The process of mediated aging-in-place: a theoretically and empirically based model

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Abstract

Aging-in-place is a complex geographical process mediated by institutions and other social forces. Two relatively under-studied services based on an aging-in-place strategy are adult day centers (ADCs) and assisted living residences (ALRs). This paper begins by re-casting aging-in-place as a process of place integration, based on a combination of geographical theory and John Dewey’s philosophy of experience. Using empirical evidence from qualitative fieldwork and analysis of that evidence, the paper then introduces a theoretical model of the place integration process for older adults using ADCs and ALRs. The analysis describes how the domains of home and community are central to the originating problematic situation of these persons. It suggests that ‘socio-geographical differentiation of older adults’ situations’ is involved in these domain problems and describes how the process works to influence the core processes of place integration generated by the ADC or ALR setting. The analysis then explains three core processes of the model: ‘re-shaping the experiential context through space and place’, ‘creating meaning through place-centered activity’, and ‘contesting space and place’. The model also includes two final component processes. One is the distillate of the core processes, termed ‘approximating home and community’. The other is ‘instability as ongoing challenge’ to place integration. A brief conclusion discusses theoretical and policy implications drawn from the study.

Keywords: Aging-in-place; Place integration; Adult day centers; Assisted living residences; USA

Introduction

A majority of older adults in the United States prefer to age-in-place (Callahan, 1992), to remain in a familiar setting imbued with various meanings. This is particularly true for the older-old who are more frail and vulnerable to the troubles associated both with their bodies and their environments. Policy-makers and the public alike have become attuned to the desire to age-in-place and have responded accordingly. As nursing home care has become both criticized and more costly, alternatives to serve frail older adults in their communities have arisen. Two such examples are adult day centers (ADCs) and assisted living residences (ALRs). Rapidly expanding in number across the United States, these service types provide options to those who need some assistance in the continuation of a somewhat independent life in their places and who do not want to move into, or are not ready for, a nursing home. In essence, these socio-medical services intervene and thereby mediate the experience of place for those using them. While the impacts of these services on older adults and their families are assumed to be positive in that they keep frail people out of nursing homes, the more complex dimensions of the aging-in-place process within these settings—experience beyond that measured by ‘satisfaction’ or ‘quality of life’—have not yet been thoroughly examined. The primary purpose of this paper is to describe and explain a model of mediated aging-in-place based on a theoretically and empirically informed analysis of the deeper experiential significance of these service settings for older adults.

To develop the paper toward an explication of the model itself, I begin with a brief introduction of the research problem and the theoretical approach taken...
toward it—geographical pragmatism. Also in that background section, the meaning of aging-in-place is re-cast as an ongoing process of place integration. The theoretical approach informs the qualitative research methodology discussed in the subsequent section. The third section illustrates and explains the model that was generated from an analysis of the data. The model conceptualizes key processes of the place integration experience of older persons using ADCs and assisted living residences. A brief conclusion provides reflections on the model and discusses limitations of the research.

Research problem and theoretical approach

Social and medical services for vulnerable older adults are changing rapidly to address the desires of an expanding older population to age-in-place and to improve the quality of their lives (Rowles, 1993). The concept of aging-in-place is relatively new in gerontology, and the term has many meanings (Pastalan, 1990). As it is used most frequently in the gerontological literature, the concept denotes a policy ideal rather than a complex process of interaction between older adult and place. In this sense of policy ideal, aging-in-place simply means the ability to remain in the current setting as one ages. Another fundamental aspect of successful aging-in-place is the maintenance of independence, especially by continuing a certain degree of competence and control over one’s environment (Lawton, 1982; Feingold & Werby, 1990). More nuanced uses of the term imply changing needs of individuals over time, a changing environment, and an emerging social policy (Pynoos, 1990) as well as the interactions between the aging person and environment (Lawton, 1990; Rowles & Ravdal, 2002). While still in development, aging-in-place is an apparently accepted, if not agreed upon, concept.

Given the growing number of older adults and the expansion of services for them, it is crucial that a better understanding of aging-in-place and its relationship to service delivery be developed so that policy can appropriately reflect aging-in-place needs. The research problem driving this inquiry stems from this need and the growing complexity of the aging-in-place experience within the larger service and demographic context. Although there is an emerging literature on the services of interest here (Bacon & Lambkin, 1997; Ball et al., 2000; Bradsher, Estes, & Stuart, 1995; Chapin & Dobbs-Kepper, 2001; Fonda, Clipp, & Maddox, 2002; Henry & Capitan, 1995; Henry, Cox, Reifler, & Asbury, 1999; Maddox, 2001; Mitchell & Kemp, 2000; Sikorska, 1999; Williams & Roberts, 1995; Zimmerman, Sloane, & Eckert, 2001), the process of aging-in-place and the concomitant and increasingly relevant role of services, such as ADCs and ALR for enhancing it, are under-examined and under-theorized. Research from which the model presented in this paper is developed was designed to address the lack of knowledge by exploring and conceptualizing the processes resulting from the mediation of aging-in-place by ADC and ALR service settings. The goal was to enter into the experience of those using and providing such services, so that key processes within that experience could be modeled in a way useful for further analysis.

The approach taken to the problem is not without a particular theoretical orientation. The theoretical basis for the analysis is derived from a combination of geographical theory and the philosophy of John Dewey that I term geographical pragmatism. 1 Focusing on the role of place—the local socio-cultural and physical context and medium of human experience—this theoretical perspective establishes a holistic and action-based perspective on place experience. The continuity of person and place is paramount (e.g. Dewey, 1896/1973, 1929/1989), resulting in a holism wherein the person–environment distinction is viewed as an abstraction. Change, however, is ever-present in experience, and it can cause problems in the integrity of the person–place whole—what Dewey termed the undetermined or problematic ‘situation’ (Dewey, 1930, 1938). Such situational ‘problems’ stimulate creative thought and action by individuals or groups affected (Dewey, 1922/1957). The ideal result is personal or group activity that re-integrates the situation (person–place whole) based on local, place-based values and morals. Such ‘place integration’ attains an aesthetic goal or ‘end-in-view’ that creates new meaning for the actor/situation. This theoretical perspective is reflective of the broader post-medical turn in health geography during the last decade and an increasing focus on the recursive relationship between health and place (for substantive reviews and examples, see Kearns and Gesler (1998), Gesler and Kearns (2002) and Kearns and Moon (2002). Although health geographers have not yet had a large impact on the way aging-in-place (broadly construed) is theorized in relationship to various types of care, there are notable exceptions (Laws, 1995; Rowles & Ravdal, 2002; Williams, 2002).

To better put the theoretical perspective of geographical pragmatism in the context of gerontological work, I argue that while distinct, it compliments phenomenological, transactional, and ecological perspectives on the topic of aging-in-place. Whereas phenomenological work on aging (e.g. Rowles, 1978, 1983) investigates the taken-for-granted aspects of our fundamental connections to place such as ‘sense of place’, ‘place attachment’, and ‘place identity’,

1 This theoretical orientation has been explained at length elsewhere (Cutchin, 1999; Cutchin, 2001). To dedicate more space to the model and evidence for it, I provide only a synopsis here.
geographical pragmatism focuses more on the problematic aspects of experience, human action to overcome them, and the resultant creation of meaning. A transactional perspective is a closer relative to the perspective taken here. Transactionalists maintain holism, change, and non-deterministic causation as central tenets, and Dewey has been linked to this worldview (e.g., Stokols, 1981; Altman & Rogoff, 1987). Also somewhat similar to the orientation used here (and to transactionalism) is Lawton’s ecological theory of aging (e.g., Lawton, 1982; Nahemow 2000). Geographical pragmatism, however, is different from these two cousins in that it puts larger emphasis on the social nature of thought and action. Moreover, it de-emphasizes more behavioralist and mechanistic views of ‘environmental press’ and ‘adaptation’ in Lawton, and it eschews the subject-object dualism that remains, particularly in the ecological view. Finally, geographical pragmatism attempts to maintain the interwoven nature of action, morals, and meaning in place.

From the view of geographical pragmatism, then, the meaning of aging-in-place may be re-stated: aging-in-place is a complex set of processes that is part of the universal and ongoing emergence of the person-place whole, and the creative social effort to re-integrate the whole in a meaningful way when problems arise, compounded by an older adult’s evolving situation. As used in this paper, therefore, place integration and aging-in-place are equivalent in meaning. It is this perspective that orients my empirical approach to mediated aging-in-place in ADC and ALR settings.

Research design and methodology

During the 1990s, services for vulnerable older adults rapidly expanded in scope (Kane & Kane, 1995). Based on the idea that older adults’ wishes to remain in place and remain independent should be accommodated, community-based services for more vulnerable older persons have grown dramatically. ADCs that provide social and medical assistance for frail adults during the workday, and ALRs that package housing with social and medical staff care are among the most frequently replicated types of service organizations. There are over 11,000 ALRs in the US (Hawes, Rose, & Phillips, 1999) and the growth rate of the number of facilities during the 1990s was 37% (Mitchell & Kemp, 2000). ADCs number more than 4000 in the US and the number continues to rise (NCOA, 2001). Because of their increasing importance in the US ‘mosaic of care’ (Gubrium, 1991), their role as community-based organizations that mediate the aging-in-place experience of older adults, and the fact that little is known about how the aging-in-place process is affected by them, I chose to study these two types of services.

Study setting

The research was implemented in one ADC and one ALR in rural Vermont and three ADCs and one ALR in the Boston, MA area. The sites were chosen because they provided a rural and urban contrast for both service types and because they were deemed fairly representative of the national trend in both service areas. There is a significant variation within both service types and from place to place, and the sites studied cannot, as a whole, match any ‘norm’ in their respective sectors. The Boston-area ADC sites were part of a single organization. Each site was visited and participants drawn from each. Each site studied was designed to keep the size of the building and population within a range that was believed to have a positive effect on older adults. The ALRs housed 44 and 65 residents, and the ADCs served from about 15–35 older adults each day or half-day session.

Methods

The study sample was obtained by purposive sampling to (1) obtain a representation of genders that was reflective of older cohorts using such services, and (2) include as many ethnic minorities as possible to include and reflect their experience. Work was carried out in each setting with the support of the staff and administration. Participants were recruited both by the staff of the services and by the research team. ADC populations and to a lesser extent ALR populations include cognitively impaired individuals. An attempt was made to sample only participants who suffered no or little impairment, and this was done with the guidance of service providers but without gaining access to any participant’s personal information. Informed consent was obtained in written form (additional information provided verbally as necessary) from all participants using a research protocol approved by the author’s institutional review board.

The model described below was derived from the exploratory use of qualitative methods—participant observation, document analysis, and semi-structured interviews—to investigate processes of aging-in-place and the mediation of those processes by ADCs and
ALRs. Interviews provided the majority of the data analyzed and communicated in this paper. With the permission of staff and with knowledge of older participants, observation was conducted within the sites and in vans that took ADC participants to and from home. During observation, researchers paid particular attention to context as well as interpersonal and person–context transactions. Notes were taken during observation and soon thereafter transcribed for analysis. Documents produced by the service organizations to communicate their settings, philosophy, and services were analyzed in conjunction with other data and annotated in memos. The interviews contained questions about lifecourse events, experiences of place and community, migration decisions, and experiences in service settings. The goal of interviews was to explore the range and interconnection of older adults’ lives in their community and service settings to better conceptualize the context and impact of these services on their geographical experience. Although a common structure to interviews was provided, interviewees were allowed to digress or expand upon themes they thought important, and interviewers attempted to follow threads believed to be useful. Each interview was tape-recorded and notes were taken.

Interviews took place in ADC and ALR settings and homes with older adults of both genders (72% women) and of different ethnic backgrounds (five African-Americans). Other interview participants—key informants—included family members and service providers. These participants were important because their understanding of the personal and service context contributed additional layers to our view of the aging-in-place process. They thereby provided triangulation and added confidence to the data analysis and interpretation (Hammersley & Atkinson, 1983). Confidentiality of interview material was maintained, even in the case of related participants, e.g., mother and daughter. In other words, we did not share participants’ views or statements with anyone. The average interview lasted between 50 and 60 min with the longest taking about 2 h and the briefest about 30 min. One hundred and sixteen participants were interviewed, including 68 older adults (33 ADC and 35 ALR), 27 family members (13 ADC and 14 ALR), and 21 staff (9 ADC and 12 ALR). In sum, both data and method triangulation were achieved with the research design.

Tapes were transcribed, and all transcripts, observation notes, and memos were entered into a qualitative data management and analysis system (NVivo) for further analysis. Analysis of qualitative data followed the grounded theory methodology, and thematic content, including ‘in-vivo concepts’, was initially analyzed during the research process. Following Strauss (1987), an open-coding paradigm was used that stressed conditions, interactions, strategies, and consequences of phenomena in the data. This process generated initial concepts used in the analysis. Constant comparison of conceptual categories through iterative analysis as well as axial coding helped refine the primary concepts that describe key processes and their relationships to one another. These primary concepts and relationships make up the model of mediated aging-in-place introduced below.

A model of mediated aging-in-place/place integration

Fig. 1 represents the model derived from analysis of the data. All persons are faced with the challenge of changing circumstances and the need to re-integrate with place. Vulnerable older adults in particular are likely to be troubled by problems of home or community, referred to here as ‘domains’ of place. One or both of these domains, in particular the older person’s relationship with them, become problematic for whatever reason or combination of reasons (community change, increasing frailty, environmental obstacles in the home, etc.). It is this problematic situation of place that sets the stage for a place integration process mediated by services such as ADCs and ALRs.

Moreover, the figure suggests that socio-geographical differentiation of older adults’ situations is involved in these domain problems and describes how differentiation works to influence the core processes of place integration produced by the ADC or ALR setting. The model proposes three core processes, and they are shown in the triangle: re-shaping the experiential context through space and place, creating meaning through place-centered activity, and contesting space and place. These processes are bound by the service setting context (triangle) and are a part of that whole. Arrows from the socio-geographical differentiation move into the domains of home and community and they enter into the service setting processes. That aspect of the diagram intends to illustrate the influence of socio-geographical differentiation on the originating problem of place and also on the core processes in the service setting context. The core processes are also displayed as active. The figure displays the three core processes as having an influence on each other through the bi-directional arrows that wrap around the corners of the setting context (triangle).

The model also includes two other important features. One is the distillate of the core processes (at the center of the figure), what I term ‘approximating home and community’. The model also accounts for the role of instability in older adults’ situations as a challenge to
place integration. Fig. 1 shows instability cutting across and influencing all processes and domains. The remainder of this section will describe the model and explain the component processes within it by using data to illustrate particular dynamics. In order to include all relevant processes in the discussion, the depth of coverage for each must be minimal. The end goals are to create a clear presentation of the overall structure of the model and to communicate a basic understanding of the internal processes and how they are related to one another.

**Socio-geographical differentiation of older adults’ situations**

I begin the explication of the model with the process of socio-geographical differentiation. By socio-geographical differentiation I mean the confluence of situational qualities—e.g. class status, cultural matrix, time in place, location, and access to services—that differentiate the experience of older adults both pre- and post-service initialization. In short, socio-geographical differentiation affects the original problems of place for the older person, the path to a service context for that person, and the place integration experience of the older adult who enters a service setting.

The situational qualities listed above can themselves form problems and affect the need for place integration for older adults, and they also often work to shape the way a service is chosen and in turn the character of that service context. For example, while ADC populations include those with mental or physical frailties that would preclude them from moving into an ALR, there are many ADC participants who could be well served by an ALR—if they had the financial means to do so. There seems to be a significant selection into different care settings based on class status whereby lower class residents migrate toward ADC care and wealthier groups move toward ALR environments. This is by no means a universal process. Some relatively wealthy older persons use ADC care and some relatively poor people live in ALR environments. The Vermont situation was explained by Georgia, one of the key ADC staff members there.

The really wealthy aristocratic people in Vermont tend to stay at home or go to Home Haven [a continuing care retirement community].

It is much the same in the Boston area. Joan, a staff member in one of the ADC sites there, explained why wealthier older adults in need tended to opt for other services.

And then when you get to this part of the area, the Baytown area, there’s more money, and there’s more of the denial…. They shy away, or come in, do a tour, see wheelchairs, you know, don’t like some of the folks that we have [and do not come back].

The outcome is a greater concentration of frailty in ADCs than there might otherwise be. Moreover, that frail population that ends up in the ADCs studied is a complex and heterogeneous set of participants and associated needs. This becomes a difficult challenge within ADC environments.

It appeared that the urban ADC populations are in a more difficult situation than those in Vermont. Urbanization processes such as social segregation, economic...
re-structuring, and stress on the working class have caused a great need for services such as ADCs. Irene, the site coordinator in one of our urban ADCs, had the following to say about their client population:

This is a very depressed, financially depressed area. And a lot of our clients live alone... or those that do have families... it's like dysfunctional families.

Adding to the challenges of meeting the needs of urban populations is the shifting relationship between services and the increasing population of vulnerable older adults that needs them. Mary, the administrator of our Boston-area ADCs, explained that:

They're a lot frailer now then they used to be.... I think that people aren't being accepted into nursing homes as readily. People are being discharged from the hospitals so I think that's why you're getting a big, very frail population in the community.

While the urban ADC population seemed to be more vulnerable than the group encountered in Vermont, the challenges for ADC provision in a rural setting are significant. The lack of services in rural areas, such as those studied in Vermont, puts a larger burden on existing rural providers. This burden works both in terms of the greater need and an ADC's ability to create an environment with a clear and focused identity. When asked about the over-crowding and extreme diversity of ability within her clientele, Georgia said:

Well, that is a huge problem, a huge challenge and something that we struggle with philosophically, because we're trying to have a one-center-fits-all place.

The result is a greater burden on the ADC service infrastructure and on the staff providing care. Moreover, these comments highlight the way that socio-geographical processes reach from the older person's situation in place outside of the service setting to the place integration context within the service setting.

Finally, older persons in our rural sites had less diverse geographical backgrounds than those in our urban settings. The urban ALR residents tended to have had a wider set of life experiences than their rural counterparts resulting in a more cosmopolitan set of interests and attitudes. Not unlike Sikorska's (1999) finding of an inverse relationship between education and satisfaction with assisted living in her sample of residents, our urban ALR sample were generally better educated and more likely to criticize or attempt to affect change in their residence.

Socio-geographical differentiation directs our attention to a range of contingencies, or variable dimensions, in the place integration experience of older adults. I do not intend the model to deny that range of contexts and experience. Indeed, it is important to recognize from the start that each place integration experience will vary in many ways. What is being claimed about this model, however, is that at a more general level of analysis, one can combine the socio-geographically differentiated groups and contexts and across both types of services observe the same general processes leading toward re-integration with place.

Re-shaping the experiential context through space and place

Fig. 1 illustrates the service setting as the site where a dynamic collection of place integration processes are produced. One of these processes is what I call 're-shaping the experiential context through space and place.' In effect, service settings, such as ADCs and ALRs, change the place context for participants and residents by creating different spaces and characteristics of place. These dimensions of space and place serve as the milieu, or background context, for those visiting, living, or working there, and they also provide a space-time structure for older adults that is influential in the ways in which other processes of mediated place integration work. Mention should be made here of similar perspectives and findings regarding the "environmental" influences on such populations. Bacon and Lambkin (1997) argue that day care delivery "can be facilitated or constrained by the location and design of day unit premises...". Shipp and Branch (1999) contend that the physical environment of residential settings can affect health. Sikorska (1999) concludes that physical and social environmental characteristics of residences are most influential on satisfaction, and Bull et al. (2000) suggest that most quality of life domains in assisted living facilities that they studied relate to the social and physical environment.

Socio-cultural–physical milieu

Each research site had a unique socio-cultural–physical milieu from which the experience of place was shaped. There are 'external' and 'internal' dimensions of that milieu. The external dimension of the background context includes ties to other local organizations and whether, for instance, the service is run for profit or not. It also includes the geographical setting such as a bucolic mountainside location or a lower-income urban neighborhood. The geographical setting also affects how well integrated into the surrounding community the older adult experience can become. For example, the ADC in Vermont was located on the town green, and the ALR in Boston on a busy suburban street, allowing older persons to be more a part of community life, even if that interaction was visual only. In addition, the background context is affected by the building in which the service takes place. Symbolism contained in the style
of architecture, age, and quality of buildings in which services are delivered are immediately meaningful to those using them, but they also have practical advantages and disadvantages for what can be done within. Each site sends messages—whether accurately or not—about the type of experience that might be had there.  

The internal setting of the service sets much of the experiential context as well. Two aspects noted by observers and research participants are important—the amount and the quality of the space available to older adults and staff. Nina, a staff member of this ADC, explained the benefits and drawbacks to such a place—a ‘non-institutional’ environment that suffers from overcrowding.

The physical setting just simply being less stainless steel and marble hallways... I think here, even though we’re a little crowded, if you look at the inside of the building it’s furnished pretty nicely, you know, we have nice wallpaper and nice woodwork.

Boston-area sites (two of three) also lacked sufficient room. Crowding often leads to distractions and discomforts that can detract from the older adult experience of service settings. The lack of enough space (more an issue in ADCs than in ALRs) also creates unneeded challenges to staff trying to carry out programs of activities to enhance the place experience of older persons.

The quality of internal service spaces, and thus place, is also important. As Nina noted, the feel of a service environment can range between less ‘institutional’ and more so, with a more institutional feel deemed by participants as less appropriate for creating a place where home and community can be generated. Our observations and analysis of organization documents confirmed that a basis of comfort and security is attempted in the internal service context by use of decoration, furnishings, lighting, and so on. Of course, there is the challenge of meeting the expectations of the individuals and groups being served; e.g., wealthier populations typically have higher expectations for such internal environments. In a society where older adults have lost much respect as well as the ability to interact with meaningful environments and communities, external and internal dimensions of the service environment are important facets of ADC and ALR services. Moreover, these environmental attributes set the stage for how older persons experience the settings, how they integrate with them (or not), and how they develop a home and community within them.

**Space–time structure**

Providing a space–time structure—in which rooms are typically used in the same way on a daily basis with activities in those spaces often taking place at very uniform and regulated time intervals—is viewed as fundamental to accomplishing therapeutic aims. Although important in both types of services, space–time structure is more important in ADC settings because those populations are perceived as in greater need of structure in their daily lives. One goal of this structure is to provide comfort and familiarity to older adult participants. Mary, a Boston ADC administrator, explained that:

...structure is really important for people... Even the structure of where they sit and who they sit with. If you try and change that for so many people it’s really difficult.

This was echoed by Sally, a nurse at the Vermont ADC, who also emphasized the role of security within a space–time structure.

People love a pattern…. The longer a routine stays in place the safer most people feel about it.

The routinization formed by space–time structure helps form habits of behavior on which older adults can build stronger relationships to place and people, but the staff also benefits from the aid to their ongoing challenge of organizing and delivering varied services. An analysis of weekly activity schedules in the ADCs and ALRs discerned a combination of both variation in routine by type of activity and very regular use of time and space. A staff member at the Vermont ADC stated that routine reduces anxiety and fear for older persons and “allows them to participate in things”. In other words, space–time structure and the resulting routine readies the context for more reflective, meaningful activity. This was confirmed through observation of participants’ habitual use of spaces during their time at the care center and the apparent comfort those habits provided.

ALR residents need less space–time structure arranged for them. They tend to structure space–time as they see fit. Nevertheless, dining times are important markers of each day’s space–time coordination in ALR settings. Ben, the director of the Vermont ALR, stressed this.

Breakfast is officially served at 8:30. About five minutes after eight in the morning the corridor area

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4For a lucid treatment of how cultural symbolism works in human-constructed landscapes, especially care-oriented landscapes, see Gesler (1991). This is not purely a theoretical point, however. The case of Karen, a resident in the Boston-area ALR, is one example of how a negative image might be communicated through such landscape symbolism. She felt disgust about the image the ALR presented to the community on its 100 year-plus chiseled sign “Boston-area Home for the Aged”. Alarmed by its agist nature, Karen explained that she had asked the management to change it or update it without success.
outside the dining room is fairly mined with residents sitting around in chairs. And it’s a time of getting together in the morning and kibitzing and maybe (unintelligible) a little bit and criticizing the bananas that are being served or something like that. ...Part of their motivation is so that they can be the first into the dining room. But another large part is just that fellowship that they have with each other in the morning.

As Ben suggests in this quote, space–time structure goes beyond comfort and security in that it begins to shape the processes of interaction and community formation in these service contexts. As Franklin, a resident in the Boston ALR offered, “The meals are always in that dining room and friends are surrounding us”.

Resetting the aging-in-place context is necessary for the next two processes to take place. But as the arrows in the margins of the triangle indicate, there are reflexive relationships among the processes; each affects the others and is affected by them. The manner in which the experiential context is shaped impacts the way in which place-centered activity occurs and how space and place will be contested. These processes provide feedback into the experiential context and may affect changes in that process.

Creating meaning through place-centered activity

The experience of the great majority of our older adult participants is modified by aging-related disability of some sort that diminishes their ability to fulfill both activities of daily living and other aspects of everyday life. The goal of ADCs and ALRs are in large part to reconstruct the transactions of older adult and environment by reconfiguring the experience of place. Service settings become an important center of older persons’ lives as significant activity and meaning are generated there. Place-centered activity occurs in many forms, and in this section I discuss two fundamental types. One is tied to belonging and doing. The other is tied to expectation, obligation and responsibility.

Expectation, obligation, and responsibility

Both types of services produce expectations of action that appear to engender positive meaning for older adults. One participant using an ADC explained this by saying, “it’s something to look forward to when you get up in the morning at least”. This shared perspective seems to contrast the interaction with others in the ADC setting with the isolation and loneliness of home. In ALR settings, the sentiment is often similar to that shared by Betty, a resident of the Vermont ALR.

And then all of the people here—they’re just great. You just can’t wait to get to breakfast in the morning to see them all again.

Beyond the expectation of entering into place-centered interaction, older adults using these services often feel an obligation to themselves or to others in the setting. A daughter of an ADC participant explained:

I think she comes for a place to go... and she’s looking at it as a job that she’s responsible for fulfilling... it’s giving her a sense of purpose. I think the activity, the place to go, the... having something planned to do [are important].

Part of the obligation is to fulfill the personal sense of purpose. Another is the obligation to fulfill others’ expectations of one—to be and do in place. “People are expecting you” as it was explained, and the older person benefits from the responsibility for achieving the goal. This sense of expectation and obligation are more overt in ADC settings, but ALR communities also informally maintain these social values within their settings by the obligation to attend meals, attend some functions, and socialize. Responsibility has been stripped from many older adults in Western society, and for people using these services responsibility is given back to them through the need to follow structure, be at meetings, speak up, and watch out for others.

Belonging and doing

When an older adult steps out of her front door to come to the ADC or to enter the ALR space outside her apartment, she enters into modes of belonging and doing that fulfill her and help her re-integrate with place. ADCs work in this process most broadly by trying to construct a new community for older adults. Georgia in the Vermont ADC explained the philosophy of connecting place and the act of community building.

And it’s our philosophy that even at that last two decades of life that you can make new friends and experience a sense of belonging in a new way and that we’re trying to be a place where that can happen.

When participants arrive at the center, they enter into their community to belong, see, do, help, and be cared for. A large part of belonging is the way staff treat older adults in their care. As Jim, who uses a Boston-area ADC, stated, “Everybody up there is so nice to you. And they have a nice breakfast and you socialize again”. The experience of belonging is similar in ALR settings. Molly, a resident in the Boston-area ALR expressed her feelings about belonging.

I go to concerts to lectures to anything that I can. I like to be part of it. And to the meetings like the


birthdays I’ll tell you I only go because I want to be part of the group.

Entering into a community entails more than group membership, however. More important is the ability to actively take a part in the world both outside and inside the service setting. The son of a Boston ALR resident spoke about his 100 year old mother’s experience.

In the summertime she will sit out on the porch all afternoon and she can watch people come and go. She watches the traffic passing by. People come by and sit down and talk to her. She likes that.

Place-centered activity is sometimes personal and private, but most frequently it is social. Sometimes meaning is muted because the purpose of activity is simply to occupy oneself and pass the time. Many structured activities in ADC and ALR settings are designed to entertain, but they are at the same time social events where older adults share in the experience and receive pleasure from those events. At the most complex level, however, numerous place-centered activities are goal oriented and provide a sense of achievement. Sue, a resident at the Boston-area ALR, said “When I’m well I enter into every activity that I can possibly get into and I feel I’m getting an education”. The son of a Vermont ALR resident stated that his mother gained meaning from her experience there because the staff “… gave her the things to do. They could sense that she wanted to do these things”. The site coordinator of a Boston-area ADC, Irene, echoed these statements by saying the following about her site’s participants:

They want success and they really want to achieve. They’re no different—they’re still competitive after 90 years. …We try to involve them as much as we can in the program… they do roll call, they wash the tables, they do different little chores, and they watch out for one another.

Irene’s statement and those of other older participants puts emphasis on how meaning is produced in the process of shared activity. As Williams and Roberts (1995) discovered, the older participants in this study interact with others in a reciprocal way in these settings, often helping their peers and thereby creating bonds and meaningful relationships.

While meaning generated through place-centered activity will be as varied as the person involved, the actions change person and place. Such ongoing interaction seems to be vital to personal fulfillment for these older individuals, but that personal meaning accrues to the community as an asset to be drawn upon in future activity. A recent qualitative study of healthy aging affirms the weight this analysis places on meaningful activity (Bryant, Corbett, & Kutner, 2001). Older adults who are more integrated via meaning are leaders and resources for others. This is not to state that the place integration experience for such older persons is always smooth. The next section explains how a particular type of problem arises within the mediated place integration process and supplies another basis for action and meaning.

Contesting space and place in service settings

The above description of place integration processes of ADC participants and ALR residents focused on processes that begin to remake the person–place whole. Within the overall process symbolized in Fig. 1, new problems in the service context arise and related actions are taken to overcome them and thereby re-integrate with place. As in almost any setting that can be conceived of, space and place in ADC and ALR settings are laden with territoriality. Researchers have recognized that power and conflict are important aspects of place-making and home-making involving the older adults (Kontos, 1998). Territoriality—geographical expression of social power—is another way to conceptualize human behavior bound up in power relations and conflict. Three types of territorial conflict or tension, exhibited by what I term ‘contesting space and place in service settings’ were discovered. I characterize them by the parties and dynamics involved: staff and older adults versus outsiders, staff versus older adults, and older adults versus older adults. To clarify, the contestation between these parties is either the reaction to the territorial actions of one party, or is an original territorial action to claim and modify space or place. I do not discriminate between the two modes of contestation, and the important point is that both are entwined with the desire to control and shape geographical experience.

Staff and older adults versus outsiders

ADCs must often try to carve out a spatial niche within another entity’s space or property. None of the ADC sites studied were in self-contained buildings where the organization had complete control over how to use that space. Often, therefore, conflicts in territorial interests between ADC tenants and property owners, or ADC tenants and other tenants, arose. Some of these conflicts were simply contests about who (which group in a building) was going to use that space. A recent qualitative study of healthy aging affirms the weight this analysis places on meaningful activity (Bryant, Corbett, & Kutner, 2001). Older adults who are more integrated via meaning are leaders and resources for others. This is not to state that the place integration experience for such older persons is always smooth. The next section explains how a particular type of problem arises within the mediated place integration process and supplies another basis for action and meaning.

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It’s psychologically challenging because you have people who actually live in this building—we worked here and we’ve been here before they were—but they, you know, you get the sneers, you get comments, negative comments from the residents in this building about staff, about clients, about our program.

On top of the burden of trying to foster place integration for the older adults in their programs, the ADC staffs in Boston and Vermont were forced to both negotiate for the use of space and to look for other spaces to provide services. The negative connotations associated with such territorial behavior, and the loss of time and energy contesting space and place, detracts from the ADCs’ goal of providing new respect and dignity for their participants. In short, ADCs’ lack of territorial power when working on behalf of their participants decreases the effectiveness of the overall place integration process.

**Staff versus older adults**

The potential for territorial tension and conflict between staff and older adults in ADCs and ALRs is considerable. Such tension was noted in ADCs. One Boston-area staff member, Joan, stated how older participants would sometimes “gang up together against staff” to protest what was misperceived as improper behavior toward a confused participant. Other examples about conflict over appropriate behavior in the ADC setting were given. Irene explained that:

...the clients come first, but you can’t have them abusing the staff either because the staff has rights too. It’s a fine line we walk.

These examples suggest how staff and older adults try to exert their power to determine what behavior is allowed in their place; i.e. each is trying to control the social character of place.

In a similar vein, ALR residents and staff do not necessarily agree about how and what their places should become. The potential for tension and conflict is greater in ALRs because of the creation of home by residents within those settings and the boundaries associated with the home-making process. For instance, ALR management decides a threshold of care that their staff can provide, and when a resident exceeds that threshold, he or she is encouraged to move out. Residents who become more frail typically do not want to leave their residences, however. Several such cases were observed during the research process, and the case of Rose, a very old resident of the Boston-area ALR, is a good example. Rose was one of the ALR’s most prominent residents and often designated as an example of graceful aging in a very old body. When Rose’s care needs increased beyond what her residence considered ‘assisted living’, the ALR administration suggested to her and her family that she find a nursing home. One supportive staffer, Donna, explained Rose’s resistance:

She called me yesterday, and said, “you know the meeting that we had last week, my son and I have talked about it, and I disagree with you and I want to stay here, and I want to stay here as long as I can. And if I need to go back to the hospital then so be it; and I will address this issue when I’m in the hospital. But for now, Donna, I’m not moving.” More power to her! She’s not going to move.... Now I have superiors who feel that maybe we should take it another step further and we should start proceedings to forcibly move her.

The complex negotiation of the rules, of the meaning of place, and of the rights and power of residents and management converge in this statement. Another example was provided in a residents-management meeting attended by researchers at the Boston-area site. Researchers witnessed poor communication, misleading or incomplete statements made by management about important decisions affecting the residents, frustration and anger by residents, and a lack of understanding on both sides about who was in control and what was wanted or necessary in the ALR.

The power and right to make important decisions about place are contested among older adults, family, staff, and management in intricate ways. From this research, it appears that management (in both ADCs and ALRs) has the upper hand in making decisions about moving a resident to another level of care. This is not to suggest a great deal of solidarity or militancy by the residents—it did not seem to exist in the research sites—but there was frustration among some residents who did not feel they can make their ALR a place they want it to be.

**Older adults versus older adults**

Another type of territorial conflict, albeit more subtle, is that between different groups in our research settings. This conflict most frequently stemmed from the inability of some residents to tolerate individual or group differences in their places. A common concern of more mentally and physically fit older adults centered on the frail population in their midst. Some research participants voiced that spending time and sharing space with the more vulnerable was bothersome and troubling. Older adults who are more able may have to develop a certain compassion for their less able community members, as suggested by John, a Boston-area ALR resident.

That too has been a change of life, to live with so many people who are in need of help. One isn’t used to that and it makes a difference. I’ve thought of it as sort of a test of attitude.
A similar problem revolves around ethnic differences in ALR settings and perceived or real forms of subtle racism that exist there. Sarah, an African-American woman, stated her view of why older Caucasian residents created a situation of unintentional racism.

They grew up with, you know, people of color being less than them and so forth and so on. … I’m living here with the same segregated ideas [that she lived with all her life].

Sarah had spoken out on issues of subtle racism in her ALR, but she did not know if others had really understood. She was happy in her place but wanted to make it better by diminishing the racism that she had experienced all her life in the Boston area.

In addition to ethnicity, gender can be the basis of territorial tension in ADCs and ALRs. In all settings studied, women outnumbered men. Some of the more frail women in ADCs felt threatened by men, however, and they have reason to because some male participants on occasion became aggressive, made unwanted sexual remarks, or exhibited inappropriate behaviors. This was more common in ADC environments where participants with dementia share the same space with more able older individuals.

The different ways of contesting space and place cause tension in care settings and can at one level detract from the positive meaning of place experience. The ability to work toward change in place can add positive meaning to experience, however. Moreover, as the arrows in the corners of the triangle in Fig. 1 depict, contesting space and place can modify the way the context of care is shaped and the way activity is conducted within the service setting. Whether positive or negative, such territorial problems and contestation work to re-establish place identity and community culture (Kontos, 1998; Gubrium, 1991).

**Approximating home and community**

The distillate of the core processes of mediated aging-in-place is what I name ‘approximating home and community’. I use the term ‘approximating’ to propose that for many older adults the full-fledged experiences of home and community are not achieved through these settings. Yet each service is able, through the processes depicted in Fig. 1 at the core of the model, to mediate place integration in such a way that some important attributes of home and community are re-created by older adults.

Due to the nature of each type of service setting, ADCs are more successful at developing community than they are at re-creating home, and ALRs are more successful at developing home than they are at re-making community. Habit formation and re-construction are important dimensions of approximating home and community. For older persons, relevant habits range from calling a service setting ‘home’ or ‘community’ to adding personal artifacts to place to establish a deeper personal connection to it (Rowles, 1987), to the creating an intricate rhythm of interactions in and out of place. Together with the comfort and security generated by service settings, habits of ADC participants and ALR residents often develop some level of “at-homeness” (Seamon, 1979).

The sociality of ADC and ALR service settings contributes to the development of community for vulnerable older adults. The interaction among staff and older adults is one important mode of socialization, as is the interaction among older adults themselves. Compassion, camaraderie, cooperation and communication among these players serve, in part, as a substitute for family and community. New bonds resulting from such interactions are positive outcomes of service contexts, but they do not fully replicate or replace former experiences of community—more complex, face-to-face relationships with a wide array of local people in various social roles. I argue this partly because more ALR research participants appear to be less well connected to their co-residents than to others they were associated with in their lives. Some key informants presented evidence, however, that some Boston-area ADC participants maintained contact with their ADC peers outside of the service setting.

Interviews and observations reveal that many older adults are happy in the service context and in their place, but others’ experience of home and community is less than complete. The following quotes from two female ALR residents living in the same setting illustrate this contrast.

This place is the most relaxing place I think. It’s the closest thing I’ve ever been to home since I was a child, almost. (Paula)

I like the variety, and I like a lot of people... yet I have a restlessness about being here. (Karen)

Rules put in place, while viewed as necessary by staff, often impede a more authentic place experience; the need to sign in and out when entering and leaving the building is one example. In addition, some scheduled events and activities are viewed by some older adults as “childlike” or otherwise demeaning. Related to these
two issues is the fact that older persons in care settings give up some control and independence and hence give away the fullness of their transaction with place. This lessened autonomy in place experience in ADC and ALR settings is not unlike ‘progressive surrogacy’ in a nursing home context (Shawler, Rowles, & High, 2001). The mediation of place integration thereby becomes a double-edged sword, creating varied levels of meaning across older populations.

Instability as ongoing challenge

There are social events and other activities involving other people at [her ALR] which she participates in wholeheartedly insofar as her strength allows. Just very recently, the last two or three months her strength has really begun to fail. Her heart is giving out... and she is running out of money. ...In the last year, mom has been hospitalized and in rehab three times and between each rehab it’s been a shorter duration and the rehab has had less beneficial effect. ...We had a meeting with the staff, mom’s doctor, my wife and me and mom in which the [ALR management] recommended in no uncertain terms that she needed a place with 24-hour nursing. ...Mom is going to see if she can will herself to be more independent, not need the nurse so much. (Bill)

Bill, the son of Doris, an ALR resident in Boston, articulates fairly well how the process of mediated place integration is made more challenging by what I term ‘instability’. I suggest three dimensions of instability that make mediated place integration more difficult to achieve. One is the problem of older adult turnover within ADC and ALR settings. The average tenure in US ALRs is as low as 18 months (Chapin & Dobbs-Kepper, 2001). Although I am not aware of corresponding statistics on adult day population turnover, observations and interviews point toward a significant level of change caused by rotation in the population being served in each type of setting. One’s removal from a setting obviously short-circuits the mediated place integration processes. Moreover, an ever-shifting community membership destabilizes community formation in a service setting and the benefits that go with it.

Another aspect of instability that becomes important in mediated place integration is older adult independence. Vulnerable older persons are forced to negotiate their independence with staff on a continual basis. Observations and interviews revealed that some of our older participants try to pass for more functional than they really are. The role of services, however, is to provide some care that causes a certain degree of dependence on the older adult’s behalf. As older individuals, services, and places change, independence must be re-cast within the place integration process. This can affect all of the core processes of the model and impact the success of place integration processes.

This notion of a negotiated independence directs attention toward a third dimension, the uncertainty of the future for older adults using ADCs and ALRs. Although everyone must face the uncertainty of the future regardless of his or her position in the lifecourse, vulnerable older persons have more than their share of such uncertainty. Health status, finances to pay for care, and options for higher levels of care are all examples of the types of concerns about the future that may impede the mediated place integration process. These uncertainties can add stress into the processes of mediated place integration by diminishing an older adult’s commitment to place or taking her focus off of the positive meaning of action in their setting.

Conclusions

This paper began with the premise that the relationship between the process of aging-in-place and relatively new services for older adults, such as adult day centers and assisted living residences, is under-studied and under-theorized. One contribution of this paper is a conceptualization and theoretical model of the relationship between that process and those services. The model was guided by the perspective of place integration and developed through in-depth qualitative research. A place integration perspective appears to be a suitable framework for more specific empirical and theoretical investigations of mediated aging-in-place.

There are two limitations of the analysis presented. One is based in the fact that while a substantial number of participants were involved in the qualitative data collection, only six service sites were involved. Because there is large variation within each service type in the United States, the data collected in this research do not necessarily represent the variety of existing service contexts. The range of geographical places, ethnic populations, and socio-economic classes examined, for instance, does not reflect the entire scope of possible contexts. That leads to the second limitation. The model is a general one that does not include the range of situational contingencies that arise when diverse populations and contexts are combined. For instance, there are important differences between ADCs and ALRs as far as aging-in-place is concerned that have been ignored at the level of this analysis.

The theoretical and policy implications of the findings of this research are numerous, but on closing, I will point to only a few. There are significant meanings that are developed in the geographical experience of aging-in-place as mediated by adult day centers and assisted living residences. Those mediating services have the ability to generate various levels of (mostly) positive
meaning for individuals who transact with people and environments that come together there. Those meanings impact well-being in complex ways not fully addressed here. As affirmative as those contexts, processes, and meanings may be, however, adult day care and assisted living residences are limited in their ability to authentically replicate home or community for the older adults in question; they also are challenged by the constant flux of person and place. The general policy implication that stems from the theoretical model is this: flexibility and attention to contexts, processes, and meanings within adult day centers and assisted living residences are needed to maximize meaning and well-being for older adults trying to age-in-place. There is no single solution to problems of place integration for older adults using such services. Indeed, creative solutions that are sensitive to group differences, individual change, and contextual issues are in constant demand. Flexibility and creativity may be more difficult for organizations that become over-stretched by large numbers of older adults or that are part of large corporate structures. While adult day centers and assisted living residences appear to promote quality of life for most of older adults that use them, this analysis implicitly suggests that there are numerous processes of mediated aging-in-place for further research and policy attention.

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References


