

# 'You Can't Turn Back the Clock': Conceptualizing Time after Institutionalization\*

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## RÉSUMÉ

Le temps est un phénomène que l'on considère comme acquis. En gérontologie, le temps est souvent assimilé au temps chronologique ou linéaire, ainsi causant que le temps devient défini comme âge chronologique. Le but de cet article est d'éclairer la compréhension supplémentaire du temps et comment le passage du temps est relié à la vieillesse, en particulier dans le contexte d'un déplacement personnel vers un établissement de soins de longue durée. À cette fin, nous décrivons une étude de cas que nous avons menée avec un gentleman qui est venu vivre dans un établissement de soins de longue durée. Les dimensions spécifiques de la temporalité sont évidentes, y compris le temps biographique, le temps incarné, et le temps intégré (y compris les notions du temps institutionnel).

## ABSTRACT

Time is a phenomenon that is often taken for granted. In gerontology, time is often equated with chronological or linear time, which thereby causes time to be defined as chronological age. With this paper, my purpose is to illuminate further understandings of time and how the passage of time is experienced in old age, particularly in the context of a move to a long-term care institution. Towards that end, I describe a case study of a gentleman coming to live in a long-term care facility. In this case study, time was perceived as an element outside day-to-day experience that structured daily life. Specific dimensions of temporality are evident, including biographical time, embodied time, and embedded time (including institutional time). These dimensions of time provide further understanding of the experiences of age and institutionalization.

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\* This article is dedicated to Brian. His insight and wisdom were an inspiration to me. Sincerest gratitude is extended to my doctoral advisor, Dr. Sherry Dupuis. I would like to also thank Diana Parry and the anonymous reviewers for their helpful comments. Support was received from the Social Sciences and Humanities Research Council of Canada – Canada Graduate Scholarship.

Manuscript received: / manuscrit reçu : 23/08/10

Manuscript accepted: / manuscrit accepté : 04/08/11

**Mots clés :** vieillissement, temps, perceptions du temps, l'institutionnalisation, soins de longue durée

**Keywords:** aging, time, perceptions of time, institutionalization, long-term care

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## Introduction

Time is often a taken-for-granted phenomenon in social research (Adam, 1995; Baars, 2007; Klingemann, 2000). Typically, time is automatically presumed to refer to "clock" time or calendar time (otherwise known as linear time) and experiential dimensions of time

are seldom explicated (Northrup, 2002). Much of the research in gerontology has focused on chronological, linear time, and has equated chronological time with chronological age, providing little examination of experiences of time (Baars, 2007). Inevitably, to talk about age and aging means to talk about time and its

passage. Thus, discussions and conceptualizations of time have often led to a singular perspective on age; time is typically understood to be the chronological years that one has lived. Subjective and experiential dimensions of time, however, can tell us much about the experience of age, although time and age are abstract concepts that are not easily grasped (Hockey & James, 2003). In this article, I have taken a case study approach to illuminate further understandings of time and its passage and how time is experienced in later life, particularly within the context of a long-term care institution.

Although many scholars have suggested that time is often taken for granted in daily life (Adam, 1990, 1995; Lennings, 2000; Torre, 2007), discussions of the nature of time and temporality have been emerging in recent years (e.g., Adam, 1990, 1995; Mills, 2000; Torre, 2007). Some of this work has described the structure of time, or the ways that time is conceptualized and measured, and how we recognize and define time (Mills, 2000). Other work has specifically examined how these concepts of time are experienced and perceived (Torre, 2007). Adam (1990) suggested that time has neither been adequately understood nor satisfactorily dealt with. She observed that time has typically been understood as a dualism – either social or natural, measured or experienced, cyclical or linear. However, many different types of time can be experienced at once (Adam, 1990, 1995; Lennings, 2000). Thus, understanding the structure of time and how it is then experienced can provide us with a greater comprehension of the nature of time. An understanding of the measures and concepts of time can be complemented by perceptions and experiences of time (Jonas & Huguet, 2008).

Adam (1990) proposed that all time is social time. Regardless of how we measure or structure time, these measures and structures are socially constructed and ascribed to time. Thus, time is always socially constructed and imbued with meaning. Despite the ambiguity and confusion around concepts of time, there are facts that most can agree upon: first, that time is irreversible in its unidirectionality (Adam, 1995); second, that the human experience fundamentally involves past, present, and future (Adam, 1990); and third, that all time is social in nature (Adam, 1990). The marking of the passage of time has been socially constructed in many ways, such as through calendars, measured years, clock time, developmental time (i.e., human development), historical periods, and natural time (based on seasons and natural cycles) (Adam, 1990; 1995). Inevitably, how time is socially constructed and used in different contexts is related to human experience. Socially constructed notions of time can structure human experience – either in that these constructions of time are taken as implicit and natural dimensions of

human experience, or that human experience does not fit the social constructions of time and so a disjuncture occurs. Later life, or old age, is one part of human experience in which experiences of time may not always be congruent with the social dimensions of time (Jonas & Huguet, 2008).

### *Perceptions and Experiences of Time*

The ways in which we measure time and its passage may differ from how we experience time and its passing. Time as viewed by people has been conceptualized by Torre (2007) in different ways – as a resource, an environment, and as a horizon. Time is viewed as a resource for action, meaning an actor has to be present, and that time can be disposed of. In this case, people become actors in how time is used. Time as a resource can be donated to others, kept to oneself for personal use, or used relationally.

Time can also be considered as an environment or something that one comes up against (Torre, 2007). According to Torre, time can be something that one can be in or pass through; alternatively, time can be something that acts and moves by itself, as in the “passing of time”. Time can be chaotic and individuals can experience stress and tension, among other things, because of the shortness of time. Time, however, is not always chaotic but can also be ordered, such as when activities are put into a “time slot” in order to get done. Time as an environment does not place the individual as an actor, but is something that is “done to” people as people do not have control over time.

Finally, time as a horizon refers to temporal orientation, or the notion that time depends on where one is to see it (Torre, 2007). Thus, the past and the future are the ends of the horizon, and meanings of the horizon are dependent upon where one is in the present. Time in this reference is unattainable because it is always moving, and its definition depends on where the observer is. Thus, time as a horizon involves individual perception, rather than an action or being acted upon.

### *Time, Age, and Institutionalization*

Although time is an implicit phenomenon that is common to all human experience, what we know about our perceptions of time is significantly affected by individual and social circumstances (Jonas & Huguet, 2008). This is evidenced in theory on aging and social identities (Hockey & James, 2003). Aging itself is indicative of the passage of time, as it implies that individuals have lived for specific lengths of time typically counted by years. Bytheway (2005) suggested that chronological age is the passage of time measured by reference to annual cycles (i.e., birthdays). Although we cannot

grasp time except through the measurement of it, we can feel its pressure and passage (Adam, 1990), as indicated by Torre's (2007) concept of time as an environment. Hockey and James (2003) advised that the embodied nature of identity links social or ascribed identities and individual identities, and is the process by which we know that we are aging. Thus, we know we are aging because of embodied experiences and social identities (Bytheway; Hockey & James, 2003).

*"The process and experience of aging is not remembered, then, as an orderly transition or rite of passage between a series of aged social identities across the life course, however much we like to think of it in this way. Moreover, this knowledge is only accessed by a constructed narrative of comparison. This continually tacks back and forth, between memories of the past and our present lives, between who one was and who one now is. This suggests therefore, that, in the last analysis, the experience of ageing—like that of time passing—is essentially imperceptible; all that we can know about ageing are its effects on the mind and body, its identity outcomes and social consequences"* (Hockey & James, 2003, p. 209).

The embodied experience of time leads to an understanding of age not necessarily defined as years, as we experience the passage of time through age in our bodies and feel its social consequences. In much of the past work on time, conceptualizations of time have often been described as cognitive experiences (Hockey & James, 2003; Mills, 2000; Torre, 2007), whereas time can also be experienced viscerally in our bodies as we age.

### *Time and Institutions*

The institution as an environment can structure people's time (Torre, 2007). In much of the work in gerontology and the social sciences, time has been considered as inherent to institutions and institutional life (Calkins, 1970; Diamond, 1992; Gubrium, 1975; Henderson, 1995). In fact, the hegemony of institutions has often been discussed around issues of time. Institutions have been described as having a culture of "time and task" (Henderson, 1995), and institutional routines have been seen as dominant in structuring institutional life (Calkins, 1970; Henderson, 1995; Wiersma, 2007; Wiersma & Dupuis, 2010). Time has been viewed from staff and patients' perspectives as focused on time utilization, on organization of work and on getting work done (Henderson, 1995; Waterworth, 2003), although time is typically structured by the institution. A tension can exist between the goal of time (in terms of task completion) and the quality of care that is provided by health care providers (Waterworth, 2003). Time has also been described as a commodity, not simply a tracking tool (Henderson, 1995), as staff struggle to

find time for all their required tasks. The task-oriented nature of a staff's work is derived from the value of time conservation as care becomes focused on physical tasks (Henderson, 1995). A "time debt" – that is, when staff do not have enough time to spend with patients (Waterworth, 2003) – occurs frequently in long-term care facilities (Gubrium, 1975; Henderson, 1995; Wiersma & Dupuis, 2010).

The theoretical literature outlines various ways of viewing and defining time, yet further work is needed to understand residents' perceptions and experiences of time and how these might be structured by the institutional environment. While staff views and experiences of time have been described, and research outside institutions has attempted to understand experiences and perceptions of time (Calkins, 1970; Charmaz, 1991), less work has focused on describing the residents' experiences and perceptions of time and their temporal orientation. Research illuminating how patients and residents use time (Calkins, 1970; Ice, 2002) does not fully capture the subjective experiences and perceptions of time. If time is indeed central to sociological analysis as put forth by Torre (2007), we cannot have a complete understanding of the experiences of residents without understanding their experiences of time and its passage. The case study that was conducted, and which I describe here, of one individual residing in a long-term care facility is one attempt to address this gap in the literature and extend our understandings, both practically and theoretically, of time experienced in old age.

### **Methodology**

This research emerged from a larger project focusing on new residents in a long-term care facility (Wiersma, 2007; Wiersma & Dupuis, 2010). The purpose of the larger study was to examine the lived experiences of new residents undergoing the process of socialization into the nursing home culture and environment, with a specific focus on how three central concepts – identities, bodies, and place – were socially constructed and reconstructed by residents and staff.

The research was guided by Van Manen's (1997) hermeneutic phenomenology paradigm – the study of people's lifeworlds, which aims at a deeper understanding of the nature or meaning of people's everyday experiences. Hermeneutic phenomenology is based on the premise or belief that we can best understand human beings from the experiential reality of their lifeworlds. Within lifeworlds, there are four existential themes or "existentials" (Van Manen, 1997, p. 101): lived space or spatiality (i.e., felt space, a largely preverbal experience [Merleau-Ponty, 1962]); the lived body or corporeality (i.e., our bodies in the world, or

“being-in-the-world” [Merleau-Ponty, 1962], as our bodies are mediators of the world and of knowledge [Shapiro, 1999]); lived time or temporality (i.e., perceptions of time as well as temporal dimensions of past, present, and future); and the lived other or relationality (i.e., the lived relation we maintain with others in the interpersonal space that we share).

The larger study included three residents as central participants, along with a number of staff members (including nursing, personal support workers, house-keeping, recreation, and management) and two family members. The residents were observed for approximately six months following admission into the long-term care home. Three interviews were conducted during this time along with participant observation, typically for two to three days per week separate from the interviews. This observation focused on social interactions and behaviours on where residents spent time in the facility, how residents used space, staff interactions and activities with residents, and residents’ use of their bodies.

Although the larger study focused on the lived body and lived space within the context of the institution, the notion of lived time became particularly evident through the discourse of one participant as he experienced coming to live in a long-term care facility. The rest of this article focuses, therefore, on a case study of one participant, Brian, and his descriptions and perceptions of time as revealed through my interviews with him. As lived time is one of the essential structures of the lifeworld (Van Manen, 1997), further elucidation of this concept was warranted, and the concept of lived time became an emergent line of inquiry.

As case studies are designed to illuminate a particular issue or concern, I chose to focus on Brian for this study because of his introspection and self-reflection which illuminated issues in coming to live in a long-term care home. Inevitably, difficulties arise in grasping and describing time because it is rarely thought about (Adam, 1995), and in interpreting individuals’ conversations against the backdrop of time. However, Torre (2007) suggested that “the clarification of time must always take into account what the social agents say or assume about time: their lexicon, their ‘grammar’, their images, and even their ambivalences and inconsistencies. This is where the starting point should be” (pp. 158–159). In addition, Torre stated:

While it is true that metaphors of time are ways of speaking, conceptualizing, and experiencing, it is no less true that these ways are also (or end up being) ways of acting or doing. I therefore assume that the way in which the agents conceive of and speak of the world is also a way of shaping it. When the agents define their world in terms of tem-

poral resources for action, or when they set them against a dynamic, constrictive time environment, or lastly, when they place them in a horizon in which a significant past is contemplated, they are not merely limiting themselves to contemplating and experiencing the world in this way, but also to acting accordingly. (p. 160)

Brian was a particularly good case study subject as he demonstrated considerable insight into his own experiences and used many metaphors and descriptions of time in reflective ways, making explicit what may often be implicit about time. The interview transcripts illuminated his experiences of living in a long-term care facility and, consequently, the potential experiences that other people living in long-term care homes might have.

Brian was recruited from Rosemount Home. Purposive sampling procedures were employed in the larger study before we selected Brian (Patton, 1990). We used the following criteria to identify residents eligible to participate in this study:

- (1) the resident had to be admitted to the facility during the time of data collection; and
- (2) the resident had to possess the ability to verbalize and answer questions, and have an adequate grasp of the English language to facilitate free-flowing communication.

Three participants were recruited for the larger study, although as mentioned, only one participant was the focus of the case study described in this article. All participants lived in the same facility.

Brian had not yet entered the long-term care facility at the beginning of data collection. The administrator contacted me as soon as the possibility of a resident being transferred to the facility was probable. A brief description of the resident and the date and time of admission was given. Recognizing that the admission period can be a traumatic time in both the residents’ and the families’ lives, I approached Brian about the study a few days after he had moved in. He was very interested in the research, and readily agreed to participate. A letter of information about the study was given to Brian to read, and he also signed a consent form to participate in the research, specifically a series of interviews, participant observation, and a medical chart review. This case study was a further extension of the original analysis of the overall study as an emergent line of inquiry.

Brian moved into Rosemount in the winter. He had been living at home before entering the facility, although he had spent some time in respite care prior to admission. Brian’s wife was still living at home at this point, although she passed away shortly thereafter. Brian also had a dog when living at home, which was



ethanized shortly after he came to live at Rosemount. His house, which he had built and lived in for most of his adult life, was sold a few months after he came into the facility. Although Brian had physical functioning difficulties, he did not have any cognitive difficulties. His physical functioning had declined rapidly and unexpectedly prior to his admission, and Brian stated that he was not prepared for admission into the facility.

A series of four interviews was conducted with Brian during a one-year period after admission. Brian's verbal permission was sought prior to each interview, although written consent had already been obtained prior to any data collection. These audiotaped interviews ranged between 30 minutes and two and a half hours in length. They were fairly unstructured and conversational, and were conducted at a time and place of Brian's choosing. The interview guide was slightly revised based on topics that arose during the interviews. On a number of occasions, Brian was unable to complete an interview in one sitting due to interruptions, other commitments, visitors, and body limitations. Because Brian was often experiencing pain, interviews did not occur as originally planned. In most of these instances, I returned within a couple of days to complete the interview.

The first interview was conducted within the first two weeks after Brian's admission, although because of his pain, the interview was cut short. I was unable to finish the interview with him until a month later. The first interview covered aspects of the transition, how he had come to live at the facility, how the transition had been so far, and how his life had changed since coming to live at the facility. The second interview occurred about two and a half months after admission. The third interview was conducted about four and a half months after admission, although this interview was also cut short, and the second half was finished two weeks later. The second and third interviews covered aspects of how Brian experienced life in the facility, the process of his move and admission, changes in his life and routines, self and identity, social interactions, and routines and staff assistance.

The fourth interview, which was designed as a feedback interview, was conducted one year after Brian came to live at Rosemount. The fourth interview was intended to present some of the initial findings of the study to Brian, but instead became a two-hour conversation in which Brian talked further about his experiences, thoughts, and emotions in response to coming to live at Rosemount, and reflected on his past life and on the research findings.

The interview transcripts were analysed using Van Manen's hermeneutic phenomenological approach (Van Manen, 1997). Initially, all transcripts were read

through numerous times to ensure familiarity with the data. Brian's interviews and observations were analysed together using the selective or highlighting approach. Statements or phrases that were considered to be particularly essential or revealing about the lived experience of time were isolated (Van Manen, 1997). These statements or phrases were then analysed in-depth, and notes and themes were written in the margins. These beginning themes were compared with Brian's experiences throughout the six-month period of data collection. I once again examined the transcripts, recording how Brian referred to time and the tenses he used throughout the interviews. Notes and beginning interpretations were written in the margins and insights were journalled. Once the structures of the lived experience of time were identified, I again compared them with the original interview transcripts to determine if they fit the data (Halldorsdottir & Hamrin, 1997).

## Findings

Brian described the passage of time in two separate ways: through his experiences and through his perceptions. Experiences of time referred to how Brian "felt" time through personal experience, while perceptions of time included more cognitive and philosophical musings on the nature of time as an element. Brian experienced time as biographical (events), embedded (places), and embodied (body). These experiences occurred against the backdrop of chronological time, including age. Brian's perceptions of time were formed by his experiences, leading him to perceive time as an element – an entity in its own right. Perceptions of time referred to the way that time was cognitively constructed, the knowledge and observation of time, and how it was viewed as an element beyond daily life that impacted experience.

I first describe perceived time as an element, and then describe experienced time, since Brian's cognitive constructions of time (i.e., time as an element) provide the context for his own descriptions of his experiences of time. In essence, perceptions and experiences of time demonstrate a dialectical relationship as experiences form perceptions, yet perceptions construct and reconstruct experiences as well.

### *Perceiving Time*

Time as an element was perceived to be a separate object from daily life with an independent existence that acted upon Brian rather than being something under his control. Time was perceived and discussed as an entity separate from daily life and daily experiences, and time had the capacity to be an actor or to "do". Reference to "the things that sneak up on you,

such as age" exemplifies one such way that Brian talked about time and age as independent entities. These metaphors of time indicated that Brian felt time was beyond his control.

The chronological, linear time that characterizes our conceptions of age was described by Brian as a natural progression and part of the cycle of life. When talking about getting older, Brian stated that this was "natural", but that nature and age acted *on* him, were beyond his control, and "prepared" him although specifically for what he did not say.

*It's the realization that age is here. You know what's coming, but now it's here ... you don't prepare yourself, it prepares you, it prepares itself to you. Nature says it's going to happen. [Feedback interview]*

References to time as an independent entity were common, and although time structured personal experiences, it was viewed as a phenomenon that was "out there" and uncontrollable by human forces. This was repeated many times throughout the interviews: "You can't stop the clock" [Feedback interview]. "Time drifts by and you realize you can't stop the clock. You realize time goes by" [Interview 3]. Another statement that Brian used more than once also revealed the view that time is unstoppable: "Life goes on" [Interview 1]. These statements speak to the irreversibility and the unidirectionality of time, far beyond human control.

Time was also measured and assessed as it structured Brian's personal experiences. Whereas the passing of time was once measured in years, Brian was now measuring the passing time one day at a time after institutionalization.

*And every morning you get up is another day gone. And it's the realization of age if you have any common sense at all and you've got a clean mind, it's the realization that the age is here, you know what's coming but now it's here. It's hit. [Feedback interview]*

Other comments by Brian also referred to the passing of days: "One day at a time. One third of a day at a time" (Interview 2) and "Every morning you get up, another day is gone" (Interview 3). The measurement of time by days was a phenomenon that occurred with age, according to Brian's recollections of his own experiences. Old age was inevitable and "obvious" as a human experience, but experiencing aging and becoming "old" was a day-by-day process that was experienced differently in youth than in later life.

*I think, Elaine, I've accepted change enough to know, that all I'm fighting, if I want to fight, all I'm fighting is the obvious [the inevitability of old age]. It's the not so obvious, the things that sneak up on you.*

*Such as age. You don't know when you go out here today, that you're a day older than yesterday. Because it hasn't come to you. And to anybody your age, it's a different life because you move into it. [Feedback interview]*

### Experiencing Time

Brian's experiences of time relate to his perceptions of time and describe how the cognitively constructed element of time was experienced. Brian experienced time through events (biographical), places (embedded), and his body (embodied). As Brian discussed these aspects of his life, he discussed personal experiences, rather than theorizing about time.

### Biographical Time

Biographical time was experienced through life events and memories. This biographical time provided the context for Brian's present experiences of time in the institution and thereby informed the present. Throughout our conversations, Brian often spoke about important life events, such as leaving home, moving to a new community as a young man, getting married, working, retirement, and friends and family passing away. While these events can be associated with chronological age, they are biographical in nature in that they describe the accounts of Brian's life in events, not in years.

Memory time was a subjective experience that Brian described as he often thought about and reminisced about the past. Reminiscing is an activity typically associated with being old, and research has examined reminiscing as a therapeutic activity for older people, particularly for those with dementia (Chaudhury, 2002, 2003). The past becomes part of the present through reminiscing. In Brian's case, reminiscing was not only a way he spent time in the present, but reminiscing transported him back to another time in his life.

*Memories are something that you make, or memories are something that can fade ... But you realize you can only take them so far ... Memories are in your brain, your mind ... I never believed in pictures. Pictures only remind you of one time. They don't remind you of your full past. Memories are in your past, they're not in your future. And if you have an active mind, your memories are better than pictures. [Interview 3]*

In fact, memories were so powerful for Brian that he described actually feeling the memories and thinking that he was back in those situations bodily, illuminating the connection between time, memory, and place (Chaudhury, 1999).

*Pretty near four months since we put [my dog] down. I'll still see a shadow on the floor and think it's [my dog]. I'll read something in the paper and*

*think geez, I'll go and tell [my wife]. And I haven't been able to do that for a year and a half .... Like my wife died [in] June ... It's [been] a month and a week. And it's still in my mind that she's in the next room. Or like my young lad came in yesterday, my niece's son ... he said, "I gotta cut the grass." I can envision him cutting the grass around here. I still think this is home. I still think in my mind this is the house. [Interview 3]*

Paradoxically, Brian also described his memories fading by the third interview. While memories indicated biographical time, the passing of time also led these memories to fade.

*The memories are sharp as long as you have the thing that caused the memory close to you. I find that if, as in the case of my wife, I never missed her when she died as much as I missed the dog going down. Now that might sound strange, missing your dog more than your wife. But the wife was remote to me in the last couple of years. I couldn't get to visit her and she didn't want me to come and visit her because she knew how hard it was. So I only saw her once a month or twice a month. And the memories are fading at that time, even though memories are being built, they're fading at the same time ... Sure, the memories now are shorter. They're greater but they're not as often. My niece brought in a little dog the other day. Looked just like Shadow [my dog]. The memories came back then. [Interview 3]*

Biographical time, then, was evident through Brian's reminiscences about his past life and the various memories that were important to him. While memories enabled him to re-emplace and re-experience past events (Chaudhury, 1999), the farther he was distanced from those events in time and space, the more difficulty he had in re-experiencing them. Brian's biographical time set the context for his present experiences of time in the institution. As Gubrium (1993) explained, the resident's life story can uncover the subjective meaning of the nursing home experience in relation to life as a whole, thus providing a horizon of meaning. In short, biographical time provides the horizon of meaning against which present experiences of time can be viewed.

### *Embedded Time*

Embedded time refers to the notion that time is set in or fixed firmly in specific places and things (Adam, 1995). *Embedded time* here refers to time that is embedded within place (i.e., the institution) and space (i.e., possessions). Time, as described by Brian, was defined as pre- and post-institutionalization. In this way, his temporal orientation was set in the present, as life events were divided into those that occurred "before" and "after" institutionalization. Brian described how his past life was coming to an end and how his life in the institution constituted a new life. "The end of the life

that you knew is here. You've gotta live a new life. And although you live it, you never accept it" [Interview 1]. His past life provided the background for understanding and experiencing his "new life" as he contrasted his life pre- and post-institutionalization. Brian described the embedded time of the institution as "like solitary confinement in jail" (Interview 1), contrasting that with the freedom that he had experienced in his previous life.

*For me I've lived with it for 79 years; I've lived with the freedom. And all of a sudden, I lost it in 6 months ... You know, you live 79 years of your life free. I have come to think in some way, in quiet time ... I hear on the television that someone was tortured. And it makes me wonder how long does it take to break a person? Now they're not torturing me here. And it's not part of their subconscious. But very silently, very quietly, very sneakily, I'm being trained to live in a solitary confinement way. [Feedback interview]*

Adapting to this new life was described in terms of day-by-day adjustment, as the change in lifestyle was so different from his life at home.

*You are unconsciously adapting to a whole new way of life. It's like quitting smoking day by day. You need that patch on your arm to quit smoking. You need the patch on your arm to help you adapt here. But you don't get that. [Feedback interview]*

Part of embedded time also included the ways in which time was structured and used within the institution. As past research has illustrated, long-term care institutions have a culture of "time and task" (Henderson, 1995), and Brian described his experiences living in a routinized institution: "They're forcing you to live the life that they have prescribed for you. When you realize that, it becomes a lot easier" [Feedback interview]. Part of this routinized, prescribed life revolved around care of the body and meal times. This routinized life was premised on clock time, as time was measured by activities (e.g., taking pills) that occurred at specific times.

*They wake you up in the morning at 6:20, then at 8:00 they give you another one [pill]. Then at 11:00 they give you another one ... you get a pill about every two or three hours. You either grab some sleep in between because they wake you up and once you get up, you're not alert ... But I've got it all timed now. [Feedback interview]*

The routinized, prescribed life of institutional time forced residents to conform to the routines. Brian described the routine as a "hard routine to get into", but suggested that there was no point in "fighting it".

*They would come and say to me, it's bath time. I'd say, can you wait half an hour? I'm watching a*



*horse race. You realize that they're changing their schedule so much that it's an inconvenience that if they allow you to do it, they suggest in an odd manner, that maybe you should get up and come with, you know? So now I do it. They know darn well what time I like my bath and what time my horse races go on. But you adapt to their way of life as much as they adapt to yours. [Feedback interview]*

This prescribed life allowed for little flexibility. Time was dictated by others, albeit still part of his everyday experience, forcing Brian to conform to the ways in which others used time.

*They amaze me, [concerning] the hidden intelligence of the people here. They don't force you to do anything knowingly, but they're forcing you to change to their way of doing it, whether you like it or not. And they're pretty darn good at it ... you learn to accept the ways that they're forcing on you. [Feedback interview]*

This was not necessarily an easy process, as Brian described it as an "aggravation, but it's realism. Knowing you're limiting someone else's life" [Interview 3]. Another characteristic of institutional time meant that outside of time that was spent in care around the body, which happened at prescribed times, there was little else happening to fill time. Brian described specific activities as "wasting time", as he typically had "nothing to do".

*When you consciously watch yourself, you see that you're not doing as much today as you did yesterday. You don't realize it. You're watching television more. Like I was not a television man. I watch television more now than I used to. And the reason is I got to fill my time some way. [Interview 3]*

Time was also embedded in possessions. Brian described selling his house and having his family dispose of his possessions after he came to live at Rosemount. Brian's past was embedded in his home and his possessions, which he described as memories. Since his house was sold and possessions disposed of, he described feeling lonesome.

*Yeah, after you get used to your stuff missing, there's things that you'd like to give to somebody. Somebody else comes in and claims them ... I hated to see some things go. But I can't have them all here ... Everything has meaning ... We talked last time about memories, and I never thought about memories until this stuff started to go ... You take this, you take this and that. And then, that's what memories are made of. Can't go on forever. It's got to stop. [Interview 3]*

Embedded time was evident in the institutional time of routines and tasks, and the difference between life pre- and post-institutionalization. Time, however, was

also embedded in possessions, as they carried a lifetime of memories.

### *Embodied Time*

Brian described embodied time in great detail. Embodied time described how biological time (i.e., age) was given bodily form or embedded in the body, and refers to how passing time is felt in the body – in particular, how age is felt in the body. Time passing was not necessarily a conscious daily thought in Brian's mind until it affected his body. Body habits had to be re-evaluated and altered as Brian got older. Altering body habits was one way in which age was felt by Brian. Age wasn't simply about appearances, but about a body that no longer functioned the way that it used to. Brian contrasted his body at present with what it could do in the past, and it was evident to him that he was slowing down. In this way, embodied time reflected the lifetime of experience that was contrasted with the present.

*Brian: Because you're this age, you never realize that your skin is getting older, so you've got the razor down, you put the razor down as hard [on your face] as you did when you were 20. Then again it just don't work ... That is the hardest thing to accept ... slowing down is a part of nature. And you don't accept that you're slowing down. Accept the same thing in your workshop: you cut 20 pieces of bark yesterday and today you're only cutting ten. Then you realize: I'm getting slower.*

*Interviewer: So is it like your mind's not catching up with your body?*

*Brian: That's quite a right way to put it .... I'm trying to think of a saying. [pause] When your mind makes a promise your body won't fulfill, you're over the hill, Bill. [Interview 3]*

Slowing down was measured in terms of activity and body habits. Aging, according to Brian, required forming new body habits that were different from before, and required him to adjust his expectations to account for his slowing body.

*My body doesn't have the energy it had before ... No, I don't find that what you had yesterday is left ... Instead of catching four fish you only catch three. And that satisfies you. And if you think of it, you become accustomed to that kind of life. And if you don't think of it, you become frustrated because you're not enjoying your life. There's a saying, "go with the flow". You just gotta go with the flow. [Interview 3]*

Time became an embodied experience as Brian felt and experienced the passage of time as age in his body, particularly as body habits had to be altered. The cognitive dimension of time was compared to the experiential



aspect of time, as he stated, “I don’t know what I’m supposed to feel like, but I don’t feel 80 ...” [Interview 1].

*And you never think that I’m going to be 80 in June. And you think you’re 80 years old, you’re bound to be slowing down. As I said earlier, the years do take their toll. And if ever you think that they’re going long, you’d better slow down. Everything goeth like the day is today. And I could tell you, I’m slowing down. Yeah ... You think when you’re growing up, and you’re about 30, 35 years old and someone retires, you think [when it’s your turn] you’re going to retire and you’re going to do this and that. What you’re doing is trying to put a 35-year-old mind in a 65- or 70-year-old body, and there’s just no fit. Not a match. [Interview 1]*

As demonstrated, the cognitive notion of how age might feel or is projected to be by young people is incongruent with an older body and the experience of living with an older body. Thus, while age is a cognitive construct as an anticipation of what age should feel and be like, the embodied experience of age does not necessarily compare with the cognitive idea of what age might feel like. The cognitive dimension was vastly different from the embodied dimension.

*See [you ask me if I] feel 80 – you can’t [feel it]. The things that you do that you take for granted you don’t take for granted any longer. Yeah, I feel older. You don’t know what you’re supposed to feel like when you’re growing up. So you can’t really say, yeah, I feel 80. I don’t know just what 80 means. [Interview 1]*

Embodied time also encompassed the notion of lost time. Lost time referred to the awareness that this was the end of his life and that time in the past was lost. Lost time directly related to the unidirectionality of the passage of time (Adam, 1990) and the perception of time as an element outside daily life. Thus, lost time was the experiential dimension of Brian’s perception of time as an element. With the unidirectionality of time came the experience of losing time. As Brian stated numerous times, “You can’t turn back the clock.” The institution also structured Brian’s perceptions of embodied time, as the knowledge of his body limitations being the reason for his admission to Rosemount led him to further recognize that he could not turn back the clock and that this was the “bitter end”.

*It’s the knowledge that it [time] will never return. That this is the bitter end. That you’re in here for a reason. And the reason is that you can’t look after yourself ... And somebody lays a hammer down, it’s all of a sudden boom. You have to accept these things ... I know I can never return ... [Feedback interview]*

As Brian stated, “You know you’re dying ... that each day is a day less to live. And you’re in here for that

reason” [Interview 3]. Thus, although Brian talked about experiential dimensions of the passage of time in terms of the implications to his body, time passing was beyond his control. Cognitively, time was viewed as an object.

Despite understanding time cycles and natural cycles of life and despite his memories of his past, Brian described feeling sad that his past life was now gone, and he could no longer function as he used to. In a sense, Brian was grieving for the loss of his past life, which included his youth.

*I used to like to go to the marina. And I’d help them take the boats out of the water and whatnot. And as you get older, you can’t do that. So you realize that hey, all I can do is watch other people and be envious at [what] the other people do, having young people’s fun. And you know you’re not ever going to be a young person again ... [Feedback interview]*

Embodied time also meant a progression towards the end of life and of the physical body. Brian discussed death as a consequence of age and getting older. As Adam (1995) noted, discussions of the passage of time inevitably involve a recognition and awareness of death and mortality.

*Nature says it’s [death] going to happen. There’s gotta be room for someone else to come along. If it wasn’t that way, we’d be an awful society, wouldn’t we? You wouldn’t be here because I wouldn’t let you. I wouldn’t die. ‘Cause you know you have limited thoughts about cancer. It’s one of nature’s ways of saying, you had it long enough on the face of this earth. Now you have to leave. Go [to make room] for somebody else. [Feedback interview]*

At various times throughout our conversations, Brian discussed death, including what death might be like, and his awareness of death in his future. He stated, “No, you’re never home free. You know, you’ve gotta be a total imbecile to think you’re going to get out of here alive ... You just ain’t gonna do it [laughter]”. Brian continued by describing what he thought the experience of dying was like.

*But you always dream [of] that moment your heart will stop. ... Some years back I had a case, I had to take blood thinners. Every old fellow’s got to take blood thinners. And when you rise from a sitting position, and you’re your age, your blood stays with you. When you’re my age and taking blood thinners, the blood all pools to your feet ... And you just flake out. Then you, when you wake up, like you come back to life just – bingo! ... I get up from the chair, and my wife was going to church. I got up from the chair in the living room and – flop. When I came to, I was laying on my*

*back on the floor. I wondered what I'm doing here. There's totally nothing. It's a black world. Just totally nothing. You aren't oblivious to what's going on because nothing's going on. And I think that's what [it's like] when a person dies, that's the end. There's no thinking about coming back. There's just no thoughts at all. [Interview 2]*

Embodied time, as Brian described it, was felt in the body, and the changes in the body and body habits were the markers of the passage of time, marching forward in a progression towards death.

Through my discussions with Brian, it became very clear that time was a significant structure or phenomenon of everyday life. Many of our conversations were structured by time-related discussions. Time was viewed as an element outside of experience that could not be controlled by human forces and yet still felt as an immediate experience. Age, as a consequence of the passage of time, was viewed in the same way – as an external phenomenon and an experience. Brian described different dimensions of time, including biographical time, embedded time, and embodied time. Each dimension described a different aspect of his experience as he accepted his age and his life in an institution. These dimensions were not experienced in isolation or singularly at different points in time; instead, Brian lived in various dimensions of time that were at times complementary and at times contradictory, but always overlapping. As Van Manen (1997) observed, the lived experiences of time are essential structures of everyday life.

## Discussion and Conclusions

The findings of this research lead to a greater understanding of the possibilities of how the passage of time might be experienced in old age, particularly when institutionalization occurs. Indeed, Brian's reflections on time illuminate the dimensions of time experience, although time itself, when cognitively reflected upon, was viewed as an element structuring everyday life and experience. In particular, the emplaced and embodied dimensions of time lead us to think further about aging and institutionalization, and their impacts on the temporal orientations of individuals. Place, the body, and time were intertwined in ways that were difficult to separate, and each concept significantly impacted the other.

The emplaced dimensions of time refer to Brian's discussions about institutionalization and its structuring of time. The temporal dimensions of the institution have often been the focus of research on institutional life, as much past work has documented the hegemony of the institution in structuring residents' lives (Diamond, 1992; Gubrium, 1975; Henderson, 1995; Wiersma, 2007,

2008a, 2008b). Brian described time as being embedded within the institution, particularly through required adherence to various routines of the institution. Twigg (2000) described this type of time as a new rhythm around care of the body. The institution caused a disjuncture in time as life became redefined as life before and life after institutionalization. Institutional routines became a new way of knowing the passage of time. Thus, the temporal rhythms of life were vastly different after institutionalization as compared to before, and time was seen as an element that structured Brian's life but over which he had no control.

Torre (2007) described time as a resource for action, which implies that there must be an actor to complete the action. In Brian's case, time was not necessarily a resource for him, but rather, was a resource for staff: the use of time was not solely under Brian's control but rather under the staff's control. Brian became the object to be acted upon by the staff within the time allocated (i.e., to complete care tasks for him). Brian experienced time as a recipient of the action, rather than as an actor. Being on the schedule of others caused an acute awareness of time, albeit experienced differently than if he had been the actor. The emplaced nature of time as embedded within the institution defined Brian as an object rather than as an actor in various dimensions (Wiersma & Dupuis, 2010), but particularly as an object related to the use of time.

In addition to a new way of knowing time through institutional routines, coming to live in an institution became a critical juncture in life for Brian in which temporal orientation was affected. Similar to Torre's (2007) notion of time as a horizon (that is, where one is in life depends on how one sees time), Brian described a new way of viewing time – before and after institutionalization. Biographical time and reminiscing constituted time before institutionalization, while the transition to rigid routines, dependence, and ultimately an awareness of death characterized post-institutionalization.

Although it has been suggested that older adults' temporal orientations focus on the present or the past rather than the future (Lennings, 2000), Brian discussed his future in detail, even envisioning what death would be like. The long-term care institution may have played a part in this, as institutions can be considered liminal places between life and death (Hazan, 2002) or the "last stop" (Wiersma, 2010). The certainty and imminence of death bounded Brian's life and structured dimensions of "life-time". The facility was the last stop and life was slipping away, similar to Adam's (1995) findings that as people talk about time, awareness of death and mortality become evident. The institution structured temporal orientations as well as the experiences of time.

Although the past was a salient part of Brian's experiences, as evidenced by the numerous times he reminisced and told me stories of the past, the past is typically erased by institutions (Diamond, 1992; Paterniti, 2000) as the focus tends to be on the physical care of residents in the present. The future, however, loomed in front of Brian, not a future of possibility necessarily, but a future of certainty. Brian lived in the past (although it was effectively erased by the institution) and the present (although it was structured by the institution), and although the future was acknowledged, it was not discussed within the institution between residents and staff (Lopez, 2006). Institutional time then structured life time in that the present was recognized as a temporal dimension, but the past and future were beyond the realms of institutional consideration.

Time is not only a cognitive construct but also an embodied construct. While language is limited in expressing these embodied experiences (Shapiro, 1999), language can still provide some insight, albeit limited. As Van Manen (1997) remarked, "while our spoken or written words may never coincide with the actual sensibility of our lived experiences, it may still be possible and worthwhile to try to emulate a prereflective life by means of lifeworld-sensitive texts" (p. xiii). Embodied time suggests that time is written into our bodies (Turner, 1995). This does not simply mean that time determines our bodies or that our bodies age biologically as time passes, but that our bodies are repositories of time as evidenced by the memories that live with us, both cognitively and viscerally (Kontos, 2004). Not only did Brian describe feeling that he was in the place of his memories, but he described how the memories of what his body once could do were evident when his body became limited. His mind remembered the various capabilities of his body throughout his life. The embodied experiences of an aging body required a change in learning how to be-in-the-world.

Reminiscing, or reflection on the past, has also been linked closely to place (Chaudhury, 1999, 2003). The passage of time was noted through biographical events by Brian, but reminiscing allowed Brian to "go back" in time cognitively as he remembered past life events. As Chaudhury (1999) phrased it:

As the self reflects upon the past lived experience, place experiences are once again internally experienced through the process of reminiscence ... rather than thinking of reminiscence as a form of re-experiencing the past per se, we might conceive of it as an activity of *re-implacing*: re-experiencing past places." (p. 245)

Brian described his memories as so vivid and real to him that he could envision himself in the places represented in his memories. Indeed, in Brian's descriptions,

his memories not only re-emplaced him as he described feeling he was back in his home, but they also were triggered by things around him such as when a dog came to visit that reminded him of his own dog. The memories led Brian to think that he was still in his house, even though he cognitively knew he was living at Rosemount. Thus, while time was embedded within the institution, Brian's life history provided meaning for him beyond institutional time and provided a different perspective on the embodied and emplaced nature of time.

Much of the work, particularly the ethnographic work, conducted on long-term care homes has focused on how these institutions structure people's daily lives. Indeed, terms such as "closed institutions" (Dupuis, Smale, & Wiersma, 2005) and "total institutions" (Goffman, 1961) are typically used to describe long-term care homes. Gubrium (1975), Diamond (1992), Henderson (1995), and Wiersma and Dupuis (2010) have all documented the rigid structure of routines and the use of time in long-term care homes. However, Brian's insights into time, age, and institutionalization demonstrate that time can be viewed in various ways after institutionalization. Although institutional routines do structure perceptions of time, the experience of institutionalization as a small period of time within one's life also lead to different perspectives on time, such as the embodied nature of time and biographical time.

While time is perhaps beyond control because it cannot be stopped, the capacity of people and places to create meaning for the passage of time is undeniable. Thus, not only can institutions create meaning even as they dominate residents' uses of time, the individuals living within institutions have a lifetime, or a life of time, that give meaning to time as well. The long-term care institution, as I observed, is alive with history and life. Past, present, and future were bound up in life at Rosemount, and the passage of time encompassed all of these dimensions. As I came to know Brian and the other participants, to hear their life stories, their body stories, and their stories of institutional life, I saw these individuals as living histories in which the past continued to live into the present. It is prudent for people working in long-term care homes to not simply conform to the culture of time and task, but to recognize the rich and varied past of residents, and to have an awareness of how residents experience time and temporality not solely in old age, but especially as it is experienced after institutionalization.

Given that this is an analysis of one individual's perspective on coming to live in a long-term care home, the findings of the study should be interpreted with caution. The results of this study are not meant to be



generalized or transferred to other older people who become institutionalized; nonetheless, this case study provides an in-depth understanding of one individual's experiences and perceptions of time upon coming to live in an institution, articulating notions of time that may often be implicit or taken for granted. However, this analysis is meant to further stimulate and provoke discussion and thought regarding this area of study through one perspective on the range of possibilities that individuals may experience upon coming to live in a long-term care facility. Much further work needs to be done to understand the complexity of perceptions of time, experiences of time, and the forces that structure time experiences and perceptions. It is important for researchers to explore notions of time and age, as further exploration of time can lead to deeper understandings of aging and old age.

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