

Supervisor: Dr. The Meaning of Home for Older Women Residing Alone

by

ABSTRACT

Wendy Lynn Furness
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This phenomenological study explored the meanings of home for four older women who lived alone in an urban dwel... Requirements for the Degree of

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We accept this thesis as conforming to the required standard

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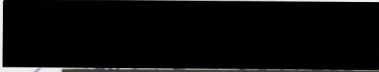
ABSTRACT


This phenomenological study explored the meanings of home for four older women who lived alone in an urban dwelling but required assistance from Home Care nursing and / or Long Term Care services to remain there. All the women were Caucasian between the ages of 80 and 91. To gain understanding of the lived-experience of home for each informant, data collection included taped conversational interviews and conscious observation both conducted in the individual's home. *Everyone creates the nest they want, home is an expression of self, and home is a place of nurturance and reciprocal support* were the three essential themes that were identified from the data. In this paper, each of these themes are presented in detail as they emerged in this research.

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CHAPTER I

Problem and Significance

"There's no place like home." Dorothy voiced this sentiment to her Aunty Em on returning from her odyssey to the Land of Oz. This renowned cliché, although echoed by people of all ages, is poorly understood. The experience of 'home', a seemingly trivial dimension of human life, goes easily overlooked (Liaschenko, 1994; Moloney, 1995).

Home became of special interest to me through my work as a community nurse. Over the years I have entered houses and apartments of numerous people. For me, part of the appeal of Home Care nursing has been the opportunity to care for individuals in their own residences. Unlike in hospital where each unit provides a uniform setting for patient care, in the community each person's living environment is unique and becomes an important consideration in the provision of health care services. I have enjoyed the challenge of being able to modify nursing care to accommodate the client's needs in their community dwelling. For example, I can recall teaching an older gentleman how to self-administer intravenous antibiotics in his cramped and cluttered bachelor apartment. Although this situation presented several logistical concerns that would not have been a factor had the client received the medication in a hospital, observing him grasp this new skill and hearing how much happier he was to be in his own place made this a rewarding experience for both him and myself.

While I can earnestly say that my work as a community nurse has been most gratifying through the challenges it has presented, the paradox of this is that the difficult task of providing care in a person's home has been the very aspect which has made my work, at times, equally disturbing. Over the years of working, I became increasingly

perplexed by the number of older adults, who despite isolation, poor symptom management, declining physiological abilities and other 'risks' to their well-being chose to live in their own residence rather than pursue other living arrangements. Their decision to remain in an environment which in my view jeopardized their health puzzled me, especially when 'safer options' were available. Moving in with family or relocating to a senior's facility were possible housing choices which seemingly offered more care and support than could be provided in their homes.

Repeatedly confronted with this scenario, I found myself asking a variety of questions. What is special about home? Is the experience of home unique to each person? The fact that I was hearing different individuals adamantly reiterate their refusal to leave their homes suggested to me that there could be shared meanings in this experience. What is it then about older peoples' homes which keeps them there despite possible threats to their physical well-being? What do elders perceive will be lost by the act of relocating to another place?

Valuing and respecting a client's right to choose his or her own destiny further intensified my perplexity in these situations. Upholding an individual's decision to remain in his/her household despite *my* concerns for safety heightened my interest in exploring the experiences of home. To truly appreciate and support my clients' decisions to remain in their existing residences, I needed to understand more about the meanings home held for them.

Personal experience was also instrumental in the evolution of my research interest. Living away from my own residence for several months, I came to appreciate the importance of home in my life. Reflecting back, I realized that I had not taken the time,

nor asked the appropriate questions, to explore and understand the meanings of home for elders.

The demographic shift towards an aging population further supports the likelihood that more and more older individuals, notably women, will face the dilemma of remaining at home when others or they themselves worry about their physical safety. As women are living longer than men, they form a majority of the older population both within British Columbia and the nation (Ministry of Women's Equality, 1998). Statistics also indicate that women experience more chronic and degenerative conditions than men (Provincial Health Officer, 1996). Arthritis, osteoporosis and dementia are examples of chronic diseases which are more prevalent among women. These factors together suggest that more women with debilitating health concerns will find themselves at home, alone, possibly faced with housing concerns.

Discovering what the essence of home is for aging women is significant because it will increase nurses' understanding of this phenomenon. Awareness of how some individuals experience home may encourage nurses in a variety of settings to take deliberate steps to discover with patients and clients the meanings of home for them. Exploring the meanings of home for older women also may illuminate why these individuals are choosing to remain in their existing residences. While nurses may still struggle to support their clients' housing choices, at least they will better comprehend the basis for their decision.

Thus, the purpose of this phenomenological study is to explore the experiences of home from the perspective of older women who live alone in an urban dwelling but require assistance from Home Care nursing and /or Long Term Care services to remain there. I chose to focus on women with these 'assisted' lifestyles because most often these

individuals face acute or chronic health concerns that can threaten their ability to manage at home.

Focus and Research Questions

The focus of this phenomenological study was to describe from the perspective of older women the essence of the experience of 'home'. Specifically, this research addressed the following two questions: (1) What does it mean to be home?; and (2) What makes a place home?

Review of Related Literature

Prior to engaging in conversations with older women about the meaning of home I first needed to explore what had already been written and researched about home as it related to older adults. Researching the concept of home across disciplines was an obvious starting point for my literature review. What is already known about the experience of home? What questions does this information raise? How can I build on this knowledge? These were a few of the questions I asked as I journeyed through the literature.

Nursing research together with studies conducted within the realm of environmental psychology provided informative discussion and analysis concerning the concept of home or 'place'. As I closely examined these writings, I began to see that home was repeatedly spoken of in reference to other human experiences. In bringing together similar writings and research findings, I was able to organize the literature on home into the following four concepts: *identity*, *social connectedness*, *safety*, and *independence and control*.

Various authors acknowledged that home was identified in older individuals' discussions about themselves. Recalling memories, pointing out treasured artifacts or remarking on the activities that they engaged in their residences were some of the ways

people used their homes to express and reflect their sense of self. Writings which linked home with elders' self-image were grouped together within the concept of identity.

Researchers found that home was showing up in disclosures made by seniors about their social networks. Older adults identified that their homes were important places to make and sustain relationships with others. Being in the company of family or friends gave rise to feelings of being home even in places other than their actual residences. The concept entitled social connectedness encompassed literature which distinguished home's connection with human relationships.

The concept 'safety' included research which spoke of home as a place where seniors felt physically secure from personal injury or criminal harm. Older adults also reported feeling safe in a psychological sense within their residences. Their homes were places where they could be themselves and adjust to changes in their self-image.

The final concept identified from the literature on home was independence and control. Home was clearly identified as a place where elders' could assert their independence and their control. Making choices about daily routines or deciding who and when people could visit them were only two examples of the many ways individuals' told of experiencing a sense of control and independence in their lives when they were residing in their own homes.

Control and independence are inherent aspects of autonomy. Exploring the nursing literature on the concept of autonomy enriched my understanding of home as a place where elders could experience a heightened sense of independence and control. A brief summary of the information I examined on the topic of autonomy will supplement the literature on home under the concept of independence and control.

Sorting the literature into these four concepts was a conscious attempt on my part to disclose some of the research and writings on the topic of home in a concise and meaningful way. A possible risk to organizing the literature in this fashion is that readers of this review may not see the interconnectedness of these four concepts to the experience of home. I urge you, as you read this review to try to think about how these concepts *together* help us to understand home's significance in the lives of older adults.

Home

For me, the word home brought to mind both images and feelings. Home was my flat in Vancouver. Home was my parent's log home in south-western Ontario. Home was feeling warm and cozy. Home was where I could wear ratty jeans and my husband's old sweatshirt. Home was feeling safe from physical and emotional harm. But how could home be so many different things?

Examining the literature on home helped me to answer that question. Writers who examined the concept of home suggested that home could be many things because home is inextricably linked to being human and living a life. Moloney (1997) and van Manen (1990) both drew on the work of Heidegger in their discussions on home. From his writings they interpreted home to be a very unique space experience which was fundamental to human existence. "According to Heidegger, to be a human being means to dwell upon the earth as a home; for a human being, building a dwelling is a way of making a space within the world" (Moloney, 1997, p.167).

Acknowledging that home is more than an physical place, that it is also a special human experience helps to explain why home is so closely intertwined with older individuals' sense of identity, social connectedness, safety and independence and control.

Identity.

'Place is necessary to identity' (Howell, 1983, p.105). Authors from diverse disciplines such as nursing, environmental psychology and education, have addressed the experience of home reiterate this theme in their writings (Rubinstein, 1989; Swenson, 1991; Williams, 1985; van Manen, 1990). Home is identified as a psychologically meaningful place which is important in fostering a positive self-image (Liaschenko, 1994; Rutman & Freedman 1988). Proshansky, Fabian and Kaminoff (1983) advanced the theoretical construct of 'place-identity' as a sub-structure of a person's self-identity. Place-identity consists of broadly conceived cognitions (ie., memories, ideas, feelings, values, etc.) about the physical environment in which the individual resides (Proshansky et al., 1983). Proshansky et al. (1983) argue that

the development of self-identity is not restricted to making distinctions between oneself and significant others but extends with no less importance to objects and things, and the very spaces and places in which they are found (p.57).

In his ethnographic study of 12 senior residents (between the ages of 62 and 91) in the Appalachian mountain community of Colton, Rowles (1980, 1983) used the term autobiographical 'insideness' to describe the manner by which older individuals projected their sense of self into the space in which they resided. Through this process, the space that the individual created served both as an expression and as a reminder of the person she once was. "Place and person become fused; each becomes an expression of the other" (Rowles, 1980, p.307). Autobiographical insideness was not localized to the physical structure of the home. It also extended to a series of 'incident' places which were "richly imbued with meaning in terms of events that transpired within them" (Rowles, 1980, p.162). Cues provided by these places or the possessions contained within them continued

to reaffirm the events and served to revive them through reminiscence (Rowles, 1980; Rubinstein, 1989).

As people age and are less physically able to participate with the environment, Rowles (1981, 1983) speculated that autobiographical insideness supported one's gradual substitution of vicarious participation for active participation in their homes and surrounding communities. Norris-Baker and Sheidt's (1994) research was consistent with this process. In their case study involving elderly residents of four small Kansas towns, themes relating to the legacy of homeplace, land and community were reflected in the elders' choices to remain within their economically-threatened, rural towns.

The significance of home to one's identity was reinforced in the study findings of two nurse researchers. Swenson's (1991) phenomenological research explored the meaning of home and its relevance for five elderly women who lived alone in their own rural home for many years. From this study, she identified, 'home is the center of self', as one of three major constitutive patterns revealed in the data. Swenson (1991) notes that homes provided identity and self-esteem for the women. They were places where these women could feel connected to "their present and past selves, their public selves, and themselves as part of a family" (p.178).

Gamroth's (1991) study, using a grounded theory approach, explored the outcomes valued by eight clients with hip fractures who rehabilitated in nursing homes. All participants were over the age of sixty-nine. An emerging theme in the findings was 'going home'. All clients, with the exception of one, expressed a desire to go home. Again, home was the context in which a person defined who he or she was, and in that way was part of the person.

Social Connectedness

Social connections with family, friends and neighbours were repeatedly reflected in the responses given by participants when they were asked to talk about their homes (Rutman & Freedman, 1988; Gamroth, 1991; Swenson, 1991). Ralston (1998) conducted a study to explore the meaning of home to older rural people in Central Alberta. All the participants were between the ages of 73 and 88 years and living in their own home. Her findings revealed that 'relatedness' as a sense of belonging was attained for these people by being connected with family and friends in the spaces in their homes. For example, she identified that the participants used the kitchen as the centre of the home where people gathered, visited and problem-solved.

Moloney (1997) identified 'being at home with others' as a common theme in the stories of twelve older women on the subject of being strong. Some of the women, who had never married, spoke about the importance of making a home with friends if they did not have family. "For these women the sense of being at home was not found in their individual apartment homes but in the sense that they had each other as family" (p. 170).

A study performed by Zingmark, Norberg and Sandman (1993) involved six Alzheimer patients living in a group dwelling. These individuals expressed an intention to go home when they were feeling alone or aware of being amongst strangers. Similarly, in all situations where the patients said that they felt at home, they were interacting with others (caregivers or family members) in a seemingly meaningful way.

Rowles (1980, 1981, 1983), as mentioned previously, studied the attachment of twelve elderly residents to their community of Colton. He used the term "social insiderness" to describe the sense of social integration the twelve elderly residents

experienced living in the community of Colton. Having lived and contributed to the community over the span of many years, there was an understood expectation that the older individual could call on assistance from neighbours or friends in times of crisis or need. Social insideness also encompassed the relationships that existed between elderly residents of the community. Rowles (1983) identified that the informants in his study were part of an age peer group referred to as the "society of the old" (p.302). Together these elderly individuals helped and cared for the welfare of each other.

Safety.

The theme that home is a physical space which evokes feelings of safety and security is prevalent throughout the literature (Doyle, 1992; Rutman & Freedman, 1988; Gamroth 1991; Moloney, 1997; Swenson, 1991). Aging individuals saw themselves as more secure from personal injury and criminal activity within their homes (Swenson, 1991). Rowles (1980, 1981) discussed the significance of the "surveillance zone" for older people. He defined the surveillance zone as space within the visual field of home. Not only could the individual monitor activities outside their houses but neighbours within this zone could often be relied upon for assistance in case of emergency or in illness (Rowles, 1980, 1981).

In the research findings of Gamroth (1991) and Swenson (1991) revealed the issue of safety in the psychological sense. Individuals recovering from hip fractures, spoke of home being a safe place for them to reevaluate their self perception and adjust to their new image (Gamroth, 1991). It is also where individuals could be themselves, safe from the expectations and impositions of others (Swenson, 1991). In the stories shared by her participants, Moloney (1997) suggested that "providing a home for others [meant]

providing a safe place, a refuge, where one was loved and cared for” (p.169). The loss of this safety was also discussed by many of the women in her research. “When that feeling of safety was destroyed, the sense of comfort and belonging in one’s world was also destroyed” (Moloney, 1997, p.171).

Independence & Control.

Home for older people has clearly been associated with independence in the literature. Home was seen as a place where independence could be maximized (Gamroth, 1991; Rutman & Freedman, 1988). Swenson (1991) and O’Byrant and Nocera (1985) noted that the women in their studies indicated feelings of competence with respect to living at home. Ralston (1998) identified ‘independence’ as central to the experience of home. The feeling of independence was attained when the participants made choices each day such as their meal times and general daily routines. Being able to create a safe and quiet, private space was also associated with the experience of independence (Ralston, 1998).

Other researchers have suggested that an aging individuals’ efforts to minimize constraint in their homes was a strategy for enhancing competence, independence and achieving desired goals (Rubinstein & Parmelee, 1992; Rubinstein, 1989; Swenson, 1991). Rowles (1983) postulated that over time each participant in his study had developed an inherent “body awareness” of every detail of the physical layout of his or her environment. He termed this type of attachment to place as “physical insiderness.” He maintained that the intimate familiarity developed by aging individuals facilitated their ongoing ability to negotiate their living environments despite declining physiological and cognitive capabilities. This was not localized to the elder’s dwelling but also extended to the land and/or surrounding community.

Rubinstein's (1989) research referred to a similar process. His ethnographic study involved seven elderly informants, both men and women between the ages of 68 and 90. His findings identified a 'body-centred process' as one of three ways in which older people in mainstream American culture gave meaning to home environments. The body-centred process encompassed the ongoing relationship of the body to the environmental features that surrounded it. This was accomplished through 'entexturing', the way an individual fine-tuned their surrounding environment to produce an appealing and satisfying whole. It also involved 'environmental centralization', a process whereby the older adult adjusted their home to accommodate increasing limitations and changing needs (Rubinstein, 1989). Other researchers have noted similar behaviors by the participants in their studies (Howell 1994; Swenson, 1991). In this way, through continued interaction, the individual and the environment simultaneously shaped one another to afford ongoing mastery and independence.

The sense of freedom and control in association with home was evident in the literature (Gamroth, 1991; Rutman & Freedman, 1988; Swenson, 1991). Howell (1994) discussed 'domains of choice' and perceived control aging women felt in relation to their home environments within the larger context of society. Individuals who had relocated to an institutionalized setting spoke of the loss of control and autonomy they experienced with this move away from home (Carboni, 1990; Williams, 1985; Rubinstein & Parmelee, 1992; Wilson, 1997). Lack of privacy, solitude and the inability to control who entered their now limited space were other losses identified by these individuals (Carboni, 1990; Williams 1985; Wilson, 1997).

An understanding of autonomy is critical in honoring an older individual's decision to live at home especially when this environment is perceived as hazardous or threatening to an elder's safety or well-being. Although autonomy is a core concept within nursing, the concern in the literature is that it remains loosely defined (Davies, Laker & Ellis, 1997; Hertz, 1996). Hertz (1996) notes that many disciplines such as biomedical ethics, nursing, social psychology and political science have described autonomy differently (Hertz, 1996). Through concept analysis, Hertz (1996) arrived at a definition of autonomy which encompassed many of the thoughts and ideas articulated in the literature. She defined autonomy as the "human response of freely choosing behaviors and courses of action on one's own behalf and in accordance with one's own needs and goals" (p.265). Hertz concluded that this definition captures the complexity of autonomy, a concept that includes many dimensions and meanings depending on the situation and context (Davies et al., 1997; Hertz, 1996; Hogstel & Gaul, 1991).

Respecting and promoting autonomy becomes more complicated in caring for older adults. Several authors agreed that elderly individuals requiring nursing care were often physically, psychologically or economically dependent (Davies et al., 1997; Duffy, Brent, Praadt & Rooney, 1996; Hertz, 1996). Regardless of their dependency, the literature reiterated that aged adults were still able to make decisions on their own behalf (Davies et al., 1997; Hertz, 1996; Hogstel & Gaul, 1991).

A number of authors used case scenarios to illustrate situations where the choices of elderly clients were called into question when the decisions they made were at odds with the recommendations or beliefs of the nurse or the individual's family (Duffy et al, 1996; Hogstel & Gaul, 1991; Morgan, 1996). Through the use of case studies, these authors

described in depth the ethical dilemmas which occurred when there was conflict between competing values. Duffy et al. (1996) and Hogstel and Gaul (1991) addressed ethical dilemmas which arose for nurses when caring for older individuals who lived alone in the community but were unable to function independently. Duffy et al. (1996) discussed a case study involving an elderly gentleman, Harry, who continued to live alone in a remote dilapidated, and rodent-infested trailer with severe health concerns. Despite the urgings of service providers, he repeatedly refused a variety of interventions with the potential to optimize his health and improve his living environment. As Harry was competent to make these decisions, he had a right to live under the conditions of his choosing.

As shown by this scenario respecting Harry's autonomous choice to live at home was difficult for care providers when they believed, based on their professional training and judgement, that the client's safety or well-being was at risk. Hogstel & Gaul (1991) suggested that assisting older people to make choices regarding living arrangements should be done in a manner similar to obtaining informed consent. They urged that "there must be complete disclosure and comprehension of the information, the consent must be voluntary, and the person must be competent to consent" (p.9). Hogstel & Gaul (1991) maintain that the benefits and risks of various living arrangements must be fully explored and all those involved must strive to understand them. "Any decision to change living arrangements belongs to the autonomous older person, and it must be voluntary and free of coercion" (Hogstel & Gaul, 1991, p.9)

Identity, social connectedness, safety and independence and control were organizing concepts which became evident to me as I immersed myself in literature on the elderly and home. When researchers studied older adults in their residences, the participants'

disclosures about home and their actions in these places shed insight into their identities. Elders' descriptions of home and their behaviors in and around their residences indicated that home was also associated with social networks. Feeling safe, independent and in control were experiences which further characterized older individuals' reflections of home. Thinking about these findings not as individual concepts but as a whole, I began to appreciate that home was a place which held deep personal meaning for older adults because it was where elders perceived that they could be the people they were and they could live in a manner which sustained their ideals.

A Framework for Interpretation

Hogstel's and Gaul's recommendation that housing dilemmas should be addressed by nurses with their clients in a manner consistent with securing informed consent suggests that the emotions and values tied to living arrangements can be separated out from the discussion. In other words, that various living arrangements can be discussed and explored by nurses with their clients through the development of an itemized list which identifies the pros and cons of each housing choice.

In light of the literature and research on home, I do not agree that it is possible to explore housing choices believing that one's values, the client's or the nurse's, can be set easily aside in an effort to understand the "risks" and "benefits" of different living arrangements. If home is a place where older adults can be who they are and live in a manner that upholds their ideals then it is unlikely nurses can talk with clients about home without considering their values and goals. Learning about home means learning more about the individual and more about their relationships with others. Nurses also need to think critically about the meaning of home for themselves. As professionals, we must be

conscious of the values and biases we possess and be aware of how these beliefs influence our thoughts and actions toward others. Therefore, when we attempt to talk about home and negate an older individual's value and belief system, we not only risk acting in a manner which annuls our efforts to respect client autonomy but we will likely overlook the very thing we are seeking to understand - the meaning of home.

While reviewing the literature confirmed my suspicions that home held deep personal significance for older adults, I was still left with several unanswered questions. Was home localized to one dwelling? I felt that the research pointed to the understanding that home was specific to one place but I continued to struggle with why I associated home with many different places. What does it mean to be home? What makes a place home?

In examining the literature I discovered that most of the research on home was specific to older individuals who lived in rural residences. Few of the studies conducted looked at elders' experiences of home in an urban setting. I queried if the experience of home for older individuals would differ if they lived in a city. Possibly the association of home with social networks would be less significant for elders living in an urban centre where the transient nature of city residents and the incidence of crime may discourage them from forming connections with their neighbours or other people in their community.

I was also curious if individuals who received services such as nursing or home support in their homes would attribute different meanings to home? Did the acceptance of help in their homes change the way they felt about home? Unlike other researchers whose participants included men and women together, Swenson (1991) examined the meaning of home exclusive to women. Is the experience of home unique for women as compared with men and women who were studied together, or with men studied as a separate group?

How does one's culture affect the meaning attributed to home? These were some of the questions I continued to ask despite my exploration through the literature on home. While I recognized it was beyond the scope of any one study to answer all of the questions I had, the absence of answers strengthen my conviction to explore the topic of home.

In reviewing the concept of autonomy I realized that other nurses have also experienced the challenge of respecting and promoting patient autonomy in the face of serious housing dilemmas and situations pertaining to safety. Nystrom and Segesten (1994) identified that nurses working with older people were frequently put in a position of weighing the rights of the individual against possible risks for injury or harm (cited in Davies et al., 1997). To truly support an elder's informed decision to remain at home, nurses need to fully explore how this choice is congruent with the individual's needs and goals.

In conclusion, this literature review on the concepts of home and autonomy has reinforced the need for continued research into the meaning of home for older adults. In recent years, nursing researchers have recognized the need to address the meanings human beings derive from daily experiences (Benner, Tanner & Chesla, 1996; Moloney, 1995; Porter, 1994a; Trice, 1990). Overtime, from a phenomenological perspective, co-creation of meaning between the nurse and the client may occur as the nurse moves into exploring and understanding the meaning of home.

Therefore this phenomenological research sought to explore the meanings of home for older women living alone who were already in need of support to remain in their urban residences. Examining women's experiences under these specific circumstances had not been done. While the findings are not generalizable, the themes that emerged will enhance

nurses' understanding of the experience of home and the need to explore it with their own clients. Better understanding of the meanings of home for older women may illuminate why individuals choose to remain in their existing residences rather than pursue other living arrangements. Looking closely at the insights derived from discussing the experiences of home will also help nurses to think critically about ways in which nursing care can be changed or strengthened to support the client's chosen living arrangement.

CHAPTER II

Methodology

Design and Rationale

Hermeneutic phenomenology was used to direct my research. Phenomenology is defined as the study of the human 'lifeworld' or lived-experience (Baker, Wuest & Stern, 1992; van Manen, 1990). Hermeneutic phenomenology strives to gain a deeper understanding of the nature or meaning of everyday experiences from the participant's point of view (van Manen, 1990).

There are essentially four philosophical assumptions that underpin a hermeneutic phenomenological approach. I will elaborate on these preunderstandings because they were used to guide my study design and interpret the data collected. To start, hermeneutic phenomenology espouses that meanings are embedded in the everyday experiences of human life. In other words, what it means to be human can be understood by researching peoples' day-to-day practices and concerns (Benner et al., 1996; van Manen, 1990).

A second assumption centres on the relation of human beings to the world. From the phenomenological sense, the world is not thought of as the global environment or all that exists, but more immediately as "the meaningful set of relationships, practices and language that we have by virtue of being born into a culture" (Leonard, 1989, p.43). The fact that the world exists beforehand means that we are raised up in it and shaped by it in such a way that we take the world as self-evident and are oblivious to it (Heidegger, cited in Leonard, 1989). Heidegger suggests that language is particularly instrumental in setting up a world because it enables us to express feelings and relate to one another in ways that make sense within our culture (Heidegger, cited in Leonard, 1989). In addition to taking

linguistic skills, cultural practices and family traditions are other ways by which the world comes to be constituted in us (Benner et al., 1996; Leonard, 1989). Only by the world becoming constituted in us can we define ourselves as people and see those things that matter to us (Leonard, 1989). Leonard (1989) goes on to explain that "to understand a person's behavior or expressions, one has to study the person in context, for it is only there that what a person values and finds significant is visible" (p.46).

A third assumption is that people are situated in the world. Again, our language, our culture, the era and the family in which we find ourselves, together set up certain choices and possibilities as well as certain constraints (Leonard, 1989).

Being situated means that one is neither totally determined or constrained nor radically free in how one acts. Rather, one has situated possibilities, certain ways of seeing and responding that present themselves to the individual in certain situations, and certain ways of seeing and responding that are not available to that individual (Benner et al., 1996, p. 352).

A fourth assumption is that the basic way humans engage with the world is in a ready-to-hand mode (Benner et al., 1996; Leonard, 1989). Ready-to-hand refers to the taken-for-granted, smooth type of functioning that is experienced in very unconscious ways, therefore making it difficult to describe (Benner et al., 1996; Leonard, 1989). Riding a bike and making breakfast are two examples of activities which are performed without conscious thought or deliberation. We become cognizant of these commonplace everyday actions only when disruption or breakdown occurs (Benner et al., 1996; Leonard, 1989).

These assumptions structured my study of home in several ways. The methods of inquiry that were used were selected with the intent to uncover the meanings embedded in the experience of home. Thoughtfully observing the women's movement and behavior in their residences and eliciting detailed, thick narratives were the two data collection

techniques that were chosen. Believing the world to be constituted in the women, I understood that to illuminate the essence of home, it was imperative for them to articulate the experiences they held as meaningful about this phenomenon with as much of the context and the history intact (Benner et al., 1996).

Making the assumption that the women were situated in the world, the study was designed to capture the possibilities and constraints they experienced via conscious observation in their homes and via conversational interviews. For example, noting the organization of an individual's home could offer cues to explore with her the constraints she experiences living there. Finally, if the basic way humans engage with the world is in a ready-to-hand mode "then the method of study must try to access rather than cut off the structure of that involvement" (Benner et al., 1996, p.353) Again, thoughtful observation of the women's actions and behaviors in their home was one method of accessing ready-to-hand functioning. Soliciting rich descriptions about their daily routines and the activities they associate with being at home was a second approach used to reveal "smooth flow". After obtaining rich, thick descriptions of the experience of home, these intrinsic assumptions also guided the interpretation of this data.

Given the focus of this study was to grasp a fuller understanding of the essence of home from older women's point of view, my choice of this qualitative research method was most appropriate. Having already conducted a pilot study using hermeneutic phenomenology, I had a basic grounding both in its data collection and analysis methods.

The pilot study consisted of interviewing one older woman living alone about her experience of home. I interviewed her in her residence for a period of one and one half hours. I transcribed the recorded interview verbatim. Subsequently, I analyzed the data

and developed preliminary themes. This pilot study revealed to me that my opening interview questions were not specific enough for the participant to get a sense of what I was asking her to talk about. Several of the questions were unsuccessful in initiating discussion about home. I made changes to the questions and then tested the revised interview guide (Appendix A) on another older woman living alone. Again, one interview was conducted in the woman's residence to assess the effectiveness of this new set of questions in stimulating discussion on home. The modified interview guide achieved its desired intent of initiating conversation on the subject of home and no further changes were made to the question set.

Participants

I located the participants for this study through the Burrard Health Unit, in Vancouver, British Columbia. The Burrard Health Unit operates under the direction of the Vancouver/Richmond Health Board.

In phenomenological studies, participants are chosen because they have lived the experience of interest to the researcher (Creswell, 1998). "Criterion" sampling was used to select participants for this study (Creswell, 1998, p.119). Individuals who met the following criteria were approached about participating in this study:

- the individual was, at the onset of the study, receiving Home Care nursing and/or home support services through Long Term Care;
- the individual was seventy-five years of age or older;
- the individual was female;
- the individual was living alone in her own dwelling (a house, apartment or condominium which was rented or owned satisfied the definition of dwelling);

- the individual was not anticipating a move to a new residence, e.g., seniors' care facility, relative/friend's dwelling within the immediate future (i.e., 0-6 mos.);
- the individual was articulate and could speak fluent English;
- the individual was oriented to person, place and time.

As evident from this list of criteria, I chose not to select participants on the basis of risk of safety. I became concerned that it would be difficult to operationalize the concept of risk. Even if I had chosen to develop criteria to identify women living "at risk", I questioned if these individuals would be reluctant to talk about home if they perceived it to be a sensitive topic. Other health care professionals or family members may have previously tried to speak with them about their living arrangements and raised concerns about their ability to manage in their residences. Consequently, they may have misinterpreted my interest in their experience of home and viewed it as a way to access information that validated the concerns others (i.e., family members, nurses, doctors) had already expressed.

I hoped by selecting older women who were receiving Home Care Nursing and/or home support services I would be studying women who may have been experiencing some degree of vulnerability with respect to risk of safety, but not to the extent that they were feeling threatened about having to leave their home in the immediate future. In response to my concern that older adults who felt threatened about having to leave their residences would be reluctant to talk about home, I established the criterion that women who were anticipating a move within six months were not to be approached about participating in this study.

Given that the intent of this phenomenological research was to obtain insightful and rich descriptions of each individual's experience, I intentionally kept the sample size small (Baker et al., 1992). The number of participants was to range between three and five. Four older women meeting the above criteria were enrolled in the study. Data management, available time and financial constraints were variables that I considered when deciding on the number of informants.

All the women who participated in this research were Caucasian and between the ages of 80 and 91. They all had lived in their same apartment suite in Vancouver for periods ranging between 10 and 34 years. Two of the participants had never married. The other two women had both been married twice but had been living on their own for more than 20 years. Two of the women received home support assistance in their homes. One participant had Home Care nurses coming to her residence, and the fourth individual utilized both nurses and home support services. While I did not pose questions about their financial status, they all spoke of having sufficient income to live comfortably provided they were frugal with their spending.

Even before I analyzed the data from each set of interviews it was evident to me that there were common themes across the four women's experiences of home. Their reflections about home included stories about themselves, their friends, their families, the work they did, their day-to-day routines and the communities in which they lived. The intensity and fullness with which the women answered my questions and engaged in discussion indicated that home was a subject of great significance to them. After completing a second set of interviews and spending more time observing the women in their places, I felt I had grasped a rich understanding of the essence of home for these

particular women. The redundancy I was hearing in their responses and the fact that I had captured a deep understanding of the meanings of home for my participants indicate a level of saturation was reached in the data.

Access

Before I initiated the study, my research design was reviewed and approved by the following two review boards: the University of Victoria Human Research Ethics Committee, and the Vancouver/Richmond Health Board Research Committee. Endorsement from the latter committee secured my access to the identified site.

Following the study's approval, I informed the Unit Manager, Home Care nurses and Long Term Care case managers working at the Burrard Health Unit of the study and I asked them to assist me in the process of locating potential participants. Individual discussions and team meetings provided opportunities for me to discuss the criteria for identifying possible informants and the overall aim of the research. Staff members were given a cover letter reiterating this information (Appendix B).

Potential participants were approached and informed of the study by the staff members. Each likely informant was given information (Appendix C) clearly outlining the nature of the research and what their participation in the study would involve. Women who met the criteria and were willing to participate in the study agreed to have their names and phone numbers released by the staff member to me.

The names of four women were forwarded to me and I contacted those individuals by telephone to arrange a preliminary meeting as desired to discuss the study in greater detail and to answer any questions. None of the women felt an initial meeting was required but they all understood that I would need to secure their informed consent at the time of the

first interview before any questions could be asked. I sought informed consent by having each participant complete a written consent form (Appendix D).

Data Collection

To gain a fuller understanding of the essence of home for each informant, data collection included *taped conversational interviews* and *conscious observation* both conducted in the individual's home. I also kept a *journal* throughout the study to record self-reflections. These three data sources not only provided a useful means of uncovering and describing the essence of this phenomenon but they also addressed credibility issues of the research.

I interviewed each participant two times for a period of approximately one and a half hours. Each interview was audio taped and transcribed verbatim. The revised interview questions (Appendix A) were used in the first set of interviews as a general guide and a means to stay oriented to the fundamental question directing the research (van Manen, 1990). I reviewed these questions prior to each interview, and they were kept close at hand during the interview. I did not ask all of the questions. The natural flow of the interview, in part, did not allow for all the questions to be raised. Also, the interest of a particular question was sometimes covered inherently in the experiences the woman had already narrated. Listening, verbal and non-verbal probes, and periods of silence were techniques I used to foster disclosure.

Using a conversational approach, care was taken to make the tone of the interview informal. Using everyday language I asked the women to tell stories of their experiences of home. Beginning the interview by asking how they came to live in their current

residences often stimulated easy discussion and established a non-threatening atmosphere that was sustained over the duration of the interviews. The depth, detail and intimacy with which they answered my questions and shared their stories suggested that the women both felt safe to share their experiences and were engaged by the discussion. In the planning stages of this study, I had anticipated it would take three or more meetings with each individual to collect the rich quality of data that was gathered in only two interviews. I did not expect the participants to be as engaged and as forthcoming in sharing their experiences of home with me after only one or two meetings.

Once the data had been transcribed for each informant, preliminary analysis of the text of the interview was completed. This allowed me to enter the follow-up interview with new questions and probes to encourage each participant to reflect and expand on her previous descriptions and experiences. It also provided an opportunity to share with the participants the preliminary themes I had identified from their reflections and solicit their thoughts on those interpretations. Some of the participants were able to comment on the interpretations I presented, others were not. In all cases, asking the women to reflect on the appropriateness of each theme led to further and richer discussions on their experiences of home. Conducting a second interview and providing the opportunity for the women to share in the interpretation of their reflections were deliberate attempts to enhance the credibility of this research.

Conscious observation was the second method I used for collecting data. I consciously observed each participant during each interview. The individual's residence and her interaction with that environment were examined during the time I was in each participant's home. The context of the home, such as the content and arrangement of

physical environment, the resources at hand, the atmosphere and energy of the space, was the focus of my observations. The proximity and familiarity of the women to their dwellings meant they did not always comment on the organization or appearance of their homes unless I deliberately asked them to do so. Directing the women to comment on the way their homes were decorated and arranged illuminated greater insights into the meaning of home for them.

Consciously observing each participant in her residence also enabled me to draw attention to her actions and behaviors which she was not cognizant of and therefore did not talk about in her reflections on home. Again, because the women were so accustomed to functioning in their places, the ease with which they did their activities of daily living was not spoken of unless they had experienced recent changes in their capabilities. Thoughtful observation provided an opportunity to see how the individuals interacted with their home, how they negotiated and structured that space and how the information they shared “fit” with what was being observed. These observations were recorded on a separate form (Appendix E).

When analyzing the data, these written observations added depth and richness to the women’s reflections. For example, one woman spoke of having to maintain a “clean line” in her apartment to enhance safe mobility for herself, especially on the occasions when she needed to use her walker. Noting the arrangement of her furnishings and the lack of cluttered floor space not only confirmed what she had stated but it provided a fuller understanding of what it meant to her to have her home arranged the way it was.

I also kept a journal to clearly and openly record my thoughts and reflections about the participants, the interviews and other circumstances experienced throughout the study.

Hermeneutic phenomenology does not believe that it is possible to 'bracket' or suspend pre-understandings outside one's experience about the phenomenon. Rather than the researcher trying to forget or ignore what she "knows", it is better that she make her bias explicit (Sandelowski, 1986; van Manen, 1990). Therefore, expressing and examining my self-reflections helped to make visible some of my existing assumptions about the meaning of home. For example, having grown up in a household with my mom and dad, my older brother and sister, and my grandparents who lived up the street, I associate home with family. Home is where we gather together to eat, to work, to rest, to play, to celebrate and to grieve. Although I am married and no longer live with my family, we continue to share these activities together on different occasions in each of our respective homes.

The assumption I hold that the experience of home is connected to family became evident to me following an interview with one of the participants. I remarked in my journal that I found it surprising that she had shared little about her childhood homes and the experiences which occurred there with her parents and siblings. My puzzlement arose from my frame of reference of understanding home. Given she had lived with her family I expected her to share memories of home which focused on their experiences together. Identifying this discrepancy in our experiences of home also helped me to see how I, as a 30 year old woman, may focus my understanding of home more heavily on childhood experiences than a woman of 85. Childhood is still quite recent and makes up 50% of my lifetime. Unlike myself, an 85 year old woman has an additional 65 years on which to base her experiences of home.

Another assumption that I held about home which I became cognizant of through keeping a journal is my belief that wherever a person lives he or she will strive to make

that place feel like home. In my dorm room at university I remember hanging up posters and keeping framed family photographs on my desk. I also brought my own duvet and my radio/CD player. Although it was not my home, I made it a safe and comforting place to live.

As I have just shared I also hold the belief that home should be a safe place. A place where I can let down my guard and feel secure to be myself without inhibitions and without feeling the need to meet anyone else's expectations. It is extremely satisfying for me to come home after a long day at work and know I can retreat from that chaotic and demanding world.

Thus, by using a journal to record these and other thoughts and reflections, the journal was not only a helpful source of data but it also enhanced the credibility of this study. Considering the assumptions I have just shared with the findings I will present, I hope to reveal how the meanings of home illuminated through this research were co-created by the experiences the participants and I, together, brought to this study.

Data Analysis

Following each interview and close observation the data were transcribed and formatted in a manner to allow space for margin notes. Using van Manen's (1990) methods of phenomenological reflection I conducted thematic analysis and determined the essential themes in the data.

I uncovered thematic aspects in the collected descriptions by repeated readings of the transcripts and the reflections I had written in my journal. The three approaches I used to isolate the thematic aspects from these texts included: (1) the holistic or sententious approach; (2) the selective or highlighting approach; and (3) the detailed or line-by-line

approach (van Manen, 1990, p.93). "Lifting" specific phrases or statements from the participant's disclosures was important in capturing the essential meanings of the themes (p.93).

I was careful to organize the data and to make explicit my process of uncovering the thematic aspects in the texts. For example, the side margins on the transcripts provided space to record my ideas and initial impressions of the data. Thematic aspects and statements were also thoroughly noted in the text. With continued reflection and repeated readings of the transcripts, I identified broadly descriptive terms to define and group together thematic aspects of the transcripts which I saw as salient to the study questions. Examples of the descriptive terms which I generated included: "Identity" for any thematic aspects that referred to or defined the women's sense of self; "Family" for any thematic aspects that included the women's experiences with family or their descriptions of them; and "Sanctum" for any thematic aspects that addressed the sense of security the women experienced being at home. I then used these names to systematically isolate and organize all of the thematic aspects within the data for each participant to allow for further analysis. After completing phenomenological reflection of the transcripts of each participant I wrote a brief one page summary of preliminary themes I had identified.

Discussing the preliminary themes with the participants at their follow-up interviews and sharing my interpretations with my committee members helped me in generating deeper insights into the data. Consulting with the participants and committee members also enhanced the confirmability of study findings because I was able to endorse that the preliminary themes identified were truly supported in the women's experiences. Thematic aspects gleaned from the second set of interviews resulted in descriptive terms being

changed to adequately address the extended understandings I had gained. Eventually three themes were identified from the data as essential to the experience of home for older women living alone: everyone creates the nest they want, home is an expression of self, and home is a place of nurturance and reciprocal support.

Summary

Given the purpose of this study was to grasp a fuller understanding of the essence of home from older women's point of view, my choice of hermeneutic phenomenology was appropriate. To gain an understanding of the lived-experience of home for the selected informants, the data collection methods I used included conversational interviews and conscious observation conducted in the women's place of residence. I also kept a journal throughout the study to record my self-reflections. Van Manen's (1990) methods of analysis were used to uncover and interpret themes and meanings with the participants' experiences. I identified three themes from the data. These themes will be detailed in the following chapter.

CHAPTER III

Findings

In the following chapter I share the meanings interpreted from the data of the participants' lived experience of home. Prior to detailing my findings I briefly describe the characteristics of each of the four women who participated in this research. Fictitious names were given to each of the women and any individuals they named in their stories as a means to maintain anonymity. Other possible identifying details in their descriptions and stories such as geographical locations and the names of organizations to which the women belonged, were changed or omitted also with the intent to protect the participants' anonymity.

Geraldine was the youngest of the four participants. She was an 80 year old Caucasian woman who had lived in her apartment in Vancouver for 10 years. Working as a journalist Geraldine had traveled across the country and had lived in many Canadian cities in her life prior to moving to Vancouver a decade earlier. Geraldine had never married. She had one daughter with whom she had become reacquainted since living in Vancouver. She had given birth to her daughter in her teen years and had given her up for adoption. At the beginning of this study, Geraldine was receiving Home Care nursing every other day for post-operative wound care. The frequency of the nursing visits gradually decreased as her wound healed.

Hazel was an 84 year old Caucasian woman who had lived in a bachelor suite in a designated seniors' apartment building in Vancouver. She had lived there for 16 years. Hazel, too, had never married but she did have a significant gentleman friend in her life named Ben. Hazel had lived with rheumatoid arthritis since her early twenties. She

received weekly home support help for two hours to assist her with personal care and the management of her home. At the onset of this study, Hazel's case manager informed me that she was wait-listed for a Long Term Care facility but it was unlikely she would be moving for several months. The usual waiting period for this particular place was close to two years and she had been on the list for less than a year. As she had already made a conscious decision to move I felt she might have a heightened awareness of the meaning of home for her and chose to include her in this study.

Vivian was 90 years old and Caucasian. She was the only participant who was not born in Canada. She was born and raised in London, England and came to Canada in her late twenties with the man who later became her husband. She had one son by her second husband. This marriage, like her first ended in divorce after they had been together for 36 years. For 27 years, Vivian had lived alone and had resided in the same Vancouver cooperative apartment for 20 years of that time. Vivian, like Hazel, had a significant gentleman companion in her life. She also lived with arthritis and received monthly home support services to help her in the management of her home.

Catherine, also Caucasian, was the oldest of the four participants at the age of 91. She had lived in the same apartment suite for 34 years. She had been married twice. She had three sons by her first marriage. In her late thirties, after being abused by her husband, she left him and her three young children on the farm and moved to Vancouver. Catherine found work as a practical nurse and later married again. Since the death of her second husband over 20 years ago, she had been living alone. In recent years, Catherine had become legally blind. She, unlike the other participants, received both daily home support assistance and weekly nursing care. For a few weeks following breast surgery these

services were increased when Catherine developed a serious wound infection and required close monitoring.

Hermeneutic analysis of the women's reflections revealed three essential themes. The themes identified were (a) everyone creates the nest they want, (b) home is an expression of self, and (c) home is a place of nurturance and reciprocal support. Central to the findings of this research were four dynamic women who shared much of themselves and their lives in recounting stories of home. My descriptions of the three themes will use vignettes from their accounts to portray as fully as possible the essence of their experiences and provide support for interpretations. To reflect and capture the intonation of the women's voices, I have underlined specific words in the vignettes which they emphasized or stressed in their reflections and stories.

Everyone creates the nest they want.

The theme "everyone creates the nest they want" encompassed the women's experiences that home is physically located in a space, home is created, and home is a nest. The notion of a nest brings to mind the image of a cozy, protective place. Common to the reflections and stories of these women was the depiction of home as an actual physical space, a space that was familiar and met each woman's unique needs and interests. The idea that everyone creates their own special "nest" incorporates aspects of creativity and individuality that the women associated with their homes. The women each made visible aspects of their identities through the possessions they kept, the heirlooms they spoke of and the manner in which they arranged their homes. The portrayal of home as a comfortable and secure refuge from the world around them was also evident in the women's stories and everyday experiences. They felt emotionally safe in these places

because they were affordable, they were in close proximity to help, and they could unconsciously act in a manner which was consistent with their sense of self. As the women's descriptions illustrated, the experience of home as a secure haven could not be understood as exclusive from the other two themes. The freedom to be oneself was essential to feeling secure. Being in nurturing and supportive relationships with people also supported the women's sense of stability in their homes.

Home is physically located in a space.

Home as a physical place that is familiar included geographical and natural elements which extended beyond the women's actual residence. For Geraldine feeling secure meant living in a city as opposed to a small town. Small communities could not support her broad interests.

I didn't like the small town. I was brought up in little towns. My father was a country parson. And there's nothing like a miserable, little, small town. People say, "Oh it's so friendly." Oh my! They're, sure they're friendly but they're also nasty and vicious and jealous and back biting and oh, you know. And if you have any kind of broader outlook on life you find it very tiny and confining, terribly confining... when I was in this little town, you know, everybody, they, they went out to watch baseball and hockey and they had Bingo. And ah, I couldn't possibly take an interest in those things. I just couldn't stand it. So I knew I couldn't stay in a little wee town, so anyway. I sold my house and came out here.

Vancouver was not unknown to Geraldine. As a young child, she stayed for three years in a boarding school in the West End. Later, as a young reporter, she had lived and worked downtown during World War II. When she returned to British Columbia, approximately 10 years ago, a friend found her a place in Burnaby. Geraldine commented, "...it was a great place I suppose if you had a family but it wasn't much for a person alone." Unable to settle there, she made her way back downtown, a place with which she felt familiar.

For all of the women physical proximity to stores, parking, public transportation, and other community services were weighty considerations in choosing their residences.

Catherine and Geraldine commented that getting to these resources by foot was especially important to them. Hazel, who was driving at the time she was searching for a new apartment, still wanted to be sure she had easy access to services she would use on a routine basis.

So, when I saw this, and they pointed out the lounge to me, the laundry room, ah, where the garbage would go, the stores on the corner, mind you, not a many as there are now! But there was one store first and then another one grew up. Mail box up on the corner. I have to think about things like that, you know. And a Safeway store not too far away, even though I was driving.

Catherine who was legally blind spoke of how closely acquainted with the community she had become having lived in the same apartment for 34 years. She knew the slopes of the sidewalks, "whether they're good bad or indifferent" and she had a feel for the people that were on the streets.

[W]e have a lot of young people but you don't hear of any nasty, bad stuff going on just around in here. It seems to be... I feel quite comfortable to walk down the street alone and everything. I know we have the ones sitting on the sidewalks but... No, I feel, quite comfortable. Maybe it's because I've lived here.

Having observed Catherine make her way with her walker to a neighbourhood café, her gait and her posture validated the confidence and sense of security she experienced living in her community. The people in the stores she frequented had also become familiar with her.

I don't feel lonely, because I can, well if I want to go out, I go over to the coffee shop and of course, I went shopping myself yesterday. Just over here. And there was a couple of things, I got everything but two things. So I went to the backdoor room, where they work, you know, the extras. Anyway, I got the manager, I said, "Do you remember me?" Cause I haven't seen him for so long. And he said, "Of course, I do."

... And I go down and buy chicken and I go to the drugstore. They all know me! And you know, that's nice!

Physical proximity to nature and the outdoors was also important to the women's experience of home. Growing up in homes in rural communities and small towns, nature was a familiar and an accepted part of life in those places. Catherine recalled crossing through the fields on her way to school, working the soil for crops and raising a 1000 laying hens. Geraldine told of living on an Indian reserve and of traveling by horse and cutter with her father in the north country. Vivian remembered fondly her family's garden in London, England. "Mother loved flowers and dad loved to go out and show us how the spider did his web, and things like that." Hazel laughed at the memory of her father raising chickens for show. "Oh, they had to be bathed in, in water. They had to be spotless and clean. Oh, gosh! And then they were kept in cases over night, in the kitchen or someplace!"

Even living in apartments in a large city, their association of home as a place close to nature was still apparent. All the women remarked on their deliberate efforts to sustain connections with the natural world at home. Vivian lived on a ground floor apartment in a cooperative backing on to a creek. Sliding doors offered a full view to the waterway beyond the manicured hedges sectioning off her patio and lawn from the surrounding green space. From her living room, people could be observed jogging or walking their dogs along the pathway bordering the creek.

I think I've been very fortunate so far, this little place, you'll see how comfortable it is. It's lovely in the summer, when the flowers come out, right near the water and the little boats come around and I think I'm enormously fortunate to have found it.

Living downtown, Geraldine and Catherine also took comfort and pleasure in being able to walk outdoors and have access to the sights and sounds of the bay. "And here, just to get some air I'll put my jacket on and go down English Bay and that. I feel like I can breathe." Sitting in Geraldine's apartment the cry of gulls mingled with street sounds could be heard through her open window. For Hazel, walking safely outdoors was hampered by her arthritis. She was content to access nature through her window. When she viewed care homes, having her own bathroom was her first priority. "Number two, was the window, being able to look out."

Grounded in the women's experiences of home was the portrayal of home as located in a physical space. Home was not an arbitrary location but a very specific, personalized space. Different geographical aspects surrounding each of the participants' residences such as home's proximity to necessary amenities, home's proximity to nature and the feel of the neighbourhood were identified as important in making home a familiar, secure and connected place.

Home is created.

Vivian, Hazel and Geraldine all shared reflections which depicted home as a space which is thoughtfully created in keeping with an individual's unique tastes and styles. Each of the women displayed their creativity and made visible aspects of their identities through the possessions they kept, the heirlooms they spoke of, and the manner in which they arranged their homes.

And I think it is. It's created from the word go. It isn't just taken for granted, oh well we'll get the heat, we'll get the.. No! No! It's thought out and it's planned and it's, it's... I like, pictures are terribly important to me. It's terrible that Philip has such poor pictures and I'm supposed to say to him, "Come on Philip, we can't have this." But he has a right to have the pictures he likes and I'd better get used to them if I'm,

if and when I'm visiting him. Everyone creates the nest they want, don't they? And me, it's terribly important if I have a radio, it's got to have good tones, it's got to have, bring in good music that.. I don't doubt that a home is created. And I don't doubt it's total importance in the human being (Vivian).

I liked a nice place. I liked it done up nicely, the same as I did, this one. Which reflected my attitude toward a small place, the fact that I was going to make something out of it (Hazel).

I liked my little house in the country. It was, it was over a hundred years old and a little clap board house. And I, I, did a lot of work in it. It was a derelict when I got it. And I scrapped paint, filled holes, and I wallpapered to cover up all the cracks in the plaster and I really enjoyed it. It was very, satisfying. I really loved that. I'd like to do it, oh, I can't do it now. I did that in Montreal too! I took over a rotten old house and redid it and you have to wait till you get some more money, you know, you do a little bit. Do some, you know, and ah, that's what I did in the country too. But I found that terribly satisfying, to make something nice (Geraldine).

Pictures, art work, photographs, books, tables, chairs, lamps, radios and "kitty cats" were a few of the women's belongings that they identified as necessary to making their places home. When Geraldine traveled across the country as a young reporter she brought with her a trunk with all her "worldly goods" and lived in bed sitters. Asked if she thought of those places as home, she responded:

No but I was thinking about that, always, always had a few books and pictures. And I always hung up my pictures and put out my few books. Everywhere! And I had some pretty awful bed sitters. Yup. And no pussy cats!

When Hazel moved in to her new room in the care facility she commented a couple of times that Ben had been too busy to get up her pictures up on the walls. A small but significant task that would make her new place home.

Well, it's comfortable, so far, you know. But I do need the pictures up, it makes a lot of difference. It really does. Pictures make a lot of difference on the walls. It adds coziness. It adds homey-ness. It makes four walls, a home.

Some items played an important role in sustaining aspects of the women's identity.

Geraldine's filing cabinet was an example of an object which validated her individuality as

a writer. "I've got 30 years of writing in there" she said, as she pointed to her filing cabinet. Hazel shared a treasured book in which the inscription read as follows, "Dear Hazel, your attitude and your enthusiasm for the fight against arthritis, were in a large part responsible for the creation of this book. Thanks for everything." Hazel volunteered for 16 years with the Canadian Arthritis Society and recalled fondly many stories of her work with the organization. This book gave merit to her contributions.

Catherine pointed out a sundry of items, including petty point pictures stitched by her mother, framed black and white portraits of her grandparents and a painting done by her sister. Although she could no longer see these possessions clearly, the lasting images of them in her mind and the memories they induced were detailed and rich with personal meaning.

They're wonderful! Because I look at them and there's memories. And they're all good memories. My grandpa and grandma there, you see. The only time I seen my Grandfather Thompson, was when I was three years old. And these pictures up here (petty point) my mother made them, and I had a very, dear friend, my first friend that I have here in Vancouver, had made a couple of them, too. So, you see, I sit here with all these memories.

Embedded in the memories Catherine associated with her family pictures and heirlooms, were many details about herself and the special place she held within her family. In her view, her parents and grandparents spoiled and indulged her more than her other siblings.

I remember going to the farm because they got word that Grampa Thompson (their pictures are up there) wasn't well and wasn't expected to get better. So, since I was the youngest, they took me and there was no cars. So we, dad rented a team of horses and a Democrat and drove across straight north over to the farm. That'd be about 60 or 70 miles...

I had Grandma around for a long time and oh...you see when I started to school after living in town, and had those, nearly three miles to walk, I used to stop at Grandma's house on the way home, because that was the half way deal. I always got a cookie

and a hug. Oh, I tell ya, it's just amazing, you know, what, just a little bit and I just felt so good about it. Oh, she was a darling. I loved her.

How cherished possessions and other household items were arranged by the women also made visible their creativity and style. Surprisingly, there was considerable consistency in how the women arranged their possessions and furnishings in their apartments. All their homes were tidy, clean and without clutter, allowing easy movement throughout their suites. "This is the way we old ladies make life possible for ourselves. We enjoy and we throw out what doesn't suit us. This old lady does, anyway (Vivian)."

Hazel was especially cognizant of the importance of ordering her home in a socially acceptable fashion. Prior to moving, Hazel, unlike the other women, lived in a bachelor apartment. Touring her place, she pointed out the various strategies she used to maximize her small space but at the same time maintain her explicit notions of what constituted proper style and layout in a home. "I liked a nice place. I liked it done up nicely, the same as I did this one, which reflected my attitude toward a small place. The fact that I was going to make something out of it." She used a Japanese-like screen to create a partition between the kitchen and the main living area of the suite. If it were not for the fact it was a bachelor apartment, one would be hard pressed to know that she also used this room for sleeping. She had thoughtfully decorated and fashioned the space to appear as a large living room.

And I have pride in my place. I even have Eaton's come in and do the drapes and the covers for the bed, to look like a couch in the daytime. And I covered all the seats on my dining room chairs to blend in. Everything coordinated.

The walls of the living room area were painted a light taupe to compliment the furnishing and were decorated with pictures and other mementos. She and her friend Ben

had even gone to great lengths to mac-tack an upright deep freeze in a wood veneer finish so it would look like wooden cabinet and compliment her other furnishings. In recalling her daily routine, Hazel told of remaking her bed first thing in the morning and how important that was for her to feel content in her place.

I put the cushions on, because then it makes, this is my living room, so it makes it look tidy. Without, with the bed not made, there's cushions in here (pointing to her chair) and cushions over there. You know! Yee! I can't stand it!

Clearly, Hazel valued and created a functional, organized, and aesthetically pleasing space which met with culturally held beliefs that a living room is a more public place and a bedroom is more private.

Home is a nest.

Home as a nest brings forth the image of a cozy, comfortable and safe place in which to nestle and retreat. Vivian described home as a "kind of haven. It pays to retreat into, lick your wounds." "Maybe home is a place that you can evaluate your life?," I offered.

You're right. You're quite right. Really. Yes. It's very true. And you're always got to come, "Well, I'll go home." And you feel that's, that's where it's going to be all right. "I'll be fine once I get home."

Geraldine also identified home as a special place to which to return.

I always like to come home. I come home before dark. Mostly, I don't go out at night and wander around, or anything.... Well especially if it's cold and miserable out. Oh (sigh), settle down...

Just as home was created to suit each of the women's tastes and styles, what makes that place comfortable and secure was different for each participant. Vivian held the opinion that a home should also be warm, pleasantly lit and provide good food. During both interviews, Vivian made tea and offered raisin toast and cake. Baskets of fruit and bowls of snacks and sweets were also readily available on the coffee table in her living

room. Geraldine remarked that “comfortable is lights to read by” and “comfortable chairs.” Catherine defined comfortable as “Having a place of my own, and being able to pay for it!”

Affordable rent consistently contributed to the women’s sense of security in their homes. “Four years ago, the owner stabilized my rent...now it stays at a price that I can afford (Catherine).” To take care of what Vivian saw as increasing and increasing rent, she made plans to leave her two bedroom spacious apartment downtown and secure a place in cooperative that was slated to be built in False Creek. That was nearly 30 years ago and her rent still remains controlled.

For heat, light, everything! Um, for my TV, for my telephone, I’d would say \$350 takes care of all my expenses. Well, on a \$700 old age pension, I’m very comfortable, thank you very much.

Rent will be a deciding factor whether or not Geraldine remains in her present apartment.

Having invested her money to give her some income over and above the Canadian Old

Age Pension, buying a condominium or house was no longer feasible.

I don’t know. I don’t know. The rent’s going up again. Seven hundred now and it’s quite a bit but I notice that there’s, there’s signs on every apartment. I think these new high rises are being sold, you know, and you can buy an apartment for \$600 a month and a down payment of less than 10 % or something. Well, if I was working I’d do that.

Having help readily available to assist with household maintenance or in the event of a crisis was also important to their sense of security. In times of trouble or in need of a favor

Catherine knew to call on Doug, her assistant manager.

I am so used to this place. I know what to do. And if I need a helping hand, I don’t ask the manager, he’s...It’s beneath him to help anybody. He’s the manager. But, Doug is always there with a helping hand. If I need him to come here and look at anything, he’s right here. He’s always been good to me and I like Doug....he’s a stabilizer.

When Catherine fell and broke her leg and her cries for help were heard by a neighbour, she directed this person to go get Doug. Hazel depended mainly on Ben to assist with household maintenance but the services of a resident caretaker were also available upon request. Vivian felt particularly fortunate living in a cooperative, not only was the help accessible but it was also affordable.

It's wonderful because last year there was a flood in the hall and I called the, the caretaker of the co-op who lives here and said, "I've, I've got a flood!" He was here immediately. He sent for a plumber and by 12 o'clock it was all out of the way. And at no cost to me. Where as when Philip got a blocked sink, it cost him 80 dollars. And a lot can happen in an older building. But, um, what ever goes wrong, we call for the caretaker and if it's part of the building and of the services, it's done. And that saves a lot of worry and a lot of expense.

She also experienced additional security knowing and trusting in her neighbours

And there are 19 families here. Some of them are single, like me, like I am and um, you know, people will say when they drive me home, "Oh, I'll walk you to your door." And I'll say, "You don't need to. Every door here is open to me. If I'm in anyway, felt, feel nervous, I can just knock on anyone's door and say, "Can I come in? Something's gone wrong."

All the women reported feeling safe from harm in their homes and they took precautions to maintain their safety. Locking their doors, securing their windows and being home before dark were some of the ways the women tried to avoid harm. Catherine and Hazel (prior to her move) both had Lifeline, an emergency phone service, installed in their apartments. Wearing a specially equipped necklace or a wrist band, they could call for immediate assistance anytime, day or night. Recalling Catherine's story of having to leave her farm after being subject to spousal abuse, reinforced the meaning of home as a safe place. Prior to Catherine's day surgery, she discussed the situation with her son in Victoria and he agreed to come and stay with her that first night after the operation.

He's going to come over, next, next Friday. I go into have a, a cancer out of this breast (touching her right breast) under a local. It's just small, and ah, he's going to come over and be here when I come home, so I have somebody for the first night when I come home.

Although Catherine could not articulate it, it was possible that her desire to feel secure in her home following her surgery was contingent upon having help readily available until she knew how she was going to manage.

The comfort and security the women felt was also reflected in the ways they told of functioning in their homes. At home the women were in control of their lives and could act autonomously. The women who were best able to articulate these experiences were those who have had cause or reason to be separated from their homes for varying periods of time. Vivian described home as a place where she has "made a habit of living almost unconsciously." She described her fear of ever having to leave her suite knowing how well she was able to function there.

I hate to contemplate it even. Because it's so small, and manageable and I'm so, when you get to automatic living, you know where the lights are, you know what you've got on the shelves, and um, and I'm so identified with this place...

Her heightened awareness of how well she managed in her home likely became more apparent to her from living part-time with Philip. In his home she felt less competent. An activity that would have been simple and easy in her own kitchen was suddenly complicated and cumbersome.

I have a terrible time in Philip's kitchen because I don't automatically know where everything is. This man, he keeps his saucepans on a shelf above a kitchen cupboard, you see that shelf up there with the black thing, that's where he would keep his saucepans. It's crazy! He's tall but even he has to get a little stool to bring me a saucepan down. Philip! I can't cope with this business of your keeping the saucepans up there.

Catherine recalls coming back to her apartment after being hospitalized for several months following her broken leg. Home had become less familiar to her and that left her feeling initially insecure. "It was nice [to come home] but I couldn't remember where everything was or anything, you know. I'd been gone so long."

The sense that home was a place where the women could maintain order and consistency in their lives was also mirrored in their recollections of other experiences. Recently Geraldine was hospitalized for abdominal surgery. She described the hospital as "chaos!"

[T]he second day I was there I don't know why I was tied up, I guess with a catheter and all tied up to this tree (IV pole) and I couldn't get my face washed. And there were people (staff) falling all over each other and they're talking about needing more help and I thought, "good God!" You know. Nobody knows what they're doing.

Catherine articulated the sense of chaos and loss of control she felt when she was sent home with home support help for one week to await admission to a rehabilitation hospital. This experience was so unsettling, she recalled being very glad when the week was over and she could return to hospital.

Well, you'd never seen such somalies in all your life. I'm not feeling well, with a darn leg that I can't even stand on, and I have all these girls. I said, "They're just walking around."

While Catherine was not critical of the women that came, explaining that "they were all nice" the fact that the agency was sending someone in the morning and then another person in the afternoon was completely overwhelming for her.

I never had anybody.... and all of a sudden you have six or eight people in here, what are you going to do with them? ... the office was giving me too much, you see. And I finally phoned them, I said, "I can't handle them." But, they were just being kind to me. No. No. They were, they thought they were really helping me.

Now that she was back home and receiving daily help from home support workers, she maintained it was much better because she no longer had to tell them what to do. They had become a consistent part of her day-to-day routine.

The freedom to be themselves and live their lives as they pleased was strongly associated with the security the women experienced in their homes. Vivian adored her little place by water because it exclusively suited her. There she could be her own boss.

“Without the responsibility! Without the ties! The emotional beneficence...”

It’s just absolutely perfect for one. And, it’s a little nest or sanctuary. Here, I don’t have to do anything for anybody! I don’t have to cook for anybody! Except myself if I want to. Most of the time I don’t even bother with that. Cold meat and salads is enough.

Catherine recognized that living alone in her apartment reinforced aspects of her identity as an independent and competent woman. Her father, who she revered her whole life, lived to be 94 years old and she had every intention of doing the same.

I’m independent. Being here, if I can only have help for two days, I would be fine. It has been my own home! I have enough money to live here until I’m 100. With what comes in and what I have will take care of it. And I’m free to go out the door anytime I want to, or come back in.

While Geraldine had not developed an affinity to her apartment to the extent the other women had depicted, she did identify that home was a place where she could surround herself with the things she desired and live in a manner that upheld her ideals.

Home was anywhere my, I hung my hat, you know. But it’s, it’s also important to me how I live. And I don’t mean luxury, I just mean, I mean I lived in some pretty ghastly little bed-sitters and things but I always had a few books and pictures and that sort of thing.

This collection of experiences together portrayed home as a nest. The image of home as a safe and welcoming place to withdraw from the world was palpable. Here in these

places the women encircled themselves with meaningful possessions and created intimate relationships with their surroundings. Here, they defined who they were and felt free to be that person. Ron Graham (1997) in his essay entitled "A Cabin in the Woods" eloquently captured this sentiment in his question to the people who disputed his devotion to his log cabin in the Eastern Townships. He asked of them, "what is a home other than a place of withdrawal from the world, a retreat into privacy, a refuge for the family, a storage house of coded memories and personal mementos, an ideal in your head and a sanctum in your heart?" (Graham, 1997, p.112).

Home is an expression of self.

For the women, home sustained and reflected their identities; home was who they were. Reciprocally, each woman was an expression of her home. The literature reviewed clearly supported the interrelationship between home and an elder's identity. However, it was remarkable to me how predominant these women's descriptions of self were embedded in their experiences and stories of home. After the first interview and the first opportunity to observe each participant in their apartment, I felt like I had journeyed with each of them over the course of their lives. In my mind I had images of them as children, as adults and as older women. Home was the thread that tied their stories, pleasures, demands and concerns all together. As they spoke of home in their lives, I began to see and understand how their many homes had left traces on their being - the way they spoke of themselves, the way they acted in their apartments, the interests they sustained, the treasures they kept and the very place they had chosen to reside.

Home is a place to learn about ourselves.

Home was where the women received messages about who they were in the midst of a collective, such as their family and friends. The way they were cared for by their parents, or the values upheld by significant adult figures in their life influenced their understanding of themselves. For example, home was where they learned to survive and to be responsible for their own lives at a young age. Both Vivian and Geraldine shared similar experiences of having lacked close relationships with their mothers and from an early age learned to care for themselves and make their own way.

Looking back, I see that I lacked, a mother of any kind of, comprehension, any kind of special under[standing]. Nobody ever asked how I was doing at school. I just made my own way.... in '26 my mother died, when I was about 16 and it was a pretty sad time from then on. We had housekeepers and then a cousin ran the house and she finally married my father and I got the hell out of it all. I don't have very happy memories of my childhood, but, I think you're born with a character. I'm sure of it. And if your character's to survive, you'll jolly well, you'll, you'll get through it! The best you can! Your goal is to survive as successfully as you can (Vivian).

...my mother never paid any attention to me when, you see I had a retarded brother and she just lavished all her attention on him. Always. And I was sort of you know, look after myself or look after him! From the time I was little (Geraldine).

Between the ages of four and seven, Geraldine lived in an Anglican boarding school separate from her parents and brother. The entire family was split up during the time her father attended theology school to get his degree.

She (mother) got a job as Matron of a school in North Vancouver. It was also a church school, you know. So she lived over there. Dad was in residence. And I was in school and John was out in a psychiatric hospital. And that situation pertained for almost three years.

In recalling this experience of living apart from her family, Geraldine did not express feelings of anger or even amazement at her parent's decisions to divide the family in this

fashion. Since that very young age, Geraldine had accepted living alone and caring for herself as an assumed expectation of residing in the world. It was all she had ever known.

The influence of Hazel's childhood on her understanding of what it meant to survive and make her own way were not detailed in stories of those early years. The sheer absence of stories of that time period of her life was perhaps more telling. "We lived in a little house, up over a hill, which was all pleasant enough, and that sort of thing and then my own mother died." Hazel was "four and eight months" when her mother passed away, "September the first" of a perforated bowel. "So Dad packed us up (herself and her brother) and brought us to Vancouver." They stayed with some friends of her father's and "he went to work."

The detail with which she recalled her age and the date of her mother's death seemed significant by her telling. It was likely that those dates became known to her in later years but the fact that she spoke of them was noteworthy. She immediately went on to share that her father remarried and they had a daughter. But misfortune struck twice more. When she was 19 her father died and later, at the age of 24, her brother was killed fighting in the Second World War. The fact that by her mid-twenties she had experienced the death of her primary family was tragic. She detailed nothing of this loss or its affect on her, except to say, "I miss my step-mother more than I miss the others. Because she lived right up until she was 82."

The brief manner in which Hazel spoke of these tragedies in her life could be understood in two ways. First because these personal losses occurred over 60 years ago, it is not surprising that she speaks of them without emotion. They happened a long time ago. Unlike her step-mother who lived to share more of Hazel's life, the other members of her

family died before having that opportunity. The second reason for Hazel's emotionless depiction of these events could be that these early incidents at home impressed upon her the reality that unexpected incidents happen in life but people can live on and make the best of their lives. Hazel's many reflections which focused on her ability to positively cope with rheumatoid arthritis in the face of difficult circumstances were consistent with this latter interpretation.

Now, I'm the type of person, apparently, my sister says, anyway, that can accommodate myself, and be quite happy. Like for instance, now, I was in a rehabilitative hospital for seven weeks. I had weight problem, a sore back, which I eventually had operated on, sore knee and depression, apparently. ... and I was quite happy there. It's not because I like hospitals, but if I've got to be someplace, I'm going to make the best of it. I'm not going to cry the blues. Even in the hospital, I'm going to, I'm going to be as optimistic as I can be, you know. I'm not going to go round and gripe all the time. I'm not that type of person. That's why they say that with my arthritis, that ah, I was able to work the way I did, for as long as I did, with what I had, was because I was an optimistic and happy person!

Hazel had lived with rheumatoid arthritis, a debilitating illness, since the age of 20. She, unlike the other women, had to accept and plan for increasing physical limitations most of her life. Finding her own place in Vancouver as a young woman, she explained, "I boarded because I didn't think I was able to cook my own meals. Physically, it would have taken too much out of me." Every place she lived she chose primarily based on her physiological needs. "Am I going to make it all right, health wise? Am I going to manage myself?" These were questions she repeatedly asked of herself.

Much of Catherine's youth was spent growing up on a farm on the Prairies. Life on the farm with her family instilled in her a passion for working hard and an understanding of what it means to be self-sufficient.

Spring was when its time to work the soil and put the crops in, then you don't have time to visit. And then, when they're ripe and the garden's ready, you have canning,

everything to do. You're busy until you get your crop all in and everything's canned and put away. Oh, yes. When I got married, I canned, everything! I could go downstairs and bring up a meal that's already cooked.

I think people that come off of farms, that they've really made a good living there. They've done all right. Because it's, it's not an easy life, you know. And you can be, you can look out and see your beautiful crop, oh and you think how much you're going to be able to get and along comes a hail storm and 15 minutes you haven't got anything!... farmers, I think from the very beginning of time have had their ways and means of taking care of everything, because you have to be very self-sufficient. You have to store enough food away for the winter, and when you sell your cattle you always have to butcher one for yourself, so you have meat.

Also, embedded within Catherine's memories of home was the importance of planning for the unexpected and being frugal.

I find that I buy too much. I always bought enough to last me, but I guess it's a good deal though. ... I think when you only buy enough for a meal that's terrible! You know, because I think you can ... have your money go further if you buy enough almost for a week. Your money doesn't go very far no matter where you go now.

Geraldine spoke to the influence she experienced living through the depression and the Second World War and the effect that era had on shaping her identity.

I think that the, the depression followed by the war. My generation went through both those things... I don't think anybody could go through those two eras, without being influenced... You had to be responsible for your own behaviour. Nobody did anything for you. There wasn't any unemployment insurance, there wasn't any free student loans or anything like that, you know. These kids today going to collage and coming out, and oh my!, they get \$25,000 debt to start their life, I can't believe it! I mean, ha! Debt was something that was just horrifying. You wouldn't, because you never knew whether you could ever pay it, you see.

Together these vignettes portray how aspects of the women's identities were rooted in their experiences of home. These vignettes illuminate some of the messages they received as young children at home in the midst of family and friends which have affected their understanding of themselves. The women's early recollections of home also shed light into their associations of home with their work as adults.

Geraldine's reminiscences portray that home was central to work and vice versa.

When her father ran a residential school in northern Alberta everyone had a job to do.

Fixed in her early recollections of her family was the association of home with

productivity. Home was not a place to be idle.

...my father was the school principal and there were two women, matrons. One was the sort of matron housekeeper and one was the, the other matron taught school and everything too. Dad taught school and she taught school and the housekeeper saw to the, the necessities, and the one that was the housekeeper was a Metis, she was Cree. Well, they had to do a lot of chores, I guess, they had to see to the, they heated with wood, they grew vegetables. My mother grew or looked after the chickens. She raised chickens.

In keeping with her parent's example, Geraldine's home was always central to work.

Geraldine had worked since the age of 16. "When I was a young reporter, I traveled across the country with a trunk with all my worldly goods in it and lived in bed sitters, you know." Even when she had her own house, she did freelance work at home. Her time at home was not spent frivolously. When Geraldine started her own public relations business out of her house, she was infuriated when people associated working at home with a leisurely lifestyle.

I've always worked. I've always freelanced no matter where I had a job. And um, the most infuriating thing about working on your own is if you're like me and an early riser and you get up, I used to get up at 6:00 when the Gazette came so I could read the paper and drink my coffee and have my breakfast and be at work at 8:00. (meaning at work in her home). Always, you see. And people call you about noon "Did I wake you?" I could kill them! I always figured that you have to, you have to get done before noon or you're not going to get it done! Cause then I'd go to go out in the afternoon or I'd have appointments to go out and see somebody or do something, you know. But, oh no, I always worked. Even when I was in a full-time job, I freelanced, working weekends and you know.

For Vivian and Catherine home was also central to their work lives while their children were young. Later they went on to pursue professional careers outside the home.

Although Vivian made reference to her work as a social worker, it was not with the same passion for which she spoke of her domestic achievements.

I've been running homes since I was 21, which is quite a long time. I married a cancer research chemist, an organic chemist and, so I've been running homes since I was 21 which is quite a long time. And, I said to myself, the first thing is make your husband comfortable because he's bringing home the bacon, so to speak. He's bringing, he's earning the living. Make him comfortable and the children. And, you're there to make their life and your own, if you can, um, a mother who isn't enjoying life is not much use to them either (Vivian)

You create [a home]. You certainly do, and I think it's science and art to run a good home and it's a difficult and worthwhile job to do. What else do we have in life without our homes which are so important to us... (Vivian)

Although Vivian was disappointed that she and her mother did not share a warm relationship, she praised her ability to run a good home and obviously emulated her mother's example of women's work in the home.

My mother and I did not have a warm, relationship, where we could talk together. Perhaps had she lived longer, we might have arrived at it. But, she was a good, provider. She was a good cook and she was good at keeping the place going, which is very important to have, someone who can take, who is a good home, runs a good home. Makes a difference in everybody's life.

Catherine, in contrast to Vivian, upheld her occupation outside the home, in higher regard than her work at home on the farm with her husband and children. "I left my family. Well, the boys were 10, 12 and 14, when I left. That wasn't easy. But, I had to come out in the big world and learn how to make a living." After experiencing spousal abuse Catherine chose to leave her home in her late thirties, with only 40 dollars to her name. The fact that she was able to make a new life for herself in Vancouver and receive her certificate as a Practical Nurse at the age of 55, remained a source of pride and inner strength for her.

As Catherine “simply worshipped” her father all her life, it is interesting that the memory she tells of her father starting a new job at the age of 42 closely mirrors her experience of taking up practical nursing later in her life.

Dad of course, he was, he was excellent with his work. He was an engineer, well he was a machinist. He worked for the railroad and then went back to the farm and then he went back to Calgary. Worked in the oil fields for a little bit, then he went to Allen Machine Company. Oh, they thought maybe he was a bit old. But they'd try him out, he was 42 years old! Anyway, they tried him out and when he was 80 they gave him a birthday party, and he'd been the head boss for years.

Hazel, unlike the other participants, spoke of work as being separate from home.

Her father ran his own business and when he died her brother took it over.

Anyway, we stayed there and then dad had an offer of a job back in Melville and so, we all went, packed up and went to Melville. My sister was only six weeks old and away she, away they go. And he lived and worked until he was 52 and died then with pneumonia and pleurisy. No antibiotics. Then, my brother was old enough when father died, to go into the store. My father had a, had the Melville Harness Store, he used to repair shoes and harness and that sort of stuff. Percy worked there until the war came and they sold the store and Percy went and joined up.

Like her sister before her, Hazel left Melville in search of employment. “I went into the big city too and got a job. There was nothing for me in Melville. Nobody would give me a chance because I had some arthritis.” “But you had to get work, you know. You had to work.” For Hazel, in her working years, home was a place to relax and revitalize herself.

Well, in the first place, I boarded. I boarded because I didn't think I was able to cook my own meals. Ah, physically, it would take too much out of me. However, then I decided I could eat at the restaurant, like Mr. Milne said, “Hazel, why don't you eat here, then you don't have to pay for it. Rent a place where you just have to sleep. Any other activity you can come to us!”

Gosh, that was a hard time. I can tell you! Oh Lord. I did nothing but just work and rest. Never went out. I worked evenings anyway, which was just as well! I was just as happy working evenings!

Home was also a place where the women received messages about themselves as aging women. All the women identified they were aging by their changing bodies.

I've slowed down an awful lot. I can tell you that.... My body, too. And ah, no I've slowed down a tremendous amount. I like to keep my brains going. I find life very dull sometimes compared to what it has been (Geraldine).

The tragedy of old age is the loss of what do you call your capabilities. Your hearing, your sight, your teeth, ... That's really where old age gets you. Right there! As you well know. You look back on your youth when you didn't... when you could run and jump and hear, and see... Oh, Jesus! Is it worth going on? And you just hope that it will hold out until you have to go (Vivian).

Home as a place where the women learned about themselves while aging was especially evident in the reflections Catherine shared about seriously injuring herself in her own home. Catherine's experience of breaking her leg falling out of bed at the age of 90 was shocking to her. For a time, it shattered the image she held of herself as strong. "Work never bothered me. I either worked or walked. These last few years, it's been walking. I have walked miles and then I fell out of bed and broke a leg!" She expressed well, the evolving meaning of this event to her sense of self. At first she felt helpless but gradually over time as the strength in her leg came back and there is a sense that she felt relieved about her body's ability to heal.

I really was kind of helpless, I couldn't walk very much. I couldn't walk on this leg at all. Seems to me, well this last, three, two and a half months, I've got the muscle back in this leg. For the longest time, it was just flabby! Then all of a sudden it started up. So that helps... But you see, my age! So it takes longer for an older person to heal.

The ways some of women had accommodated themselves in their communities and in their residences also reflected their understanding of themselves as aging. Vivian accepted the need for community-based transportation services to help to get to the places she enjoyed going when she could no longer drive herself.

But I did have a car and that was a great advantage but, ah, losing my car, I didn't lose it, I sold it. When I became a nervous driver, I have Macular Degeneration and so, driving was no longer a pleasure and meanwhile I applied for a bus pass, and I got the bus pass and the Handy Dart if I want it and I got the Taxi Discount...

Catherine recognized her need for ongoing home support help to assist her with personal care and in the management of her home. She also took advantage of physical aids, such as her Able-Walker to help her to get out and do activities independently.

I'm still getting [home support workers] once a day. I don't know how long that will last but I'll have to have somebody to do the washing and vacuum the house. But, as I get better, I can handle the food. I take my Go-Cart. My walker and it has a basket, and they could put a small box on top or else I take the plastic bags and hook them over the handles and put them on the seat. And it's so easy to push. There's no weight to it.

In the time span of this study, Hazel unexpectedly moved to the long term care facility from her bachelor apartment in a seniors' residence. Although she was on a wait-list to move into the care facility, she had not anticipated a room would become available as soon as it did. During the 16 years that she lived in her bachelor suite, she organized and personalized the space to fulfill her responsibility of being self-sufficient. She arranged for the installation of a removable shower head because she could not physically sit in the tub to bathe. The purchase of an upright mini-freezer provided additional space for her to store meals that she had prepared for those days when she would feel too unwell to cook. In the year preceding her move to a care home, she began to feel like she was "imposing on others a little too much," and proceeded to be wait-listed for the facility of her choice. "It's not going to get better. It will get worse. I'm getting older. I'm 83, you know."

These experiences not only portray the participants' understanding of themselves as aging women but grounded in these reflections are many aspects of their identities. Traits such as survival, taking responsibility for their lives, making their own way, seeing reality

for what it is in a no nonsense manner and taking action, are all aspects of their identities that have been shown to be embedded in their stories of home. Clearly for all the participants, home was a place to learn about themselves.

Home is where you can be yourself.

Home was where the women could be themselves; they could do whatever they wanted whenever it suited them. Firmly established in the women's stories of home was the identification that home was a place they could be themselves. Apparent within Geraldine's description of her day were the concepts of choice and freedom. With the exception of having to get up at the insistence of her cat, she went about her day as it suited her. She went out and came home as she liked. While it was evident that she had a basic routine, she could deviate from it as she wished.

Seven-thirty! (pointing to the cat) Meow! And we get up and get breakfast and usually if there's dishes I have left the night before I wash up, clean the cat's box, get a shower, get dressed and I might go out, you know. I don't rush. I don't get out till 10 or 11 except on the days that I'm going for my exercise and then I leave at nine. And then, I'm out usually a couple hours and walk down to Denman or back or you know, I go through the, Saturday I walked up the hill to Super Value and came back with some stuff and then I went out again to London Drugs to get some things and back again. And in the way, I met some people I knew here and there and stopped and talked, so, I'm gone two or three hours. And then, that's it. I'm home three or four o'clock and I don't go out again.

For Vivian, home was where she was her own boss. She could do things a particular way in her home - her way. She described how in her companion's home she did not enjoy that luxury.

There's only one boss in a home. You know that Wendy. There's only one boss and Philip is boss in his home. He's got funny little bachelor ways of doing things. It should always be done this way. Saucepans on the top shelf, and it's nonsense! There's no soup spoons for instance. I said, "Philip, how come...?" I took him a whole thing, I froze some soup and took it. "How come you haven't got soup spoons?" The spoons he uses, put out were dessert spoons. And he said, "Because

the set I bought didn't have spoons." "And since then you've never needed...?" He said, "No. I don't have soup, cause I open the cans and I don't know what to do with what's left." I said, "Oh, God!" Ok.

Hazel also associated home as a place where there was only one boss. It was the very reason she did not go to live with her step-mother when her step-mother's sister, who had been living with her, died.

And everybody said, "Oh, Hazel will go live and with her mother." And this is my sister's own mother, you know, my step-mother. And Lynn said, "Oh, no she won't!" She said, "I won't, I don't want her to." Because my step-mother was a little domineering. ...if I'd gone to live with her, she have been the boss. I would have been living under her thumb, sort of deal.

Embedded in these reflections of home was the association of home as a place where they could engage in the activities they enjoyed as they wished. Vivian and Geraldine professed a love for music, literature and art which was evidenced by the paintings, fabric art, books and audio equipment situated about their homes. Enjoying a book at their leisure was a favourite pastime. In the community, Vivian spoke fondly of running a weekly literature group at a senior's centre while Geraldine told of enjoying daily walks and swimming at the local fitness centre on a regular basis. Catherine enjoyed listening to the radio. Even the ability to put it on and turn it off as she liked was important to her.

I have the radio. And I, I really like it. And I keep it on that station all the time because, if I push it off, well then I don't like the other and then I have trouble finding my own station. But I find CBC is, I get news from all over the world, if I get tired of listening to music, then I'll turn it off. I take it to bed, when I go. Set it by my bed.

Hazel enjoyed being able to "do" something in her home.

...in the afternoon, I do try to accomplish something. I might even just read, or do a letter. I have a type writer in there, cause I can't write anymore. I have a type writer. Electronic, type writer. And maybe I'll do a letter. Because I've always wanted to accomplish something in a daytime. I feel, that if I don't I am losing a day. Time is precious. I, I don't like to just do nothing.

For all the participants, home was a place where they were boss. They could be themselves and engage in the activities they enjoyed as they willed. The fact that they were free to go and come and make their own choices was central to their experience of home.

Self is an expression of home.

Through the women's stories and experiences of home, it was evident that they had projected aspects of their identities into their homes. Home was an expression of self. However, each of the participants in her own way expressed and displayed how the experience of home was reciprocal - she was an expression of home. Observing each participant, taking note of how they presented themselves, their body-language, their mannerisms and then comparing those observations of the individual with the layout, appearance and atmosphere of her homes, enhanced my understanding of home as a fluid relationship between the individual and her environment.

Vivian valued appearances. I learned of this through listening to her reflections and observing her at home. The first time I came to her home she had confused the days and was not expecting my arrival. She apologized for the state of her home, which to my observations appeared neat and clean. She had just come home after spending the weekend at her companion's place and had not had time to put away the belongings she had taken with her. While I made myself comfortable, I watched as she moved around her place putting items away and taking a moment to comb her hair in her bedroom mirror. The next time we met, Vivian arrived at the door wearing a flattering velvet top, jewelry and make-up on her face. As I walked down the hall to the living room, I also noted that the place was tidier than the last time I came. Everything appeared to be in its rightful place. The hallway leading to the living-room was cleared of any household articles. The

magazines on the coffee table were in a neat pile, with an array of bowls with potatoes chips, nuts and candies freshly filled and off to one side. The curtains on the sliding doors were open to their widest point offering a full view of her patio and the creek. On this occasion, she, like her home was aesthetically pleasing.

I'm very conscious of the aesthetic part of life and I'm very conscious that things should, I mean like those white chairs, I found them in a Finnish Store and their line is so, the white arm chairs too. They're satisfying. This old thing, I don't like (kicking the long, wooden coffee table) but it's so useful, I can't, I can't get rid of it. My son has loaned me this Persian carpet... And I think Persian carpet's do things to a room, that nothing else can. They're so warm and glowing and such lovely designs. I'm very fond of it! When my son brought it here and, and put it down, I said, "My God! The room is transformed."

Vivian also articulated the association between herself and her home as a symbol of her resilience. She has survived despite a failed marriage; she has gone on and made a life for herself. At the age of 90, she was still living on her own as she desired.

It's part of my total personality, my home is. Not just because it's this home, and it's got the kind of teak furniture I like. I like simple things. It's just an unbearable doubt of your life, with a wrecked marriage because Al ran off with this little Chinese girl, God help him and he got, he got a stroke and died a few years later. And I said "Ok, it was a wrecked marriage but I got out of that and I've still got a home!" That's the point. I've still got a home. I'm not in a care home. Thank God.

Hazel was an optimistic and forward thinker, always preparing for the unforeseen in a positive and no nonsense manner. She operated in ways which maximized her physical abilities and maintained her independence. She was very much an expression of her home. Her place, unlike others she had seen, was meticulously organized to facilitate optimal functioning for herself while living with rheumatoid arthritis.

I mean, you'll go into some, and you may be won't be able to walk across the floor. Some of them have come from bigger places, one bedroom apartments, things like that, and they find it very difficult to accommodate themselves into something like this, where you've got to take the bull by the horns and get rid of some of the stuff you don't need. What you will do, what you should do, is to come into a place, and

visualize where you are going to put everything, and what you don't want or can't accommodate, get rid of it! Don't, don't try and stuff it someplace. Just get rid of it! You've got to do things like that or you're just going to be bulled over.

These are things you think of, actually you are constantly thinking, because, you don't want to get caught on the wrong side of the hump. You don't want to let things get ahead of you, you try to keep up with everything, and maintain, sort of, as healthy a life as you can.

Geraldine's place was simply but thoughtfully decorated. Paintings, native art and some family photos including a large framed black and white graduation portrait of a man hung on the walls in her living room. A book shelf full of thick reference texts was positioned between two upholstered comfortable chairs. A large wooden desk occupied a large portion of the room. A cat lied curled up on top of a scratching mat.

Geraldine, unlike the other participants, did not interact with her home in my presence. In both interviews, she sat in the same chair and did not move from there. All the other women engaged with their places in some small way, whether to show me something or to make reference to their belongings. Geraldine did not do this. The only time she spoke about the items in her apartment was when I raised questions about them.

Reflecting back on Geraldine's home and her actions in it, Geraldine was also an expression of her home. While her apartment did offer some visible clues about who she was and what she valued, aspects of her identity were more apparent through her words and expressions. Geraldine explained that "home was anywhere I hung my hat." Over the years with a career in journalism, she had lived in many different places in many different cities across the country. While certain personal items added to her comfort in a space, it was her existence in a place that made it home.

I just brought my, my few treasures. I brought a lot of books which cost me many, (laughing) many a penny and ah, my, my, I've got 30 years of writing in there (pointing to the two drawer mental filing cabinet, sitting in the corner beside her desk)

I never got terribly, attached to things. You know, I could sell up and move on and buy new and ah, mind you I like to buy much more expensive than I do but still, I mean I'm not, I would never get emotional about things, really. I've got some family silver wear and you know and stuff like that, but nothing that I would ah, wouldn't part with if I had to... [except] Haley! (her cat).

Catherine described how her sister's comment about her home was a direct insult to her character. As she was an expression of her home, when her sister harshly judged her place it was experienced as a personal offense.

My sister really insulted me the other day. Well, she said, "You have nothing here to worry about, except," these, this [hutch] and that table and the other hutch and the six chairs. They're light maple. And ah, oh, I don't know, these chairs are over thirty years old. I find this one (the one she was sitting in) very comfortable. Of course, I can lean a way back in it. But the stools are gone. And I thought, how insulting can you be! Things don't need to be new to be good. It's how you, well, they're just part of you.

Self as an expression of home was mirrored in the way some of the participants spoke about leaving home. Vivian told of a friend who had to leave her home because she was ill and could no longer care for herself. The pain of seeing her friend living in a care facility was palpable in her disclosures. She saw her friend as alone without companionship, without an identity, lumped in with people who were not like her. Seeing herself in her friend's position, heightened her fear of ever having to leave her own home. Loss of a home, to her was a loss of self - a vegetable state of existence.

It's the companionship. It's the kind of other people that are constantly there in front of you. I look at that lobby and I shutter! (physically acts out the act of shuttering while speaking the word) They're so, they're dead already! Wendy. They're dead! (expressed with sincerity and grief) ... when she first went there, she did go to the lunch table. She said, "They couldn't hear me because my voice is so low." She felt she had had a small stroke and that had robbed her of her, ability to talk loudly enough. And she said, "It was so painful. And they were so boring" - the people there

because she was a well read woman. She loved good music and had endless, brought with her to the facility, brought so many CD's that were in beautiful music. And she said, "I have no one to speak to about all these things." And I thought, aw! This would kill me!

You're nobody when you're in a care home. Maybe if it were something like, Crofton Manor, which is more like a hotel. Maybe you hang on to your, identity, is the word really. Hanging on to your identity of who you are. That's why when people offer you to help, offer you, they're not helping you, they're helping some old girl. We don't want that.

Life's full of surprises, Wendy. And as for leaving... (pause) now the alternative to your own home, which is care homes or, care in the home is... I sometime think I would welcome death more than I would welcome the loss of a home. And I'm quite sure others have said things like that too. If I can no longer manage, let me go. I don't want to peg out to, the kind of, this vegetable state. No thank you.

Catherine, too, was unable to fathom living in a care home. It was a place to go if a she could not care for herself at home and even then she doubted if it was the right place for her. The nursing home she visited was a cold, unfamiliar and unwelcome place. She did not fit with this image of home.

I've always wanted to stay here, you know. I haven't got over that yet. Yet, if I got so that I couldn't walk or something. Or navigate and do... You see, I can still go out and get a meal. I tell you, I buy things that I don't have to do much cooking with, but I eat well.

Oh! No! I don't want to move. Oh, it's not me! It's what the other good folks want you to do. But, they don't seem to hear me, what I have to say.

They wanted me to go and look at the - I'm going to call it a joint. It didn't impress me one bit. I went in the door and I thought, "Oh, dear! What a cold place this is. There's nothing bright or welcoming or anything." And when the lady did take us around to see some rooms, they were small rooms for a single. And you have to share your bath, your toilet with the next neighbour! Well, that didn't go over very good. And besides, the halls are narrow, and so many elevators and you go up this floor and I, you don't know where you're going to be. I would have a terrible time, until I could get, stabilized, you know. Whether they could put up with me, until I did, I don't know... I said, "Dr. Donald, that building has no warmth in it. You go in there and it just makes you feel chilled." Now, I'm not the only one. It did the same thing to my homemaker. And the lady that came finally, to take us around and show us, well, she could have, she was as indifferent whether we were there or not!

Hazel, unlike all the other women, left her home within the time span of the two interviews. Over the course of her life, circumstances forced her to move. Her latest move, to a care facility, was made because she could no longer use her hands. For her, home was what she made of it. She was prepared to be happy and positive wherever she lived.

Places, living alone and that sort of thing, I won't say that they are our ultimate choice, but under existing circumstances, they have no choice in some, in some respects, because their finances or whatever will not allow, the same as I couldn't stay in that apartment upstairs in a revenue home because of the stairs. It wasn't the finances. It was the stairs, that's the only reason I moved. So, there is something that I had to consider and ah, really didn't want to move. I liked where I was, very much so. And another place I was in by myself, I had a living-room, a dressing room, a kitchenette, and a balcony on the front. Whew! I loved that. And I lived there for seven years, I guess, something like that. But the only reason I moved was because grandma was coming out from Greece, they needed the space. And also their family had grown, too! Ohh! I mean, those are circumstances where by a person has to move and has to make a choice.

That's why you moving in, to get help with the things you find too difficult to do at home. Which was working with my hands. My feet and legs, I could do all right, except that I do lose my balance terribly and everybody, including myself, is afraid I might fall. That, I do have to watch...if you can't, there's things you just do or you don't do.

So a lot depends on the individual as to how they are going to manage to live and be somewhat happy when they are, ah, finally alone, and living under circumstances like this. Are they going to be able to square their shoulders and say, "I will like it. I will."

Together, these vignettes bring to light how each woman was an expression of their home. While Vivian was one of the participants who spoke openly about her fear of losing of her home, she also recognized the danger of becoming so closely identified with home. She, herself, questioned if she was giving up a new and potentially wonderful opportunity in her later years because she could not see herself living anywhere else.

There's a terrific, danger, in this whole subject, that you're dealing with, Wendy. That you get too tightly identified with your home and you can't take your bag and walk out. It's devastating! It's killing, almost.

And this is going to be the dominant theme, I'm sure, of your, your thesis. That we get too tied up, too identified with our surroundings. We should be, I should be able to say to Philip, "You've got another nice place for me? I'll have a bedroom of my own and a bathroom of my own. I'm delighted! Let's go!" Because here is the most interesting person to live with, a great help, when I need to go to the eye doctor or the doctor, he'll drive me there. What! Sure! It's the cost of that, of having that, is changing my house and I try to envision myself, packing my bag and leaving and it's very difficult.

These women's experiences of home clearly reflected the understanding that home was a place to learn about themselves. Aspects of their identities such as survival, taking responsibility for their lives, making choices, taking action, and living a life while aging were some of the many personality traits depicted in their stories of home. For all the participants, home was a place where they could be themselves and engage in the activities they enjoyed as they willed. "Who I am," had become synonymous with the meaning of home. Home was an expression of self and self was an expression of home. Vivian eloquently summarized this fluid relationship by stating: "My ideal is to be self-supporting in a way, both intellectually, emotionally, you've got to get it all together, yourself and that still means your home."

Home is a place of nurturance and reciprocal support.

Embedded in the women's childhood stories of home was the impression of home as a place where they were accepted, cared for and nurtured. For some of the participants, their homes continued to be places where they were nurtured but they were also places where they reciprocated both social and practical support with friends and close companions.

Hazel remembered home as a place where she was cared for by family. "The home wasn't elegant but it was family. It was my family." The restaurant in which Hazel was

employed for 25 years became home for her after her mother died. She described it as home because it was a place where she was accepted, nurtured and felt a sense of belonging. The fact that Hazel's employer recognized her capacity for learning and trusted her to handle a job which involved significant responsibility left a lasting impression in Hazel's memories of home.

I'm trying to remember how we became friends. Oh, I started working nights, that was it. And I asked him, if he would teach me the register, how to do the register and then after that I said, "How about, can I learn all of it?" Oh, no. He asked me. He said, "Hazel, would you like me to teach you all the rest of it?" Of balancing, you know. There's some many things. I couldn't even begin to explain to you, how many different things there are to do." And I said, "Yes, I'd like to, but" I said, "I'm not very quick." He says, "As long as you show me that you want to learn, I will be patient, and I will teach you." And that's exactly what happened. I learned the whole thing. He used to be able to phone up, "Hazel, I'm going to Vegas, take over."

Hazel never married or had children of her own. Family and friends remained foremost in her experience of home. Throughout her life, she either lived with family, boarded, rented apartments with friends or lived on her own. Up until her recent move to a care facility, she lived for 16 years in a bachelor apartment in a seniors' residence. While she lived alone in some of those places, she was always conscious of the importance of maintaining connections with other people. Without making a deliberate effort to meet people, she recognized that she could have become quite isolated in her home.

I used to say, "If you want to enjoy life, and perhaps you are alone and that sort of thing, you've got to go halfway." You can't expect everything to come to you. You go halfway at least to develop a sense of wanting to belong. Now, this is a little different than living in the apartment. Living in the apartment, you really do have to promote yourself, actually. And go to the people, speak to them, let them know you want to be associated with [them] or something like that. Here, because so many people are in my condition, they are coming to me, sort of.

Hazel not only looked to friends for social interaction but also for practical support.

However, it was important to her that she could reciprocate the help she received.

My little friend next door, we play dominoes together, and she will say to me, "Hazel can I help you do something?" Cause she knows my hands are gone. And I would say, "Gee wiz, I can't peel a potato," you know. So she'll peel a potato and now she just, she comes in and of course and I've given her privilege to use my microwave, too, you know. She kind of likes that. And ah, she'll just get busy and look around.

Her companionship with Ben also reflected a relationship where there was an exchange of social and practical support. Before she moved to the care facility, Ben would visit regularly every Monday, Wednesday and Friday. Those days she would reserve for him. They would shop together, go for drives, chat, she would make him lunch, and he would help her with household maintenance jobs.

I would be a little dull if I didn't have Ben coming down. As much because of the fact, that I think the world of him, just his coming down makes my place more pleasurable. The fact that he's been in it. The fact that I have him, and I have his memory after he's gone.

Hazel's eventual decision to leave the seniors' residence grew out of her realization that she was coming to "impose on others a little too much." In her view, she was no longer able to help others in a comparable way. They were doing more for her than she could do for them.

Catherine's early recollections of home on the farm placed her at the centre of her family's attention. Their love for her was unconditional. Even the horses, the cows, the cats and the dog next door adored her. She knew home only as a place of kindness, friendship and trust. In her marriage to her first husband, she was surprised to experience home as a conflicted place.

... he didn't like me to talk to the neighbours. And if he introduced me to anybody, well, it was always an old lady, the poor old soul, I said, "She didn't know if she was coming or going." I guess he thought I'd be safe there. That is, I like people! And when you like people you don't want to possess them. You know that.

I stayed in the city, for two or three weeks with my parents and then I thought I was still too close. Because Carl (her husband), oh, he would have killed me if he could have. He tried to choke me. He come up behind me, you know, only I was pretty strong in those days. Anyway, he, I guess I punched him or stepped on his feet, or something. Anyway, he had to let go of me. And I didn't, I couldn't trust him then...

Catherine told of staying on the farm with her husband and children for three months after this incident. "I almost just about had a nervous breakdown. So, one day I thought, I can't go it any longer, if I don't go I won't be here anyway." When asked if leaving her farm and children was the hardest thing she'd ever done in her life. Catherine replied,

Oh, that was terrible. But when I made up my mind, I just closed it off, I never thought, you know, because if I'd sat and thought about it very much, I wouldn't have gone but my life would have been just unbearable! And not only that, I thought he might take it out on the kids. And I knew he'd be good to them because he needed somebody to help him.

This story, distinctly portrayed that for Catherine home was a place where one could trust in the kindness of people, and even animals. She realized this farm was no longer home for her. Living in a place that was not home would have been a life subject to anguish and sorrow.

For Catherine living alone in Vancouver, home had again become a place where she could trust in the kindness and support of family and friends.

Oh, there was a couple of good friends moved out. I certainly miss them. But, you know, they still phone me at Christmas time or my birthday. So, they haven't forgotten me either.

She frequently spoke of the assistant manager of her apartment as someone she could count on for help.

If I'm ill and I ask Doug to go over and get some food for me. He'll do it in a flash. He's always been like that with me. And anytime I went away, he took care of my, I've always had a lot of plants. He takes care of the plants.

Catherine, who in the past year had faced several acute health concerns, had a heightened appreciation for the support and care she also received in her home from various health care providers.

They were so good to me. Everybody, was good to me. I'm so grateful to these people. Here's the doctor, doctors don't make home calls, he was here four times. I tell you. So, when I went out the other day to look at the nursing home, I also made a date to go to see the doctor, because I really hadn't thanked him for all he'd done.

While Catherine did not speak of reciprocating practical support to the people that helped her at home, she did take the time and make the effort to thank these individuals. She also spoke of giving away figurines to the people she valued. Lily was a special home support worker to Catherine, someone she considered a friend. Catherine thoroughly enjoyed Lily's company and she felt certain that Lily felt the same way about her.

Lily, the homemaker here, she's a Filipino girl. Oh, she's a good friend. Oh, she's excellent. She's lots of fun to be with, too. She's got a good sense of humor, and you know, we just... We can sit and chat and talk all afternoon, you know. We had a wonderful time yesterday. And that was good for me, and she, enjoyed it too.

The other day, I gave Lily one of my figurines. I said, "You just, careful now." I said, "It's egg shells." So I had it in a little package all wrapped up so it wouldn't break, but I got these, and I said to Alice, (her sister) I said, "I've decided since I can't see these things, then I'm going to give them away to people that I want to give them to."

For Vivian and Geraldine, home was also remembered as a place where they were cared for by family. They remembered their parents as providing houses that offered warmth, good food, music and books. However, when they spoke of nurturing relationships they told of people other than their family. Geraldine was brought up at an Indian residential school in northern Alberta. Her father ran and taught the school which she assured was "not one of those notorious ones!"

There were about 40 kids in the school and there were about five reserves in the area but people didn't stay on their reserves in those days. No, my earliest

memories are waking up and seeing a teepee, camped down by the river bank. You see, they used to come by and visit their kids. Now this doesn't sound like the penitentiary. And they'd be going fishing up the other end of the lake or something and they'd, I'd open, I'd see this teepee and I'd rush out and see cause I wanted to play papoose! And they always welcomed me and they'd come in and they'd stay a day or so and visit with their children and then they'd go on.

Unlike her mother, the First Nations people and their children treated her with warmth and affection. "The kids played with me, made me dolls and you know, stuff like this because I was too little to be in school. I was a toddler then." Since those early years, Geraldine had held a special place in her heart for First Nations people. Later, at the age of seven, it was a school teacher who took special interest in her growth and development.

[T]he teacher said to my mother, "That child hasn't learned anything! How long has she been in school?" ... So she gave me, this teacher, she gave me double classes and I took double classes from then on to catch up. She was horrified that I'd been in school all that time and I hadn't learned anything. But, that, that teacher, that's when I first learned to read... once I learned to read I read like a fiend. Everything! Whether I could understand it or not.

Like Geraldine, Vivian felt indebted to the school system for compensating for the lack of nurturance she experienced at home. At the age of four and a half she began attending school and "by three weeks I could read anything by phonetics, not by word." Lacking fulfilling relationships within her family, books became a source of company.

So, in many ways home was good, and in many ways home wasn't good. There's no one to talk to, and I achieved my understanding of life through books. I adored the library. The, whatever I understood about life came from reading books and I'm eternally grateful for that.

When Vivian became a mother herself, her words of advise suggested that she tried to compensate for very thing she identified as missing as a child - someone to talk and learn about life.

If you have children Wendy, and I hope you do because they're very, they're fun. I hope you'll stay home with them. Till they're at least into grade school. I think that's

ok. I worked when Jack was going to grade school and high school and it worked fine. And I used to, I used to tell him stories about my social work. I was at the Children's Aid and was doing policy work and child care. Used to go out with the police at night, sometimes, pick up some poor child left alone with the space heater in the room, with flames. ... and I used to tell Jack, "Now let me tell you what my day was doing." And I'd tell him all these stories and he loved to hear what I was doing. I said, "I've been to prison today," or I'd say, "I've been to the mental hospital to see what was going, I had to do some work there" and it was great. But he, he never missed out because of that.

Vivian's new friendship with Philip, 10 years her junior, evolved out of their shared passion for learning and knowledge, particularly in the domains of science and literature.

Vivian met him at her literature group. Not only was Philip a stimulating companion to share her days with but they supported each other in practical ways. When she stayed with him, she did the cooking. When he visited her, he helped by repairing household items.

Together, they cared for each other.

It's fun! To live four days here and then three days being a visitor in a beautiful apartment in a lovely quiet sanctuary, with beautiful home and care at my disposal. And I'll go and do shopping with him and I'll do my shopping at the same time. Then he'll drive me home, he'll carry the parcels home and um, don't you think that's and extraordinary piece of luck?

While Philip had become a central figure in her life, Vivian was conscious to make time for long-standing friends who had been "generous and kind" to her. She invited them to Philip's home and also enjoyed entertaining them at her own at her place. Inviting people to spend time with her in her home was gratifying for her. She was pleased to have a place where others felt comfortable and nurtured.

I'm happy that I've got a place to ask people, who seem to be a bit lonely or a bit confused and want to talk, and want to, or just want to be friends, just want to come in friendly and have a cup of tea and I think how lovely that I've got a place that they like to come.

My friend Ena, who was at the nursing home, I'd go and visit her there and I'd come home and oh... And she would say to me, "Oh, Vivian. I miss so much coming to your

place.” She used to stretch out on the sofa and I’d bring her a little dinner on a tray and she loved it so.

Unlike the other participants, Geraldine did not discuss with much detail the experience of home as a place of nurturance and reciprocal support. The fact that Geraldine drew attention to the lack of affection she received as a child from her mother suggested that she associated nurturance with the experience of home despite the fact she was not the recipient of such care and attention. “My mother never paid any attention to me... I had a retarded brother and she just lavished all her attention on him.”

Geraldine’s recollections of traveling with her dad suggested that she may have received some affection and kindness from her father but in an indirect way. Perhaps going with her dad on his journeys was the only opportunity she had to be with her father alone or perhaps her mother preferred that Geraldine accompany her father so to free her from the responsibility of her daughter’s care. Geraldine’s stories do not offer an explanation. However, they do provide an image of a child who enjoyed her father’s quiet companionship and who was comfortable spending time alone.

But I used to travel with my dad and he was very non expressive ‘British’ type, you know, repressed... I can remember traveling with him when we were up the north country. He used to go once a month to take a service at some little God-forsaken place. We went by horse and cutter, in the wintertime and ah, I used to go with him. I don’t know if I always went with him just to keep him company, I sure he could have done with out me, cause I was about seven or eight years old, you know. But I wasn’t a real chatterbox or anything... I can remember sitting outside the Kingston Penn reading a book while Dad was in visiting somebody from his flock, you know. And, oh, that kind of thing is strong in my memories of my childhood, when I went with my Dad and he visited. He was a good country parson. He visited the farms all around and the people and everything. I didn’t know, I sat in the car, read a book usually, you know.

Except for early childhood memories of her family, Geraldine never shared any other experiences of home involving relationships with her parents or her brother in later years of her life.

Home as a place of nurturance was also lacking from Geraldine's experiences with her own daughter. Working to stay composed, Geraldine told of having a child of her own as a young woman and having to take care of her for six months before giving her up for adoption.

I was 15, well I was 16. Ten days after my sixteenth birthday she was born. And I was in a Christian home in Montreal and ah, I had, well in those days they made you stay, stay there for six months, to look after your child for six months. They thought it gave the child a better start, you know. Now they think that's absolutely the wrong thing to do! Anyway, she was adopted and and I went out to work at 16.

While Geraldine spoke of spending many years trying to locate her daughter, it was only since she had moved to Vancouver, in the last 10 years, that she had found her and they had become acquainted. Beyond sharing that she and her daughter had become friends, she did not share details of their relationship together. "So well, we're pretty good friends, you know. Ah, I see her often and everything."

Given Geraldine's life history, perhaps it should not be surprising that the social and practical connections that she shared with people were sparse in her reflections of home. Not having experienced nurturing and supportive relationships within the home, she may not have seen home as the place for these types of connections. The experiences she did remark on pointed predominately to the lack of supportive friends she has had in recent years.

I have one friend can discuss, I'm a political junky and ah, we both work for the volunteers, you know, well she's, she's dying. She's got leukemia and I've been going through this with her for nine [months], more that ,a year. She's had umpteen courses

of chemo but they're not going to do anymore. And she has to go every week and get her blood test and if she needs some they give it to her and that sort of thing. So, ah, she's the only person I can talk about books and things to.

I don't have too many that I can talk to... Because I just don't have the same, ah, circle that I had when I was active.

I find the West End is really kind of antisocial, you know. There's a... I'm friendly with a lot of women who are single, like me but there's a sort of a (Geraldine pushes her arm out from body to give the impression of distance, a stay-away type motion), you know. Ah, I, when I was ill now there were two or three of them who really helped me out and came round. Before that I never got them into my place, you know.

When asked, Geraldine could not account for why these women were willing to come in to her home when she became ill and not on prior occasions. Perhaps it was Geraldine herself who became more open to their company and support when it became evident that she needed it.

The interpretation of home as a place of nurturance was mirrored in all the participants' recollections of home. Hazel and Catherine experienced nurturing relationships at home. Vivian and Geraldine did not. These two women both made a point of acknowledging the lack of nurturance from their families and made special mention of those individuals who compensated for this shortcoming outside of their homes.

The experience of home as a place to reciprocate social and practical support was embedded within the stories of three of the participants. Although these women identified that people were helping them to manage their homes, they in return were giving something back. They saw the connections they made with people in their homes as valuable and important to the well-being of these individuals. These relationships also reinforced to them their capacity to be cared for and appreciated at home.

CHAPTER IV

Discussion

In the preceding chapter I shared the meanings interpreted from the data of the participants' lived experience of home. The essence of the experience of 'home' as expressed by the four women who participated in this study was explained by three essential themes: (a) everyone creates the nest they want, (b) home is an expression of self, and (c) home is a place of nurturance and reciprocal support.

At the onset of this research I had perceived this research would focus on answering the following two questions: (1) what does it mean to be home? and (2) what makes a place home? The findings of this research help to answer those two general questions, however they were not the focus of this study. In listening to the women share their experiences and integrating those experiences with my own reflections and assumptions about home, my thinking about the research questions became more refined and sophisticated. I began to see that the question I was seeking to address with my participants was "what is home?" The collection of experiences grouped within each of the three themes offers insight into answering the question "what is home?" In this final chapter, I reflect on these findings in light of previous research, distinguishing what is clear about the meaning of home from the data and what questions remain unanswered. I also identify the limitations of this study and the areas for further research. The concluding section of this chapter highlight the implications this research has for practice.

The theme "everyone creates the nest they want" encompassed the women's experiences that home is physically located in a space, home is created, and home is a nest. The experience that home is located in physical space was well supported within this

research. Regardless of whether the women were reflecting on home as a place where they were nurtured or home as a place where they could do what they wanted, they always spoke of home as a physical space. The literature also identified home in this way.

Whether the research was discussing home in relationship to the concept of identity, safety or social connectedness, the idea that home was located in a physical space was a basic premise to each of the author's arguments.

Before engaging in this research I grappled with the idea that home was localized to one dwelling. Through ongoing reflection of both the women's experiences of home and the literature, I recognize that it is the meanings that each individual attributes to home that makes a place his or her home. The idea that each person must have a place in which to dwell in order to begin to know what home is, seems fundamental to human existence, how could we assume otherwise? The people who live on the streets of our cities and towns are perhaps the most visible testimony that this basic human need, the need for a place in which to reside, is not well understood or fully acknowledged within our society.

The experience that home is created and purposely built up in keeping with an individual's unique interests and styles was articulated by three of the participants. All of the women displayed their creativity and made visible aspects of their identities and personalities through the possessions they kept, the heirlooms they spoke of, and the manner in which they arranged their homes. The interpretation that home is created is not depicted in the literature. Nonetheless, there is research which identifies that the keeping of certain possessions and the arrangement of these belongings and other household items serves a supportive function in elders' lives at home.

Wapner, Demick, & Redondo mention photographs as particularly meaningful objects that help older people both to define themselves and share this self-definition with others (cited in Cookman, 1996). Rowles (1983) used the term "autobiographical insideness" to describe the manner by which older individuals projected their sense of self into the spaces in which they lived. "Each individual's autobiographical insideness - the events and places she or he chooses to remember and inhabit vicariously - is intimately related to a sense of self" (p.307). Autobiographical insideness was facilitated in part by keeping of key artifacts (Rowles, 1983). Frequently, treasured personal possessions provoke older individuals to revisit vicariously, certain places and events of their past (Rowles, 1983).

The research findings of Swenson (1991), who explored the meaning of home for five elderly women living alone in a rural setting, were also consistent with Rowles' (1983) interpretation of "autobiographical insideness." "Home is the center of self", was one of three major constitutive patterns revealed in the data (Swenson, 1991). Within this pattern Swenson (1991) identified how the women's sense of self was linked to the way they personalized their homes both inside and outside, the "autobiographical icons" they cherished, and the way each woman modified her home to be more personally congruent with their needs and interests.

Rubinstein (1989) postulated that the way an individual's home was arranged reflected a social-centered process whereby older adults endowed their home environment with meaning. He contended that culture puts forth general rules for ordering and arranging space (Rubinstein, 1989). Individuals would internalize these sets of ideas and reflect them in the organization of their homes.

While these researchers do not speak of the keeping of key artifacts and the ordering of furnishing as a means of creating a home, these actions are purposeful ways of assembling a space in keeping with one's styles, tastes, and interests. The apparent lack of research findings to support the interpretation that home is created leads me to wonder whether I have simply conceptualized the women's reflections on the keeping and arranging of their possessions and furnishings in a different way or whether this was an experience unique to these women. Although two of the participants were once married, all the participants had been living on their own for more than twenty years. Is it possible that the creation of a home, a safe and comfortable place, is more significant to women who live alone than for women who live in relationships? Do men create "nests" too, or is this predominately a feminine experience of home?

The interpretation that home is a physically and psychologically secure place was explicit in the data of this study. This finding was not especially surprising given other researchers had noted similar experiences with their participants (e.g., Gamroth, 1991; Rutman & Freedman, 1988; Swenson, 1991). However, I found it remarkable that the experience of home as a safe place was mirrored in the women's stories and everyday experiences in diverse ways, as I discuss in the following paragraphs.

Home as a place where the women learned about themselves was detailed at length in the theme "home is an expression of self." However, all the women acknowledged through their reflections and their behaviors that home was a secure place to acquire understanding about themselves. Home was where they could define themselves and adjust to this new self-image. Vivian eloquently articulated this experience in her description of home as a "kind of haven it pays to retreat into and lick your wounds."

Catherine's experience of falling out of bed and breaking her leg exemplified this meaning of home. She went from thinking of herself as infallible before her injury to admitting her body's weaknesses. Accepting home support services and using assistive devices (an Able Walker, a commode at the bedside and Lifeline) were some of the ways Catherine displayed her acceptance of her new self-image.

The security and comfort the women felt at home were embedded in the ways they told of functioning in these spaces. The women's intimate knowledge of their homes enabled them to move and function in their apartments with ease and a sense of effortlessness. "Automatic living" was how Vivian termed this ready-to-hand mode of managing at home. Unlike the world beyond their doorsteps, in their homes the women could adapt their surroundings to meet their changing capabilities in smooth and often unconscious ways.

Rubinstein (1989) referred to the relationship that develops between the person's body and their surrounding environment as the "body-centered process." There were two aspects involved in this process. One was 'entexturing'. Rubinstein (1989) described this as the way individuals regulated their surroundings, including such things as their use of space, light, sound and activity to create a "finely articulated and satisfying whole"

(p.S51). The way Hazel detailed her daily routine illustrated entexturement.

When I get up in the morning, I go to the bathroom, open up the drapes, ah, I, that opens, it doesn't open up [referring to the day bed] but when I take all the covers and cushions off, that is my bed. OK. So I will make it part way, then I lie down on it and do some exercises, mostly feet, legs and stuff and things like that. The "laying down" exercises, I call them. OK. I'll finish that and I'll make up the bed, finish the bed.

Hazel went on to complete her day but this short vignette helps to give a visual sense of how the room took shape as her activities changed and vice versa. According to

Rubinstein's (1989) explanations, in order for Hazel to have felt comfortable doing her "laying down" exercises she would have needed to be doing them first thing in the morning with the bed half-way made and the morning light shining through her window.

The second aspect of the body-centered process is environmental centralization (Rubinstein, 1989). This term can be applied to the way the women adapted their home environment over time to accommodate increasing limitations of their bodies. Rubinstein (1989) suggested that individuals do this by closing off peripheral areas and concentrating their activities of daily living to specific zones. This centralization of living space was evident to varying degrees in all the women's homes but it was most pronounced in Catherine's suite. Most of her activity was concentrated in and around her recliner chair in the living room. Within arm's reach of this chair, she had her walker, a tiny table for her phone, a stool for her feet, an end table supporting a lamp, her pill box, her portable radio, a glass of water and a sundry of papers with pencils and pens handy. On the wall behind her chair was a list of numbers written in large print and a Do Not Resuscitate (DNR) Order. The placement of the DNR order in this particular spot indicated that others, likely the Home Care nurses, were very conscious of how much time Catherine lived in proximity to this space. Catherine identified an awareness of her body in her environment when she told of having to keep her apartment clear of clutter or obstacles to facilitate easy and safe movement. "I have to keep my line clean or, so there's enough room for my chair [referring to her Able Walker]."

Rowles (1983) detailed a similar process of 'body-awareness' that older individuals develop from his research and defined it as "physical insideness." He maintained that an individual develops an inherent knowledge of their surrounding environments over many

years of living in the same place. This may be specific to the dwelling, land or surrounding community. Catherine's description of her acute awareness of the lay of the sidewalks and the people along her frequented routes was consistent with this concept of physical insideness. The way she was able to easily locate items in her apartment despite being unable to see also reflected her inherent knowledge of her apartment.

As a nurse, I question if we sometimes underestimate the intimate familiarity that an individual develops with his or her surrounding environment and the apparent safety it affords. My initial interest in exploring the meaning of home arose from my desire to better understand why older adults elected to remain in their residences despite the risks I perceived to their "safety." In conducting this research, by observing and listening to the women's reflections, I have learned that they, too, are concerned for their safety and have often taken deliberate steps to compensate for their limitations. Remaining in their homes may be a very intentional way older individuals choose to enhance their safety and well-being.

Catherine was quite astute in recognizing and articulating the "risks" she might have experienced by leaving her home and moving into a care facility, a seemingly "safer" place to live.

They wanted me to go and look at the - I'm going to call it a joint. It didn't impress me, one bit. I went in the door and I thought, "Oh, dear! What a cold place this is. There's nothing bright or welcoming or anything." And when the lady did take us around to see some rooms, they were small rooms for a single. And you have to share your bath, your toilet with the next neighbour! Well, that didn't go over very good. And besides, the halls are narrow, and so many elevators and you go up this floor and I, you don't know where you're going to be. I would have a terrible time, until I could get, stabilized, you know. Whether they could put up with me, until I did, I don't know.

Although Catherine did acknowledge that with time she could probably “get stabilized,” the fact that she was not convinced that the staff at the facility would be supportive of the time she would need and anxiety she would experience in becoming familiar with her new environment is concerning. The findings of this study have highlighted that I have underestimated an elder’s ability to accommodate for their limitations in their homes. In focusing predominately on the constraints of being “situated” at home, I have failed to fully recognize and expose the choices and possibilities that also exist for individuals when they chose to live in their own home.

When I enter a client’s home to assess his or her ability to function at home I often take note of how the environment is organized. Are there items or pieces of furniture which could impede the individual’s mobility or put them in peril of falling? Is the lighting poor? How does this individual negotiate these steep narrow steps given her unsteady gait? Unfortunately, what has not been apparent to me during my assessment of a client’s home is the intimate familiarity that he or she has developed living in his or her environment over a period of time. It was amazing to observe Catherine walking up the street to the local café using her wheeled walker. Her gait was steady and strong. She crossed the streets with confidence. For a blind, ninety-one year old woman who had only six months ago broken her leg and more recently undergone surgery, she functioned exceedingly well in her immediate community.

Being able to rely on neighbours, friends and home support workers for assistance was another way some of the women were able to accommodate for their limitations and feel secure at home. Hazel had friends in neighbouring apartments who readily helped her with activities she found too difficult to do because of her arthritic hands. Vivian felt

secure in her cooperative knowing she could call on the caretaker should she need immediate repairs in her apartment. Over the course of the two interviews with Catherine I became alerted to the fact that she experienced some short term memory deficits. On both occasions, she had forgotten I was coming to see her despite phoning her a day ahead to confirm our meeting time. She, too, acknowledged she had trouble remembering things but emphasized how fortunate she was to have a very competent and reliable home support worker who could compensate for her shortcomings.

I think the world in all of her, because she's so smart and never forgets anything. I had quite a bit of talking to do when I had to go to the hospital so much. And I said, "I needed the one person, all the time." Instead of somebody different each time. That's no good when you're going to hospital. So, I said, "Lily knows where to go. She knows what there is to do." She's an RN, too, you see. I said, "She remembers phone numbers. She remembers everything." I just feel, and I think it's been best for me, cause I guess maybe, I haven't been just up to snuff, like I should have been.

These reflections highlight how the women were cognizant of their safety in their homes and took deliberate steps to compensate for their limitations and the constraints they experienced living alone at home. This process of personal assessment and intervention closely resembled a phenomenon Porter (1994a) described as "reducing my risks." Her research addressed older widows' experiences of living alone. "Reducing my risks" was one of four phenomena which structured the widows' experience of living alone (Porter, 1994a). Porter described how the women, cognizant of deteriorating strength, stamina, memory and balance, monitored their performance of daily tasks out of concern for their safety. They acted intentionally in specific ways in response to the risks they associated with completing these tasks. Porter (1994b) grouped these intentions into three component phenomena: (a) "exercising caution," (b) "negotiating reliance," and (c) "bringing my world closer to home."

According to her description of these phenomena, Catherine's acceptance of help from health care professionals was consistent with the intention of "negotiating reliance." For example, by securing help from home support workers, Catherine no longer did the vacuuming which puts her at risk of losing her balance and falling. Having already broken a leg, Catherine knew too well the harm associated with a fall. She also knew that a future injury could force her to leave her home.

The freedom to be themselves and live their lives autonomously was clearly associated with the security the women experienced in their homes. Being able to carry out their daily activities in and around their residences, being able to make choices about those activities and creating a comfortable and satisfying place in which to live were some of the ways the women spoke of experiencing independence and control within their homes. The research findings of Swenson (1991) and Ralston (1998) supported these meanings of home. Swenson (1991) described home as a place where the individuals could be themselves, safe from the expectations and impositions of others (Swenson, 1991). Ralston (1998) identified 'independence' as central to the experience of home. The feeling of independence was attained when the participants made choices each day such as their meal times and general daily routines (Ralston, 1998).

Understanding home to be a place where older individuals can be autonomous and make choices in keeping with their desires and goals offers further support to an elder's decision to remain at home. Moving in with family or relocating to a care facility will hardly feel like home if the freedom to make even the most basic choices, for example when to get up in the morning or what they will eat for breakfast is lost. How is asking an individual to relinquish his or her independence in exchange for a "safer" living

environment a just request? What is secure or comforting in forfeiting your autonomy?

How is this a “safer” option?

Hazel did relocate to a care facility under her own volition. Hazel explained that the reason she moved was to get help with the things she found too difficult at home. Living alone in her bachelor suite in a senior’s apartment building, she began to feel she was imposing on others too much.

When Hazel moved into the building 16 years ago, she was told that anyone who lived there was expected to be able to manage independently in his or her apartment. In recent years, Hazel was careful not to let on to her resident manager that she was receiving assistance from her neighbour. Meanwhile the resident manager, who was also her close friend, was frequently helping her out, too. Hazel’s comments suggested that she saw herself as breaching the agreement she made when she first moved in. When she made the decision to move to a care facility she did not tell anyone in the building. In Hazel’s reflections about work outside the home she spoke about having to “guard against being spoiled.” “I didn’t want them to think I was the favourite.” Perhaps she was experiencing a similar sentiment in this situation. Maybe she knew they would offer to make an exception for her and she did not want to be granted special privileges because she lived with rheumatoid arthritis.

Other possibilities exist which could explain why Hazel elected to leave her home and move to a place which afforded her less choice and freedom in her daily routines than she was experiencing living alone. Maybe the disparity between what she was giving up in the way of freedom and independence and what she would be gaining in the way of assistance was not as great as I perceived. Did she experience independence when she needed to rely

on neighbours and friends to peel her a potato or help her to do her grocery shopping? Did she worry they would grow weary of helping her or that they too, would face health concerns which would hinder their ability to assist her? Did depending on others make her feel less secure at home?

I also query if Hazel's ability to face the reality of her situation, the fact that her physical capabilities would continue to decrease, and take appropriate steps in advance of that time was a behaviour characteristic of an individual who has lived most of her life with a chronic and degenerative illness. Or was Hazel's decision to seek housing which was more compatible with her needs simply consistent with the kind of person she was, an individual who needed to be in control and make her own choices. These questions lead me to think that research needs to be done to look at the decision making process that is involved in elders' decisions to leave their homes and pursue alternative living arrangements.

The theme "home is an expression of self" encompassed the women's experiences that home is a place to learn about ourselves, home is where you can be yourself, and self is an expression of home. Some aspects of these findings have already been discussed in examining the meaning of home as a physically and psychologically secure place. Home as a place to learn about oneself and feel free to be that person was identified as essential to feeling safe at home.

The finding that home is an expression of self was not a new or surprising finding of this study. The literature reviewed clearly supported the interrelationship between home and an elder's identity. However it was remarkable how predominant these women's descriptions of self were embedded in their experiences and stories of home. After meeting

each participant in their apartment, I felt like I had journeyed with them over the course of their life. Home was the thread that tied their stories, pleasures, demands and concerns all together. As they spoke of home in their lives, I began to understand how their many homes had left traces on their being. Home was where they received messages about themselves and these messages were reflected in the way they spoke of themselves, the way they acted in their apartments, the interests they sustained, the treasures they kept and the very place they had chosen to reside.

The interpretation that home is a place where individuals received messages about who they were in the midst of a collective is not supported in the literature. However understanding home as a place where individuals learn about themselves from the experiences and events which occurred in their lives at home with family or other influential people may have implications for how we foster growth and development in young children. The women in this study shared stories which went back to early years in their childhood. The way they were cared for by their parents or other significant adults left lasting imprints on their identities and to some degree shaped the course of their lives. Is the experience of home considered in how we raise our children? Is the experience of home carefully thought about for children who face acute or chronic health concerns and spend much of their childhood institutionalized or in non "home" settings? How is the meaning of home acknowledged in foster care? I have not explored the literature in these areas to know whether or not these types of questions are being addressed in these areas of child care. They are important thoughts to consider and strive to incorporate in nursing practice.

... think of an "infer." In this light, it is very difficult to see the benefits or the attraction of leaving home regardless of an individual's physical or cognitive limitations.

Self as an expression of home was a clearly supported in the data of this study. Again, this finding was not new. Rowles (1980) identified through his research, "Place and person become fused; each becomes an expression of the other" (p.307). What I found interesting and noteworthy was how the understanding of self as an expression of home was most poignant in the way some of the participants spoke about leaving home. Both Vivian and Catherine expressed intensely their foreboding of having to leave their homes. For Vivian leaving her home to go to a care home was a fate worse then death. In a care facility she would lose her identity. She would become an expression of her environment, depersonalized, dull and uninteresting. She would be merely a shell of the person she was and to her "death would be kinder."

As detailed earlier in the discussion of home as a secure place, Catherine identified the difficulties she would face in becoming familiar and comfortable in a care home. She feared for her ability to function in this type of environment with many hallways and several floors to negotiate. Even if she could adjust to this new layout she doubted she could be comfortable in a place devoid of warmth and privacy. She was not a cold or unfeeling person. Why would she want to reside there and become an expression of that environment?

Vivian and Catherine's reflections about the leaving home lend even more support to an older individual's decision to remain at home. The women not only stand to jeopardize their functional abilities, their sense of security, their independence and their autonomy but they may also sacrifice their identity by moving into a care facility, an environment we "good folks" think of as "safer." In this light, it is very difficult to see the benefits or the attraction of leaving home regardless of an individual's physical or cognitive limitations.

This is not to say alternative care settings are terrible and should not exist. Hazel is an example of an individual who has chosen to reside in this type of environment for the choice it will offer her. In exploring the meaning of home for older women I have learned the importance for them and therefore understand better what they fear to lose by leaving. I have been ill-informed in thinking that if an individual relocates into a family member's home or to a care facility they will experience an improved quality of life. Obviously many more factors need to be considered in asking an individual to leave their home.

The third theme which structured the experience of home for the participants was "home is a place of nurturance and reciprocal support." Embedded in the women's childhood stories of home was the impression of home as a place where they were accepted, cared for and nurtured. Home as a place where individuals are cared for and feel sense of belonging by being connected with family and friends was clearly supported in the literature (Ralston, 1998; Rowles, 1983; Swenson, 1991; Zingmark et al., 1993).

Home as a place where the women reciprocated both social and practical support with friends and close companions was an interesting finding of this study. The women's experiences showed that the relationships they found most satisfying and gave their time to were those which exchanged support. Porter's (1994a, 1994b) research which explored older widows' experiences of living alone at home also showed that the women developed reciprocal relationships as a means of "reducing their risks." In her study, she noted that some women and their friends did tasks for each other that they considered comparable. If the tasks were perceived as equivalent, neither person felt like they were intruding on the other. When Geraldine went in hospital for surgery, she asked a neighbour to look in on

her cat. The previous winter she had done the same for him when he was away on holidays.

Porter (1994b) identified that negotiating reliance on friends freed the women from intruding on their children or grandchildren. Vivian made very few references to her son in our discussions of home. This is not to say she did not love him or value him in her life. However, it could have suggested that he was not someone she greatly depended on for social or practical support. The other possibility was that she chose not to depend on him to avoid being seen as an imposition. Catherine spoke of one son who was a support to her but mostly it was homemakers, nurses and the assistant manager of her building that helped her to remain at home. Her reliance on them was different because she viewed this as their job. Unlike a family member, she did not risk intrusion when she asked for their help. She also did not risk the pressures that family could impose on her to leave her home and enter a care facility if they saw she was requiring more and more assistance to live alone.

The findings of this study also suggest that the women's desire for relationships increased in importance as their physical and cognitive abilities deteriorated. Porter's findings reflect a similar understanding. She indicated that the women "negotiate reliance" over time as a means of maintaining themselves in their homes as they became aware of a certain degree of deterioration in strength, stamina, memory and balance (Porter, 1994b).

In summary, these findings show that home is a dynamic relationship between an individual and her environment which is of deep personal significance. *What makes a place home?* was the first of two general questions I spoke of seeking to answer with this research. In conducting this study, I discovered that it is the meanings that each woman

attributed to home that makes a place her home. This process of meaning-making that I explored had some thematic components, specifically “everyone creates the nest they want,” “home is an expression of self,” and “home is a place of nurturance and reciprocal support.” These three themes shed light onto the experience of home for four older women. They give us a *sense* of what makes a place home for them.

What does it mean to be home? was the second question I posed in the preliminary stages of this research. The experiences of these women indicate that “being home” means feeling secure and living a life that is meaningful. Asking questions to explore the meaning of home served as a life review. The women reflected on their past and present lives at great length and with rich detail. Through their stories I traveled with them on a journey of their life. I shared their joy, their laughter and their pain. The intimacy with which I came to know these four women demonstrates that the experience of home cannot be understood as separate from our existence. It is inextricably linked to who we are and how we live in the world as people. In this way, the experience of home is highly personalized and varied.

Study limitations

Understanding that phenomenological studies are designed to uncover and describe the essence of a given phenomenon for a particular group of individuals, the meanings of home as shared by these four women cannot be claimed to characterize the experiences of older women. In other words, the findings of this study are specific to the four women studied in this research and should not be generalized to all older women.

Given that the aim of this research was to gain insightful and rich descriptions of each individual’s experience of home, I intentionally kept the sample size small. The time and

resources I had available were also factored into my decision to include only four participants. It is possible that if I had included more than four women in this study the richness and detail of the women's experiences of home would have been further enhanced and additional insights gleaned.

The nature of phenomenological research also encourages that the individuals involved be able to articulate lived-experience. As defining criteria I requested that the women approached about participating in this study be orientated to person, place and time. Given my experience in Home Care, I recognize that involving individuals in this study who were experiencing varying degrees of cognitive impairment would have been more representative of the older populations for which we provide care and for whom housing concerns are identified. However, trying to understand the meaning of home for individuals who are truly at "risk" may not be possible, or even ethical. If these individuals are in a state of crisis or experiencing personal distress, they may not be able to discuss the meaning of home. Luborsky's research which examined life narratives in depressed and non-depressed elderly person supports this finding (cited in Adam-Price, Henley & Hale, 1998). He found that the search for meaning was both difficult and painful for the depressed elderly.

Future questions and directions for research.

I conducted this study to expand knowledge about the meaning of home for older women living alone who were already in need of support to remain in their urban residences. I have added to the understanding of the phenomenon of home, at least for this particular group of women.

Swenson (1991) studied the experience of home for Caucasian, protestant, working class, widows and mothers living alone in rural houses which they owned. This study was conducted in an urban centre with Caucasian, working class/professional, widows, mothers and single women who rented their residences. The similarities between the two studies' findings suggest that the context (ie., owned vs. rented, urban vs. rural) of an individual's home may not affect the meaning of the experience provided that the culture of the women was comparable. It would be useful to explore the meaning of home for women of other cultures to see how similar their experiences are to those generated by these two studies. It would also be interesting to discover the meaning of home for men living alone. The necessity of relationships was identified as important to the women's experience of home. Researchers identify that the nature of social ties is different for women and men (Rakowski, Pearlman & Murphy, 1995). Is this reflected in their experiences of home?

In light of the finding of this study it would also be interesting to examine the meaning of home for older individuals residing in nursing homes as well as rehabilitative settings. Much research has been done to study the effects of relocation in the elderly (Mitchell, 1999; Rutman & Freedman, 1988; Wilson, 1997). Mitchell (1999) in her review of the literature summarized that older individuals who relocate may experience stress, uncertainty, feelings of loss of control, unpredictability, helplessness and/or a change in health status. Certainly the fears and concerns about leaving home expressed by Catherine and Vivian lend support to the findings summarized by Mitchell (1999). It would also be enriching to look into the decision-making process that is involved in elders' decisions to leave home and pursue alternative living arrangements. What are the housing choices

made by elders? How can nurses reduce the disparity between the needs of the older adult and the ability of the environment to meet these demands?

Carboni (1990) from her research, postulates that institutionalized elderly live in a state of homelessness. Can older people feel at home in different settings? If so, why? What makes that possible? If not, why not? What is the process involved in making a place home? Is this process gender and culture specific? These are a few of the questions that have also been raised by this present research.

Implications for Nursing.

Nursing models and holistic approaches to health care encourage nurses to look at the whole person which involves taking in to account a variety of health related factors such as lifestyle, cultural values, economic conditions and living arrangements (Beckingham, 1993). Certainly, this study emphasizes the importance of an individual's environment, specifically her home, to feeling safe in the world and living a life that is meaningful. It is extremely important that nurses think critically about ways in which nursing care can be changed or strengthened to support the client's chosen living arrangement.

The community health nurse, for example, in caring for elderly clients must remain respectful of the individual in their environment while providing effective care. Evaluating and providing for client safety can become a focus for the nurse in this setting. Declining physiological capabilities can put aging individuals at peril for hazards or injury in their homes. As nurses it is critical that our assessments of these individuals in their residences, take into account some of the possible meanings they may attribute to home. Entering an individual's environment and identifying a series of obvious safety concerns without

considering the individual's familiarity with living in that place reflects an incomplete understanding of that person's ability to manage his or her home. Since completing this research and returning to my practice as a Home Care nurse I have had the opportunity to be involved with several clients who due to deteriorating cognitive abilities are considered to be "at risk" living alone in their residences. What is striking to me is how significantly the findings of this study have influenced the way I approach and respond to these clinical situations. In the past I would have felt the urgency to do something immediately to alter the client's home situation in order to reduce their "risks". Now I recognize the value in asking more questions about home and taking the time to observe and interact with the individual in his or her place before advocating for certain interventions.

Using the example of Mrs. Watts (a fictitious name), one of the clients for whom I have recently provided care, I will attempt to outline how the findings of this study have altered my clinical practice. Mrs. Watts was an 83 year old woman with Alzheimer's dementia who lived alone in her one bedroom condominium. She was a widow with no children. Since the death of her husband, she had had limited contact with her husband's nieces or nephews, who were her only living relatives. Mrs. Watts had been referred to Home Care nursing because she was not remembering to take her medications as directed by her physician. Entering her home there was a distinct odour of urine. The hallway leading to the main living area was lined with piles of old newspapers and bags of garage ready to go out for disposal. The kitchen counters were littered with unwashed pots and dishes, empty cartons of milk and unfinished containers of take-out food. Odours of food hung in the air. Mrs. Watts clothes were stained and dirty but she usually wore lipstick and

make-up on her face. Each day that I visited, her home appeared unchanged from the day before although she indicated she planned to clean up.

While it was evident to me that Mrs. Watts' impaired cognitive capabilities were affecting her ability to manage some of her activities of daily living, I recognized that she was still coping at home in many ways. She always answered the telephone when I called and she was able to remember how to let me in to her building using the intercom system. She was able to dress herself and make herself presentable. She told of frequently going out to eat or getting take-out meals at the family restaurant across the street. The half-empty containers of food supported this disclosure. Although she did not indicate that going out to eat served a social function, it was something I considered. I also felt reassured by the fact that she had been living in this condominium for several years. She was likely very familiar both with the layout of her home and the surrounding neighbourhood and because of this intimate familiarity she probably functioned quite safely in these spaces.

These were some of the facts and assumptions I identified and needed to explore in greater detail, however, for the moment I did not see the urgency in suggesting any immediate changes to her lifestyle, such as initiating home support services, without spending more time with this woman in her home. In the upcoming weeks I also felt it would be imperative to contact any individuals who had known Mrs. Watts over the past few years to get a fuller picture of her life at home and how it had changed, if at all, with the decline in her cognitive status. Perhaps keeping a clean home had not been important to her throughout her life. Perhaps she had rarely enjoyed cooking and now that she was having trouble with her memory, she chose to avoid it altogether. These were questions I

needed to ask Mrs. Watts and any significant others before I began making judgments about her ability to manage her home. As this study has shown, asking questions about home may help nurses to understand how an individual feels safe in an environment which initially appears to others as a threat or a hazard. Asking questions about home may also illuminate aspects of an individual's identity and his or her values and desires. Certainly, exploring the meanings of home is critical to supporting a client's autonomy when it involves housing decisions. While not all clients may be able to articulate the meanings of home for them, considering the significance of home to an individual sense of self will help nurses to change their approach in how they help client's and their family address housing dilemmas.

As this study has also shown, discussing the meanings of home can serve as a life review. Reflecting on stories and events throughout their lives was enriching for all of the women. Peachey (1992) asserts that a life review process is a way to assist elderly clients to focus on their assets which can also help them to master the developmental stage of integrity versus despair. Taking the time to pose questions such as, tell me about the first home you can remember or tell me how you came to live in this place, may offer a wealth of understanding that may be helpful should housing issues ever arise.

The likelihood also exists that an older individual may not feel at home in their residence. For a variety of reasons their sense of security in that place may be jeopardized. Exploring this possibility with older individuals may prove fruitful. Certainly current policy directions are encouraging care "closer to home." As the women's experiences indicate home can be the ideal place for individuals to heal and reestablish desired functioning. However, there are times when an individual's residence is not comforting and remaining

or returning to hospital is actually the preferred option. Discussing with patients their concerns about returning home days prior to discharge may provide an opportunity for nurses to assist their patients to problem-solve around potential threats of managing at home. On the other hand, if the individual is anxious to return home and health care providers or family members are experiencing distress over this decision, an exploration into how the client feels home will support their recovery may alleviate some of these fears. (Van Aaken, 1991; Mitchell, 1999; Ratner & Freedman, 1988; Wilson, 1997)

It is important to recognize that for some individuals, especially those who have been hospitalized for a lengthy duration, the unit they have been staying on may in some ways have become home. Over time the staff will have come to know Mr. Black, not as the hip fracture in room 302 but as a man with a unique identity. Relationships likely will have developed between him and staff members and possibly other patients. The familiarity with the routines and the people of the unit will have helped to make that place feel secure. Suddenly the thought of leaving the hospital and returning home may not be as comforting as previously anticipated. If the individual feels especially anxious about his discharge perhaps it could be advocated that he return home on a pass first. Going home for a couple of days may help to re-familiarize the patient with his home and help him to identify what services or assistive devices may be beneficial when he returns home to stay.

Certainly it has been my experience in Home Care, that when an individual is discharged home from hospital within the first couple of days that person can be inundated with service providers. Nurses, therapists, and home support workers may all be asked to visit and assess the client. While these are good intentions, we need to be alert to the possibility that this may be very disconcerting to the individual and his or her experience of

home. Again, it may be our understandings and priorities that are directing the individual's care, not his or her own.

In light of the findings of this research and what is known about the stress of relocation, nurses have a important role in assisting those individuals who face a move from "home." Issues relating to predictability, autonomy, independence and control are significant in the older adult's adjustment to both an institutional or alternative residential setting (Van Auken, 1991; Mitchell, 1999; Rutman & Freedman, 1988; Wilson, 1997). Encouraging the individual to become involved and to contribute to as many decisions as possible is critically important. Providing time for the client to express their fears and to explore what interventions may assist them in creating a feeling of home in their new residence is also necessary.

Van Auken (1991) asserts that awaiting nursing home placement may be seen as a crisis for elders. This research supports her view that institutionalization may represent "an emotionally significant, radical change in their lives" (p.30). She advocates for the use of crisis intervention theory as the framework for assisting elders awaiting nursing home placement in an acute care setting. However, the same principles and techniques could be applied to an elder awaiting relocation regardless of the care setting. Nurses need to educate involved family or friends on the significance of the aged person's lived environment and discuss ways of supporting their adjustment. This is especially important for the older adult who experiences an unplanned relocation and who may need a longer period of time to adjust (Mitchell, 1999; Wilson 1997).

For older individuals who have to move residences or spend time in hospital, it is vital that they have familiar objects in their new space. Possessions provide a sense of stability,

a sense of self, a sense of mastery and a sense of past (Belk, 1992; Rubinstein & Parmelee, 1992). As this study demonstrates, the presence of treasured items alone will not make a place a home but it may help in fostering the experience of home. Visits from family and friends should also be encouraged to maintain relationships associated with home. Offering drives or visits to the community in which the older adult lived should also be suggested to friends and family members as a possible way of sustaining "autobiographical insideness" for the individual. Even seemingly trivial strategies such as providing drinks in glasses rather than Styrofoam cups, knocking on the door before entering, or taking time to return things in patients' or residents' rooms as they were, may enhance feelings of "being home". These social graces can be neglected in institutional environments.

Finally, policymakers involved in health and social service delivery should explore alternatives to institutionalized care for the elderly. Clearly supporting older adults in their homes for as long as possible should be the standard, however there will always be individuals for whom additional options should be made available. A recent example in my practice illustrates this point. An elderly Chinese woman suffered a stroke and was hospitalized for several months. She experienced severe right sided weakness and could no longer walk or perform any of her personal care needs. Her swallowing was affected by the stroke and a gastrointestinal tube (G-Tube) was inserted into her stomach to feed her. She spoke a Chinese dialect and only members of her family were able to communicate effectively with her. The dialect of Chinese that she spoke was not understood even by most Chinese speaking nurses or care providers. The family recognized the client was becoming increasingly despondent in hospital and one of the client's daughters elected to bring her mother home to live with her. The daughter is currently receiving four hours of

home support assistance everyday, however the cost of her hospital bed, the mechanical lift and other equipment required to care for the client in a safe manner are paid for by the family. Certainly the family can claim these medical costs on their income taxes but it is unlikely they will be remunerated for the full cost. The labor the daughter and family provide in caring for their mother at home is unpaid. The daughter asked me, "Rather than bringing in a home support worker who can not even understand what my mother is saying, why couldn't I be paid for those four hours of work." I explained that it just did not work that way. The unfortunate reality is that this woman is giving excellent care to her mother. Better care than she would receive in hospital or in an nursing home. However, if the woman's mother was living in either of those places the family would not be incurring the personal costs they are now in choosing to care for her at home. Is that reasonable? Policy should support family members in caring for their relatives at home, should it not? These are questions that need to be examined.

Adapting existing institutional environments, such as nursing homes or retirement facilities, to support meaningful life experiences should also be considered. As shown in this research the search for a care facility which offered private rooms with ensuite bathrooms and windows was significant to the woman who felt compelled to seek institutionalized care. The wait to get into this particular facility was estimated at two years. There were other places she could have moved to with a markedly shorter waiting period, except they were not places in which she felt she would be content.

Altegart (1992) emphasizes the importance of explicit and implicit policies in shaping the options and structures within which aging individuals live. To institute more responsive legislation, research is needed to examine the viability of home-sharing, group

homes, and housing subsidies for older adults in their existing residences rather than in specified government-subsidized apartments or institutions (Altergott, 1992). Given that “the actual or potential loss of one’s home is a psychic threat” new legislation should require that housing options for seniors be adapted or initially designed to foster independence, security and comfort (Moloney, 1997, p.174).

In summary, this study shows that the centrality of home to an individual’s life should not go understated. The experience of “being home” which we take for granted in our day-to-day lives is critical to the *quality* of our existence. This study evolved out of my desire to better understand why older adults elected to remain in their residences despite apparent ‘risks’ to their well-being. The meanings of home shared by these women brought to my attention quite clearly their reasons for wanting to live at home. The experience of home as a secure place was a prevailing sentiment mirrored in many of the women’s reflections. In their homes the women could unconsciously act in a manner which was consistent with their sense of self. In the spaces they created and personalized in congruence with their needs and interests, they could do whatever they wanted whenever it suited them. At home they were nurtured and supported. At home they were themselves.

Exploring with our clients the meaning of their environment in relation to their lives may help us to better understand their choices and behaviors in those settings. The insights we glean from these discussions will help us to suggest interventions which are more consistent with their priorities and their desires. As nurses we specialize in “knowing” people. Asking them to tell us about their homes is a comfortable and enlightening way to learn about them.

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Appendix A

Interview Protocol

Study: The Meaning of Home for Older Women Residing Alone.

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Position of interviewee:

Questions:

1. How did you come to this place? I'd like to hear about that.

- how long have you lived in this place?
- how is this place like other places you have lived?
- what was the first home you can remember? Most memorable?
- did you grow up in a place that felt like home? What was that like?
- what do you think has had the greatest influence on you in relation to how you create a home?
- what do your children think about your home and where you should live? How does that factor into your thinking about how you experience home?

2. Tell me about a time that felt especially good to be living here? Tell me about that occasion in as much detail as possible.

- what does it feel like to walk into your home after being away?
- tell me about a time when you had reason or cause to be separated from your home? how did that experience make you feel?
- describe how you feel when you are at home.
- take me through an average day.
- when you think of the word home, what comes up for you?
- what does "feeling at home" mean to you?
- have you ever felt "not at home"?
- if you had to move somewhere else, what would need to be there for it feel like home?

3. What are your favorite areas or places here?

- tell me about that _____ (picture, furniture, artifact, decoration, etc.).
- what do you see when you look out the windows?

4. Considering all the things that are important to you in your life, what worries you most about your home right now?

- what things (health status, mobility, neighbours, access to transportation) make it possible for you to live here?
- what things make it worrisome for you to live here?
- what keeps you here?
- what would you miss if you left?
- how is living at home your choice?
- what would cause you to leave your home?

Home can become a focus of concern in our work with seniors. Increasing isolation, decreased mobility and declining physical and cognitive abilities are contributing factors which we see as putting older individuals 'at risk' in their homes. In our aging society, more and more of our clients will be faced with the dilemma of assisted lifestyles at home, or relocation to a care facility. I believe that if we know more about the meaning of home, we will be better able to understand and offer informed support to these individuals as they make their housing choices.

To assist me in conducting this research, I am requesting your help in securing participants as soon as possible, preferably before January 7, 1992. You may know of women who meet the criteria listed below. If so, I would appreciate you informing them of my study and providing them each with a copy of the attached information letter. Women who are interested in participating must agree to have their name and phone number relayed to me. Participation in this research study will involve two to four interviews in the individual's home. Each interview will last approximately one to one and a half hours. The interviews will be conducted during the months of January, February and March, 1992.

In the interviews I will be asking the individuals questions about living in their home and what that means to them. The women should be assured that their involvement in the study and the information they share will be kept confidential. They may choose to withdraw from this study at anytime without it affecting their relationship with their current service providers (i.e., nursing, LTC, home support agencies, etc.).

Individuals who meet the following criteria may be approached about participating in this study:

- the individual must be currently receiving Home Care nursing and / or home support services through Long Term Care;
- the individual must be seventy-five years of age or older;
- the individual must be female;

Appendix B

Information letter to staff members

Dear fellow staff member,

As you may be aware, I am currently working toward my Master's in Nursing through the University of Victoria. To complete the requirements of this program I must conduct a research study. I have chosen to explore the meaning of 'home' for older women living alone in their residences with involvement from Home Care nursing or Long Term Care services.

Home can become a focus of concern in our work with seniors. Increasing isolation, decreased mobility and declining physical and cognitive abilities are contributing factors which we see as putting older individuals 'at risk' in their home. In our aging society, more and more of our clients will be faced with the dilemmas of assisted lifestyles at home, or relocation to a care facility. I believe that if we know more about the meaning of home, we will be better able to understand and offer informed support to these individuals as they make their housing choices.

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- the individual must be currently receiving Home Care nursing and / or home support services through Long Term Care;
- the individual must be seventy-five years of age or older;
- the individual must be female;

- the individual must live alone in her own dwelling (a house, apartment or condominium which is rented or owned will satisfy the definition of dwelling);
- the individual must not be anticipating a move to a new residence, e.g., seniors' care facility, relative/friend's dwelling within the immediate future (i.e., 0-6 mos.);
- the individual must be articulate and speak fluent English;
- the individual must be oriented to person, place and time.

Please feel free to approach me at work or phone me at home (874-9428) with questions about this study. Securing participants is contingent on your timely support. Thank you for assisting in me in this endeavor.

Sincerely,

Wendy Furness.

Appendix C

Information letter for potential participants.

Dear interested individual,

My name is Wendy Furness. I am a Home Care nurse and I have been working in Vancouver for the past five years. I have recently returned to school to work toward my Master's in Nursing through the University of Victoria. To complete the requirements of this program I must conduct a research study. I have chosen to take this opportunity to discuss and learn from women what living at home means to them. As you are living on your own, I am very interested in having you participate in my study.

If you choose to participate, it will involve two to four interviews with me in your home. The times and dates for these meetings will be set up at your convenience during the months of January, February and March, 1999. Each interview will take about an hour to an hour and a half and will be tape recorded. Following the interviews the audio tapes will be transcribed and later destroyed at the completion of the project.

Your involvement in this study and the information you share will be kept confidential. A fictitious name will be used on any written material. Only my research committee and myself will have access to the information you share. You may choose to withdraw from my study at anytime without it affecting your relationship with Home Care nursing or Long Term Care services. You may also refuse to respond to any question during the interview.

You may not benefit directly from participating in this study, but it may help other women in the future. The opportunity to share life experiences and reminisce could also be rewarding and meaningful for you. If you would like to participate in my study, you must give permission to your Home Care nurse or your Long Term Care case manager to forward your name and phone number to me. I will phone you when I receive your name to tell you more about my project and answer any questions you may have.

Thank you for taking the time to read this letter and to consider being a part of my study.

Sincerely,

Wendy Furness.

Appendix D**University of Victoria
Informed Consent****TITLE**

The Meaning of Home for Older Women Residing alone.

PRINCIPLE INVESTIGATOR

Wendy Furness, RN
(Master's Student)

Phone: 604-874-9428

SUPERVISOR

Lucia Gamroth, RN, Ph.D.
Assistant Professor
School of Nursing

Phone: 250-721-7962

PURPOSE

Wendy Furness, a master's student in the Faculty of Human and Social Development, is doing a research project designed to understand more about the significance of home for older women living alone in their residence with assistance from Home Care nursing or Long Term Care services.

PROCEDURES

I understand that, if I agree to participate in this project, Wendy will ask me questions about what living in my home means to me. Each interview will take about an hour to an hour and a half. I will be interviewed two to four times in my own home. The information I share in the interviews will be written into a research paper describing the meaning of home for older women. I understand that the interviews will be tape recorded. Only Wendy will have access to these tapes which will be secured in a locked file cabinet in her home. Following the interviews the tapes will be transcribed and later destroyed at the completion of the project.

Wendy Furness

BENEFITS

I understand I may not benefit directly from participating in this study, but it might help other women in the future. However, the opportunity to share life experiences and reminisce may be a rewarding and meaningful experience.

CONFIDENTIALITY

Neither my name nor my identity will be used for publication or publicity purposes. During the research process, a fictitious name will be used on any written material and with any discussions that occur between Wendy and her research committee members.

COSTS

There are not costs involved for me as a participant in this study.

I am aware that my participation in this project is voluntary. At any time I may withdraw from the study without it affecting my relationship with Home Care nursing or Long Term Care services. I may also refuse to respond to any question during the interview. If I have any questions about the study I can ask Wendy Furness at the time of the interview or contact her by phone (874-9428). I can also direct my concerns or questions to Lucia Gamroth by phone (1 (250) 721-7962). I understand I will be given a copy of this consent form. My signature below indicates that I have read the above and agree to participate in this study.

 SIGNATURE

DATE

Thank you for participating in this study and helping me realize my goals.

Sincerely,

Wendy Furness.

Appendix E

Observational Protocol

Study: The Lived Experience of Home for Older Women with "Assisted" Lifestyles.

Time of observation:

Date:

Site:

Observer:

Role of Observer:

Descriptive notes:

- how does she move about her home?
- how is the furniture arranged?
- how are the wall decorated?

Reflective notes:

(i.e., thoughts about my experiences, hunches, learning)

Duration of observation:

VITA

Surname: Furness

Given Names: Wendy Lynn

Place of Birth: Toronto, Ontario, Canada

Educational Institutions Attended:

University of Victoria

1997 to 2000

McMaster University

1988 to 1992

Degrees Awarded:

B.Sc.N.

McMaster University

1982

Honours and Awards:

McMaster University Chancellor Scholarship

1988 to 1989

Author

Wendy Lynn Furness

November 22, 1999

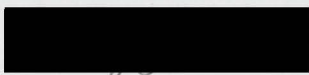
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Title of Thesis:

The Meaning of Home for Older Women Living Alone

Author:



Wendy Lynn Furness

November 22, 1999