human interactions are based in economic exchange, it is enmeshed in capitalist ideology, suggestive of Navarro's concept of "economic determinism" (2002:82) whereby neoliberal policies are inescapable and inevitable.

Family, fictive kin and commodified friendship

As illustrated in the previous discussions on the commodification of care and the blurring of boundaries between formal and informal care, issues of gender, class and race challenge the notion of "hostile worlds" and "separate spheres." Entering into these discussions are questions about family, which overlap with previous questions about *who* provides elder care. While the concept of family does not have a precise legal definition, general definitions abound. *The Dictionary of Social Sciences* provides one general definition:

Family: Most commonly, a social group defined in some combination by parentage, kinship (including marriage), and co-residence. Historically, the family has been taken to be the basic unit of social organization, but the latter half of the twentieth century has seen a widespread breakdown of consensus about the meaning of the term. Once presumed to be a universal feature of human societies (subject to certain variations), both structural definitions of the family based on the kin relations that compose it and functionalist definitions based on the functions that it performs (e.g., reproduction) have failed to meet the challenge of the observed variety of forms of collective, small-group life in human societies (Calhoun 2002).

From this definition, we can see that historically the definition of family has largely been based on biological factors, blood relations. However, the widely held and

“pervasive cultural belief that biological family connections are the most salient and durable bonds between individuals” has been challenged by scholars during the past twenty years, with gay and lesbian gender scholars at the forefront of these debates (Muraco 2006:1313).

Muraco’s work, for example, suggests that the friendships formed by many gay and lesbians with their straight counterparts (specifically between lesbians and gay men and gay men and straight women) can often either replace or supplement biological family relationships (Muraco 2006). Although it is assumed that it is the biological family who provides financial and emotional support in times of need, Muraco’s study concluded that friends in the gay and lesbian communities also provided that same type of support, reinforcing her argument that “family” extends beyond biological connections (Muraco 2006: 1317-18).

Muraco’s description of a gay surrogate “family” structure closely mirrors the notion of *fictive kin*²⁷ found in MacRae’s studies on the social relationships of elderly women in Nova Scotia (MacRae 1992). Friends become *fictive kin* - “individuals who are not related by blood, but by imaginary ties of choice – ‘adopted’ family members who accept the affection, obligations, and duties of ‘real’ kin” (Sussman 1976). Additionally, these family-like relationships have been studied by anthropologists and sociologists who have concluded that “*fictive kin* are commonly described as serving a purpose; in each

²⁷ The notion of *fictive kin* surfaces in the literature on family and health care workers. It should be noted that *fictive kin* has different meanings depending on the discipline. As mentioned in the introduction, in anthropology it has a very specific connotation and refers to people who have been awarded a kinship title and are treated as if they are actual blood kin (Barfield 1997). In sociology, on the other hand, the notion of fictive kin refers to people who function as family, but are not blood relatives (Dodson & Zinbarg, 2007; Karner, 1998; MacRae, 1997). For purposes of this paper, *fictive kin* refers to the sociological interpretation of the expression.

case, they are a valued resource enabling individuals to meet specific needs” (MacRae 1992: 228).

MacRae’s 1992 study of friendships of elderly Nova Scotian women also raised the general question of “what is family?” The study revealed that when biological family are not available, the friendships developed by elderly women often act as substitutes for family, essentially functioning as *fictive kin* (MacRae 1992). In this situation, women in her study described their *fictive kin* relationships as being like their own child, son or daughter (MacRae, 1992:239). Importantly, these *fictive kin* relationships were also “found to be salient and meaningful linkages in the lives of these elderly women” (MacRae 1992:240).

While the *fictive kin* relationships of MacRae and Muraco’s study were both informal and unpaid care relationships, it has been argued that another form of *fictive kinship* also takes place – a commodified form of the *fictive kin* relationship, which enables exploitation of care workers to take place. This exploitative relationship of care, firmly rooted in neoliberal economic policies, has been examined in studies in American care facilities, as well as in China through research exploring the changes taking place in filial piety.

As a result, care workers are performing many of the tasks previously done by families: cooking, housekeeping, shopping, basic personal care (Karner, 1998:71). Research conducted by Jane Aronson and Neysmith (1996) provides evidence that home care workers often function as substitutes for family members, essentially becoming a type of commodified *fictive kin*. These homecare workers describe their relationship as being “part of the family,” interpreting their emotional labour as *outside* the confines of

work or as *non-work* (Aronson & Neysmith 1996: 66). The care workers emphasize that they: “are not just in there to do the work... you have to spend time with [the residents] and let them know that you care about them” (Aronson & Neysmith 1996: 68).

In addition, the question of power and dependency are also well established in the relationships between care worker, caregiver, family members and management. While it has been widely recognized that the vulnerable and dependent positions of care recipients expose them to the potential of an abuse of power by the care worker or caregiver, the reverse may also be true (Fine 2005:150). As Fine points out: “...the charge may have power over the worker, as a result of social position, wealth, control of employment, or through worker’s psychological (over)identification with the charge” (Fine 2005: 150).

In both studies of health care and homecare workers, overt exploitation takes place through the adoption of the role of *fictive kin* which is taken on by care workers in their relationship with care recipients (Karner 1998; Dodson & Zincavage 2007). The “compassionate, family model” of care utilized by the long-term care facilities (for-profit and non-profit institutions) forms the structure of exploitation in the Dodson and Zincavage Massachusetts study. This “family model of care” closely resembles the fictive kin relationships of Karner’s homecare workers. Health care workers in the long-term care facility are encouraged to form “authentic bonds” with residents, adopting residents as their surrogate parents (Dodson & Zincavage 2007.) However, while the emphasis appears to be on compassionate care in a family-like environment, efficiency is in fact the bottom line. And although health care workers may develop close connections with residents, exploitation nevertheless takes place when management manipulates those

emotional relationships for purposes of economic gain. As Dodson and Zinzivage (2007) point out, care workers are encouraged to form deep bonds and “adopt” residents in order to deliver a higher quality of care because: “Without a doubt, the family model was good for business” (p. 915).

A parallel to the North American commercialized *fictive kin* care worker, which includes the potential for exploitation of care workers, can be found in the changes occurring in China in relation to the traditional notion of *filial piety*. Chappell’s 2007 study examines these changes that have accompanied the commodification of the traditional notion of filial piety. In the past, children, specifically sons, were obligated to care for their parents as they aged, as reciprocity and intergenerational exchange bound sons to care for their aging parents (Chappell 2008). However, the many dramatic changes in political, social and cultural life in China that have taken place since the mid 1900s are changing traditional filial piety.

One of the changes discovered by Chappell is that “the traditional practice of filial piety, which relied heavily on daughters-in-law for most of the hands-on care, is quickly becoming history” (2008: 64). A second change can be found in the hiring of paid ‘nannies’ to take the place of children who previously provided the care for their aging parents. Family members insist that the nannies are ‘informal’ or family caregivers - *fictive kin* and cite that nannies worry over the wellbeing of their aging parents under their care. However, the analysis concluded that in fact the nannies focus on the wellbeing of the care recipient is rooted in their primary concern for their own job security. Suggesting that the hiring of nannies in China represents a commodification of filial

piety, with much potential for the exploitation of the nanny, Chappell makes this point in her conclusion:

Because data were not collected as a means of examining the commodification of care through the paid nanny role, only a preliminary assessment of this aspect was possible. Nevertheless, these data suggest that paid nannies more closely resemble paid workers in terms of their relationship with the care recipient than they do fictive kin. Although families insisted that these nannies were 'informal' or family caregivers, these data suggest that they are not fictive kin as in the United States. Rather, the data suggest a commodification of this role, reflecting a subcontracting of filial piety, whereby hired help become filial agents (2008: 64).

In the North American Massachusetts study health care workers exhibit ambivalence about the facilities and the care they provide, while homecare workers in Karner's study worry that they are breaking agency rules when they provide extra help to care recipients outside of paid hours (Dodson & Zinzavage 2007; Karner 1998:9). Reflecting the "*prisoner of love*" framework, care workers in the Dobson and Zinzavage study complain of poor working conditions – long hours, very low wages, and understaffed facilities, while at the same time, they value their role as caregivers and the reciprocal affection they sometimes received from residents.

In addition, although care aides were encouraged to operate as *fictive kin* in both North American organizations, specific boundaries were placed on care workers' relationships with residents which were in conflict with the benefits derived from that relationship for the homecare worker where "the greatest reward is the human contact and emotional attachment they gain from the job" (Karner 1998:79). The Midwestern homecare agency tried to place boundaries on working relationships through regulations and rules around the interactions between their care workers and the care recipients, specifically discouraging "getting too close" in order to avoid the emotional connection and attachment which takes place through the "sharing of selves" between the careworker

and the care recipient (Karner 1998:77-9). The Massachusetts facility even placed boundaries and restrictions on grief. When residents died, care workers were discouraged from mourning, most were not allowed to attend residents' funerals, and their feelings of loss and grief were not acknowledged or supported (Dodson & Zincavage 2007).

It is clear that managers of the two organizations had established definite boundaries in these commercial transactions of care with the establishment of “*differentiated social ties*” (Zelizer 2005) in which resident need and the interests of the nursing home or homecare agency had top priority (Dodson & Zincavage 2007). The value of the relationships with care recipients had little importance to the managers or owners of these care facilities who determine when and where the care aide will function as a dependable fictive kin member or as a paid contact worker. The job of management is to provide care as quickly and efficiently as possible, with the “*prisoner of love*” framework fitting this model of care very well – a model that connects to the perception of care work/caregiving as “women’s work” in western society, a model which has traditionally devalued women’s labour.

There is yet another consequence of emotional labour. Because of facility expectations on care workers to place *fictive kin* residents first before their own families, including their young children, *fictive kin* and real kin are in competition (Dodson & Zincavage 2007). This situation creates another level of inequality beyond gender and poor working conditions – that of class (Hochschild 2003).

These studies, both in North American and Asia, illustrate Hochschild’s concept of the “managed heart” and the commercialization of emotional labour (Hochschild, 1983). The “emotion work” of Hochschild’s flight attendants in *The Managed Heart*,

finds a parallel in the fictive kin care workers in the US and the commodified fictive kin of Chinese nannies. Acknowledging that emotional labour has always been used in a variety of different human encounters, Hochschild nevertheless questioned its exploitative use. She noted that in the case of flight attendants, not only is emotional labour expected, but their work environment is closely monitored and supervised (Hochschild 1983). This also bears a resemblance to that of the facility care worker who is supervised and monitored by company management to insure that care workers reflect the “compassionate, family model” of care advertised by the organization, yet maintain the care worker-care recipient relationship boundaries established by the facility (Dodson & Zinzavage 2007). In this situation, exploitation easily takes place - feelings have become a commodity, bought and sold by the company.

Hochschild’s flight attendants became alienated from their own feelings and often burned out on the job, while North American care workers experience frustration and confusion due to the ambiguously constructed relationships they have with care recipients that have been determined by management (Dodson & Zinzavage 2007). Care workers often comment that they give more time and emotional energy to the care recipients than they do to their own families (Dodson & Zinzavage 2007:918). This situation finds parallels with foreign domestic workers employed as nannies who have to leave their own children behind in their home country in order to care for children in the developed world (Hochschild 2003). This type of exploitation is clearly positioned within global gendered and class exploitation and are issues which are also explored in additional theoretical frameworks, primarily by gender scholars, which include Parreñas (2000); Litt & Zimmerman (2003); Ehrenreich (2003); and Ward (1990).

The changes that are taking place with the commercialization of intimate life have wide ranging repercussions, affecting not only personal relationships on a local and national level, but global relations, which include patterns of migration and familial relationships in low-income countries as well. Fuelled by the expanding market, the effects of globalization, and cutbacks to health care, paid companions have surfaced to fill a need in care for the affluent of many countries. Research for this study on paid companions (2009-2010) has shown that in Victoria, BC, in addition to Caucasian Canadians, women from India, the Philippines, Latin America, Africa and China are already working as paid companions independently and for private home care agencies. While some of these women have been Canadian residents for some time, others have been brought in by families as “domestic workers” (provincial) or “caregivers” (federal) under the Employment Standards Act.

Conclusion

This chapter has provided an overview of the literature on the historical, social, political, and economic forces and issues that are affecting caregiving and carework today. In Canada, home-based care lies outside of the protection of the Canada Health Act of 1984, and is perceived as a “highly structured and scarce commodity,” which is bureaucratically rationed by case managers who assess and decide how many hours of support a care recipient and family can receive (Purkis, et al., 2008:32). These determinations are conducted in such a way as to appear to provide everyone with equal home care resources, while the reality is that the amount of available home care resources that are provided is dramatically insufficient and addressing this deficit requires that the

female relatives of care recipients or privately paid home care workers (which includes companion services) provide the majority of the care.

Embedded in the processes of the blurring of boundaries between formal and informal care and the growing commodification of care are questions of emotional labour, economics and love, dependency, interdependency and power, notions of kin and *fictive kin*, and the exploitation of both family caregivers and home care workers, which includes paid companions. The changes that are taking place with the commercialization of intimate life have wide ranging repercussions, affecting not only personal relationships on a local and national level, but global relations. Driven by the expanding market, the effects of globalization and cutbacks to health care, home care workers and paid companions have surfaced to fill a need in care for the affluent of many countries. In the future, depending on the outcome of the global economic crisis, if this need grows and adequate resources are not allocated to both long-term and community care, low-income countries may also become the primary suppliers of paid companions for the financially secure high-income elderly.

In my research on paid companions I explore the relationships of companions and care recipient clients in the context of these sociopolitical forces and issues. The next chapter will explain the research design, methods and analysis involved in this research.

CHAPTER 3: Methodology

In this chapter, I will explain the process undertaken for this research which includes: my research objective; the combined theoretical principles guiding the research (political economy and a critical theoretical perspective while also drawing on phenomenology); the two qualitative methods used to collect information for the research (semi-structured, open-ended qualitative interviews, and the visual method of *autodriven*²⁸ *photo elicitation*, whereby the research participants take the photos that they then discuss in interviews); a detailed description of the sampling and recruitment strategies, (which includes recruitment modification); details and realities of data collection; transcription particulars; and data analysis.

Research objective and theoretical perspectives

My objective has been to explore and to develop an understanding of the experiences of paid companions and their clients/employers and their relationships within the context of the political-economic climate of neoliberalism that has supported the development of paid companions in the privatized sector of Canadian home care services.

The specific questions addressed in my research include:

- What contextual circumstances (economic, political, social) and personal situations contribute to the use of paid companions?
- How does each member of the paid companion and care recipient dyad perceive their relationship and the extent to which it consists of emotional/friendship components compared with task/worker-oriented components?

²⁸ *Autodriven* is the term given to this method of photo elicitation in visual studies (Samuels *in* Stanczak 2007:196). This method has also been referred to as *photo voice* in sociological research with an emphasis on participant photography as a tool for community development and social action (Wang and Burris 1997).

- How does each member of the dyad feel about their relationship and its good and bad aspects? This question will address issues of: power and dependency; trust; conflict and harmony in the relationship.

Because the broader socio-political framework impacts the individual experiences and feelings of the participants, it was essential to consider this context within the research. Although I have separated the methods in this chapter from a phenomenological approach and the theoretical principals provided by critical theory and political economy, they are in fact interconnected in research. This is affirmed by Banks (2006) who points out that “‘method’ is inseparable from ‘theory’ and ‘analysis,’ and in the human sciences no method that seeks to document or, better, engage with the field of human social relations can be performed in a theoretical vacuum” (p. 178).

Because the purpose of my research is to develop an understanding of the subjective experiences, feelings and relationships of paid companions and their clients my research design is qualitative, employing two qualitative methods: semi-structured open-ended interviews and autodriven photo elicitation to explore my research questions. In addition, as very little is presently known about the phenomena of paid companions qualitative research is particularly applicable to this research topic. Sankar and Gubrium (1994) emphasize that: “In particular, its flexibility and sensitivity to process allow it to respond to the issues and directions that emerge in the course of the research” (p. x). This became quite evident when confronted with the ambiguities inherent in the phrase ‘paid companion.’ Qualitative research enabled me to uncover the reasons for these ambiguities, and form an understanding of their significance.

Qualitative research has a long history in both sociology and anthropology, tracing its roots to the “Chicago School” in sociology in the 1920s and 1930s and the anthropological fieldwork methods of Boas, Mead, Bateson, Malinowski and others

during the same timeframe (Denzin & Lincoln 1998:1). It has been described as a: “field of inquiry in its own right, [crosscutting] disciplines, fields, and subject matter...[with] a complex, interconnected family of terms, concepts and assumptions” (Denzin & Lincoln 1998:1). Although qualitative research has differing meanings depending on the discipline, Holstein and Gubrium (2005) define it as: “a situated activity that locates the observer in the world [and] involves an interpretive, naturalistic approach to the world” that makes use of a variety of empirical materials and interconnected methods (p. 3). Qualitative research has an empiricism that is “grounded in the everyday data of experience” (Sankar & Gubrium 1994:vii) which recognizes the capacity of individuals to understand and explain their world and experiences to researchers, while also acknowledging the researcher’s position in the research process of data collection and interviewing. As Sankar and Gubrium (1994) explain: “Qualitative research not only accepts the researcher’s working ability to know, but also proceeds to theorize about and respond to what the researcher brings to the research context” (p. viii).

Theoretical approach

While critical theory and political economy provide the theoretical principles that guide an analysis of the socio-political forces that have fuelled the development of paid companion service, including aspects of the employer/employee relationship of paid companion work connected to private agency employment, a methodology was needed that was flexible and holistic in order to complete an understanding of the experiences and relationships of paid companions and their clients. Looking at the three main qualitative methodological traditions (*ethnography, grounded theory and phenomenology*) I decided that while not perfect, the phenomenological approach, which

is both a philosophy and a method, with a focus on the *meaning* of phenomenon and an understanding of the “lived experiences” of participants would be the most useful approach for my research (Creswell 2003; Denzin & Lincoln 1998). Understanding the *meaning* of companion service, and the experiences and relationships of companions and clients were central to my inquiry.

Phenomenology began as a school of philosophy, founded by the German philosopher and mathematician, Husserl (1859-1938). It developed out of growing discontent with scientific objectivity and its inability to acknowledge human experience and “the connections between human consciousness and the objects that exist in the material world” (Moustakas 1994). Husserl’s 1913 publication, *Ideas: General Introduction to Pure Phenomenology*, proposed a philosophical (or transcendental) phenomenology which was: a “philosophical system rooted in subjective openness” and based on the “experiential underpinnings of knowledge” (Moustakas 1994; Holstein & Gubrium 1994:263).

One of the major tenants of Husserl’s phenomenology is the concept of phenomenological reduction which employs the method of ‘*bracketing*’ (sometimes referred to as *epoché*) (Cogan 2006). Bracketing involves putting aside all assumptions or preconceptions about a phenomenon in order to “gain insight into the essences of things” (Moustakas 1994:41), thereby allowing the phenomenon to speak for itself (Tesch 1990). Transcendental phenomenology also includes the following principles and processes: 1) an emphasis on the appearance of things just as they are “removed from everyday routines and biases”; 2) a concern with “wholeness” – exploring the phenomenon from many perspectives and angles in order to gain a more complete understanding of it; 3) a

focus on “questions that give a direction and focus to meaning, and in themes that sustain an inquiry”; and 4) an understanding that “the data of experience, my own thinking, intuiting, reflecting, and judging are regarded as primary evidences of scientific investigation” (Moustakas 1994:58-9).

Husserl’s philosophical phenomenology also influenced other types of phenomenology that expanded the concept to include the social dimension and an interpretative approach to research. The social phenomenology of Alfred Schutz, and the social constructionism of Peter Berger and his student, Thomas Luckmann were concerned with the subjective experience of the individual, but added to that an exploration of “the social construction of reality that underlies the experience of the self and social identity” (Scott & Marshall 2009; Holstein & Gubrium 2005; Calhoun 2002).

Schutz’s social phenomenology utilized an interpretative approach that “focused on everyday subjective meaning and experience, the goal of which was to explicate how objects and experience are meaningfully constituted and communicated in the world of everyday life” (Denzin & Lincoln 1994:264). With Schutz’s phenomenological theory as their foundation, Luckmann and Berger focused their attention on the social processes that shape the individual’s and each culture’s knowledge and worldview in their 1966 work *The Social Construction of Reality* (Fuller 2005).

Husserl’s method of ‘bracketing,’ combined with the social phenomenology of Schutz, Luckmann and Berger that utilized an interpretive approach to research suited the focus of my research very well. These combined approaches allowed for an exploration of the subjective experiences of my participants, situated within a socio-political context. In addition, I applied an empirical form of phenomenology to my

research rather than the reflexive form. In empirical phenomenology, the researcher is open to “all perceivable dimensions and profiles of the phenomenon” being studied, which include the experiences of the participants as well as the researcher”; whereas with reflexive phenomenology the researcher uses “their own experience as data” (Tesch 1990:34).

Reflexivity

The disciplines of anthropology and sociology share a common understanding that “research is an interactive process shaped by [the researcher’s] personal history, biography, gender, social class, race, and ethnicity, and those of the people in the setting” (Denzin & Lincoln 1994:3). As such, reflexivity is key as all researchers bring biases, assumptions and their own personal history to their research. I used field notes taken throughout the research process to document my assumptions and the challenges to these assumptions that resulted in changes in my perception about the research. As a way to situate myself within this project I will provide a brief overview of how my personal interest in this research evolved, and then describe the assumptions and biases I brought to the research.

Inspiration for the research

My interest in this research topic began with a personal encounter that sparked my curiosity ten years prior to beginning the research itself. I first met someone by chance who was working as a paid companion for an elderly person still living in her own home. This companion functioned more or less as a paid friend, and I wondered how she had become involved in the work and what the relationship between companion and client

would entail. Could you become a 'friend' if you were paid for that friendship? Then a number of years later, while I was working as a research assistant on a project dealing with individuals with dementia and their families, a good friend mentioned that she had employed a companion for her mother with dementia who lived in a long-term care facility. But my friend was not the only person hiring a companion for their parents. During my work on the dementia project I witnessed how government cutbacks to health care were affecting staff in the long-term care facilities where I was conducting the research. As a result, I noticed that many families were hiring companions to visit with their family members in facilities, because they were concerned that staff no longer had the time to provide the time or attention that their family member needed to prevent them from sinking into a rapid decline. Families understood that their loved ones with dementia still needed to maintain some contact with the world around them.

I had come to this research as an older graduate student with a background in research assistant work in the health care field; a Caucasian female who had immigrated to Canada from the United States at the age of 23 years of age. As such, my interest in the changes taking place in Canadian health care were personal, political and academic. Personally and politically, I had a very clear understanding of the American health care system which I hoped would not envelop Canada in the future. I also had an academic understanding of how these socio-political changes were taking place. The development of paid companionship offered a research opportunity to explore a relevant political issue, along with the social institution of friendship. My research originated with these ideas.

Assumptions

Although I initially believed that I had few assumptions about the research, very shortly into the endeavour I saw that I was mistaken. Assumptions that I thought were simply ‘fact’ were revealed by the evidence to be assumptions. For example, my committee proposal defined paid companions this way:

Paid Companion: a person who offers a form of commodified friendship and care to the elderly. They are not licensed care workers and do not provide personal care, but instead resemble surrogate family or friends - *fictive kin*. They provide a variety of services which include: visiting; companionship; transportation; sitting with ill or dying elderly persons.

During the course of my research I realized that this definition was based largely on assumptions, some of which proved to be true, but other parts were definitely false. Companions do in fact provide a form of commodified friendship and often resemble *fictive kin*, but they also quite often provide personal care to clients living at home, and even with clients in facilities they often help with feeding, which is a form of personal care. Class was another area where I made an assumption that turned out to be false. Because of the cost of hiring a companion, I assumed that clients would be wealthier and from a higher class. I was very surprised to discover that while true for the most part, there were exceptions and in two cases, the companions were either from the same class or higher than the client. As I progressed in the research I was forced quite often to examine my own preconceived ideas in order to reach a deeper level of understanding about the relationships between paid companions and clients.

On another level, I realized that being a female ‘older student’ had its benefits, something I had not expected. Although I was still a generation removed from most of the clients, the fact that I was a ‘mature’ student often helped to make them feel comfortable in the interview. One client told me that she felt that my age enabled her to

discuss things with me that she might not have been able to bring up with a younger researcher. I was quite surprised too to discover how very much at ease I felt with the clients, something I had also not expected, since my experience with people older than myself is limited, as both of my parents passed away some years ago and I lack older friends. In addition to examining my initial assumptions and biases during the research process, reflexivity also helped me to realize that my insecurity around being a 'mature student' had advantages that I had been unaware of until my interviews with clients.

Qualitative methods

Sankar and Gubrium (1994) point out that: "Qualitative research starts from the assumption that one can obtain a profound understanding about persons and their worlds from ordinary conversations and experiences" (p. vii). Therefore, for my research two qualitative methods: *qualitative (semi-structured open-ended)* in-person interviews and *autodriven photo elicitation* were utilized in order to examine the subjective experiences of paid companions and their care recipient clients/employers. Autodriven photo elicitation was applied as the initial departure point for participant discussion, incorporating the semi-structured interviews into the interview process. Field notes, made after each interview, supplemented the interview process. While qualitative interviews are now a widely accepted method of data collection, and visual anthropology and visual sociology are now recognized sub-disciplines, visual methods still maintain a rather small role in qualitative research (Pink 2003; Prosser 1998). However, the combination of these two qualitative methods supplied the open and flexible approach necessary to explore the experiences of the research participants.

Open-ended qualitative interviewing

Qualitative research interviewing strives to obtain “nuanced descriptions from the different qualitative aspects of the interviewees’ world; it works with words and not numbers” (Kvale 1996: 32). Research participants are encouraged to provide a description of their experiences and feelings about a given topic (and without interpretation by the researcher), while information collected from the interviews is analyzed at a later date in order to understand “why subjects experience and act as they do” (Kvale 1996: 32). In addition, the qualitative interview is not looking for general opinions on a topic, but is instead seeking “to describe specific situations and action sequences from the subject’s world” (Kvale 1996: 33).

Open-ended qualitative questions, combined with photo elicitation created the foundation for my interviews. Although I had six open-ended questions, they were not necessarily asked in order, but were instead incorporated into the interview conversation with participants. The semi-structured open-ended qualitative questions were expanded from my initial three Research Questions in order to focus on the relationship between paid companions and their clients. The interview questions (*Appendix E*) were:

- 1) Why did you become a paid companion? (Why did you hire a paid companion?) How long have you worked as a paid companion? (How long have you had a paid companion?)
- 2) What circumstances (personal, economic, social) contributed to your decision to become a paid companion? (What circumstances contributed to your decision to employ a paid companion?)
- 3) Could you please describe your duties as a paid companion? (Could you please describe your experience as the client/employer of a paid companion?) What kinds of things do you do for your client/employer? (What are your expectations of your paid companion?)
- 4) What is the nature of the interactions that take place between the paid companion and their employer? (Social exchange? Economic transaction?)
- 5) How would you describe your relationship with your clients/paid companion - good and bad aspects - (i.e. trust or mistrust; respect and appreciation or criticism; conflict or harmony)?

- 6) Is there an emotional component in your relationship with your clients/paid companion? If so, could you describe it please?

These questions were used as a guideline in the interview process and were often answered within the unstructured format of the *photo elicitation* component that began the interview. However, if the specific research questions were not discussed during the photo elicitation section they were addressed later on in the interview. Probes were used for purposes of clarification during the interview to encourage the participant to elaborate on their answers with more detail; clarify ambiguities; and acknowledge my attention to the interviewee (Rubin & Rubin 1995: 148).

According to Rubin and Rubin (1995) there are guiding themes of qualitative interviewing: 1) “successful qualitative interviewing requires an understanding of culture”²⁹; 2) “interviewers are not neutral actors but participants in an interviewing relationship”; and 3) “the purpose of qualitative interviewing is to hear and understand what the interviewees think and give them public voice” (p. 19). Additionally, it should be understood that qualitative interviewing techniques are varied and “differ in the degree of emphasis on culture, in the choice of arena or boundaries of the study, and in the specific forms of information that are sought” (Rubin & Rubin 1995: 19).

As a researcher it is essential to be open to new perspectives and meanings during the interview. In order to do this, we must be aware of a number of factors, the first of which is not to dominate the interview process to ensure that participants are heard. Husserl’s ‘bracketing’ was a very useful tool in this regard. Secondly, because researchers can never be neutral it is important to be aware of our biases, beliefs and

²⁹ Although ‘culture’ has many definitions and interpretations, Rubin & Rubin understand it to be: “how people interpret the world around them by developing shared understandings” (p. 20).

needs as well as our own cultural assumptions and that of the interview participants (Rubin & Rubin 1995: 38). We must be aware that what comes out of the interview process is directly affected by our relationship with the participant during the interview. As a result, we must pay attention to how participants are reacting to us. Their perception of the researcher-interviewer impacts what they are willing to share during the interview. Rubin and Rubin (1995) point out that:

Qualitative research is personal, not detached. Who you are counts. Your interest, curiosity, and concern encourage the conversational partner to discuss the topic at length. Your ability to recognize, accept, and share emotion legitimates its expression in the interview (p. 41).

Finally, as a qualitative researcher flexibility is key; uncertainty comes with qualitative research, especially early on in the research. Because the possibility exists that the research design may have to be changed in order to accommodate new information gathered from participants, you must be willing to learn from your participants and adapt to the situation (Rubin & Rubin 1995). This is one of the challenges of undertaking qualitative research, but also one of its rewarding aspects – there is always something unexpected and new to discover.

Photo elicitation as a qualitative research method

Simply stated, *photo elicitation* is an interview technique whereby photographic images guide the research (Harper [cited in Prosser 1998]). Using photo-elicitation as the interview's departure point, when the research participant (or the individual pictured), "interprets the image, a dialogue is created in which the typical research roles are reversed. The researcher becomes a listener and one who encourages the dialogue to continue" (Harper 1998:35). Prosser and Schwartz (1998) explain the method as one in which "photographs are shown to individuals or groups with "the express aim of

exploring participants' values, beliefs, attitudes and meanings, and in order to trigger memories, or to explore group dynamics or systems" (p. 124). With this approach, photographs have the potential to generate "responses beyond the language-based conventional interview protocols" (Clark-Ibáñez 2007:171).

Historically, the use of photography in an ethnographic context³⁰ can be found in social science research as far back as the 1890s when photographic images began to be used to document research participants. Photojournalist, Jacob Riis documented the lives of New York tenement dwellers in his 1890 landmark work, *How the Other Half Lives* (Stanczak 2007), while photography and film accompanied the "symbolic birth of anthropology" in 1898 on the Torres Straits expedition (Grimshaw 2001:15). Photography and film continued to be part of anthropological research throughout the twentieth century, with projects such as Gregory Bateson and Margaret Mead's unequalled 1942 visual ethnography, the *Balinese Character* (Ruby 1996).

However, it was not until the 1960s that visual sociology emerged (Harper [cited in Prosser 1998:28]), while visual anthropology surfaced as a sub-discipline during the 1970s (Grimshaw 2001:1). Until recently though, photography, in addition to other visual mediums such as video and virtual images, has been used primarily as pictures to supplement text (Stanczak 2007). And today, "visual anthropology and visual sociology are established academic sub-disciplines" (Pink 2003:179), while visual methods are increasing being used in a number of other disciplines including cultural studies, queer studies, cultural geography and consumer research, education and psychology (Harper [cited in Prosser 1998:35]).

³⁰ "Ethnographic photography may be defined as the use of photographs for the recording and understanding of culture(s), of both the subject and photographer" (Scherer 1992: 34)

Although anthropology was among the first of the disciplines to utilize photography in research, *photo elicitation* as a method has seen wider use in sociology over the last century (Harper 2002:15). Photo elicitation was first developed as a research technique in 1957 by John Collier, a researcher and photographer working on an interdisciplinary research project on mental health in Canada (Harper 2002:14; Goldstein 2007:198). Encountering difficulties with their traditional qualitative interviewing procedures, the researchers introduced a new interview method into the process: old and new photographs of the participants' surroundings were used to explore the environmental roots of participants' psychological stresses within an interview context (Harper 2002:14). The outcome of Collier's experiment showed that the use of photographs "relieved the strain of being questioned" (p. 849), which enhanced the memory of the participants, and decreased misunderstandings between researchers and participants (Harper 2002:14). This early study led to the understanding today that images are no longer "merely appendages to the research but rather inseparable components to learning about our social worlds" (Stanczak 2007:3).

Initially, the method of photo-elicitation as an interview technique was built on the assumption that photographs can be used as *tools* to extract information (Collier 1986). This however has been replaced with another approach that redefines photo elicitation as a collaborative research technique useful to 'new ethnography' (Harper 1998a: 35). In this collaborative "photographic interview" approach (Pink) explains that: "ethnographer and informant will be able to discuss their different understandings of images, thus collaborating to determine each other's views" (Pink 2002:68).

Building on the ideas of Swartz (1992) who describes the complexity and range of perceptions generated by photographs, Pink further describes how photographic interviews create a 'bridge' between the experiences of the researcher and the participant (Swartz 1992; Pink 2002:69). In this way, "a photograph may become a reference point through which an informant can represent aspects of his or her reality to an ethnographer and vice versa" (Pink 2002:69).

Researchers have modified and adapted this technique, and while the majority of photo elicitation makes use of researcher or archival photographs, Harper (2002) describes how other visual mediums can also be utilized, such as drawings, paintings, cartoons, body mapping, etc.:

Photo elicitation demonstrated the polysemic quality of the image; it thrust images into the centre of the research agenda; it demonstrated the usefulness of images ranging from fine-arts quality documentary to family snapshots. Due to its decentering of the authority of the author, photo elicitation addresses some of the postmodernism of ethnography itself. For these reasons it seems to be a particularly sociological version of visual research" (p 15).

Still other researchers have experimented with interviews that utilize photographs taken by the participants themselves. Researchers discovered that when participants create the images that are discussed in the interview, the interview process takes on a more collaborative tone, providing another "voice" for the participants. This method – *autodriven* photo elicitation – has been successfully applied by researchers across the disciplines, and has produced some insightful research.

A number of research studies involving children for example, have incorporated autodriven photo elicitation into the interview process, with outstanding results. In a 2004 study of Los Angeles inner-city school children, sociologist Marisol Clark-Ibáñez discovered that the process of photo elicitation was essential in uncovering the children's

perspective of life and issues (Clark-Ibáñez 2007). Photographs took the awkwardness out of the interview situation and empowered the children, allowing them to express themselves in their own way. Most importantly, even though the photographic images may not appear to contain any new information, the photo elicitation interview often “spurred meaning that otherwise might have remained dormant in a face-to-face interview” (Clark-Ibáñez 2007:192).

This was confirmed in the autodrivern photo elicitation interviews I conducted with paid companions and clients. While on the surface, the photographs of nature, family and friends, pets, and household tasks might appear as unremarkable or ordinary (or as beautiful photographs in themselves), the meanings embedded in the photographs and articulated in the interviews revealed a great deal about the motivation for undertaking paid companion work or the need to hire a companion by elderly persons. In addition, the photographs inspired participant discussions about the depth and complexity of their relationships with each other, the spiritual and emotional underpinnings of the work, as well as the importance of nature, art and music in maintaining a connection with the larger world outside their door.

Similar findings were also present in the research conducted by the behavioural scientist Jeffrey Samuels in Sri Lanka in 2004. When he used the autodrivern method of photo elicitation in his research study on young novice Buddhist monks, he discovered that the photo-elicited interviews provided information that was very different from the open-ended text interviews. Asked to discuss the ‘ideal monk,’ the young monks provided purely abstract responses in the open-ended interviews, while during the photo-elicitation interviews their descriptions had an emotional component based on what was

personally meaningful to them (Samuels [in Stanczak 2007]). This too corresponded with findings in my research. Paid companion and client photographs supplied the meaning embedded in the task-driven work of meal preparation, cleaning and laundry, revealing the deeper significance of spiritual and emotional fulfillment, independence, the importance of close and confidential relationships, and ‘being in the world.’

Samuels also discovered something else in his research with the young monks: the application of the autodrivn approach caused *breaking frames*³¹ – a breaking of his own frame of reference. Photographs have the potential to shed light on a topic or a research question that the researcher, for whatever reason, cannot see (Swartz [1989] *in* Stanczak 2007:171). The photo-elicited interviews had confronted Samuels with his own Western assumptions and biases about monastic life: what he considered important in monastic life was not what was important to the young monks (Samuels 2007:217).

This too had relevance in my research with paid companions and clients. Although this will be discussed in more detail in Chapter 4, I will provide one example here. I assumed prior to beginning my research that economic necessity, combined with work availability would drive companion motivations for this line of work. What I discovered instead was that like most people who are employed, while the majority of companions needed the income provided by companion service this was not the sole motivational force behind doing the work. The desire to work (and continue to work) in this field most often stemmed from connection and relationships – from the emotional and/or spiritual relationships paid companions developed with their clients. And I would

³¹ *Breaking frames* refers to a study that Harper conducted with rural American farmers in 2002. Harper, using photo elicitation, discovered that the photos he had taken did not elicit any responses from farmers because they looked like magazine illustrations. In order to *break the frame* of the farmer’s normal views Harper used aerial and historical photographs which provided the farmers with the means to think about and discuss farm strategies in a much more meaningful way (Samuels in Stanczak 2007:204).

argue that while to some degree this answer might have emerged in a traditional open-ended interview, conversations with participants about the photographs exposed a deeper significance of the work. Although a comparison study is necessary to prove this hypothesis, interviews conducted with participants in two parts (open-ended interview followed by the photo elicitation interview at a later date) suggest that autodriven photo elicitation interviews have this potential (discussed in more depth later on in this chapter). Additionally, the information that was revealed in these conversations forced me to confront my own assumptions about the kinds of people who become paid companions and the reasons for their choice of employment.

It is because of the potential of *autodriven photo elicitation* to open up the interview process and achieve a deeper level of understanding of participants' experiences and relationships that I decided to combine this visual method with semi-structured interviews in my research. Through the process of these interviews I discovered that while not without its challenges, the visual method of autodriven photo elicitation employed in my research contains many advantages. Primary among those benefits is the way that interviewing with photographs alters the relationship between the researcher and the participant.

When control of the initial stage of the interview is shifted from the researcher to the participant, allowing the participant to 'tell their story' without interruption through their photos, a creative personal space opens up, generating a three-way conversation between the photograph, researcher-interviewer and the participant. In this context, the photographs operate as a mediating force, a 'third party' in the conversation, whereby the gaze of the interviewer shifts from the participant to the photograph, and in the process

the interview is transformed from an interviewer-subject relationship into a personal and collaborative experience between interviewer and participant (Pink 2003:188). Collaboration is key. As Pink points out: “Collaboration is important in any project involving people and images, both on ethical grounds and as a way of recognizing the intersubjectivity that underlines any social encounter” (Pink 2003:190).

In addition, changing the locus of control from researcher to participant slightly shifts the power dynamic of the interview, creating an environment that is more neutral and malleable between the researcher and participant. In addition, by producing their own photographs participants gain empowerment in the research process (Pink 2003). And by providing a comfortable, non-threatening and shared interview space for research participants, the autodrivn photo elicitation interview creates the foundation for opening up an informal and engaging space for conversation between the researcher and the participant. Finally, as an exploratory method it opens up possibilities for new discoveries and ideas that are born out of this deeper level of conversation between researcher and participants. These conversations formed the basis of my data collection.

Sampling and recruitment

Sampling: The initial research design called for approximately 15-20 qualitative (semi-structured) interviews of paid companion - care recipient client dyads (up to saturation), as the focus of the data collection to address my research questions. The original research design was expanded to include companions and clients not part of a specific dyad as it was not always possible to include both members of the dyad in the interview process. In order to provide supplementary context to paid companion work, five private home care agency representatives, one senior’s asset management company owner/manager (who

hired paid companions), and one retired volunteer coordinator were added to the research design. Non-random *convenience* and *purposive* sampling were used.

The final data for this research were drawn from 30 in-person qualitative interviews conducted in 2009-2010 in British Columbia in the Greater Victoria and Sidney area, which included 142 participant photographs (102 companion photos and 40 client photos). Sample size: $n=15$ paid companions; $n=8$ care recipient clients, $n=5$ private home care agency administrators, $n=1$ senior asset management owner, and $n=1$ volunteer coordinator (retired). Of the 23 companions and clients, there were 4 companion-client dyads and the rest were individual companions and clients. There were 5 other paid companions who initially agreed to be interviewed, but withdrew for a number of reasons: too busy (2), health issues (1), no reason given (2). Four potential clients of companions were disqualified because they had dementia: three of these came from interview inquiries made by individuals (relatives) who hired a companion for their family member with dementia; and the fourth came from a private home care agency who misunderstood that clients with dementia were not included in my research.

Recruitment: Recruitment began in September 2009. Participants were recruited in Victoria, Saanich, Sidney and the Western Communities, British Columbia using a number of strategies including: posters at the University of Victoria and Camosun College, community organizations and senior centres; list serves; personal contacts at caregiving associations and facilities; through private home care agencies; retirement home presentations; professional contacts; and from snowball sampling (Heckathorn 1997). Paid companions who work independently, as well as those employed by private home care agencies were recruited. To qualify for participation in the research,

companions had to work (or have worked) with independent clients living at home, although they could additionally have facility-based clients. Elderly clients living independently in their own home (single family residence, condo, townhouse or apartment) or in a retirement residence qualified for participation in the research.

Initially, recruitment began with posting at the University of Victoria, Camosun, community centres, senior's centres and connected organizations (such as Seniors Serving Seniors and local libraries). This was followed by utilizing list serves through the Centre on Aging (COAG), the Anthropology Department at the University of Victoria, and the Family Caregivers Network. These strategies resulted in (3) paid companion participant referrals and (1) client referral: (1) from the list serve at COAG; (2) from posting at a community centre; and (1) word-of-mouth.

The second phase of recruitment began in October 2009 in retirement homes and through private home care agencies in the Greater Victoria area. All of the agencies listed in the Greater Victoria Yellow Pages phone directory were contacted and five (out of approximately sixteen) agreed to assist with the research. These willing agencies were supplied with information about the project, draft email forms, and participant recruitment posters, which they then sent out to staff and clients. As a result, six paid companions and one client were recruited through private home care agencies.

Retirement homes were another targeted recruitment venue. A project introduction was sent by email to a number of retirement homes in Victoria and Sidney, followed by in-person visits to each retirement facility with posters left at each. Some of the retirement homes were very receptive to the research. In some cases, for example, managers requested additional posters for all of the resident mailboxes. However, in

some instances, managers were not willing to support my research. In these situations, managers insisted that as a retirement home none of their residents were in need of the help of a paid companion; residents were “independent” and all of their needs were provided for by the facility. Although retirement homes may offer an ‘independent living’ situation for most of their residents, there are other residents who need assistance which is not provided by the retirement homes – a fact proven by the evidence when I interviewed a resident from one of the retirement homes claiming that additional personal assistance was never needed. The retirement home emphasis on ‘independent living’ resonates with the literature on retirement homes and the commodification of aging which will be discussed in more depth in Chapter 4.

I soon decided to add presentations to my recruitment strategies. I began by attending two of the Elder Friendly Community Networking Breakfasts to promote my project with the private agency representatives who attended these sessions. As a result, another small home care agency agreed to help support my research. Although this contact did not result in any paid companion or client interviews, I was able to interview the agency manager for the project. Because posters to retirement homes were not producing results, in January 2010 I contacted a number of retirement home managers to request permission to give a research presentation at their facility. Only two agreed to a presentation – one in Victoria and one in Sidney. Both of these presentations resulted in participants: 1 companion/client dyad in Victoria and 1 client in Sidney.

As I began to interview paid companions, I realized that I needed more than just website information on private home care agencies to provide context for the agency-based companions. In October 2009, a research ethics modification was submitted and

approved in order to collect data from the agency managers. All five administrators of the original agencies supporting the research agreed to be interviewed, providing essential contextual background information for the agency-based paid companions.

Challenges of recruitment and strategy changes: Very quickly I realized that there were problems with my client recruitment strategy. By the end of December 2009, I had interviewed eight paid companions and set up three more companion interviews for the new year, but I had only completed two client interviews and had no other potential interviews. I first attempted to correct this problem by modifying my recruitment poster, creating one that left out the words ‘paid companion’ in the poster title in order to emphasize that I was recruiting clients as well as paid companions (*see Appendix K*). This first modification however was not the final version. Realizing that the phrase ‘paid companion’ had ambiguous connotations I also changed the wording of the job description on the poster. This was a major issue, discussed at more length in Chapter 4.

I also became aware that the description of the photo elicitation component was confusing to some potential clients. Some interpreted this to mean that they had to be photographed and others were intimidated by the prospect of taking photographs. I then changed the wording of these two sections to better reflect the intentions of the research (*Appendix I*). Therefore, the top section which initially read: “Do you: Have a paid companion or have you ever hired a paid companion and live in the Greater Victoria area?” (*2009 Appendix K*), was changed to: “Have you: Ever hired someone to assist you in getting to appointments, with shopping errands, home support or for companionship?” (*2010 Appendix I*). The photo elicitation section which originally called for: “participant photography (cameras provided)” (*2009 Appendix K*), was changed to:

Your participation in this research would involve: 1) one interview of about an hour and a half in length with the researcher; 2) a possible follow-up interview of 30 minutes (optional); and 3) creating a small photo album of photographs of pictures taken by you (point and shoot camera provided) of people, places, activities that you associate with your companionship. Interview location and time will be arranged for your convenience (2010 Appendix I).

I also opened up the photo album structure to accommodate clients who wished to include old family photos. These were helpful in engaging other participants in the research. Nevertheless, challenges remained in the recruitment of elderly clients of paid companions. Word of mouth and in-person presentations in retirement homes ultimately proved to be the best source of recruitment for this half of the dyad.

Data collection

Overview: The data for this research was collected through two qualitative methods - semi-structured in-person interviews, combined with autodriven photo elicitation. Paid companions and their clients/employers were interviewed separately (recorded with an audio digital recorder) and the digital recordings were transcribed, with field notes supplementing each interview. Interviews were conducted between October 1, 2009 and April 26, 2010. Two client participants who were husband and wife were interviewed together. In addition, interviews were also carried out during this time with private home care agency representatives and the retired volunteer coordinator from the Gorge Road Hospital. Each paid companion and client interview was approximately 1.5 hours in length; agency interviews were 45 – 60 minutes in length. In most cases, I met briefly with the participants prior to their interview to: explain the research; sign the participant consent form; and provide a point-and-shoot camera if needed. However, for those participants who had access to and wished to use a digital camera, their photos were sent to me by email prior to the interview (with one exception).

Interview consent forms (*Statement of Informed Consent, [Appendix C]*) were signed prior to beginning the interview. Participant Photo Consent forms: Statement of Use Form (*Photo Consent for Participants, [Appendix D]*), and Agreement of Use Form (*Photo Consent for Photographic Subjects, [Appendix J]*) were signed during the interview. Any of the photographs that depicted people were required to have signed *Photo Consent for Photographic Subjects* forms in order for the photos to be used in publications or conference presentations. Four companions and five clients were quite willing to have photographs of themselves included in academic articles and presentations. In some cases though, participants designated certain photographs that were for interview discussion only (6 companions and 2 clients). In this situation, specific photograph restrictions were noted on the *Photo Consent for Participants* form.

Prior to the interview both groups of participants were asked to create a small photo album of 4-8 photographs of people, places, objects, activities, or situations that they associated with the experience of being a paid companion or reflected the experience of having paid assistance and/or companionship. Each participant then created their personal photo album which addressed these questions: 1) *Why are the photographs meaningful to you?* and 2) *How do the photographs connect to your experience as a paid companion or client of a paid companion?* In some situations, companions and clients created some of the photographs together. Family members and facility staff also took photographs for participants. And in one instance I, as the researcher, took a photograph of a client and her paid companion that the client had requested (and with the permission of both participants).

The actual number of photographs per participant varied from 2 to 16 photographs with a total of 142 photographs. The majority of the photographs were new, original photographs taken by the participants, but in some instances, participant photo albums included old photographs and/or photographs taken by a friend or family member or staff at a facility. The older photos were included to provide a historical context to their lives. In some instances, paid companions used old photos for the same purpose, but more often to show the past influences and experiences that had brought them to the work of companion service. Other companions included older photos of their clients, many of whom were now deceased, in their photo albums.

In terms of photo elicitation specifics, two participants (1 client and 1 companion) were interviewed without the photo elicitation component. In one situation, the client was legally blind and could not create the photographs. In the other instance, I decided to forgo the photo elicitation component with the paid companion who had retired in 2003. In retrospect however, I think that it would have been interesting and beneficial to the research to engage this participant in photo elicitation. In four cases, the photo elicitation and the qualitative interviews were conducted in two parts. Reasons for this varied: in two cases, participants were not finished with their photos but wanted to go ahead with the in-person interview. In these instances, the semi-structured interview was conducted first, followed by the photo elicitation interview at another time. These interviews were generally longer, usually one hour for each section of the interview. Follow-up phone calls were made to some participants for clarification.

I realized that conducting the interviews over two time periods was not an ideal situation, but it provided an unexpected opportunity to examine the differences in

interview methods. With the interview conducted in two parts, when participants discussed their lives in relation to the photographs not only did they describe the content of the photos, but these descriptions were imbued with emotion much more so than explanations of the same situation during the qualitative interview. This reflects Samuels (2007) findings in relation to the abstract responses of the young Buddhist monks in describing the ‘ideal monk’ during the open-ended interviews, but who created their own sense of meaning through personal and emotional answers during their photo elicitation interviews (Samuels *in* Stanczak 2007:199).

I also noticed similar reactions from some participants during the separated two-part interviews. For example, one semi-structured qualitative interview was completed a few months before the photo elicitation interview due to the health of a client participant. As a result, certain topics were repeated during our conversation about the photographs. In the semi-structured interview the client described the circumstances that led to the necessity of hiring a paid companion in a straightforward and dispassionate manner:

Well, I was hit by a car five years ago. I was in the hospital for five months and when I came out, I couldn't look after myself. And so [XXXX] Home Care Service sent me a girl (*from the qualitative semi-structured interview*).

However, the client described the same events with a great deal of emotion in our conversation during the photo elicitation interview, describing a 2005 photo, taken before the accident took place (*Figure i on the next page*)³². In addition, during the separate photo elicitation component of these interviews I found myself further reflecting on the value of the method itself, as well as re-examining my own preconceptions about the lives and relationships of clients and companions.

³² The photograph (*Figure i*) and accompanying text were re-confirmed for use in this thesis with the client in January 2011.



“That’s what broke my heart. [After the accident] I couldn’t dance anymore. And I tap danced right up until that time.... When they told me I couldn’t dance, I said, ‘I’m going to dance, don’t be so stupid.’ I was telling the specialist, ‘don’t be so stupid, this isn’t going to keep me from dancing.’ He said, ‘oh, good, good,’ rolling his eyes. But he was right. This was the hardest thing about the accident – this not being able to dance. He took my life away - that’s the way I’ve **always** looked at it. **He took my life....**’ Some people said, ‘oh, you were so lucky to have survived.’ The girl who got killed was the lucky one. She never went to hospital; she died right there on the spot. She was a lovely woman. I just met her that one day.”

Figure 1: ‘Scottish Country Dancing’ (Client photo 2005)

In the original research design, I had considered doing follow-up interviews with participants. Instead, after the first paid companion interviews I incorporated additional queries into the interview questions. If I needed clarification on anything following the interviews, I called participants with those questions. In addition, when the open-ended interviews and photo elicitation components were done in separate interviews, I was afforded the opportunity to ask additional questions if needed at that time. Following the completion of the interviews each participant was sent a thank you card.

Transcription

Interviews were recorded with a minidisc recorder and later transcribed. I transcribed the majority of the interviews (20 out of 30) due to budgetary constraints. For

10 of the paid companion and client interviews I hired two transcriptionists, both of whom signed an Oath of Confidentiality before transcribing the interviews (*Appendix K*). One transcriptionist completed nine interviews and the other transcriptionist did one interview. As the transcriptionists required MP3 formatted interviews, the minidisc recordings had to be transferred to MP3 files using Audacity software.

Interviews with paid companions and clients were transcribed almost verbatim, omitting words such as ‘um,’ ‘you know,’ and ‘uh.’ Interviews with private home care agencies were summarized with partial sections that were transcribed. Basic agency information, which includes: type of agency (local, national, international), services provided, hours of service, number of staff/companions, staff wages were summarized, while requests for agency services and additional comments were transcribed.

Transcription is not a perfect method of copying conversation, but it is a useful tool that allows the researcher to interpret and analyze data. Kvale (1996) points out that: “transcribing involves translating from an oral language, with its own set of rules, to a written language with another set of rules” (p. 165). Transcripts can be seen as “decontextualized conversations” because the actual face-to-face interview conversation has been replaced by fixed text (Kvale 1996: 167). However, although time consuming, transcribing your own interviews lessens this decontextualized aspect of transcription. In addition, the role of photographs is not taken into consideration in Kvale’s discussion on transcription. I organized the 142 participant photographs on the walls surrounding me as I worked, creating a kind of wall mural or *wall analysis* (*figure ii*), which brought me back to each interview as I completed the transcriptions and supplemented the NVivo analysis.



Figure ii: Wall mural of paid companion and client photographs

Data Analysis

Data analysis software: QSR's NVivo8 computer software was utilized to help organize and code the data. Interview transcriptions and summaries; participant photographs; external documents (newspaper and magazine articles and memos); as well as supplemental visual representations of aging, care work, neoliberal influences and paid companions were analyzed with the assistance of this software. I was able to code interviews and photographs by content and theme, many of which overlapped. NVivo allowed for a more thorough understanding of the themes that emerged from the research.

Data analysis summary: qualitative interviews: Photographs and the qualitative interviews were analyzed separately and together. The qualitative interviews were analyzed on an ongoing basis throughout the research process, incorporating the broad

methodological perspectives of political economy and critical theory, while drawing on a phenomenological approach. The first step of analyzing data utilizing a phenomenological approach is to apply ‘*bracketing*’ to an initial understanding of each completed interview. This approach helped me to suspend my own assumptions as much as possible in order to gain an understanding of the subjective experiences of my participants (Tesch 1990:92).

In addition, when the interviews were transcribed an analysis of the qualitative interviews was completed which included: 1) a descriptive summary of each interview; 2) thematic coding; 3) dyadic analysis (individual dyads, and compare & contrast within all companions and clients). However, as the analyses of the semi-structured interviews and participant photographs often intertwined as themes emerged which reinforced each other, I combined analyses of the photographs and interviews later on in this chapter, as well as in the findings chapter (Chapter 4).

A phenomenological analysis of the qualitative interview data involved a number of steps. First of all, I read through all of the interviews, reading and re-reading in order to “achieve closeness to [the data] and a sense of the whole” (Tesch 1990: 93). Before utilizing NVivo8 Software for purposes of organization and thematic coding, I also read each transcript a number of times and made notes as to the important comments and themes emerging from each one. At the same time, the 142 photographs of my *wall analysis (figure ii)* served to remind me of each participant and their contribution to the research. As Banks (2006) reminds us:

Images exist materially in the world, are involved in particular and specific human social relations. Their meanings are historically and socially embedded, told through their internal and external narratives. They have authors and consumers, they are attributed with agency and affect the agency of others. All these features are discernible, documentable, and can be isolated for analysis and comparison [p. 179].

The next step involved thematic coding. With the assistance of NVivo8, I carefully went through each interview transcription marking all “meaning units”³³ and emerging themes, which were then entered into the software program. Thematic analysis, which draws on an interpretive phenomenological approach, holds many benefits for the qualitative researcher. According to Luborsky (1994) the benefits of thematic analysis include:

Its direct representation of an individual’s own point of view and descriptions of experiences, beliefs, and perceptions... It exemplifies the goal of qualitative research, which aims to discover lived experiences and meanings—that is, the emic (Fry & Keith 1986) or insider’s view of the lived world (p. 190).

The final stage (and also the goal of the analysis) is to discover the common themes in the data. Using the NiVivo data I was able to identify, then compare and contrast the content and themes of the paid companion and client³⁴ interviews, which revealed a complexity and variety of meaning. Themes or content without relevance to the research question, were weeded out, although in some instances new discoveries (outside of the research question) were made that I considered important enough to include in the research findings. This process is described by Tesch (1990) as one in which: “The researcher constantly goes back and forth between data and isolated themes, dialoguing with the text, so to speak in order to achieve the most revelatory wording of a theme” (p. 93).

³³ Berglund (2007), citing Giorgi (1985) defines a ‘meaning unit’ as: “a purely descriptive term that contains a specific meaning relevant for the study. The division should be based on the researcher’s general disciplinary perspective while maintaining a strict focus on the phenomenon being researched. Here it is important not to let one’s disciplinary pre-knowledge dominate the research but allow unexpected meanings to emerge” (p. 81).

³⁴ Although some phenomenological analysis focuses on one set of data at a time, others work with simultaneous comparison.

Analysis of the photographs: Two methods, a basic content analysis combined with thematic analysis, were applied to an analysis of the participant photographs. Although “content analysis was developed as a social science research method that would be scientific by being replicable and valid” (Rose 2001: 67), it is also a quantitative method that is most often used as a method of analysis of media representation of people and events (Bell 2001 [in van Leeuwen & Jewitt 2008]). Nevertheless, the quantification of samples into classified separate categories can be a useful tool of analysis (Bell 2001) in that the patterns found through a structured and quantitative analysis can provide “the first step toward meaning and conclusions” (Collier 2001). The table (*Figure ix on page 105*) provides a breakdown of the photographs by content.

However, because the photographs were chosen by the participants and always accompanied by verbal explanations, quantification of the content provides a limited analysis. On the one hand, the fact that 42 out of 142 photographs were photographs of clients (39) or companions (3) is significant. The low number of individual client photographs of companions illustrates the emphasis of the work on the client and the client’s needs. Furthermore, mirroring Rivas’ (2002) research on personal care attendants, these photographs point to the constructed invisibility of the paid companion, whereby the *companion*, rather than the *labour* of the companion is rendered invisible.

The 42 photographs of clients and companions, with their accompanying interview conversations, were used by participants to discuss the focus of the work: the clients and the clients’ needs, and the importance of companion service. Companions used these photographs to talk about their individual clients, their personalities, likes and dislikes, as well illustrate the task-related and social-emotional components of the work.

One companion for example, took photographs³⁵ of her home-based elderly client in the bath, eating, and exercising on the stairs in order to describe the kinds of physical care she provides for clients. Clients sometimes included recent photographs of themselves to talk about the ways in which their companions created a more full and rich life for them (*Figure iii & iv*). Clients also used photographs from their earlier lives depicting people (sometimes themselves), and gardens and homes from an earlier time in their lives to provide a more complete picture of who they are now, connecting the images to their relationships with their companions today (*Figure v*).

Figure iii: 'Quilting'

"This is a quilt that my helper has helped me with. Before I had my cataracts done, I could sew, but I couldn't see to thread my machine. And every time she came she would thread about 10 needles for me. But she helps me with colours too you know. She has a better eye for colours." (*client photo 2010*)

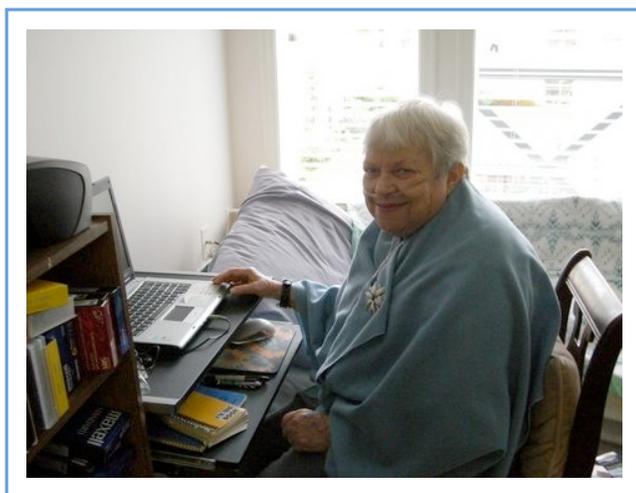


Figure iv: 'Using the Computer'

"I have 'G' or I would never have done it. I know so many people here who just started out and they just gave up on it. And I think I would have if it hadn't been for 'G'. And what she does is, she does it and then I sort of do it with her the first time. And then I write it out step by step. And she has really helped me." (*client photo 2010*)

³⁵ These photos were approved for interview discussion but were not approved for publication.

“Living in [the Caribbean] I guess was helpful to me now, which is why I put in the picture of the house. We always had help. So I knew how...I watched how my mother treated help. So having help and knowing how to thank them and treat them, I think comes fairly easily to me, and I think it's fair for me to say that some people who have never had any help would find it difficult.”



Figure v: 'Home in the Caribbean' (client photo 1956)

On the other hand, although 21 paid companion photos and 10 client photos were of nature related or garden themes, participants' conversations revealed that these nature photographs held a number of different meanings: a method of stress reduction for some paid companions (*Figure vi*); a client's memory of her earlier life; a method of connecting clients to the world; or a philosophical meditation on life (*Figure vii*). In this case, numbers alone were not enough.

This suggests that a less structured approach provides additional benefits to a visual analysis (Collier [in van Leeuwen & Jewitt 2008]). A combination of the content analysis of the photographs, the themes that were embedded in the photographs, along with the thoughts and memories of participants that were triggered by the photographs and brought out during subsequent interview conversations provided the deeper meaning which became the focus of my analysis.

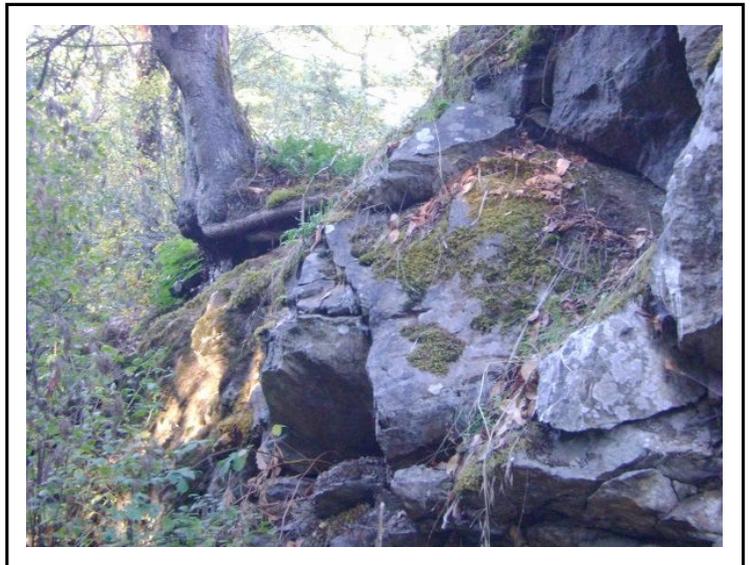


Figure vi: 'Parksville Beach'

"Beaches are very important to me because I like wide-open spaces. As a paid companion I'm always in people's houses. At home I'm in a house. So I spend a lot of time on beaches where there are no walls." (PC photo 2009)

Figure vii: 'Rocks & Tree Stump'

"The rock formation and the tree kind of reflects on human life. You always have something you stand on that is firm—usually it's family, and yet you could be hanging on, but you are not falling off." (PC photo 2009)



Additionally, as the audience, as viewers, we attach our own individual interpretation to an image, but it may not be the meaning intended by the photographer. Autodriven photo elicitation interviews allow the producers of the image to explain why they took the image and what meaning that image holds for them. A very clear example of this is found in a paid companion photo (*figure viii*). Many people viewing this photograph might be inclined to interpret it solely as an expression of the importance of emotional connection between the client and their companion. Although partially true, the participant in fact created this photo to emphasize the importance of “physical touch,” which she also describes as “caring touch” in her companion work, an important way of expressing emotion.



Figure viii: 'Holding Hands' (2009)

“I sit there with him, even if I’m reading something on my own, even if we’re silent, we’re holding hands. There’s no need for always to be talking at that age. So we’re holding hands and he loves it. He clearly loves it — you know, it’s contact. And you feel that intent, I can tell that he feels the intent of caring touch.” (PC speaking about one of her facility-based clients)

CONTENT BREAKDOWN OF PARTICIPANT PHOTOGRAPHS			
PHOTO CONTENT	PAID COMPANIONS (102 photos) [114 categories]	CLIENTS (40 Photos) [46 categories]	TOTAL: 142 COMPANIONS & CLIENTS [159 categories]
Clients (only) Note: some photos repeat in other categories if client is involved in an activity (i.e. music, animals, eating)	28 (27.5%)* [24.6%]	11 (27.5%) [24%]	39 (27%) [24.5%]
Companions (only) Note: some photos repeat in other categories if companion is involved in an activity (i.e. cooking, kitchen chores)	2 (2%) [2%]	1 (3%) [2%]	2 (1%) [1%]
Clients & companions together Note: some photos repeat in other categories if companion is involved in an activity (i.e. personal care, meals)	14 (13.7%) [12%]	3 (8%) [7%]	17 (12%) [10.7%]
Family of origin, present family or friends (sometimes with client)	6 (6%) [5%]	11 (27.5%) [24%]	17 (12%) [10.7%]
Nature	21 (20.6%) [18.4%]	0 0%	21 (14.8%) [13.2%]
Home gardens, flowers & indoor plants	6 (6%) [5%]	4 (10%) [9%]	10 (7%) [6%]
Housekeeping (includes, cleaning, laundry, ironing & organizational tasks)	0 0%	8 (20%) [17%]	8 (6%) [5%]
Meal prep/cooking	6 (6%) [5%]	1 (3%) [2%]	7 (5%) [4%]
Personal care (bathing, walking assistance, feeding)	7 (7%) [6%]	0	7 (5%) [4%]
Animals & pet care (**repeat photos: 2 client photos with baby goats; 1 photo of client family member with snake)	7 (7%) [6%]	2 (5%) [4%]	9 (6%) [6%]
Art, architecture & music	6 (6%) [5%]	4 (10%) [9%]	10 (7%) [6%]
Spiritual/religious	7 (7%) [6%]	0 (0%)	7 (5%) [4%]
History: background experience (work and volunteer related)	3 (3%) [3%]	1 (3%) [2%]	4 (3%) [3%]
Reading and computer assistance	1 (1%) [1%]	1 (3%) [2%]	2 (1%) [1%]

*Table 1: Content breakdown of participant photographs
(*Percentages are rounded off to the first decimal place)*

CHAPTER 4: Ambiguities of Meaning, Relationships and 'Being in the World'

Chapter 4 presents the research findings beginning with paid companion and client demographics and a summary of the data from private home care agencies. This is followed by an analysis of the primary themes that emerged from the research: the ambiguities inherent in the terms and definition of 'companion' and 'paid companion' and the transference of this ambiguity onto the work itself; the central importance of the companion-client relationship to both members of the dyad; the emotional and spiritual meaning imbedded in the work of companionship; and the concept of 'being in the world' as an important aspect of life for elderly clients.

Companions and clients often voiced their concern that the term 'paid companion' was sometimes associated with unwanted connotations, such as sex work or escort service. In addition, for some clients the term suggested a lack of class status, independence or friends. As a result of the confusion with the terminology and uncertainty around having a 'paid' companion, clients used a variety of terms to describe workers who were essentially performing the same tasks: companion, paid companion, caregiver, personal assistant, helper, senior's support and friend. In addition, the political interpretation (or lack thereof) by companions and clients as to the implications of private paid companion work within the Canadian public health care system is discussed.

At the same time, despite the ambiguities inherent in the term and the work, both paid companions and clients acknowledged that the relationship they formed with each other over time was as important, if not more so, than the tasks performed by the companion. The majority of participants (8/15 companions and 7/8 clients) stated that

they were ‘friends’ with their client or companion; and in eight cases (6/15 companions and 2/8 clients), participants also described a *fictive kin* type of relationship: like a daughter/son, mother/father or sister relationship. The numbers suggest that friendship is more important to clients than to companions, whereas *fictive kin* plays a more central role for companions. A number of companions also referred to the emotional and spiritual fulfillment of the work, a commonality that corresponds to the literature on home care workers. These themes came to dominate the research findings as the research progressed and will be discussed in more depth later on in this chapter. First though, I will present an overview of the demographics of paid companion work and a description of the participant sample. A selection of participant photographs, combined with corresponding analysis are integrated into the research findings in this chapter.

Demographics summary

Based on information obtained during interviews with participants my research findings indicate that paid companion service has been available for at least thirty-five years in Victoria, Canada when a paid companion service began at the Gorge Hospital in 1974-1975. This timeframe coincides with the experiences of two paid companions who began working in their profession over 25 years ago. Both companions initiated their careers with private home care agencies in Victoria. One companion first started to work 28 years ago providing care to a resident at the Memorial Pavilion. But this participant emphasized that when she first began to work for the private home care agency her job was called ‘homecare;’ companion service did not exist at that time through that particular agency. However, another study participant who worked as a companion 25 years ago began her work directly as a paid companion. Although she now works as an

independent companion, she began her career through a private home care agency in downtown Victoria, who were hiring people to provide ‘*companionship*’ to residents in long-term care facilities in Victoria (such as James Bay Lodge).

Although it is difficult to provide exact numbers of paid companions working today, according to both agencies and paid companions participating in this study, the number of paid companions has greatly increased over the last ten years. Interview conversations with agency administrators provide an estimate that would put the number of paid companions in the hundreds³⁶, with at least that many more working independently, the majority on a part-time basis. My research also indicates that paid companions are male and female with a variety of ethnicities, which include European, Chinese, Filipino, Caribbean, African, and French Canadian. Both male and female paid companions provide care for male and female clients.

Research findings indicate that companions and clients come from a range of class and socio-economic backgrounds. Although money forms the basis of the exchange, clients are usually, but not always, from a higher socio-economic bracket than companions. For example, one client pointed out that her companion lived in a million dollar home, while she could only afford to live in an apartment. Although the majority of the paid companions included in the present study perform the work out of financial necessity, economic compensation is not the sole motivating force behind providing this type of work. For many companions in this study, a desire to help the elderly and work in an occupation that is meaningful to them, are also extremely important values and provide the primary reason why they remain in this profession.

³⁶ Providing exact statistics for companion service within private home care agencies is further complicated because many agency companions do not work solely as companions, but sometimes also work as personal care attendants or housekeepers, depending on their experience and training.

Description of the paid companion sample: Paid companions interviewed for this research were between the ages of 40 and 72 years; the majority were women in their 50s and 60s, (13 were female and 2 were male). Twelve companions were Caucasian with a European background; 1 was French Canadian; 1 was Chinese Canadian; and 1 was Jewish. In terms of the work base, 4 were agency companions, 8 were independents, and 3 worked for agencies and also had independent clients. The primary motivations for working as a companion were: financial necessity, the emotional and spiritual nature of the work, and the relationship they developed with their clients. The length of time working as a companion ranged from 1 year to 28 years (with an average of 8.8 years). Most companions worked an average of 15-20 hours per week, with only 3 out of the 15 working full-time. Educational backgrounds and employment experience varied but included: volunteer companion work (4); RCA, Home Support Worker, or RN certification and work experience (3); complementary medicine/lay counselling background (2); ECE certification and work experience (2); architectural or fine arts training and work experience (2); and personal caregiving experience (4). Companion salaries ranged from \$11.50-\$16 per hour through private home care agency employment (average of \$13 per hour), to \$15 to \$30 per hour working as an independent companion (average hourly rate of \$20 per hour).

Description of the client sample: Clients ranged in age from 62 to 96 years of age (an average of 82 years old); 6 females and 2 males were interviewed; 5 clients lived in their own single family home, condo or apartment, while 3 lived in retirement homes³⁷. In terms of ethnicity, 6 clients had a European background, 1 was Jewish, and 1 was

³⁷ Since the research was concluded, one client has since moved from her own residence to a retirement home and one has moved from a retirement residence into a long-term care facility.

Caucasian with a West Indian background. Four clients hired agency companions, and three hired independent companions, (although one of those companions had both agency and independent client contracts). Clients' main reasons for hiring a companion were: physical health difficulties combined with a desire to remain in their own home, although the social-emotional relationship they developed with their companions became equally important over time. The length of time clients had been with a paid companion varied from 2 weeks to 7 years; hours of service ranged from 2 hours to 70 hours per week. Wages ranged from \$15 to \$22 per hour for an independent companion to \$24 to \$29 for agency companions. However, the agencies receive \$24-\$29 from the client, with \$11.50-\$16 per hour going to the paid companion, depending on the agency.

Private home care agencies

In the 1980s there were 2 - 3 private home care agencies in Victoria. Today there are 16+ private home care agencies. All of the private home care agencies in operation in the Greater Victoria area today employ paid companions. The five agencies interviewed for this research have been in operation in Victoria for 2 to 16 years³⁸ (and nationally or internationally for up to 25 years). Ownership ranges from local to American: 1 is locally owned and operated; 2 are locally owned and operated franchises of Canadian owned companies (head offices in Toronto and Vancouver); 1 is a locally owned and operated franchise of an American company (head office in the US); and 1 is a division of a Canadian non-profit private agency (head office in Ontario). Four out of five of the interviewed agencies had employed companions since their agencies were established in

³⁸ One private home care agency, not interviewed but contacted by phone, confirmed that they had been in operation in Victoria for 25+ years.

Victoria, while the fifth agency administrator stated that companions had been employed by their company for at least the past four years, but they may also have been employed earlier than that but called “sitters.”

A number of these Canadian owned private home care agencies now have franchises across North America. The US owned agency has offices in 15 countries worldwide, with about 600 offices in North America (900 worldwide), and as the agency administrator said, “the only larger body would be the sons and daughters who provide caregiving.” The five agencies interviewed employ a total of 291 workers (30 of these workers are companions only). They hire male and female workers from a wide range of ethnicities including Filipino, East Indian, Brazilian (and other Latin American ethnicities), First Nations, European-Canadian, and French-Canadian.

Private home care agencies provide a wide variety of services ranging from companionship, housekeeping and meal prep, to personal and palliative care. However, because the categories and duties of home care workers overlap, companionship is often integrated into the work performed by all of the categories of workers. Agencies generally have different levels of service provision, with staff wages and client fees based on these levels. Client fees range from \$25 - \$29 per hour (with LPN/RN care generally at a higher fee [up to \$60 per hour]), while companions are paid between \$11.50 and \$16 per hour, depending on the agency³⁹. For example, one agency has three levels of care, with the rate of pay between the Level 1 and 2 workers differing by \$3 per hour (Level 1 workers made \$13.13 per hour, while Level 2 workers, if they have RCA certification, make \$16.13 per hour). Level 1 refers to home service workers who provide

³⁹ The private agency research was conducted in November 2009, so some agencies have increased their client fees over the past year. One client whom I spoke with in December 2010 said that the agency she uses now charges her \$32 per hour, rather than \$29.

companionship, run errands, provide transportation to appointments, and do housekeeping (meal preparation and light house cleaning). Level 2 are the personal care workers who provide bathing and dressing assistance for clients. Level 3 consists of licensed LPNs who provide nursing care such as dressing changes and wound care.

A number of agency administrators emphasized that many workers prefer Level 1 companion work despite the lower rate of pay because they do not want to take on personal care due to their own personal health concerns, lack of interest in performing that type of work, or because they only want part-time work now that they are retired. But while this explanation is undoubtedly true in part, and confirmed by companions who either had back problems or did not want to do personal care, it may also function as a rationalization for the low wage that companion level workers receive. A number of theories on care work support this supposition. The theory of '*compensating differentials*' (Filer 1989) suggests that the intrinsic emotional satisfaction workers derive from care work enables employers to pay lower wages than in comparable employment situations (England 2005). In addition, the '*devaluation thesis*' puts forward the hypothesis that jobs primarily dominated by women, such as the caring professions, are valued less highly by our society, and as a result, wages for these jobs are also lower, a reflection of the influence of *familialism* (England 2005; Hooyman & Gonyea 1995).

Three of the five of the agencies interviewed stated that the majority of service requests (75%+) come from families from across Canada for their parents who are in long-term care, assisted living, or retirement homes; while only 25% or less of service requests come from elderly persons themselves who live at home. Two agencies however, focused on home-based care. One agency had a clientele base of 98% who lived

in their own homes needing various kinds of assistance including: personal care; housekeeping, meal preparation and indoor maintenance; outdoor maintenance and odd jobs; companionship; respite; transportation; shopping; walks and customized outings; laundry (plus ironing, mending and sewing); personal needs assistance (letter writing and reading); party and special occasion planning. The second agency had a home-centred care focus based on “letting people live independently and at home as much as possible,” although this was shifting as more families sought companionship service for their family members with dementia living in facilities (*Figure ix & x*). In all five agencies the main reason families sought assistance was due to dementia; companion service was requested either directly for the family member with dementia or for respite for a family caregiver.



Figure ix: 'At the Facility'
(PC photograph 2010)

“I pretty well take her out for a drive every day, except for Saturdays and Sundays. This is the next step I suppose. I take her for a walk because she lives right at the end of that hallway and I want her to get a little bit of a walk. I put her jacket on and comb her hair, and I tell her that we are now all set to go out for our outing, and she likes that.” (PC speaking about a facility-based client with dementia)

Agency administrators noted that as a result of the decreased extended care facility staffing levels, the services of paid companions have become more in demand in public and P3 facilities by families who seek support for their elderly family members

with dementia. Indirectly acknowledging the effects of neoliberal policy on public health care, one private home care administrator explained the reasons for family requests for companion service this way:

The most common thing I would say is that if they are in a facility, that usually the facilities with all the cutbacks are just not able to provide the personal level of care people need. We had one [family request] where they wanted someone to take their mum to the Rec Room so she could be involved, because the people in the facility were so busy that if their mum was too slow getting out of bed, they would move on to the next person. So she would miss out on stuff. So I think a lot of it is to try to overlap, to try and cover the deficiency these cutbacks and things are having on their parents.

The growth in private home care services from the early 1980s to the present day, reinforces the fact that home-based care, which lies outside of the protection of the 1984 Canada Health Act, has been extremely vulnerable to the neoliberal economic agenda.



Figure x: 'Isolation' (PC photograph 2009)

"So imagine the difference between someone coming into the room, even a caring person that's known you and the facility, and they care for you and they give you your medication or it's a care aide who says, 'How are you doing'? Or helps him to the bathroom or cleans up. And they are caring, and they are nice and then they are off. I walk in the room. I'm there. I've come to stay. Just that in itself is a whole difference in quality right there."

Ambiguities of meaning in terminology and the work

The first major finding of this research lies in language, which is imbued with associative meaning that changes according to the context, and the ambiguous connotations that can be attached to words and terms. From the recruitment stage through data collection, ambivalence and contestation around the meaning of the words ‘companion’ and ‘paid companion’ surfaced with both companions and clients, confirming the ambiguity reflected in the terminology and illustrating that it is inherent in the work. Reasons for this vary, but arise out of questions of interpretation of the job description; personal care and companionship; association of the term with unwanted professions such as escort service or sex work; independence; class and status; and the commodification of friendship. Although the majority of companions and clients in this study described their relationship as a “friendship,” boundaries nevertheless often remained in place, determined by the position of either employer or employee.

The paid companions interviewed for this research were relatively comfortable with a phrase they felt aptly described the work they did, although some preferred companion, companionship or companioning to paid companion. Eleven paid companions identified the work they did as companion service: paid companion (4), companion (4), companionship (2), companioning (1). The remaining four participants defined their work by other terms: trusted personal assistance provider, home support worker (but planned to adopt the term paid companion for her work in the future), caregiver, and volunteer. The companion who identified as a volunteer rather than a companion explained that: “ I just consider myself a volunteer because I don’t need the money. I don’t have to do the work.”

At the same time, three companions mentioned that although they thought of themselves as paid companions, to their facility clients (hired by family members) they were ‘visitors,’ ‘volunteers’ or ‘friends.’ One home care agency administrator stated that families made the request that companions be referred to as ‘friends’ out of consideration for their family member who they felt might react negatively to *paid* companionship, wondering why they had to *pay* someone to visit them. One companion who worked primarily in facilities explained the situation this way:

P: Sometimes the word ‘companion’ is OK, but the families sometimes don’t want these people with dementia to know, if they are coherent enough, to relate to having someone coming to visit them and being paid for it. That’s the reason why I said I have had people say, ‘There is no money exchanged in front of them,’ because they don’t want the resident to see that the person that is with them is being paid for.

I: And they think that their family member, the resident, would be upset?

P: The resident, yes maybe. And really they think that we are friends—let’s face it—almost members of the family, you know what I mean. So if you are a really close friend, you don’t get paid for that.

This situation sometimes changes however with families who hire companions for their home-based parents. According to a home care agency representative, in the home-based care scenario using the term ‘companion’ can have a positive connotation for the parent, because a paid companion symbolizes a way to maintain their independence and remain in their own home, whereas, nursing care is synonymous with the negative connotation of losing their independence and with dependency. In this sense, having a paid companion becomes more like ‘social’ support – having a friend provide a little assistance with tasks and errands. As the agency representative explained, having a companion establishes and maintains the elder person’s independence this way

Agency Rep: If someone says to the older person, “Oh, you have a gal helping you with your bath.” She will say, “No, we go out shopping and get meals and this and that.” They don’t want it to appear like they need that much assistance.”

In addition, some companions discussed the fact that although they thought of themselves as companions, their clients might not use the same term. For example, one paid companion who referred to herself as a companion, said that because she fulfilled a number of roles for some of her clients they called her “their caregiver or their cook or their researcher. I am a person of many hats as far as they are concerned.” Although the majority of participants referred to themselves as companions⁴⁰, the question of the multiplicity of roles embedded in the work, combined with differences between facility and home-based companions, added to the difficulty of creating a ‘one-size-fits-all’ definition for paid companions.

Personal care and companionship

Ambiguity was also present in creating the job description for paid companions. The uncertainty around the definition of ‘paid companion’ emerged a number of times in connection with personal care. While thirteen companions assumed that personal care was simply part of the job description, two companions felt that when personal care is an element of the work, companions become home care workers or caregivers. One ‘companion’ for example, identified herself as a ‘caregiver⁴¹’ not as a companion, because her definition of paid companion did not include personal care, and personal care comprised a large portion of her responsibilities. According to this ‘caregiver’:

To me a paid companion is somebody who runs and gets groceries and pays your bills or takes you to appointments. A caregiver I consider hands-on; anything hands-on to me is a caregiver. A paid companion is just somebody who takes you for coffee and they’re just as important too, but I’m a caregiver.

⁴⁰ This may also have been influenced by the sample selection, as the word ‘paid companion’ was on the recruitment poster.

⁴¹ This participant agreed to be interviewed after listening to a presentation given at one of the retirement homes. She felt that even though she considered herself to be a ‘caregiver,’ the description of companion service was very similar to her own work.

In addition, two companions acknowledged that personal care was sometimes a component of companion work; they emphasized that they were not willing to do personal care themselves. And for companions working in facilities, no personal care is required (with the exception of feeding assistance).

This perspective reflected an assumption that I had about companion service before beginning the research: that personal care would not be an aspect of the work. However, instead of confirming my hypothesis that companions were essentially fulfilling a social-emotional role for their clients, I discovered a profession that satisfied multiple needs. While the social-emotional component was usually extremely important for companions and clients alike, eleven of the companions interviewed included personal care as a large part of the work. Although only two companions emphasized that they would not do personal care, a number of companions who did personal care (and/or housekeeping) preferred the social-emotional component of the work.

Additionally, although companions often stated a preference for companionship over task-based work, (such as personal care, housekeeping or meal prep), agency representatives said that while they hired workers who were only willing to do companionship, those workers often received many less hours of work than workers who were more flexible and willing to do a variety of home care tasks in addition to companionship (unless they were facility-based companions only). Facility-based companion service and independent contract work present the opportunity for companions who only want to provide companionship. Independent work enables the worker to have more choice in the work they do, while facilities do not allow companions to give personal care to residents, aside from mealtime feeding assistance.

The same ambiguities surrounding personal care and companion service also came up with clients. For example, a man and wife interviewed together held conflicting ideas as to whether or not their ‘worker’ was a paid companion. For the husband, personal care was an essential component of companion service and because their worker did not do any personal care for him such as bathing assistance, their worker was therefore not a companion. His wife on the other hand, held a completely opposite point of view. For her, companions “come to you as friends and they don’t do that kind of stuff and we do actually welcome [our companion] as a friend when she comes.” The inconsistencies that were documented in discussions with clients and companions point to the difficulty in defining a paid companion in terms of the specific work and tasks performed.

Associative connotations of companion service—sex work and ‘non-essential’ work

The term ‘paid companion’ caused concern for clients and companions in another context. Both groups of participants raised the issue of the connection of the phrase ‘paid companion’ with escorts and sex workers, causing some to hope for a replacement term in the future. Participant uneasiness with this association is reinforced when sex workers sometimes refer to themselves as paid companions. For example, in the summer of 2010, I noticed an article on sex workers in *Monday Magazine* (Pope 2010) in which a sex worker referred to the work she did as “paid companionship.” This article mentioned the term ‘paid companion’ numerous times, with the interviewed sex worker in the article emphasizing that she preferred the term ‘paid companion’ to sex worker.

In one instance early on during the recruitment stage, I had a phone call from a potential client, a man who had been sent a copy of my recruitment poster through the

Centre on Aging list serve at the University of Victoria. He was somewhat upset that he had been sent this poster because he explained to me that, "I don't know why they sent this to me; I'm done with all that now." One paid companion discussed the difficulties that the term presented because of its association with escort work when she described her work to people she met:

I don't like the name companion because if someone asks you, "What do you do?" "Well, I'm a companion?" "Really? What do you do?" It's like you know what they are thinking. You do know that and then you have to sort of say, "Well, for the elderly you know, in long-term care." "OK." But you knew from the very beginning that their thoughts were somewhere else. So I wish there was another name. I've always wanted to see another name. I don't know what you'd call yourself, but there's got to be a title somewhere.

Paid companions experience this type of disapproval and bias not only in terms of an interpretation of their work by some people as sex work, but in its association by others as non-essential or non-work. Aronson and Neysmith (1996) suggest that because homecare workers describe their relationship as being "part of the family," they see their emotional labour as *outside* the confines of work or as *nonwork* (p.66). This kind of perception diminishes the importance of companion service, a situation that finds parallels in the invisible work performed by non-direct health care workers, such as dietary, housekeeping, maintenance, clerical, or laundry workers. Armstrong et al. (2008) in their Canadian study on ancillary workers make the argument that the contributions these workers make to health care are greatly undervalued and made invisible by the gender bias present in this type of work. Seen as a type of women's work that does not involve skill or responsibility, ancillary work is defined as "out of care" work related to the hotel service industry rather than health care. Companion service has the same connotation to some people. Although interactions with facility staff were usually positive, three companions mentioned experiencing hostility from facility staff on a

number of occasions. One companion described a very unpleasant encounter with a nurse in a hospital facility that took place in front of the family member who had hired her to provide respite companionship for her mother:

So I met with her, and she introduced me to her mum and then this little nurse walked around the corner. She [the daughter] introduced me and said, "This is [XX], she is a companion and is going to spend some time with my mum so that I can go home and get some sleep." And the nurse said, "What are you going to do? Are you going to clean her? Are you going to feed her? Are you going to do this?" I said, "Well, no. I'm actually just going to sit with her and speak to her and just keep her calm, so she doesn't get agitated and scream out. There are four people in this unit." And she turned to the daughter and do you know what she said? "You are wasting your money."

Class and status

For clients in many instances, the phrase 'paid companion' had a negative connotation for themselves that was connected to other issues as well including: decreased status or class, a lack of independence, or an inaccurate depiction of the friendship-based relationship with the companion (which was the most common reason given). As a result, because many clients did not like the implied meaning of having a *paid* companion, they preferred to use other terms – companion, personal assistant, helper, senior's support, homecare worker, caregiver or friend. In addition, in two instances a job title other than paid companion was used because that was the title supplied by either the agency or retirement home that had provided the worker. In terms of status or class, one client used the term 'personal assistant,' a term she associated with Hollywood celebrities, to describe her 'worker.' To her, a paid companion, implied a lack of status, personal friends, and independence. This client, however, was the only one who associated the term with a lack of status:

The reason I back off [the word] paid companion is because I think why would anybody need a companion? A companion suggests that there is nobody else in your life to be a companion. So I don't consider her a companion. It's not that I'm thinking, 'Gee, you know, I could use some company.' I wouldn't call her if

I wanted company. I could maybe see it if one travelled and one couldn't be on one's own, you would need a paid companion because they are travelling with you. Or maybe your vision is going and you need someone to read to you. I guess I'm seeing the need that would generate a companion as being different from the need that would generate an assistant.

Yet this same client referred to her personal assistant (companion) as a friend, "really a part of the family":

Put it this way, if she wasn't working for me we'd still be friends. We'd go on being friends. You know we sometimes go out together. We do things together. She knows just about everything about my personal life and I know a lot about her personal life too. So there's very much of a real relationship there, but I wouldn't call it a companion.

Independence and dependency: Retirement homes and 'successful aging'

The question of independence (and dependency) was another major issue connected to the terms paid companion and companion. Companions and clients addressed the subject of 'independence' during discussions about the word(s) they used to describe their profession or their worker. However, the issue first surfaced in interactions with retirement homes during the recruitment phase. While some facilities were cooperative and supportive of the research, others would not engage with the study. In these instances, managers insisted that the residents of their retirement home were 'independent' and not in need of additional assistance from a paid companion; none of their residents would ever hire a companion. This was refuted by the evidence when, at a later time I interviewed a resident at that same facility who had employed a paid companion for a number of years and who also mentioned that there were other residents in her retirement home who also had hired companions.

I would argue that the resistance to my research by some local retirement home managers has its roots in a neoliberal ideology that is also projected through media. The

focus on independence is highly visible in advertisements that appear in various seniors' publications, such as the national *Zoomer* and the local, *Senior Living Magazine* that cater to a financially secure, upper-class readership. Senior housing developments, focusing on upscale condo developments or retirement home complexes, comprise a large part of *Senior Living's* advertising. These retirement homes advertise luxury, choice and an independent lifestyle – cornerstones of individualism and neoliberal ideology.

The model of the 'independent senior' has been fostered by a fairly recent positive image of aging – the *successful aging* concept (Rowe & Kahn 1987). This concept has emerged to resist the decades old negative stereotyping of aging that still prevails in North American society with “ageism as a pervasive social attitude” which is not really surprising as we live in a youth obsessed society segregated by class and age (Chappell 2007:3). But there is also another influence feeding ageism that is particularly strong that can be traced to the ideology of *individualism* rooted in 19th century America (Hooyman & Gonyea 1995). Emphasizing self-reliance and independence, along with economic initiative and productivity, individualism negatively characterizes any form of weakness or dependence. This ideology reinforces the belief that becoming elderly in our society means becoming frail and dependent and therefore without value. The negative image of aging remains embedded in the collective consciousness where it continues to reinforce associations of frailty, weakness, vulnerability, declining physical and mental capacities, isolation, loneliness and dependency.

Attempting to confront the negative portrayal of aging, the *successful aging* model proposed instead that a healthy and active life could be the norm for seniors. While the concept of successful aging is grounded in an intention to promote healthy and

positive aging, certain problems are embedded in this concept, which have generated debates within the academic community⁴². First of all, it is clear that the successful aging model contains a strong socio-economic class-bias. Secondly, the model of successful aging has also resulted in the commodification of aging, reflected in the notion of *anti-aging* and the development of the *aging industry*, which has appropriated the model of *successful aging* in order to tap into the vast consumer potential of the well-off boomer generation who are reaching retirement age.

Boomers represent a prime marketing prospect for the aging industry, which include retirement communities, travel companies, pharmaceuticals, fashion and media conglomerates. Images of vitality and independence are key to advertisers – retirement industry advertising is devoid of any of the negative images of ‘unsuccessful’ aging. Instead, these ads show smiling, healthy fifty-five+ couples hiking, swimming or golfing in a sun-drenched landscape, living in the ‘perfect’ gated retirement community with other people just like themselves. This purely American concept creates enclaves determined by wealth and age, making class a key factor in the concept of successful aging. Yet, it is understandable why seniors faced with living in an ageist society that devalues and denigrates the elderly would choose to live with their cohorts if they have the financial means.

Retirement homes promote this concept of an independent lifestyle, but what really is “independent living”? Retirement facilities provide most of the activities of daily living: everything connected to food (grocery shopping, planning, preparation and

⁴² One study by von Faber and van der Geest (2010) in the Netherlands suggests that the problem lies in the interpretation of the definition of ‘successful aging’ and not in the word itself. In North America, successful aging is associated with remaining healthy and independent, whereas seniors in the Netherlands believe that the secret to successful aging lies in “adjustment” to the variety of challenges that old age may bring (2010).

serving); housecleaning and laundry; and social activities (planning and organizing in-house social activities, as well as transportation to special events and outings). Yet even though the majority of these tasks are carried out by retirement home staff, nevertheless, many residents strongly believe that they are living ‘independently.’ Because they are not in institutionalized care, or infirm or dependent on their families or care workers to help them with activities of daily living, their perception of retirement home living is that it is “living on their own - independent living” (conversation with a key informant 2009).

Many retirement home residents however, receive some kind of care assistance – from families and/or care workers, such as companions. This reality became apparent early on in the recruitment stage of my research. One retirement home manager who had agreed to help with recruitment at his facility wanted to handle my request discreetly by putting recruitment posters in the mailboxes of those residents whom he knew had companions. He told me that this was the best approach because these residents would not want others to know that they had paid help, as this would be interpreted as dependency. During the interview stage though, one client participant acknowledged the contradiction between his situation (wheelchair bound) and living in his ‘independent’ retirement home:

There’s a bit of a contradiction by definition because [my retirement home] advertises themselves as independent living, which is a bit of a misnomer. It is correct in terms that I’m not bedridden or in other words I make my way down to dinner although I can get meal service, tray service in my room which some people do fairly regularly. I very rarely so far have tray service because I enjoy the challenge of getting up and going downstairs, whether it’s sitting in a wheelchair as I do now. But it’s still getting downstairs and mixing with people.

What the client does not mention in this exchange is that without his companion he would be unable to remain in his retirement home. The personal care provided by his companion makes it possible for him to go to the dining room every day. This resonates

with Rivas' (2002) research on the invisible nature of care work, whereby an illusion of independence is created for the care recipient by rendering the caregiver invisible in the care work they perform. This constructed invisibility has a number of features, the most important being the effective use of '*emotional labour*' (Hochschild 1983) by the personal care attendants. In Rivas' research, emotional labour is employed to maintain an emotional 'distance' when performing intimate tasks associated with personal care, such as bathing or changing diapers of a dependent person. In order to reduce the shame and humiliation of the care recipient, which draws attention to the care being performed, the workers use emotional labour to repress any feelings of disgust they might have (Rivas 2002:76-7). Another important factor that maintains the invisibility of the work and the worker is the attitude of the care attendant toward the work they do. If they enjoy the work they do, the care worker's labour disappears (Rivas 2002:76).

Nevertheless, six clients also acknowledged the loss of a certain degree of independence due to health and mobility related issues. But the key to defining 'independence' for clients was remaining in their own home or retirement residence, avoiding the loss of autonomy associated with institutionalization in assisted living or long-term care facilities. However, clients also recognized that in order to stay at home they needed the assistance of their companions, sometimes with personal care (in the case of three clients), but always with housekeeping tasks (such as cleaning bathrooms, stoves and refrigerators, or sorting out cupboards and closets), laundry (which included ironing), and meal preparation. Additionally, because the client is the employer/boss they have the role which contains status and power. Clients also created photographs for the photo elicitation component of the interview session to illustrate the kinds of task-oriented work

that needed to be done and explain why that work was so important to their lives (*Figures xi & xii*).

It is important to note that these tasks were among those eliminated by the BC Liberal policies that dictated changes in home health care in the 1990s (HCC Project Group 2008). Assistance with these types of tasks is now only available privately.⁴³



Figure xi: 'Ironing' (client photo 2010)

"This is just a pile of ironing which she does every Wednesday, bless her heart. Not very interesting in itself, but it's just a symbol of how we relate with the homecare worker or whatever she is."



Figure xii: 'Pet Care' (client photo 2009)

"I just take it out and she fills it up or she feeds the dog or she cleans this or she'll take the dog out or she'll bring her dog over and then the dogs have company. She's very good at just walking around and just noticing what has to be done."

The majority of client participants, including those living in retirement homes, specifically pointed out that their paid companions were instrumental in enabling them to "lead a normal life" which was of utmost importance to them. 'Leading a normal life' meant being able to go shopping or on outings and being able to entertain friends at home. As one client said whose companion often helped her to organize and serve luncheons and teas for her friends: "without [my companion] my life would be so much

⁴³ VIHA still provides a minimal short-term home care service, focused on personal care assistance for clients following a hospital stay.

smaller.” Yet health problems were the determining factor in hiring a companion for seven out of the eight clients, and without the assistance of their companions, two out of the four clients now living in retirement homes would have had to move to assisted living or long-term care⁴⁴. The client who was in a wheelchair was able to remain in his retirement home for the past seven years only because of seven days a week, 10 hours per day of additional private care.⁴⁵ In neoliberal terms, clients with adequate financial resources assumed individual responsibility (Harvey 2005; Hooyman & Gonyea 1995) in order to maintain their independent lifestyles in private facilities, remaining outside of government institutions. Companion services, as beneficial as they have been for the clients in this study, are unfortunately not available to all seniors because they are a private home care option only.

McHugh (2003) also points out that successful aging, embodied in the retirement home model, intersects with the ideology of individualism, whereby up-scale retirement is “justified as reward for a productive, diligent life...[a form of] justified narcissism” (McHugh 2003:176). His “central argument is that place-based images and scripts can be interpreted not only as marketing ploys and strategies but, more deeply, as mould and mirror of ageist attitudes and cultural values” (p. 166).

This is readily apparent in retirement home advertisements. For example, Lifestyle Retirement Communities available in Victoria, promote this attitude of “justified narcissism” with the slogan “Here, it’s all about you.” (*Senior Living Magazine* 2008:49). This attitude was also evident during my research when one retirement home manager told me that residents at this home wouldn’t “be interested in participating in

⁴⁴ Refer to pages 40-41 of Chapter 2 for distinction between retirement homes and assisted living facilities.

⁴⁵ This financial cost amounts to approximately \$72,000 per year (at \$20 per hour).

this kind of thing [research on paid companions]. They had done their duty in the past and now they were just enjoying life.” This attitude, however, was not reproduced in my research. Although there were obstacles in gaining access to clients, once I was able to meet with them and discuss my project they were generally more than willing to participate. They were very pleased to be able to contribute to the research and share their experiences with others. Participating in the research provided another way for them to connect to the wider world outside of their own personal lives and to continue to contribute to society.

Companionship as a commodity

A final ambiguity arose over the economic aspect of the work. On one level, the inclusion of ‘paid’ in the title of paid companion was an issue for some clients and paid companions. For those companions and clients who had described friendship as a major component of the service provided, acknowledging the paid component of the work by adding ‘paid’ to companion diminished the job title and relationships. These participants often choose ‘companion,’ ‘companioning’ or ‘companionship’ rather than ‘paid companion.’ Two companions stated that they wished that they could afford to do the work without pay. One paid companion stated: “I never did like the word paid companion because I just wanted to do it for free and just felt that the service should be done for free.” The other companion planned to become a volunteer companion when she retired, while a third companion (the retired paid companion in the study) had provided volunteer companionship when she retired as a paid companion.

Clients also preferred ‘companion to ‘paid companion.’ Acknowledging the friendship component in the relationship, one client explained why ‘companion’ was the ideal term to describe her worker:

I: I’m wondering if you could tell me if you feel comfortable using the word “companion” to describe [X]?

P: Oh yes, because she is my companion. She is my very good friend. Isn’t that what a companion is: a very good friend that you can trust? You can tell them anything and you know that they are not going to tell anybody. She is my companion, and I love it.

The direct economic aspect of the work was also imbued with inconsistencies. While the literature on home care workers that documents exploitation of care workers as a result of the commodified type of *fictive kinship* which takes place in care facilities finds parallels with my paid companion research, there are also discrepancies. In the Dodson and Zincavage (2007) Massachusetts study for example, while facility health care workers were encouraged to form close *fictive kin* relationships with residents in order to promote an image of compassionate model of care in a family-like environment, a higher profit margin for the facility owners was in fact the motivation behind this approach (Dodson & Zincavage 2007).

Private home care agencies in Victoria also support an emotional connection between their workers and clients. In discussing the emotional-social aspect of the relationship between workers and clients, one agency representative stated that: “It is very, very important. It’s what we’re all about.” Another agency spokesperson put it this way: “the human aspect of care is the very most important thing. What else is there?” However, like their American counterparts, Victoria private home care agencies are operating within the private sector of health care where profit also has to be the number one priority.

A focus on profit for private home care agencies, however, translates into lower wages for workers⁴⁶. The American home care and facility-based health care workers in the Dodson and Zinbarg (2007) and Karner (1998) studies all complained of low wages, long hours and understaffed facilities. Agency-based paid companions in my research voiced one of the same criticisms: wages were too low. While companions in Victoria appreciate the job flexibility, legal protection and pre-arranged clients that agency work provides, seven out of the eight companions working for agencies commented on the low pay (and the one who did not, emphasized during the interview that wages received for companion work were not a necessity; there were other motivations for doing the work). Even though one companion discovered that the agency she worked for had not been paying her fair wages, her response was that “the money was a bonus” because she did the work because she enjoyed it. A similar attitude was expressed by another companion who stated that:

I think for some workers the money is the most important thing, but money has never meant a lot to me, which is odd because you have to pay bills, but for me it's always more the emotional attachment and how much I enjoy what I'm doing.

Although the job title of ‘paid’ companion was only used by four companions, receiving money for companion work for the majority of companions however did not affect their friendships with their clients, reflecting Zelizer’s (2005) “*connected lives*” theory. Paid companion work is similar to many other caring professions where people sometimes become friends with the people they work with or for. According to Zelizer: “people manage the mingling of economic activity and intimacy by creating, enforcing, and renegotiating extensive differentiation among social ties” (2005: 41).

⁴⁶ One agency acknowledged that companion wages were low, but were set by their union, CLAC (Christian Labour Association of Canada).

On the other hand, the fact that companions continue to work for these low agency wages can also be interpreted within the “*prisoner of love*” hypothesis whereby care is provided out of love, not money (England 2005). In this framework, paid companions are reacting to their working conditions similarly to the response of the health care workers in the Dodson and Zircavage (2007) study who stayed in the job despite their low wages because of the relationships they had developed with residents which they valued. Perhaps the situation of paid companions reflects a combination of both theories—a *prisoner of love* existing within a *connected lives* world.

The interview conversations with paid companions and clients quite clearly revealed that the job title and the work itself are both entrenched in ambiguity. Paid companion service is not free of contradictions or easily defined, but until another phrase can be found to take its place ‘paid companion’ or ‘companion’ will remain. Therefore, I propose a definition of paid companion, revised from my original proposal in 2008:

Paid companion: a person who offers a form of commodified care to elderly individuals living in private homes and facilities. They provide a wide variety of services which may include: visiting; accompaniment on outings; transportation to and from appointments and shopping; light housekeeping and meal preparation; personal and palliative care.

Participants’ interpretation of the political implications of the work

Although the research questions did not ask participants to comment on the socio-political implications of paid companion, there was a noticeable lack of awareness around the position of private paid companion work within the public health care system. This is perhaps a reflection of internalizing the ideology of *responsibilization* (Rose 1996), one of the tenants of neoliberalism. And as neoliberalism has slid into the realm of economic determinism and hegemony, its socio-economic policies and ideology have been

obscured, thereby rendered invisible (Navarro 2005). However, one companion indirectly remarked on the commodification of care that is taking place with these comments:

How can [companionship] not be as essential as breathing? Because really it's a reflection of our cultural times that families are spread apart, that we're all working so much to live in this supposedly technologically easier culture, but it takes all of our time. And so, the cost of living, both people working, it's not like you live in an extended family anymore. So it's caring to bring people in. Now it's paid that's all –it's not extended family – everything is paid.

When the question of the inequity involved in the work came up only occasionally in researcher initiated conversations, companions recognized that the service was only available to a select group of people with the financial resources that would allow them to pay for companionship. However, only two companions addressed this issue in any depth. One companion described her feelings about it this way:

But unfortunately it's the people that have really the money. I remember years ago though, one of my clients had very little money, and I was still a companion to him for a long time for much less than the others were paying. But I just wanted to do that. And because it's my business I can do whatever I want. You know, I can charge or not charge.

Primarily, for clients, paid companions provide an essential service that allows them to remain in their homes. Without this assistance they would have to move to assisted living or long-term care facilities and they wish to prolong this move as long as possible. Numerous times, clients mentioned that they did not know what they would do without their companions, but never discussed the fact that companionship is a private home care service within a public health care system (which in Canada includes only physician and acute care hospital medical coverage). On the other hand, the high cost of hiring a companion through an agency and the low wage the companion received were mentioned a number of times. All four clients who had agency-based companions felt that the fees were too high. One client was noticeably upset that her companion was paid so little and felt frustrated that she could do nothing about it.

The majority of paid companions failed to comment on the implications of working in a private home care service that was functioning within the public health system. Only one companion raised the issue of a deteriorating public health care system. Instead, most of the companions focused on the nature of their work and the relationships they develop with their clients. Criticisms of companion service were few, and what criticism arose was not directed at the general underlying political structure or even governmental policies, but more specifically at the low wages paid by private home care agencies. But while better paid, independent companions also lack benefits or job security due to the private contract nature of their work. Some companions also mentioned the lack of benefits⁴⁷, sick leave and job security working for private agencies.

One companion talking about the unpredictability of agency-based work explains:

P: When a [long-term] client died it was a sudden loss of income. And when you've become so dependent on a certain pay cheque, when you suddenly lose it, it's a shock to the system to say, 'Wow!'

I: Because you're not guaranteed hours?

P: You're not guaranteed. If you don't have a client, you don't get paid. If you don't go to work, you don't get paid.

I: So you don't have any kind of benefits?

P: Yeah. So if I call in sick, I don't get paid. So I'd better be sick enough to call in. But I also understand the fact that I'm not going to go to somebody's house if I've got a really bad cold or something, so I'll take that loss.

Although the focus of my research was on the experiences and relationships of paid companions and their clients, I was nevertheless surprised by the lack of political commentary by participants on either the Canadian health care system or their paid companion work. The following sections of this chapter will explore the relationships of companions and clients to conclude the research findings.

⁴⁷ Of the five agencies interviewed for this research only one Victoria agency provides any benefits. They offer medical and dental benefits to workers who have been with the agency a minimum of 6 months and who work at least 20 hours per week.

Relationships, Connection and 'Being in the World'

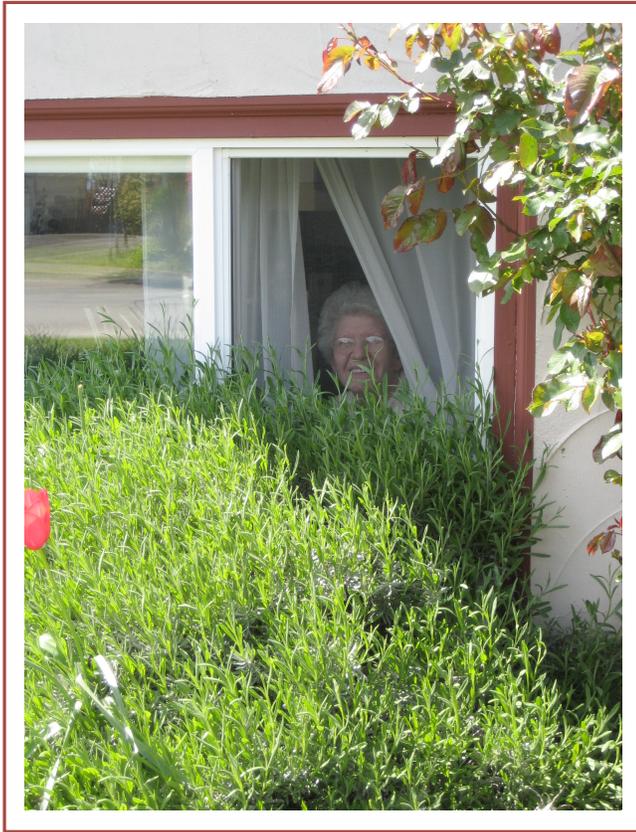


Figure xiii: 'Woman at the window'

"You know, people are really glad to see me, and even if they can't remember what they ate that day morning or what day of the week, or anything we take for granted because we are in the present and they are in the past, a lot of my clients, but there's still that. That's why I really like this picture because that's what I get to see when I go to see my people are all of these smiling faces."
(PC photo 2009)

This next section of the chapter concludes the research findings of this thesis with an analysis of the other key findings: the importance of the companion-client relationship to both members of the dyad, and the emotional and spiritual aspects of the work that are intertwined in the relationship. Within these interconnected themes are notions of fictive kin, the importance of 'being in the world,' and the use of nature to build connection and relationships.

The relationship: motivations, friendship, and emotional labour

The fulfillment of the work for paid companions centres on the relationships they develop with their clients in the process of providing companionship and care. For clients, the relationship with their companion is also an important part of the care they receive. Although clients' needs for care most often derives from general health and mobility issues combined with a desire to remain in their own home and maintain independence, the relationships they gradually form with their companions bring them great satisfaction and become as important as the assistance that is provided by their companions. For both members of the dyad, friendship and *fictive kinship* often become part of a relationship that has been built on caregiving and trust.

Motivations

As mentioned previously, private home care agency wages for paid companions are quite low, and although independent companion wages are better, the economic component is not what draws companions to the work. Initially however, the majority of companions entered the profession out of financial necessity: the need to provide for oneself and/or children due to the death or divorce of a spouse (3); a job change requirement based on health concerns (i.e. back problems, stress, allergies) (2); a layoff from previous employment (3); or retirement in which additional income is necessary (1). It should be noted that for independent companions, the salary can be quite reasonable if they are able to arrange a full-time work schedule, but part-time work is usually the norm even for independent companions. For example, of the (8) independent companions and the (3) independent companions who also did agency work, only (3) had work of 30 hours or more per week. As a result, many companions find it necessary to have a second

job to supplement their paid companion work, such as reflexology, lay counselling, art or graphic design contracts.

There is also another financial dimension that provides a motivation for the work: the business opportunity afforded by companion work. This was the primary motivating element for two companions when they first began working in the profession⁴⁸. These companions wanted to work for themselves and start their own business; they recognized the need for companion services; and realized that this type of business would give them the flexibility they were looking for. That said, even though they now own their own small companion businesses, they emphasized that providing companion assistance to elderly clients was the focus and priority of their work.

On the other hand, money was clearly not the initial motivating factor for four companions. For example, one paid companion who was financially secure emphasized that he did the work solely to feel useful and to “contribute to society.” Three other companions had left more lucrative paying employment to work as a companion. In one case, a companion left a higher paying job to pursue work that offered emotional rewards not found in his previous professional employment, which he explained this way:

So the foundation of why I’m doing this is because it makes me feel good, you know. At my age, when I started to do that [work as a companion] it was not just trying to find another job, it was trying to find something meaningful and that made me feel good.

In some instances, health problems have also been the causal factor that began a chain reaction leading to paid companion service. One companion who could no longer work as a hairdresser due to back problems, switched to companion work purely by chance 25 years ago:

⁴⁸ Two other companions also have their own companion businesses, but they are not incorporated companies, as the other two are.

I didn't want to go back to hairdressing because of my back. So I was walking downtown onetime and I saw a sign on a window in an office that said, 'Hiring companions.' And so I went in and, strangely enough the lady said, "Yes, we have work available for paid companions." And so she right away sent me to [one of the long-term care facilities]. That was my first kind of port or whatever you want to say.

However, although the underlying reason that this participant entered paid companion work was based on her own health concerns, she has remained in the field for many years because of the satisfaction the work brings her. For her, as for the other companions interviewed for this research, helping their elderly clients brought them fulfillment. During the photo elicitation component of this companion's interview, nine of her photographs (out of 16) featured her individual clients or companion-client photographs.

In explaining her choice of images, she also revealed the deeper meaning in her work:

It's because they are there with me. That's number one. You know, I do try to have pictures of them and myself, because I know how comfortable they feel with me and how much they trust me, and how much I enjoy and love being with them. I think that's basically the meaning of the pictures...I think they [my clients] are really the focal point of the work I do.

As mentioned earlier, the number of photographs of clients or companions with clients was considerable. Paid companions presented 28 photographs of clients (27.5%) and 14 companion-client photographs (13.7%), which they used to talk about clients they had become fond of, as well relationships with clients, and the meaning of the work. (*Figure xiv, page 139*) provides an example whereby a paid companion used an individual photograph of her client to describe a client she had liked very much, and at the same time, elaborate on her motivation to become a paid companion.

Although the original motivation may have been financial for the majority of companions, an underlying and deeper reason to pursue this kind of work derives from an emotional and/or spiritual need to find connection and meaning in the work they do. The meaning they seek comes from a variety of sources. For five companions that underlying

motivation stems from a religious or spiritual outlook on life, which is based in helping others. Companions also express a feeling of satisfaction and fulfillment because they are ‘appreciated’ by their clients for the work they do. In addition, they talk about the enjoyment they experience in their relationships with their clients who are “great story tellers,” using old photographs and personal history to tell their life story to their companions. Other companions mention the openness that elderly clients bring to the relationship. In these accounts, a positive relationship with clients is central to satisfaction with the work.

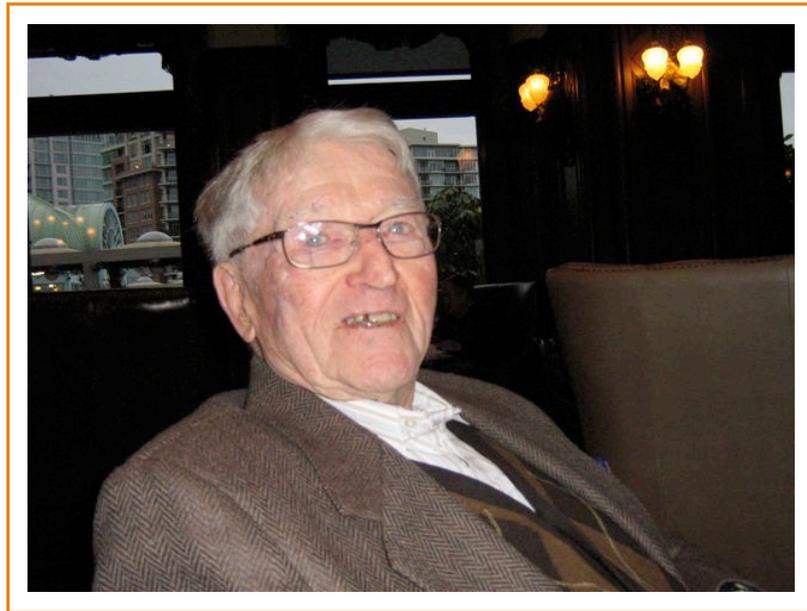


Figure xiv: ‘At the Empress’ (companion photo 2010)

P: He’s a special man. He was born in England, very much from the old school gentleman, which I guess are few and far between nowadays. Always lived life...a very, very sweet man, bluest eyes you could ever imagine and always willing to go anywhere you suggest as long as it’s good for you.

I: So could you tell me a little bit more about why you picked this photo to show me?

P: I guess it’s the experience you have with each and every person, how they react to you. They’re always happy to see you. They might not know what year or day it is, but they know your face. They might not even know your name most likely. It’s just that I think I always have good feelings about anyone. That’s why I’m in this business – because I like people.”

Fictive kin and friendship

The research findings suggest that the paid companion-client relationship often evolves into a type of friendship or *fictive* kinship. During the interviews, participants often referred to their relationship as a ‘friendship’ or as a familial (parent-child, grandparent-child or sister) attachment in which they become *fictive kin*. As one companion described: “We were like kin. We were really connected as two people. Whether I was her companion or not we just had that connection, you know when you meet people and feel like they are family, at a sort of spirit level.” This companion-client connection of *fictive kin*, finds parallels in the literature on homecare workers and resident care aides who often become surrogate family members or friends to their clients.

Companions and clients described a process in which they became friends or *fictive kin* which was similar to Karner’s (1998) three-stage process wherein American homecare workers were transformed from care workers into trusted friends. During the “training” or introductory stage of the relationship, the care work is “professional and task oriented” with workers performing many of the tasks previously done by families: housekeeping, cooking, shopping, and basic personal care (Karner 1998: 75-9). During stage two and over a period of time, a “sharing of selves” takes place in which the interactions between the home care worker and client become more social, promoting the idea that the worker is there for more than just a paycheck (p. 77). In the third stage, as trust builds and the relationship becomes more personal, an emotional component is introduced, and “both parties ‘adopt’ the other as family members,” essentially becoming *fictive kin*, and in the process binding “the worker to the client in the same way that family responsibilities often do between blood relatives” (Karner 1998: 77).

Although the relationship was important to almost all of the research participants (13 companions and all of the clients), clients and companions emphasized that the relationship did not develop instantly and not with everyone. Trust and confidentiality, essential to building any relationship, are major issues for clients and take time to achieve. Also similar to other types of close relationships, companions and clients felt that the time involved in developing the client-companion relationship was dependent on the individual companion and client dyad and their respective personalities. Yet two other companions gave a timeframe of at least two to four months to develop a relationship, although they acknowledged exceptions where the dyad bond formed more quickly.

One client who had a companion for only a short concentrated block of time described a similar process with her companion. As they began to get to know each other, a 'sharing of selves' took place, whereby they exchanged stories about their personal lives and families. And even with a language barrier (companion and client had different ethnicities, with English as their second language), mutual trust and fondness for each other took place. When the client no longer needed the companion, they still remained in touch. As the client said: "We have a good relationship still. We did not have that much in common but she knows I am alone so she phones me sometimes to see how I am."

In addition, openness and "that little bit of chemistry" were factors in forming close relationships with each other. A number of participants (5 companions and 2 clients) pointed out that 'chemistry' is essential in any type of close relationship. Additionally, the willingness to "share selves" with openness and honesty was seen as crucial to the formation of close relationships within the companion-client dyad. One companion explained it this way:

P: You could go [to a client] for a very short time and have a really awesome relationship with somebody and yet you could go to somebody every single day and not have the same type of relationship.

I: And so what determines that?

P: I think it's just personalities. It's the give and take. If the client doesn't want you to get close, well, you're not going to get close.

However, Karner's three-stage transformational process from worker to friend is not always easily accomplished. Companions may face initial opposition to their service by specific clients. Depending on the psychological state of the client and when families have arranged for companion service, the client may be very resistant to the companion and try to refuse the service. A companion who faced initial challenges with her client, but eventually developed a close relationship with her, used the photo elicitation interview as an opportunity to describe the circumstances that occurred (*Figure xv*).

Figure xv: 'Thanksgiving Luncheon'

"As a companion you are subbing in, you are playing a role. And she resisted me right from the get go. She said, 'I don't need you. I don't want you here. You can just turn around and walk right out of here.' And I just kept popping in, and I'd say, 'Hi, K. just popping in to see if you need anything.' She got used to me and she did appreciate me, and she did say that eventually, but it took a good 4-6 months." (PC photo 2009)



In other respects too, the literature on homecare workers and *fictive kin* reflects the experiences of paid companions and clients. Piercy's (2000) research, for example, on relationships between homecare aides and their elderly clients revealed that many relationships were described as a "friendship or one of the family" depending on the level of family support available to the elderly client (p. 362). Evidence from a 1996 research study conducted by Aronson and Neysmith also suggests that home care workers quite often function as substitutes for family members, essentially becoming *fictive kin*.

All but two of the paid companions commented on the friendship or *fictive kin* aspect of their relationship with clients. Of the two who did not indicate that friendship was a component of their work: one has been a paid companion for over 28 years and now focuses on running her own small companion service agency; and the second companion primarily provides outings or transportation for clients. Although both of these companions stated that they derived fulfillment from the job, they also purposefully strove to maintain a level of emotional detachment from their clients.

In discussing the friendship aspect of the relationship with clients, four companions stated that there was no difference between their relationship with their clients and their friends outside of their work situation. In fact, three companions stated that their relationship with clients was often closer than with their other friends or family. In some situations, companions also described being treated as *fictive kin* by the client's family. But for eight out of the fifteen companions interviewed, there was a definite difference between their work friendships and their friends outside of work. One companion described the rather nebulous position of a paid companion to be awkward at times: "I'm not a friend, I'm not totally a companion. I'm not really an employee. I'm not

a family member, so I sit somewhere in the middle.” Another companion explained that although her clients often trust her enough to confide in her, while she considers some of her clients to be friends, certain boundaries are in place:

I: With your clients that you are friends with and your friends outside of your work relationship – is there any difference between those relationships?

P: Yes, there is because no matter how close you get, it is still a client-employee kind of situation. There is some difference because you are always in your work mode. I’m in my work mode when I go to work. Even though I am really, really enjoying where I am and what I am doing, there is still a line of respect for the client. I am still the employee and they are still the client, and I would never cross that line of respect. But with a close friend, well, a close friend loves you with all of your warts and foibles, and you can completely let your hair down.

Photo elicitation reinforced the notion of friendship and fictive kin. Nine participants produced 17 photographs of themselves with their companion or client and in many cases produced signed photo consents that allowed publication use of the photographs. When discussing the photographs they often talked about their companion or client, alluding to the friendship component or fictive kin nature of the relationship (*Figures xvi and xvii*⁴⁹).



Figure xvi: 'The Birthday Party'

“She’s been really good to me. She would do more with me [outings] but I can’t anymore. Well you know I really consider her to be a good friend. And she has said, ‘It doesn’t seem like work when it comes to you, it’s not work.’” (*client photo 2010*)

⁴⁹ The client in the photograph [*Figure xvii*] recently passed away in 2011. The companion sent me the photo in January 2011 and requested that I use the photo in place of one of the others that she had provided of her same client during her interview.



Figure xvii: 'At Willow's Beach" (client photo 2010)
"Christmas and New Year's were so very sad. I was her companion for six years almost on a daily basis and she died with me by her side. It is as if I have lost a member of my family no less." (*from email correspondence with companion in January 2011*)

Within this diverse context it is interesting to consider a typology of paid companions based on characteristics of paid companions within their client-companion relationship. This typology classifies companions as: 1) employee; 2) liminal friend; 3) like a friend or fictive kin; and 4) better than a friend or family member (*Table 2, page 146*).

Characteristics of Paid Companions within their Client-Companion Relationships				
	Type of Paid Companion			
Characteristic	Employee	Liminal friend	Like a friend or fictive kin	Better than a friend or family member
<i>Key descriptors of companions</i>	Respectful and trustworthy	Neutral friend with boundaries; in-between friend, family & employee	Friend; like a family member; trustworthy and caring	Close and trusted friend
<i>Boundaries</i>	Set hours of work Defer to client Might address client by title & last name Maintain client confidentiality	Set hours of work Maintain distance with client & client's family Maintain client confidentiality	Set hours of work PC attends events & activities with client outside of work hours Mutual trust & confidentiality	Set hours of work PC attends events & activities with client outside of work hours Mutual trust & confidentiality
<i>Focus of the work</i>	PC job as career: with a focus on the client's emotional & physical needs	Client's emotional and physical needs define relationship	Client's emotional & physical needs Close relationship with client Client advocate Protection of client	Client's emotional & physical needs Close relationship/ friendship with client Client advocate Protection of client
<i>Relationship with client</i>	Professional & detached "Emotional labour" and/or (<i>authentic performance</i> [acting]) may be used in the work	Professional & detached: don't get too close to client Similar likes & dislikes "Emotional labour" and /or (<i>authentic performance</i>) may be used in the work	Based on 'chemistry' with similar likes & dislikes, values & ethics Fictive kin are free of conflict & expectations of biological family Social & emotional Relationship may continue after job ends Ability for PC to express 'authentic sense of self'	Based on 'chemistry' Similar likes, dislikes, values & ethics Reciprocity of openness & trust Relationship continues after work contract ends Ability for PC to express 'authentic sense of self'
<i>Sharing of experiences</i>	Emphasis on listening to client Limited sharing of PC's personal experiences	Emphasis on listening to client Limited sharing of PC's personal experiences	Mutual sharing of experiences	Mutual sharing of experiences PC shares intimate details of life with client, not shared with anyone else
<i>Affection and connection</i>	Compassion and empathy Caring	Compassion & empathy Caring	Compassion & empathy Emotional closeness & physical affection	Compassion & empathy Emotional closeness, physical affection, & spiritual connection
<i>Relationship with client's family</i>	Professional but detached With death of client, relationship with the family may end	Professional but detached Relationship with family may continue after the death of the client	Good relationship with family; may be treated like a family member Relationship with family may continue after the death of the client	Good relationship, although emphasis is on the PC-client relationship Relationship with family may continue after the client's death

Table 2: Typology of Paid Companions

Agency imposed boundaries

Although the *fictive kin* and friend relationships of 10 companions and all 8 clients had similarities to the relationships they had with friends or family, participants recognized that nevertheless some boundaries were in place due to the employer-employee nature of the relationship. These boundaries were both private agency based and self-imposed. Agencies have basic rules and regulations that serve as boundaries, most often designed to protect workers and clients. For example, one Victoria agency has regulations that prohibit giving phone numbers to clients or taking clients to the worker's home; getting involved in the client's family matters; and requiring a signed agency form when accepting a gift from a client. However, Victoria home care agencies also place boundaries on the companion-client relationships indirectly through time allotted per client per visit. Agency companions who did home-based companion work (which included housekeeping and meal prep) sometimes complained of feeling rushed, with not enough time to provide quality care or the social aspect of companionship⁵⁰. One companion who had previously worked for an agency, but left to work as an independent, described her agency work as: "Too hectic, too many clients – you can't give the attention and the care they really need. When you're working from one to the next to the next, you don't have quality time."

On the other hand, worker-client consistency was important to most agencies, which meant that companions were not usually shifted from one new client to the next on a constant basis. In addition, all of the companions who were still working for agencies

⁵⁰ However, agency policies vary. When the companion changed agencies, the next agency she worked for did not operate the same way. It allowed more time per client, and tried to provide client consistency as much as possible.

also felt that they did have some degree of ‘choice’ in their agency work. Companions could usually set limits on the number of hours they wanted to work, the number of clients they wanted to have and the type of work they were willing to do (i.e. personal care, housework, and/or meal preparation). But agencies would sometimes try to push them to accept more hours or clients, and companions who were not willing to do housework or meal preparation often received fewer hours of work.

Although there are parallels in the literature on home care work with that of companion service, there are also discrepancies – boundaries that are imposed by private home care agencies being one example. In Karner’s American study, the Home and Community Based Services organization placed regulations and rules around the interactions between their home care workers and the care recipients. Although the organization encouraged their workers to develop a trusting and respectful relationship with care recipients, they also tried to place boundaries on their relationships—specifically discouraging emotional connection and attachment which takes place through the “sharing of selves” between the care worker and the care recipient (Karner 1998).

Home care agencies in Victoria have a different perspective on care work. Because the agencies do their best to maintain consistency of staff with their clients the relationship between client and companion is encouraged. Although most agency representatives said that while the task-based component of the work is a necessity for clients striving to maintain their independence at home, the worker-client relationship is integral to the work. One agency representative emphasized that they base everything on the relationship between worker and client, rather than on the task, while another administrator said that the number one important aspect of their service is

“companionship.” Nevertheless, the question needs to be asked if agencies are doing this purely out of concern for their client’s needs, because it is a better business practice or both. If it is simply “good for business” then the emotional relationships between care workers and care recipients are being exploited for purposes of economic gain (Dodson & Zincavage 2007:915).

Overtime hours are another issue that overlaps with research on long-term care facility workers in both the US and Canada. The literature suggests that built into this relationship between worker and client is the expectation that home care workers will work overtime hours without pay (Dodson & Zincavage, 2007; Purkis, Ceci & Bjornsdottir 2008). This finds parallels with my research as seven companions mentioned doing extra errands for their clients outside of their paid hours: shopping, dog sitting, picking up a prescription, or staying a little longer past their paid hours to finish up a task for the client. Companions said that they don’t mind doing that little bit extra for their clients as long as it doesn't involve too much extra time, but are upset when clients take advantage of them and do not repay them for the shopping they have done. On the other hand, one companion mentioned occasionally picking up small items for her clients and not asking to be reimbursed because the items cost a dollar or two. While it is unclear if agencies encourage this extracurricular activity, are unaware of it, or simply look the other way, it nevertheless takes place.

Reasons for putting in extra unpaid hours include: “a sense of responsibility for the client” or the fact that there is no one else available to do it. This echoes a study by Aronson and Neysmith (1996) in which home care workers, describing the emotional component of their work as *nonwork*, assume the role of “*ultimate responsibility*” citing

the fact that no one else is going to do it and therefore often working additional hours without pay (p. 70). According to Aronson and Neysmith, management on the other hand, attempts to minimize the relational labour component of the work through regulation of time and work allocation which focus on tasks. The hidden dimension of expected unpaid overtime hours also connects with debates around the blurring of boundaries of informal and formal care work.

Palliative care is a special example of work performed without pay. Although a number of companions included palliative care as one of their services, two companions mentioned that they usually did palliative for their clients for free. One independent companion explained that even if she was with a client day and night for a few weeks before they died, she preferred not to charge the families: “I don’t want them to pay me for that, because that’s my way of saying thank you for having me as a companion all that time.” The other companion who did palliative care at no cost, explained that: “It’s really gratifying spiritually to do that – to help somebody pass away, and for me that’s one of the more meaningful things that I do in my life.”

Another variance in the literature surfaces around the issue of class and ethnicity. The literature on home care work in the United States suggests that exploitation is also rife for home care workers who assume the role of *fictive kin* (Dobson & Zinbarg 2007; Stacey 2005). These workers are almost always women from a lower-class background, generally racially or ethnically different from the clients they serve, and are often African-American women or non-privileged immigrants from low-income countries. Although inequities based on race, class, and ethnicity exist in Canadian home care work and are reflected in working conditions and wages for home care workers, this

situation is not identical to paid companion service. However, because statistics are not yet available on the numerical breakdown of paid companions by ethnicity, class and educational backgrounds, I cannot generalize from my sample. In terms of low rates of pay, while private agency wages are low, companions who work independently set their own wages, which are in the \$18-\$30 per hour range. As mentioned earlier, although not the rule, in some instances, paid companions were in a higher income bracket than their clients.

Self-imposed boundaries

In addition to agency-enforced boundaries, both agency-based and independent companions often place self-imposed boundaries on their personal interactions with clients. Most companions mentioned the importance of respect: for the client, and their client's personal environment and their families. For four companions the employer-employee boundary was very strong: "I'm in my work mode when I go to work, even though I am really, really enjoying where I am and what I am doing, I am the employee and they are still the client, and I would never cross that line of respect." One young companion said that out of respect for her client she never uses his first name: "I'm still very respectful. I will never call him by his first name. I don't call him 'dear' or 'honey' or stuff like that. He'll always be Mr. T because he's my boss." In terms of the client's physical environment, one companion explained that when you work for older people in their own home, they automatically feel a loss of control, which she works to minimize by allowing her clients to take the lead:

But when you are first going in [to a home] you're just kind of letting them lead you to show you where things are and where the places are that they don't want you to go. And they're still in control because sometimes people are so afraid when a worker comes in they will lose control. It's a loss of control.

Six clients also confirmed the importance of trust and respect. As the employer, they expect to receive: kindness, honesty, non-judgmental reactions, and a good quality of care from their companions. In return, they believe that mutual respect for their companions is essential. Aware of the power-over relationship that they have, most clients try their best not to misuse their position with the companion. For example, one client who referred to her paid companion as a friend, also acknowledged that there were self-imposed boundaries on the friendship:

[Although I consider her a friend] I don't think that implies that you can make calls on her time outside of the hours she's paid for. But it's a pretty wooly border. For instance, we have our groceries delivered by Thrifty's and last week they sent us something that was hopelessly wrong, not what we wanted at all, and N. just said, "Oh well, I'm going to do my shopping on Saturday and I'll take this back for you and exchange it." And you say, "Oh, thank you so much." So in that sense she's a friend, but it's at her initiative. I would never ask her to do anything like that.

Time is the primary complaint that companions make about clients. While the client above was respecting the boundary of after-hours work, six companions stated that over the years they had many clients who tried to push the boundaries of their scheduled hours, always wanting just a little bit more of their unpaid time. This is quite frustrating for them, as they may have scheduled back-to-back clients or have other commitments that won't allow them to spend extra time with each client. Companions consider this to reflect a lack of respect on the part of the client. On the other hand, two clients have also brought up the issue of time, occasionally in relation to resentment over paying for time used by the companion to discuss personal issues. One client described the complications that arise from a friendship-based relationship with her client when boundaries of time are transgressed:

Because I am now so enmeshed in her life that not infrequently, sometimes more than others and especially depending on what's going on in her life, a lot of our time together might be spent sitting and talking about her stuff, which I don't really like. I wouldn't

mind if it wasn't on the clock. You know I'd be happy to do it, but it does trouble me when we might sit talking for an hour about her stuff, which I am then paying her [money] for. I wouldn't even mind if I got short-changed the hour and only paid for the two hours she worked.

The other major boundary issue concerns interactions with clients' families. Although companions generally experienced excellent relationships with their clients' families⁵¹, they also acknowledged the importance of boundaries to maintain neutrality and client confidentiality. Interference in the family relationships of clients can incite tension and jealousy, creating a great deal of family conflict. One client described a situation in which she had to fire her companion because of the discord that the companion had created within her family with her daughter. Boundaries between companions, clients, and families are constantly negotiated, while specific rules and regulations are applied by individual agencies. Nevertheless, within these adjustable boundaries of individual respect, personal space, time, and family relations, companions and clients often manage to create relationships that are mutually beneficial.

Emotional labour, manufactured identity and authenticity of self

While the majority of companions (12/15) acknowledged that boundaries were present in their relationship with clients, many companions also describe a job that allows them to engage with clients and serve their needs while maintaining an authentic sense of self. Three companions felt they had achieved a mutual emotional honesty in their relationships with certain clients. For these companions, openness and emotional intimacy formed the basis of their client-companion relationship. One companion who

⁵¹ Companions stated that while they attempted to develop good relationships with family members, this was dependent on the families involved. Although they had had many excellent relationships with families, they had also had had relationships that were very challenging.

particularly reflected this point of view talked about one of his important client relationships:

Well, L. was somebody I was really attached to. Because she was kind to me, I was kind to her and we became very intimate. I could really talk to her about my personal issues and what was happening in my life and she would listen, and I would do the same for her. She probably knew more stuff about me than some of my friends did, because she was very open to it. And we kind of just became really good buddies – she was just that kind of person.

The desire for deep emotional interactions with clients may in part lie in the personal histories and present lives of these companions. Four companions shared details from their personal life histories, which included difficult or dysfunctional family backgrounds, divorce, or depression. Although it is part of the human condition to seek connection with others, the personal life experiences of these particular companions may have influenced them to search for employment that contained a strong emotional connection with people as a central component of the work, thereby helping to provide the meaning they had been missing in their lives.

This experience of deep emotional intimacy between companion and client presents a somewhat different perspective from that found in the literature, on health care and homecare workers, specifically in American care facilities and home care agencies, where management attempts to regulate and control interactions between workers and clients. Workers are encouraged on the one hand to utilize “emotional labour” (Hochschild 1983) in order to form *fictive kin* relationships with clients as a good business practice, but the degree of closeness between workers and clients is controlled by management. In the Karner study for example, workers are discouraged from “getting too close” or providing extra support to residents outside of their normal working hours (1998:77-9).

The three companions discussed earlier maintain that they have ‘genuine’ and loving relationships with clients that do not involve any kind of pretence (which would include the use of “emotion work”), but for the other companions in my research “emotional labour” forms a component of their work with clients (Hochschild 1983). And depending on the paid companion, the degree of the emotional labour involved varies considerably. In some situations, although the work of paid companions is quite different from that of escorts and sex workers, the emotional labour that is involved in both professions reveals similarities, which can in turn generate a kind of “manufactured identity” (Sanders 2005).

Hochschild’s *The Managed Heart* (1983) began to address the issue of “emotional labour” or *emotion work* through her research on flight attendants. She discovered that not only was emotional labour expected, the workplace was also closely monitored and supervised. In this environment, workers were expected to do more than “surface acting” (a superficial display of emotion only), and were instead expected to enact a form of “deep acting” in which they produced the desired happy, upbeat emotional state that fulfilled company expectations (p. 33).

Hochschild’s research finds parallels with the sex workers in Teela Sanders’ study (2005) who often refer to the work they do as “just acting,” although they emphasize that within this acting strategy they incorporate genuine aspects of their actual personalities in order to create an “*authentic performance*” for their clients (p. 334). Sanders argues that sex workers fabricate a “*manufactured identity*” specifically for their workplace “as a self-protection mechanism to manage the stresses of selling sex as well as crafting the work image as a business strategy to attract and maintain clientele” (p. 319). Although

perhaps not to the same degree as sex workers, some paid companions engage in a similar process of creating a manufactured identity in order to engage with their clients. One paid companion who had been in the profession for over 25 years described the performance aspect of paid companionship this way:

I've always said this business is like a stage. There are only two actors and you wait and take your cue from that other one because every hour you go to a different one. There's a different actor and some of the conversations that go on would not make sense to anybody whatsoever, but you have to be in their world. You can't come in there and bring your world to them. They're not interested in that.

This is notable, particularly in the contrast between those companions who enjoy the work precisely because they feel that they are able to express their authentic selves and companions who see themselves as *actors performing on a stage*.

Acknowledging that emotional labour has always been used in a variety of different human encounters, Hochschild attributes the problem with emotional labour to its potential exploitative use. In the case of the flight attendants in her study, the workers were under close surveillance while performing emotional labour, and in this environment, they often became alienated from their own feelings and often burned out on the job. Exploitation easily takes place in this situation – feelings have become a commodity, bought and sold by the company.

Emotion work will always be a part of the work of companion service. Clients expect companions to be hardworking, respectful and attentive to their needs, and exhibit kindness. On the other hand, they do not want opinionated, intrusive or insensitive companions. Elderly clients, who are often dealing with health issues that involve physical pain, also prefer companions who are cheerful, positive and engaging. Because companions are only human, with their own needs and personal lives, in order to fulfill these client expectations they must employ emotional labour periodically in their work.

However, unlike the emotional labour of Hochschild's study whereby management controlled the behaviour and emotions of its workers, companions work in an environment free from management surveillance. They therefore monitor their own emotion work through a kind of self-imposed censorship. In this sense, the care they provide and the relationships they have developed with clients are transformed into commodified care and friendship.

But with the companions who speak of emotional intimacy and a deep emotional connection with their clients, perhaps something else is taking place. Rather than self-censor and engage in emotional labour, perhaps these companions are resisting the neoliberal ideologies of commodification; pushing against the biomedical separation of mind and body. Perhaps their "loving touch" and emotional intimacy with clients reveals a breaking away from the exploitation of emotional labour into a liberating and genuine interaction with other human beings – "*a breaking of frames.*" While Harper (2007) broke the farmer's usual frame of reference through the use of aerial and historical photographs, some companions⁵² are breaking out of the established rules of care relationships to create relationships that are based on love and affection between companion and client. Emotional labour has been replaced with mutual connection and at the same time, the economic aspect of the exchange has become secondary to the emotional and spiritual relationship between the companion and client.

⁵² This may also be true for other workers employed in the health care field who are seeking similar goals of connection and meaningful relationships.

‘Being in the world’

Embedded in an understanding of relationships and spiritual-emotional connection is the notion of *‘being in the world.’* Companions and clients, as well as home care agency representatives emphasized the importance of ‘being in the world’ when you are an elderly person and the ways this can be achieved. From the clients’ perspective, ‘being in the world’ necessitates maintaining connections outside of their personal world which has grown increasingly smaller as they have aged. For independent clients, although housekeeping tasks make up a large portion of companion work, the social-emotional connection that develops between companion and client functions to promote an active engagement in the world. Depending on the client’s specific needs companions help clients in various ways to achieve this through: conversation and listening; accompanying clients on social outings (entertainment, shopping, appointments); providing computer assistance and help with personal correspondence in order to maintain clients’ social contacts; engaging clients with art and music; and organizing and assisting clients with social gatherings in their own homes (luncheons, book club meetings, small dinner parties). As one companion very clearly explained:

P: The toilet still has to be cleaned and the garbage still has to be taken out, and you’re usually the only one capable of doing that, but that’s just a very small part of what it’s all about. The interaction and the relationship is far more important than doing those things, but those things still need to be done, because somebody has to do it.

I: But you are saying that for the client it’s that, but it’s also the connection with the person working for them.

P: Yes, and it helps to take away the loneliness of the day. That’s one of the hugest things that can happen to a person’s life, especially when they are very aged – is for them to have been forgotten and what I try to do is to bring the outside world into them.

I: Through yourself you mean?

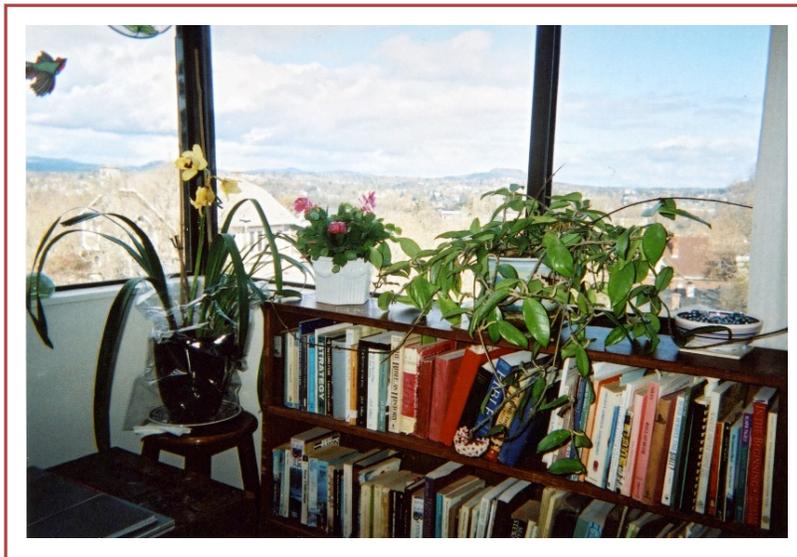
P: Yes, and try and help them to feel that they are still a part of this world that is going on outside their door, even though they may not be able to go outside their door or hardly at all.

For companions who work with clients with dementia, physical touch, memory games, nature and music hold the key to bringing their clients into the present moment so that they can ‘be in the world’ again. Although clients with dementia were not the focus of my research, companions’ emphasis on nature as an essential tool to connect clients to the world is I think a notable finding and should be briefly discussed. Nature is immediate – it has texture, smell, and sound – all of which help to connect the client with the present moment. On walks in nature, two companions described how practically nonverbal clients recognized the flowers and plants that they touched. On a drive to the breakwater at Ogden Pier, another companion described how a client with moderate dementia was able to verbally describe the mural on the breakwater as First Nations’ artwork. The Dallas Road ocean walkway and Beacon Hill Park were favourite outing destinations for many companions. These places brought a sense of calm to anxious clients and helped them to reconnect to life. One companion described working with a client with moderate dementia whom she was still able to take on outings. Because her client loved animals and children, the Petting Farm at Beacon Hill Park was a therapeutic place to visit. While often withdrawn at home, the client was able to engage with children visiting the farm and hold the animals there (*Figure xviii*).

Independent clients, who were not cognitively impaired, also mention the importance of nature as a way to ‘be in the world.’ One client and her spouse used a photograph of a view from their apartment to discuss the importance of maintaining contact with the outside world. They described the sky and the scenery, but also the way the view allowed them to see other people passing by beneath their window, connecting them to the outside world (*Figure xix*).



Figure xviii: 'Being in the world'
 "It gives them contact out in the world. They're so isolated. It gives them a sense of, even a little bit in their own way, in their own minimal way a sense of, 'oh, I'm in the world. I'm **IN** the world.' And I see a calm come over them, like a sense of being, of belonging. There is a sense of enjoyment about that" (PC photo 2009).



P1: We cherish the view of Mt. Doug. It's really nice and there's a wonderful skyscape along here and in the evening we can just sit and watch the sky change into all sorts of different colours. We think we're at the best level which is just below the treetops, and in the winter you can see the water of Oak Bay, but now the leaves are starting to come out so we won't be able to see much of it."

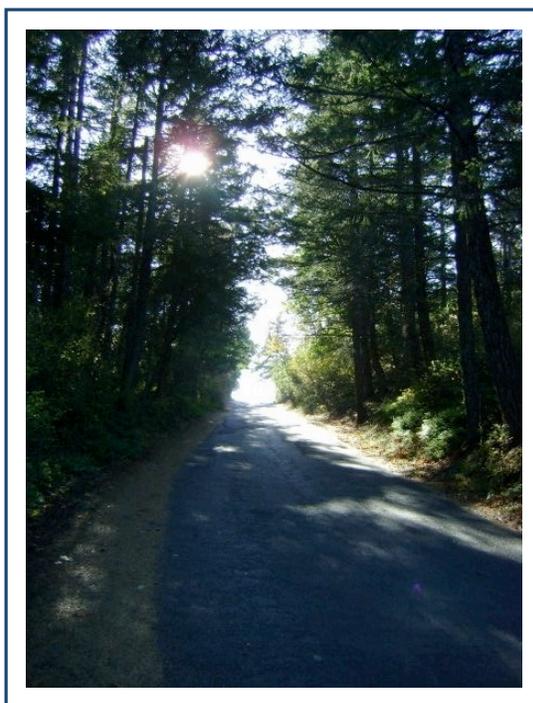
P2: "We see the kids playing on the trampoline in that garden below, which connects you to the world."

Figure xix: 'The View' (client photo 2010)

Both groups of participants (8/15 companions and 4/8 clients) talked about how nature functioned as therapy and connection. Four companions described using walks in nature as a way to unwind from the emotional stress they sometimes experience on the job (e.g. *Figure vi, page 103*). Descriptions of nature arose when clients discussed their outings with companions and family members, describing how much they loved trees, flowers or the sea. A shared love of nature was a thread that brought companions and clients together. As one client explained when describing the similar interests she had with her companion: “She loves flowers and I love flowers...I’m crazy about trees and I can sit and enjoy them. And if anybody gives me flowers, she’s just the sort of person to say, ‘oh aren’t they beautiful, let’s fix them up.’” The last two photographs in this chapter illustrate the importance of nature to companions: the spiritual aspect of nature that gives meaning to their lives and helps clients to ‘be in the world’ (*Figures xx and xxi*).

Figure xx: ‘The Path in the Woods’

“This is a path through the woods. It represents a journey of life. It’s uphill sometimes, and around there is a corner. It kind of represents life. It’s not all upwards or always straight downwards. There’s always a corner and you never know what’s around that corner, and you just have to take it like it comes.” (PC photo 2009)



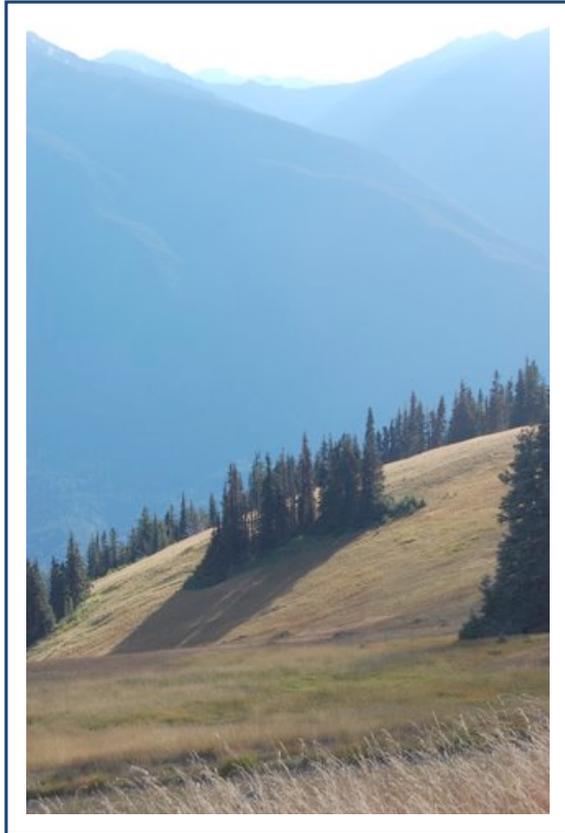


Figure xxi: 'Hurricane Ridge'

"It's to get them out in nature...It wouldn't be here—this is over in the Olympics, but it's beautiful. It's symbolic of wild places — of nature, and even if it's out to the park, to get them out and experience the natural world whenever possible because well, that's our place and they are inside all of the time" (PC photo 2009).

CHAPTER 5: FUTURE RESEARCH SUGGESTIONS AND CONCLUSION

Suggestions for future research

The focus of this research was on paid companions and their clients who live independently, but over the course of the research it became very clear that a large number of companions are working with elderly people with dementia living in facilities. As virtually no research has been conducted on this aspect of paid companion work (aside from my own exploration of companion service, which indirectly documented companions who had done this type of work), further research needs to be done on this area of companion service. I would suggest that research which involves the paid companion, the person with dementia, and their family would be a useful addition to the literature. In addition, another opportunity for further research exists in exploring the relationship between facility-based paid companions and the staff who work in those facilities. Some hostility to their work was noted by a few companions in my study, yet other companions described a very supportive atmosphere at facilities. This future research would be beneficial in order to examine the differing perspectives and relationships of these interconnected workers and work environments.

Another opportunity for further research lies in the use of nature to engage clients with ‘being in the world.’ Companions and clients discussed the importance of maintaining this connection to the larger environment, outside of their small personal world. Companions described the calming and healing properties of bringing clients with dementia into contact with nature. Although time prevented a literature search on using

nature as a therapeutic method in working with people with dementia, it merits further research, which could be combined quite successfully with a visual methods project, especially a project employing ethnographic film.

Photo elicitation was an invaluable component of my research on paid companions and clients. Through photographs and accompanying conversation, paid companions described the purpose, meaning, and rewards of their work. Clients used the photographs as a way to put their lives in perspective and explain their personal history in relation to why they had come to need a companion; what was important to them now in their lives; and how companions helped them maintain a meaningful and relatively independent life. Although photographs provided one way to examine the experiences and relationships of paid companions and their clients, collaborative ethnographic film offers another layer of exploration into this world. Participants in my study were generally enthusiastic about creating a photo album as part of their involvement in the research. Ethnographic film offers even greater possibilities for collaborative work with both sets of participants, and possibly families. Film can show people and relationships in motion, revealing subtleties and nuances of actions and emotions that may not be captured by text or still photographs alone.

Conclusion

In this thesis I have examined the work and relationships of paid companions and their clients within the context of a socio-economic neoliberal environment that favours individual responsibility and choice. With the restructuring of Canadian health care over the past three decades a change in responsibility of care has taken place which has shifted more responsibility of care of the elderly from government services to community and

family caregivers (Baines et al. 1998; Penning, Brackley et al. 2006). As a result, some seniors and their families have sought other means of care and support—*paid companions* reflect one of these new private care options.

Paid companions now perform a wide range of services for the elderly living in their own homes and in retirement homes, assisted living and long-term care facilities. Companion service includes a variety of activities including: housekeeping; meal preparation; personal care (for clients living in their own homes); palliative care or family respite care; as well as companionship, conversation and visiting; pet care; accompaniment to dinner, shopping and other outings. In reviewing the literature on homecare workers, it is clear that in many ways the work performed by paid companions for the elderly living in their own homes is very similar to that of homecare workers. Yet the emphasis of the work is different. Although paid companions, like homecare workers, also perform task-based activities for their clients, *companionship* and *relationships* with clients are the central focus of their work.

Additionally, paid companion work with clients in care facilities fills a very unique role. In this environment, facility-based paid companions are quite unlike home-based paid companions, homecare workers or facility care aides. Because of the cutbacks to staffing ratios that took place over the last ten years in British Columbia, staff time to socialize and chat with residents has vanished (HEU 2008). Health care facility workers now have very little time and are unable to provide more than the basics of personal care for residents. For families with adequate financial resources paid companions now fill this care gap, providing companionship and connection for elderly residents (most often with dementia), keeping them involved and engaged.

Companions often bring the world outside to their facility clients through music, art, reading or memory and remembering games. But companions also emphasize the importance of 'being in the world' for their elderly clients. To accomplish this, they take clients from the isolation and boredom of facility life to an interaction with the outside world through their senses. On walks in the park or along the ocean, clients smell the salt air and touch the plants, often remembering the names of the florae they grew in their home gardens. With these activities, the elderly person becomes re-engaged in the world.

Companionship is very rewarding for companions and clients. For companions, helping others and forming close intimate relationships with clients makes the work worthwhile and fulfilling. For clients, having a companion helps them to maintain a 'normal life' by staying involved with their activities (such as art and music), and remaining connected to family and friends. Many times over clients remarked that they didn't know what they would do without their indispensable companions. And for both members of the dyad, friendship and *fictive kin* played an important role. The majority of companions (13) and all of the clients interviewed for this research referred to each other either as friends or *fictive kin* (e.g. like a daughter/son, mother/father/ or sister).

Perhaps because the work of paid companions is so variable, the term itself, as well as an interpretation of the work is fraught with ambiguity. For some workers, if personal care is a component of companion service, the work becomes 'caregiving' or 'homecare,' but for other workers it makes no difference whether there is personal care or not; it is still companion work, with an emphasis on the social-emotional relationship with the client. Because of the ambiguities inherent in the term and the work, some companions wish there was another term that would more accurately describe the work

they do, but until a replacement term can be found, the terms ‘paid companion,’ ‘companion’ and ‘companionship’ will remain.

Paid companions provide a commodified form of care and friendship for their financially secure clients, reinforcing Canadian health policies that promote individual responsibility and choice. In this sense, because of the neoliberal agenda, ‘paid’ companionship has become explicit. Yet, some of the companions in this study are pushing against the neoliberal ideologies of commodification with its biomedical fragmentation of mind, body and spirit. These companions remain in the profession because of the deep emotional and spiritual relationships the work creates. Through a process of mutual trust, physical touch, and emotional intimacy they are transforming their role as ‘paid’ companions into one that allows for an authentic and open engagement with their clients.

Today our uncertain political economic times will undoubtedly have an impact on Canadian neoliberal health care policies. The continued commodification of aging and the biomedicalization of health will not change as long as neoliberalism remains the foundational structure of our political system. The consequences for paid companion service will reflect global and national economic conditions and policies. If government cutbacks continue in health care the need for companion services will most likely increase among the financially secure elderly. On the other hand, if governments reinvest in home care, what will the fate of companion service be? Will this valuable service continue to exist only as a private care option, or could paid companions possibly become a regulated and government funded health care service so that all elderly persons who need assistance, regardless of socio-economic status will have access to it?



*Figure xxii: 'At Home' (2010)
[photo by the researcher at client's request]*

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APPENDICES

Appendix A: Participant Recruitment Poster



University
of Victoria

Call for Research Participants 'Paid Companions'



Linda Outcalt, a MA graduate student in the Interdisciplinary Program, is the researcher and project coordinator.

Do you:

Live in the Greater Victoria area (including Sidney, Saanich and the Western Communities) and **work as a paid companion or employ a paid companion?**

If so:

I would like to invite you to participate in a research study about paid companions being conducted through the University of Victoria, with funding from the Social Sciences and Humanities Research Council of Canada.

The purpose of this research is to explore the experiences of paid companions and their clients/employers. This research will make a valuable contribution to knowledge about one of the new options available for elder care and support. It may also inform the development of policy and or legislation with respect to paid companions.

Your participation in this research would involve: 1) participant photography (cameras provided); and 2) one interview of about an hour and half in length with the researcher. A possible follow-up interview of 30 minutes is optional. **Interview location and time will be arranged for your convenience.**

Involvement is voluntary and everything you share is confidential.

**If you would like to participate or learn more, please contact
Linda Outcalt at 250-384-9292 or loutcalt@uvic.ca**

Additional support for this research has been provided by:
the BC Network on Aging, the Sara Spencer Foundation, and the BC Ministry of Labour and Citizen's Services.

Appendix B: Telephone script

'Paid Companions': Telephone Script

Hello, how are you? I am Linda Outcalt, a graduate student in the Interdisciplinary Program at the University of Victoria. I am conducting a research study to explore the experiences and relationships of paid companions and their care recipient clients/employers. I hope you will be interested in this research.

You are part of a new trend in caregiving for the elderly, which has emerged as a result of the restructuring of Canadian health care during this time over the last decade. Some seniors and families, feeling the impacts of the cutbacks to health and social services, have turned to other alternatives of care to fill care gaps. Paid companions are one of these alternatives, operating either independently or through private health care agencies.

To date, while considerable scholarly research has been conducted on care and caregiving, this new trend of paid companions has not been examined. This research will therefore be a valuable contribution to existing knowledge. It may also inform the development of policy and or legislation with respect to paid companions.

May I ask where you heard about this study? _____

Do you work as a paid companion or are you the client/employer of a paid companion?

YES _____ or NO _____

Do you live in the Greater Victoria area, (including Sidney, Saanich and the Western Communities)?

YES _____ or NO _____

Thank you. I would be very interested in interviewing you for this research. Thank you. Your participation would involve two components: 1) photography: 6-12 photographs taken by you of people, places, objects, relationships or situations that reflect what is meaningful to you in relation to your experience as a paid companion or a care recipient client/employer (a disposable camera will be provided to you); and 2) one interview of about an hour and half in length, to discuss your experiences as a paid companion or client/employer, using your photographs as a departure point for the interview. I may call you back to clarify my interpretation. At this point you may be offered the opportunity to participate in a follow-up interview of 30-45 minutes in length. Involvement is voluntary and everything you share is confidential.

In order to gather as much data as possible, I may also interview your companion/client, but only with your permission (Appendix I). Please note that if this should be the case, you have my guarantee that under no circumstances will anything that is said to me during the interview be revealed to the other participant (either paid companion or client/employer). In addition, I will not be asking either participant for specific personal

information about the other member of paid companion/employer dyad. Instead, my research interest is in your role and experience as a paid companion or client/employer of a paid companion. In addition, the interview data will not be linked in analysis; group comparisons will be made, but data within an individual dyad will not be linked (e.g. between a paid companion and their particular client).

Do you have any questions about the project or the research?

Notes: _____

Would you be interested in participating in this research project?

Yes _____ No (reason for decline) _____

May I have your contact information?

Address: _____

Phone: _____

Email: _____

Could we set a date and time now to meet in order to give you the camera for the first part of the research? Yes (set up below) or No (arrange to call back)

INTERVIEW DAY/TIME: _____

PLACE and directions:

OTHER NOTES:

Thank you so much – I look forward to meeting you. If you have any questions before we meet please feel free to call me at 250-384-9292 or contact me by email at loutcalt@uvic.ca.

Appendix C: Statement of Informed Consent



University
of Victoria

STATEMENT OF INFORMED CONSENT

Research Study: 'Paid Companions'

Introduction:

I (Linda Outcalt) am conducting a research project entitled "Paid Companions: Fictive Kin and the Commodification of Care." The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients. I request your assistance and invite you to participate in this research project. Involvement is voluntary and everything you share is confidential.

What You are Asked to do if you Participate in this Study:

There are two components to participant involvement. If you agree to participate in this research you will be first be asked to take 6-12 photographs of anything (people, places, objects, relationship, or situations) that provides a reflection of what is meaningful in your life, with an emphasis on connecting that meaning to your experience as a paid companion or care recipient client. The researcher will supply a disposable camera for your use. The second part of the research involves your participation in an interview of about an hour and half, on your own with me, in-person. The interview will focus on your experiences and relationship as a paid companion or care recipient client, using the photographs as a departure point for discussion. I may also be calling specific individuals after the initial to clarify my interpretations. At this time you be given the opportunity to participate in 30-45 minute follow-up interview.

While I do not anticipate that the questions I will ask will be upsetting to you, I would like to emphasize that at any time should you experience emotional difficulty we can stop the interview.

Your participation in this study is completely voluntary. You are also free to ask questions about the study at any time and to decline to answer any particular question without explanation. You can stop the interview at any time and may withdraw at any time from the research without consequences or explanation. If you do withdraw, any information you have provided will be included in this research only with your written consent. In the situation where one member of a paid companion/client dyad (pair) should withdraw from the research project, the data from the other member of the pair will still

be included in the research, because the data will not be linked. There are no known or anticipated risks for participation in this research.

Confidentiality:

All responses and personal information that you provide will be protected and kept confidential. If both members of a specific dyad (paid companions and clients) are interviewed, each member will be interviewed separately, and under no circumstances will anything that is said to me during the interview be revealed to the other participant (either paid companion or client/employer). In addition, I will not be asking either participant for specific personal information about the other member of paid companion/employer dyad. Instead, my research interest is in your role and experience as a paid companion or client/employer of a paid companion. No identifying information will be attached to your responses. I will not, for instance, publish or release your name or information that might identify you. Information will be analyzed in the aggregate (e.g., combining all participants or in broad groups such as men or women). I will not analyze information for one person at a time, but rather combine it and look at broad associations, trends and themes. In addition, the data from paid companions and their clients will not be linked during analysis. In other words, I will not compare data within a specific dyad, but will only compare the data from each group, which provides further assurance of confidentiality for each member of the dyad.

In order to protect the confidentiality of participants' responses, the data will be secured at the Centre on Aging. Computerized electronic data will not have any identifying information and will be stored on a password-protected computer. Hard copy data, that is, information recorded on paper, audio mini-disc, and photographs will be kept in a will be kept in a locked filing cabinet, in a locked university office (room 123 of the Centre on Aging, University of Victoria). Computerized data will be deleted seven years after the data are collected, and hard copies will be shredded five years after the data are collected.

Benefits of Participation:

The potential benefits in this research include an acknowledgment and understanding of the work provided by paid companions, and improved home care services for the elderly. As one of the newer care options in the private sector that is being utilized to fill care gaps this research may thus inform the development of policy and or legislation with respect to informal and formal caregiving and paid companions.

The information you provide will be used as part of this research project specifically, and possibly in additional research on paid companions or caregiving that the project researchers or other university students perform in the future (if you agree to this). I will be sharing the findings with professionals and other researchers through conference presentations and journal publications. The media may also be interested in the findings. Aggregate results from this study will be shared with others but no individual data will be shared.

Contact Information:

Linda Outcalt, an Interdisciplinary Master's student (Anthropology and Sociology) at the University of Victoria, is conducting this study. I may be contacted by phone at: 250-384-9292 or email: loutcalt@uvic.ca. Dr. Peter Stephenson, Professor of Anthropology, may be contacted at the Department of Anthropology, by phone at 250-721-7351 or email: pstephen@uvic.ca. Dr Neena Chappell, Professor of Sociology at the University of Victoria, may be reached at 250-472-4465 or by email: nlc@uvic.ca.

In addition to being able to contact the researcher and researcher's supervisors at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, phone: 250-472-4545 or email: ethics@uvic.ca

Do you have any questions about this research or the process?

Your signature below means that you understand the conditions of participating in this study.

Name of Participant	Signature	Date
---------------------	-----------	------

Do you agree to the use of the data for other paid companion or caregiving research, as long as it remains confidential? YES ____; NO ____; or,
Would first like to be contacted before deciding about future use: contact information:

Lastly, would you like to receive a summary of the findings? NO _____ or YES _____
If yes: record either E-mail _____ or Mailing address _____

I will keep this form, and leave a copy with you.

Appendix D: Photo Consent for Use of Participant Photographs



University
of Victoria

AGREEMENT OF USE FORM (PHOTO CONSENT FOR USE OF PARTICIPANT PHOTOGRAPHS)

Research Study: 'Paid Companions'

Introduction:

I (Linda Outcalt) am conducting a research project entitled "Paid Companions: Fictive Kin and the Commodification of Care." The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients.

Name of User: Linda Outcalt

Contact information (address, email and phone number): Department of Anthropology,

University of Victoria, PO Box 3050, STN CSC, Victoria, BC, V8W

3P5

Phone: 250-384-9292 Email: loutcalt@uvic.ca

Intended Use of Photographs:

Participant photographs will be used in the research analysis and will be used in disseminating the results, which may include: thesis/dissertation/class presentation; published articles in academic journals and non-academic press; presentations at scholarly meetings; and summary of research findings to caregiver organizations and home care agencies.

Permission to Use Images:

I (_____) give permission to Linda Outcalt to reprint my photographs created for the research project, Paid Companions: Fictive Kin and the Commodification of Care, as listed above. I waive publication fees (publications are for educational use).

Signature (participant photographer)

Date

Exclusion of specific photos:

The photos listed below are not to be used for publication:

Signature (participant photographer)

Date

Contact Information:

Linda Outcalt, an Interdisciplinary Master's student (Anthropology and Sociology) at the University of Victoria, is conducting this study. I may be contacted by phone at: 250-384-9292 or email: loutcalt@uvic.ca. Dr. Peter Stephenson, Professor of Anthropology, may be contacted at the Department of Anthropology, by phone at 250-721-7351 or email: pstephen@uvic.ca. Dr Neena Chappell, Professor of Sociology at the University of Victoria, may be reached at 250-472-4465 or by email: nlc@uvic.ca.

In addition to being able to contact the researcher and researcher's supervisors at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, phone: 250-472-4545 or email: ethics@uvic.ca.

I will keep this form, and leave a copy with you.

Appendix E: Interview Questions

‘Paid Companions’: Interview Questions

Paid Companions:

- Photo Elicitation/Photo Conversation:
 - 1) Could you please talk about these photographs and tell me how and why they are meaningful to you?
 - 2) Could you also explain how they connect to your experience as a paid companion?
- Qualitative Interview Questions:
 - 1) Why did you become a paid companion? How long have you worked as a paid companion?
 - 2) What circumstances (personal, economic, social) contributed to your decision to become a paid companion?
 - 3) Could you please describe your duties as a paid companion? What kinds of things do you do for your client/employer?
 - 4) What is the nature of the interactions that take place between you and your employer? (Social exchange? Economic transaction?)
 - 5) How would you describe your relationship with your clients - good and bad aspects - (i.e. trust or mistrust; respect and appreciation or criticism; conflict or harmony)?
 - 6) Is there an emotional component in your relationship with your clients? If so, could you describe it please?

Clients/Employers of Paid Companions:

- Photo Elicitation/Photo Conversation:
 - 1) Could you please talk about these photographs and tell me how and why they are meaningful to you?
 - 2) Could you also explain how they connect to your experience as a client/employer of a paid companion?
- Qualitative Interview Questions:
 - 1) Why did you hire a paid companion? How long have you had a paid companion?
 - 2) What circumstances (personal, economic, social) contributed to your decision to employ a paid companion?
 - 3) Could you please describe your experience as the client/employer of a paid companion? What are your expectations of your companion (tasks, social aspects)?
 - 4) What is the nature of the interactions that take place between you and your companion? (Social exchange? Economic transaction?)

- 5) How would you describe your relationship with your companion - good and bad aspects - (i.e. trust or mistrust; respect and appreciation or criticism; conflict or harmony)?
- 6) Is there an emotional component in your relationship with your companion? If so, could you describe it please?

Appendix F: Letter to Home Care Agency

**University
of Victoria**

Anthropology

Victoria, BC, V8W 3P5

Linda Outcalt
Department of

University of Victoria
PO Box 3050, STN CSC

Date (_____)

Dear (agency or association name):

I (Linda Outcalt) am conducting a research project entitled “Paid Companions: Fictive Kin and the Commodification of Care.” The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients. It may also inform the development of policy and or legislation with respect to paid companions.

I am interested in interviewing paid companions and clients/employers of paid companions and request your assistance with participant recruitment. Involvement in the research is voluntary and everything that is shared is confidential.

Your involvement in this participant recruitment for this research would involve: 1) putting up a recruitment poster in your agency office(s); and 2) through email, notifying clients and the paid companions who are employed by your agency about this research study. The recruitment poster and email notice will be provided by the researcher, Ms. Outcalt, who will be the contact person for the research study.

Please sign below to indicate your support of this research study and your agreement to provide assistance with participant recruitment as indicated above.

AGENCY NAME
NAME (print)

SIGNATURE

Appendix G: Home Care Agency Email Form

Subject: Paid companions and employers/clients of paid companions

Hello (_____),

Linda Outcalt, a graduate student in the Interdisciplinary Program at the University of Victoria, is conducting a research study to explore the experiences and relationships of paid companions and their care recipient clients/employers. Our agency/association (_____) supports this research and has agreed to assist Ms. Outcalt with participant recruitment.

You are part of a new trend in caregiving for the elderly, which has emerged as a result of the restructuring of Canadian health care during this time over the last decade. Some seniors and families, feeling the impacts of the cutbacks to health and social services, have turned to other alternatives of care to fill care gaps – paid companions are one of these options. This research project will shed light on why, and what circumstances contribute to the use of paid companions. Ms. Outcalt requests your assistance and invites you to participate in this research project. She is interested in interviewing paid companions and clients/employers of paid companions. Involvement is voluntary and everything you share is confidential.

Your participation in this research would involve: 1) participant photography (cameras provided); and 2) one individual interview of about an hour and half in length, with the researcher. A possible follow-up interview of 30 minutes is optional. Interview location and time will be arranged for your convenience.

If you are interested in participating in this project or would like more information, please contact the researcher, Linda Outcalt at – email: loutcalt@uvic.ca or phone: 250-384-9292.

Appendix H: Participant Photo Consent (Recruitment Poster)

University
of Victoria

AGREEMENT OF USE FORM
(Photo Consent for Participant Recruitment Poster)

Research Study: ‘Paid Companions’

Introduction:

I (Linda Outcalt) am conducting a research project entitled “Paid Companions: Fictive Kin and the Commodification of Care.” The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients.

Name of User: _____

Contact information (address, email and phone number):

Permission to Use Images:

I (_____) give permission to Linda Outcalt to use and reprint the photograph, which I have posed for, to be used for the participant recruitment poster for the research project, Paid Companions: Fictive Kin and the Commodification of Care, as listed above. I waive publication fees (publications are for educational use).

Signature (participant model)

Date

Appendix I: Revised Recruitment Poster (for clients)



University
of Victoria

Call for Research Participants



Linda Outcalt, a MA graduate student in the Interdisciplinary Program, is the researcher and project coordinator.

Have you:

Ever hired someone to assist you in getting to appointments, with shopping, errands, home support or for companionship?

If so:

I am very interested in speaking with you about your experiences for a research study being conducted through the University of Victoria. Your participation in this research may benefit many other seniors looking for elder support options.

The purpose of this research of this research is to explore the experiences of people providing paid personal support to seniors and their clients/employers. This research will make a valuable contribution to knowledge about one of the new options available to seniors who need some assistance in order to maintain their independence.

Your participation in this research would involve: 1) one interview of about one hour in length with the researcher; 2) a possible follow-up interview of 30 minutes (optional); and 3) creating a small photo album of photographs of pictures taken by you (point and shoot camera provided) of people, places, activities that you associate with your experience of having paid personal assistance and/or companionship. Interview location and time will be arranged for your convenience.

Interview location and time will be arranged for your convenience.

Involvement is voluntary and everything you share is confidential.

**If you would like to participate or learn more, please contact
Linda Outcalt at 250-384-9292 or loutcalt@uvic.ca**

Funding for this research has been provided by the
Social Sciences and Humanities Research Council of Canada.

Additional support for this research has been provided by
the BC Network on Aging, the Sara Spencer Foundation, and the BC Ministry of Labour and Citizen's Services.

Appendix J: Photo Consent for Photographic Subjects



University
of Victoria

AGREEMENT OF USE FORM (PHOTO CONSENT FOR PHOTOGRAPHIC SUBJECTS)

Research Study: 'Paid Companions'

Introduction:

Linda Outcalt is conducting a research project entitled "Paid Companions: Fictive Kin and the Commodification of Care." The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients.

Intended Use of Photographs:

Photographs taken by the research participants will be used in the research analysis and will be used in disseminating the results, which may include: thesis/dissertation/class presentation; published articles in academic journals and non-academic press; presentations at scholarly meetings; and summary of research findings to caregiver organizations and home care agencies.

PHOTOGRAPHIC SUBJECT CONSENT:

Permission to Use Images:

I (_____) agree to give Linda Outcalt permission to publicly disseminate photographs of me created for the research uses of the project, 'Paid Companions' as outlined above. I understand that even if my name will not be used, I may be recognizable. I waive publication fees (publications are for educational use).

Signature (subject of photograph)

Date

Contact Information:

Linda Outcalt, an Interdisciplinary Master's student (Anthropology and Sociology) at the University of Victoria, is conducting this study. I may be contacted by phone at: 250-384-9292 or email: loutcalt@uvic.ca. Dr. Peter Stephenson, Professor of Anthropology, may be contacted at the Department of Anthropology, by phone at 250-721-7351 or email: pstephen@uvic.ca. Dr Neena Chappell, Professor of Sociology at the University of Victoria, may be reached at 250-472-4465 or by email: nlc@uvic.ca.

In addition to being able to contact the researcher and researcher's supervisors at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, phone: 250-472-4545 or email: ethics@uvic.ca.

I will keep this form, and leave a copy with you.

Appendix K: Oath of Confidentiality for Transcriptionist**University of Victoria****OATH OF CONFIDENTIALITY**

This is to certify that I,

(Print Name)

take an oath of confidentiality regarding all data related to my work transcribing interviews for Linda Outcalt for her University of Victoria 'Paid Companions' research study. I understand that such confidentiality refers to the interviews I am transcribing that have been collected as part of Linda's MA research.

Signature

Date

Appendix: Amendment Appendix A – Agency Informed Consent



University
of Victoria

STATEMENT OF INFORMED CONSENT

Research Study: ‘Paid Companions’

Introduction:

I (Linda Outcalt) am conducting a research project entitled “Paid Companions: Fictive Kin and the Commodification of Care.” The purpose of this research is to investigate the experiences of paid companions and their care recipient clients. This research is supported by a grant from the Social Sciences and Humanities Research Council of Canada.

Over the last ten years a new trend has emerged in caregiving for the elderly – paid companions. To date, while considerable scholarly research has been conducted on care and caregiving, the new trend of paid companions is rarely examined. This research will shed light on why, and what circumstances contribute to the use of paid companions. The research will also examine the relationship between paid companions and care recipients. I request your assistance and invite you to participate in this research project. Involvement is voluntary and everything you share is confidential.

What You are Asked to do if you Participate in this Study:

If you agree to participate in this research you will be asked to participate in one in-person interview with me, which will take approximately 30 - 45 minutes. The interview will focus on questions pertaining to the health care services offered by your agency with a focus on the services provided by paid companions. These questions will provide much needed contextual information about paid companions and the clients they serve through private home care companies.

Your participation in this study is completely voluntary. You are also free to ask questions about the study at any time and to decline to answer any particular question without explanation. You can stop the interview at any time and may withdraw at any time from the research without consequences or explanation. There are no known or anticipated risks for participation in this research.

Confidentiality:

All responses and personal information that you provide will be protected and kept confidential. In order to protect the confidentiality of you and your agency, no identifying information will be attached to your responses. I will not, for instance, publish or release your name or any information that might identify you, your agency, clients or employees.

In order to protect the confidentiality of participants’ responses, the data will be secured at the Centre on Aging. Computerized electronic data will not have any identifying

information and will be stored on a password-protected computer. Hard copy data, that is, information recorded on paper, audio mini-disc, and photographs will be kept in a will be kept in a locked filing cabinet, in a locked university office (room 123 of the Centre on Aging, University of Victoria). Computerized data will be deleted seven years after the data are collected, and hard copies will be shredded five years after the data are collected.

Benefits of Participation:

The potential benefits in this research include an acknowledgment and understanding of the work provided by paid companions, and improved home care services for the elderly. As one of the newer care options in the private sector that is being utilized to fill care gaps this research may thus inform the development of policy and or legislation with respect to informal and formal caregiving and paid companions.

The information you provide will be used as part of this research project specifically, and possibly in additional research on paid companions or caregiving that the project researchers or other university students perform in the future (if you agree to this). I will be sharing the findings with professionals and other researchers through conference presentations and journal publications. The media may also be interested in the findings. Aggregate results from this study will be shared with others but no individual data will be shared.

Contact Information:

Linda Outcalt, an Interdisciplinary Master's student (Anthropology and Sociology) at the University of Victoria, is conducting this study. I may be contacted by phone at: 250-384-9292 or email: loutcalt@uvic.ca. The two supervisors of this research are Dr. Peter Stephenson and Dr. Neena Chappell. Dr. Peter Stephenson, Professor of Anthropology, may be contacted at the Department of Anthropology, by phone at 250-721-7351 or email: pstephen@uvic.ca. Dr Neena Chappell, Professor of Sociology at the University of Victoria, may be reached at 250-472-4465 or by email: nlc@uvic.ca.

In addition to being able to contact the researcher and researcher's supervisors at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria, phone: 250-472-4545 or email: ethics@uvic.ca.

Do you have any questions about this research or the process?

Your signature below means that you understand the conditions of participating in this study.

Name of Participant	Signature	Date
Name of agency		

Do you agree to the use of the data for other paid companion or caregiving research, as long as it remains confidential? YES _____; NO _____; or,

Would first like to be contacted before deciding about future use: contact information:

Lastly, would you like to receive a summary of the findings? NO _____ or YES _____

If yes: record either E-mail _____ or Mailing address _____

I will keep this form, and leave a copy with you.

Appendix: Amendment Appendix B – Interview Questions for Agency Administrators

‘Paid Companions’: Interview Questions for agency administrators

Qualitative Interview Questions:

- 1) Could you please provide some general background information about your agency (i.e. How long has it been in operation? Is it a national or international company? Number of branches? Mission statement?)
- 2) What kinds of services do you provide?
- 3) How do you promote your services? (i.e. What type of advertising do you use?)
- 4) How many people do you employ? What categories? Specifically how many paid companions? Is paid companion work undertaken within other categories, (i.e. home support or personal care services, homemaking and meal preparation?)
- 5) When did your organization start offering ‘paid companions’?
- 6) What are the qualifications necessary to be a paid companion through your agency? What specific qualities are you looking for? Do you require any training? Is a police check done?
- 7) What is the hourly wage of paid companions and how does this relate to other categories of employees?
- 8) Do you think that your workers perceive differences in ‘status’ between the positions?
- 9) Why are paid companions requested by clients rather than another type of service offered by your company?
- 10) In terms of clients, do you receive both direct and non-direct requests for companion services (i.e. from the family and from the elderly person)?
- 11) Do you also receive requests for paid companions through long-term care facilities (i.e. through a Public Guardian and Trustee or other publicly funded program)?