

Re-spacing and re-placing gerontology: relationality and affect

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ABSTRACT

This paper describes how space and place have been understood in gerontology as phenomenon that are both physical and social in character, yet are relatively bounded and static. The argument is posed as to how, following recent developments in human geography, a relational approach might be adopted. Involving a twist in current thinking, this would instead understand space and place each as highly permeable, fluid and networked at multiple scales. Moreover, it is proposed that the concept of ‘affect’ might also be insightful, recognising space and place as being relationally configured and performed, possessing a somatically registered energy, intensity and momentum that precedes deep cognition. Three vignettes illustrate the relationalities and affects in the lives and circumstances of older people, and how focusing more explicitly on them would allow for a richer understanding of where and how they live their lives. The paper closes with some thoughts on future theoretical, methodological and disciplinary considerations.

KEY WORDS – space, place, geography, gerontology, relationality, affect.

Introduction

Two fields of study in gerontology deal substantively with how older people locate in, experience and negotiate the physical and social world. Both are well established, reflected by the publication of reviews and collections dating back over four decades. Theoretically anchored in environmental psychology is *environmental gerontology* (see Golant 2003; Kendig 2003; Lawton 1980, 1983, 1985; Lawton and Nahemow 1973; Wahl and Oswald 2010; Wahl and Wiesman 2003), and theoretically anchored in social geography is *geographical gerontology* (see Andrews *et al.* 2007, 2009; Cutchin 2009; Del Casino 2009; Golant 1972, 1984a, 1984b; Harper and Laws 1995; Rowles 1978, 1986; Rudzitis 1984; Warnes 1981, 1982, 1990).

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Acknowledging the presence of abundant crossover work (*see* Peace, Holland and Kellaher 2006; Phillipson 2004), simply put, reflecting the general approaches in their parent disciplines, the former field is concerned with processes – the ‘how’ of spatial cognition. The latter field meanwhile is concerned downstream with outcomes; the ‘what’, ‘where’ and ‘when’ of spatial life (*see* Kitchin, Blades and Colledge 1997). Complementing these two fields is a significant volume of gerontological research scattered between a variety of other disciplines that, whilst not constituting a unified body of work as such, is certainly spatially orientated (*see* edited collections – Andrews, McCormack and Reed 2005; Andrews and Phillips 2005; Keating 2008). Indeed, in many respects this latter research reflects ‘spatial turns’ that have in recent years occurred across the health and social sciences. The spatial turn in the health sciences is associated primarily with the increasing prominence of the social model of health, and the acknowledgement that disease, health and wellbeing are strongly rooted in factors that lie outside the receipt of medicine, in communities and the broader environment. The spatial turn in the social sciences, on the other hand, has been more theoretically driven by a desire to understand how humans are ‘emplaced’ variously in the world around them; how the social and physical in life are interconnected (*see* Gieryn 2000; Warf and Arias 2009).

We posit that although substantial empirical and theoretical progress has been reported for each of these fields of gerontological inquiry, and despite the quite different directions they have taken over the years, a consistency and arguably limitation between them remains that of the quite bounded and static understandings of ‘space’ and ‘place’ that underpin research. By this we do not mean that space and place have been conceptually isolated from each other (*i.e.* space from place and *vice versa*) because, as we shall see, they clearly have not. Instead we mean that, in empirical research, the spaces and places studied have not been considered alongside the other spaces and places in the world that help create them. We start this paper by introducing the common understandings of space and place, elaborated by some examples of their application in research. We then suggest how existing approaches might be tweaked by drawing on recent ideas in human geography, specifically the discipline’s recent ‘turn’ towards relational thinking, and its understanding of affect (the latter not exclusively, yet sometimes, part of the former). Following that, we present three illustrative vignettes, the first of which describes a person in transition, the second of which describes a service, the third of which describes a policy initiative. This single paper certainly does not address all the theoretical, methodological, empirical and disciplinary issues potentially raised by relational thinking. However, as summarised in the final section, it does introduce some ideas and questions that might be followed up more thoroughly.

Space, so far, in gerontology

At one level, originating largely from a positivistic tradition that first emerged in the 1950s and 1960s, space has been understood in gerontology as an underlying template for all human agency. As a featureless, neutral surface on which life unfolds (whether this be singularly or collectively, at micro or global scales). Such an understanding at least initially paints a picture of space as something relatively abstract and meaningless. It is, however, when 'things' (such as people, facilities or political boundaries) are located in space, that space represents substantial features of, and challenges in, human life. This is because, in research terms, space then becomes mathematically distinguishable and dividable. On one level, *at* points where things are located, rates, volumes and other localised measures become visible and calculable. On another level, *between* these points, times, distances, movements and differences become visible and calculable. The assumption behind treating space in this way, particularly in the geographical tradition, is that it is possible to find spatial patterns in collective human existence; some of its fundamental and underlying 'geometries' (Cloke, Philo and Sadler 1991).

Using these understandings and approaches, researchers have been able to trace how older people locate and move differentially across space, for example in the plentiful demographic and migration research focused at global, international (Kinsella and Velkoff 2001; Knodel 1999; Phillips 2000; World Health Organization (WHO) 1998), national (Law and Warnes 1976; Moore *et al.* 1997; Warnes and Law 1984) and sub-national (Bartlett and Phillips 1995; Moore and Pacey 2004; Rosenberg, Moore and Ball 1989) scales, as well as across these scales (Haberkorn 2002; Heleniak 2003; Moore and Pacey 2004). Notably, not only are older people themselves mapped across space, so are their characteristics, perhaps the most common being their health status and life expectancy. This, for example, has been done at global (WHO 2002), continental (Warnes 1999) and sub-national (Pickle *et al.* 1996) scales (the latest manifestation of this type of research being part of the large longitudinal studies on ageing as, for example, currently in progress in the United States of America, Canada, New Zealand, England and other countries). Most recently this research has been joined by studies that map health behaviours, incidences and events in older age groups across space (*e.g.* Yiannakoulis *et al.* 2003). Together these strands of research help identify areas of particular risks or needs, to which policies and programmes might be targeted.

Often set within specific policy contexts, studies have also considered how resources and services for older people are distributed either by public-sector allocation or by market forces (Cartier 2003; Rosenberg and

Everitt 2001), often in relation to utilisation patterns (*see* Nemet and Bailey 2000). A well-trodden United Kingdom (UK) example is the case of residential care provision at national and sub-national scales (Andrews and Phillips 2002; Ford and Smith 1995, 2008; Phillips and Vincent 1986, 1988; Phillips, Vincent and Blacksell 1987; Smith and Ford 1998). The idea underpinning much of this research is that the spatial design of health and social care systems can be improved to better meet the needs of older populations. A utilitarian ethical argument, although often understated and somewhat idealistic, also prevails; that where one lives and ages should not disadvantage one's health, welfare and length of life, and that systems should thus work towards the optimum and most efficient spatial allocations of resources and initiatives for older people (*i.e.* where supply geographically meets demand).

It would be unfair however to position all of this research as some kind of 'spatial science', because treatments of space in gerontology extend far beyond statistical exercises that simply map phenomenon. Indeed, acknowledging the unpredictability of human behaviour, certain research articulates why patterns are not always regular, and/or focuses on the consequences of patterns, and/or attempts to critically understand the individual, social, economic and political processes that underlie them. These approaches can be traced, for example, in many of the aforementioned studies of population ageing (*e.g.* Bartlett and Phillips 1995; Davies and James 2011; Moore and Rosenberg 2001; Moore, Rosenberg and McGuinness 1997), the mobility of older people (*e.g.* Bell and Rees 2006; Blakemore 1999; Bures 1997; Davies and James 2011; Everitt and Gfellner 1996; Gant 1997; Gustafson 2001; Kreager 2006; Newbold 2008; Sunil, Rojas and Bradley 2007; Warnes and Williams 2006) and services for older people (*e.g.* Andrews and Phillips 2002; Rosenberg and Everitt 2001; Victor 1996). More generally, a critical approach is also evident in the way scholars have deconstructed globalisation processes; the involvement of, and consequences for, older people and older populations who either move across space or age *in situ* (*see* Harper 2006). Moreover, a very specific and focused example of a critical approach that considers the consequences of space is research that builds on studies of the proximity of older people to kin and carers (*see* Bordone 2009; Lin and Rogerson 1995; Rogerson, Burr and Lin 1998; Shelton and Grundy 2000), and seeks to understand how the 'challenge of distance' impacts on the nature of personal interactions and relationships (Hallman and Joseph 1999; Joseph and Hallman 1996, 1998; Smith 1998).

Beyond this, other research has understood space as itself being more dimensional. Recognising space as intimately and actively involved in human agency and identity, scholars have developed the concept of 'social space'; meaning space as used, experienced and navigated by older people

themselves. Although not termed as such, the idea of social space can be traced in early path-breaking research from the psychology tradition on environmental stress and adaptation whereby older people, facing physical and mental decline and being increasingly challenged by their environment, both reduce their use of space and adjust their relationships to it (Lawton 1980, 1983, 1985; Lawton and Nahemow 1973). Since these studies, social space has been taken up far more broadly as both a geographical and psychological concept. For example, at one level it now relates to broad built, social and other environmental contexts (such as in rural or urban living), that create particular challenges, opportunities and experiences for older people both *in situ* and as they move through physical space (Beaulieu, Rowles and Kuder 2001; Coward and Krout 1998; Gesler *et al.* 1992; Glasgow 2000; Kuder, Beaulieu and Rowles 2001; Phillips and Yeh 1999; Phillipson and Scharf 2005; Ricketts, Johnson-Webb and Randolph 1999; Skinner, Yantzi and Rosenberg 2009; Walsh and Gannon 2011; Walsh and O'Shea 2008). More specifically, social space is also thought of as the collections of settings older people frequent and move between on a daily, weekly and monthly basis, such as their own homes, their friends' homes, family members' homes, retail locations and various formal care environments (*see* Wiles *et al.* 2009).

There has been a long-standing research interest in the use of technologies that potentially maintain, re-capture or even extend older peoples' mobility, and consequently social space, including cars (Rosenbloom 2001; Sixsmith and Sixsmith 1993), personal assistive devices and related interventions (Auger *et al.* 2010; Hoenig *et al.* 2002; Stalvey *et al.* 1999). Underpinning much of this research is a supposition that reduced social space is one factor that contributes to social isolation and loneliness in older age (themselves important concepts in, and topics of, gerontological research in their own right – *see* Findlay 2003; Scharf and de Jong Gierveld 2008; Victor *et al.* 2000). Most recently, studies have considered emerging hi/digital technologies and associated systems – such as telemedicine and the internet – which compress time and space to hitherto unprecedented degrees for some older people, leading to what some have termed the 'death of distance' as a social and physical barrier, and the creation of 'virtual social spaces'. Of particular concern is how these emerging technologies impact upon the form, experiences and outcomes of older peoples' interpersonal communications and relationships (Keiko, Takehito and Chiemi 1999; Kropf and Grigsby 1999; Milligan, Roberts and Mort 2011; Russell, Campbell and Hughes 2008). Notably, however, research acknowledges that with all the aforementioned technologies, although some users experience substantial benefits, access and successful operation are common obstacles.

Meanwhile, at a more intimate physical scale, social space is about what goes on ‘inside’ individual settings, such health or social care facilities or homes. At one level, the design and functionality of settings is long-standing research consideration (Barnes 2002; Gitlin 2003; Lawton 1990). In the psychology tradition, design features are often taken to be a ‘determinant of’ behaviour, whilst in the health sciences more generally they are often debated and sometimes measured under the topic of ‘quality of environment’. At another level, how different groups – such as formal carers, informal carers, family and older people – connect to, divide, ‘own’ and contest settings is an emerging critical focus of research (*see* Andrews *et al.* 2005; Dyck *et al.* 2005). For example, social/organisational psychologists Knight, Haslam and Haslam (2010) articulate how older people’s involvement in the design and planning of space in care facilities enhances their identity with the setting, their social interactions in it, and their general sense of wellbeing. Otherwise, equating social space with ‘personal space’, the very intimate spatial ‘proximities’ between people within settings are considered. Although they are rarely measured, it is recognised that involving ‘feet and inches’, they impact upon other proximities that are conversational, emotional and moral in character (*e.g.* between nurses and older people at the bedside; Andrews and Peter 2006; Andrews *et al.* 2005). In short, from a humanistic perspective, in many ways the idea of social space has brought abstract space ‘to life’ in gerontology.

Place, so far, in gerontology

Places, of course, feature in a very general sense in much of the aforementioned research and more broadly in gerontology, whether they be, for example, particular named countries, regions, cities or settings (often being important, for example, in terms of identifying localised needs, systems and policies – *e.g.* Cloutier-Fisher and Joseph 2000; Hodge 2008). However, associated with the more humanistic interpretation of space noted above has been an emerging realisation in gerontology that places are much more than co-ordinates, locations or even study sites. Indeed, the understanding has developed that peoples’ lives unfold in places that are complex social and cultural ‘fields of action’ that are occupied, acted and deeply felt (Kearns 1993; Kearns and Andrews 2005). At one level, because of people and technologies *in situ*, places possess basic agency – hospitals provide medicine, theatres entertain, neighbourhoods host a wide range of human activity, and so on. Such agency can be helpful to older people, or act as a barrier or challenge. At another level, however, underlying this basic agency, far more intimate processes are recognised to be at work concerning

place experiences, attachments and identities. We elaborate some of these processes and theoretical explanations of them below, acknowledging, however, that they underpin contemporary spatial thought across a range of disciplines, including gerontology, but are rarely explicitly dissected.

There being a mutually constitutive relationship between society and place (Valentine 2001), it is thought that ‘people make places’ and ‘places make people’ (the former proposition being more exclusively a concern of the geographical tradition in gerontology, the latter being common to both the psychology and the geographical traditions). This process of ‘making’ starts with the concept of ‘imbedded knowledge’ which, based on Heidegger’s ideas, posits that humans can only relate to and beyond themselves through their situation, their literally ‘being-in-the-world’ and their consciousness of other things in the world (Bender, Andres and Peter 2010; Crang 1998). It follows then that ‘imbedded knowledge’ can be gained through three forms of encounter with place. One is through ‘immersed direct encounter’, and the fundamental human condition of being bodily and mentally co-present in place (*e.g.* an older person living in a nursing home). Another is through ‘partial direct encounter’ involving observation at a distance or connections established through forms of technology (*e.g.* an older person talking to nursing home residents or staff via Skype). Finally, through ‘indirect encounter’ and ideas attained through representations of place filtered and presented by third parties including through word of mouth, art, literature, websites, television and other media (*e.g.* an older person reading about a nursing home in a magazine). Each form of encounter nevertheless allows the ‘intentionality’ and ‘essences’ of places to be produced, consumed, reacted to and re-produced in an ongoing process.

With regard to ‘intentionality’ (originally discussed by philosopher Edmund Husserl in 1939), it is posited that through human presence, perception and judgement, places themselves are ascribed meaning. From a phenomenological standpoint, just as objects’ uses are critical to their meaning (*i.e.* they are ‘about’ what humans do *with* them) so are places’ uses critical to their meaning (*i.e.* they are ‘about’ what humans do *in* them) (Andrews and Crooks 2010; Andrews and Shaw 2010; Bender, Andrews and Peter 2010; Crang 1998) which, of course, involves an almost infinite range of possibilities (*e.g.* to some, nursing homes care, but to others they confine). With regard to ‘essences’, just as objects possess essences (*i.e.* their facets that influence what humans feel emotionally *about* them), so do places (*i.e.* their qualities that influence what humans feel emotionally *about and in* them) (Andrews and Crooks 2010; Andrews and Shaw 2010; Bender, Andrews and Peter 2010; Crang 1998). Humanistic writers explain that intentionality and essences result in individuals feeling a ‘sense of place’ (Kearns 1993;

Relph 1976; Tuan 1976, 1977), whereby places can evoke a broad range of basic emotions, from the personally positive (*e.g.* happiness, contentment, excitement) to the personally negative (*e.g.* anger, fear, loss, sadness) (Andrews and Crooks 2010; Andrews and Shaw 2010). Moreover, an equally broad range of more specific feelings might be evoked by places, related to general social and spatial categories (*e.g.* a nursing home that feels warm or welcoming, professional, medical, institutional, *etc.*). The argument follows that such feelings, when experienced repeatedly or over time, can develop identities and attachments to places. Moreover, in terms of collective qualities, when members of demographic, social and cultural groups – such as older people – share identities, attachments and agency in places (either agreed implicitly/subconsciously or explicitly/consciously), ‘cultures of places’ develop. These are often unique and place-specific, so are almost infinite in terms of possibilities (such as workplace cultures in particular nursing homes, community facilities, *etc.*).

Wiles (2005a) summarises how, consistent with these understandings, places have been conceptualised in gerontology in six ways. First, as ‘a process’ and an essential part of social relations – including family life and caring relationships. Second, as subject to ‘ongoing negotiation’ – such as when older people move in or out of place, or their needs change whilst *in situ*. Third, as fought and contested – such as between the different groups that occupy a home where caring takes place. Fourth, as expressing power relations – such as professional hierarchies in clinical settings, or gender inequalities in unpaid home care. Fifth, as simultaneously physical, social and symbolic – such as nursing homes being subject to design, as social settings, and meaning certain things to society at large. Sixth, as inter-related – such as a home where care takes place, to the neighbourhood in which it is located, the neighbourhood to a city, the city to a region – a final point by Wiles which we will take up in the following discussion of relationality.

Across these six categories, gerontological research has investigated many empirical topics relating to the social production of places of ageing (*see e.g.* Blaikie 1997; Pain, Mowl and Talbot 2000; Rowles 2000; Rowles and Raval 2002; Rowles and Watkins 2003). Some common issues considered by studies include the role of places in supporting self-determination and identity in older age (Hockey, Penhale and Sibley 2001; Kontos 1998; Swenson 1998; Wiles *et al.* 2009), the personal and other processes behind transnational lifestyles/lifecourses in ageing and caring (Cutchin 2001; Gustafson 2001; King, Warnes and Williams 2000; McHugh and Mings 1996; Walsh and O’Shea 2010). Others have addressed the nature and challenges of urbanicity and ageing (Laws 1993; Phillipson and Scharf 2005; Scharf and de Jong Gierveld 2008; Smith 2009; Teo 1997; Walsh and

Gannon 2011) and of rurality and ageing (Bryant and Joseph 2001; Chalmers and Joseph 1998; Hanlon and Halseth 2005; Phillipson and Scharf 2005; Walsh and O'Shea 2008), particularly in relation to social isolation and social exclusion (Walsh, O'Shea and Scharf 2012). Further avenues of research include the dynamics between place and experiences and practices of life and/or caring, particularly homes and other community settings as less 'visible', more isolated venues (Cutchin 2007; Martin *et al.* 2005; Milligan 2000, 2003, 2005, 2009; Mowl, Pain and Talbot 2005; Skinner and Joseph 2011; Skinner, Yantzi and Rosenberg 2009; Wiles 2003*b*, 2005*b*). Given the obvious conceptual alignment, unsurprisingly attention has also been paid to the nature of place in 'place-based policy', particularly the concept of Age Friendly Cities (Lui *et al.* 2009; Plouffe and Kalache 2010) and the underlying objective of Ageing-in-Place (Brittain *et al.* 2010; Cutchin 2003; Gilleard, Hyde and Higgs 2007; Johansson, Josephsson and Lilja 2009; Rosel 2003; Wiles *et al.* 2012*a*). Notably here, attention has been focused on interpretations of place by various parties, and how place is part of an administrative and political approach. Meanwhile, reflecting the emergence of critical/cultural gerontology in recent years, research has sought to challenge stereotypes that connect older people solely to 'sick' and 'sad' places (*see* McHugh 2003) and instead examine how and why certain places are associated with independence, resilience and wellbeing in older age. These include, for example, 'unremarkable' places routinely passed through in daily life, and specialist places associated with active lifestyles and emerging consumer cultures in ageing (Grenier 2005; Katz and McHugh 2010; Laws 1995; Mansvelt 1997; McHugh 2000; McHugh and Larson-Keagy 2005; Wiles *et al.* 2012*b*). Finally, in gerontological teaching, and its pedagogical research, place is a key component of experiential education often involving community 'placements' that expose students to ageing environments, familiarise them with services and older people and, in the most critical of scenarios, challenge the relationship between the 'knower' (student) and 'the known' (older person) (Fisher and Finkelstein 1999; Hess Brown and Roodin 2001; Rosenthal-Gelman 2012).

Towards relationality

As we mentioned earlier, one criticism of the aforementioned understandings of space and place is that, although they recognise their rich and complex composition, they generally portray them as somewhat discrete and static. 'Space' tends to be conceptualised as an isolated area (such as a block of census tracts), and 'place' as a fixed, parochial centre of meaning resulting from social inscription (such as a house, village, city or retirement

community), whilst little attention is paid to relationships that might exist with other spaces and places. In response to this limitation, simply put, ‘thinking space and place relationally’ implies a twist in how space and place are theorised. Retaining but extending many of the aforementioned understandings, relational thinking evokes an image of spaces and places emerging not only *in situ*, but also through their connections within networks of ‘translocal interactions’. In other words, spaces and places are highly related to, and produced by, many other spaces and places at multiple scales. Relational thinking thus complicates the conventional assumption that there exist ‘intrinsic’ qualities of single spaces (*e.g.* with regard to distance and proximity) and single places (*e.g.* with regard to meaning) that impact on, and reflect, people’s lives.

Relational ideas such as these emerged in human geography as part of a broader ‘relational turn’ in the social sciences. So whilst relational debates in sociology, for example, have centred on individuals, groups and organisations (and such ideas as ‘networked interaction’ and ‘simultaneous invention’; Crossley 2011; Donati 2011), in human geography, given its particular conceptual focus, relationality centres foremost on spaces and places as networked and performed articulations of social relations (Darling 2009). The first shoots of such relational thinking emerged in theorisation of globalisation and the connections it implies between international and local scales (*see* Massey 1991). Extending these ideas, however, relational accounts in the discipline quickly began to consider the interconnection and interdependence of geographical scales with respect to a broad range of economic, social and cultural features and processes (Jones 2009). Indeed, ‘thinking space relationally’ fast became the new mantra of human geography (Jones 2009), to the extent that the relational turn has now reached almost paradigmatic proportions in the discipline (Bathelt and Gluckler 2003).

Notably, relational accounts also lay emphasis on temporality as they consider spaces and places to be ever developing and changing over time (Massey 2005). Indeed, as ‘bundles of interrelations’, spaces and places are considered only temporary accomplishments which are forever ‘coming into being’. As Darling notes:

place comes to be identified through the ways it brings together, and relates to, a series of other spaces and relations. Place identity is therefore continually in process, constantly reworked, reopened and contested through the influx of various material, emotional and symbolic influences. (2009: 1940)

Thus, as Jones (2009) suggests, the research agenda for relational thinkers consequently centres upon ideas and theories of space and place that portray them as encountered, performed and fluid (such an

TABLE 1. *Adapted from the summary of conventional versus relational space and place in Cummins et al. (2007: 1827)*

'Conventional' perspective	'Relational' perspective
<ul style="list-style-type: none"> ● Spaces with geographical boundaries on one scale. ● Separated by physical distance. ● Resident local communities. ● Services described in terms of fixed locations often providing for territorial jurisdictions (<i>e.g.</i> distance decay models describe varying utility in space). ● Area definitions that are static and fixed. ● Characteristics at fixed time-points (<i>e.g.</i> 'deprived' <i>versus</i> 'affluent'). ● Culturally neutral territorial divisions, infrastructure and services. ● Contextual features – things in places – described differently by particular individuals and groups. 	<ul style="list-style-type: none"> ● Nodes in networks that are multi-scaled. ● Separated by socio-relational distance. ● Populations of individuals who are mobile daily and over their lifecourse. ● 'Layers' of assets available to populations via varying paths in time and space (Euclidian distance may not be relevant to utility). ● Area definitions that are dynamic and fluid. ● Dynamic characteristics (<i>e.g.</i> 'declining' <i>versus</i> 'advancing'). ● Territorial divisions, services and infrastructure imbued with power relations and cultural significance. ● Contextual features – things in places – described variably by individuals and groups.

understanding of relationality, as we shall see, is highly connected to ideas about affect considered later). Various aspects of relationality are usefully explained by the summary table of Cummins *et al.* (2007: 1827) of conventional *versus* relational views of space and place, and the assumptions that change between them (Table 1).

Recently attention has been paid in research to how relations between spaces and places might be held together, and whether these relations depend upon some external forces or logic to maintain their consistency or coherence. Although these questions have not been fully debated or answered, one emerging view is that, in many circumstances, 'power' might be one force in political, economic, institutional and socio-cultural forms (Massey 2004). Another not necessarily competing view, associated with the ideas about places discussed earlier, emphasises the role of the individual (self), and emotions in the relational process (*see* Conradson 2005; Davidson, Bondi and Smith 2005). Here, one idea is that when individuals perceive places – their essences and intentionality – relationality also emerges in terms of comparisons they might make consciously or subconsciously with other places they have previously experienced or know as social categories.

It would be unfair, however, to claim that relational thinking has been completely absent in geographical and environmental gerontology. There has, for example, been some attention recently to 'age-relationality'

(see Andrews *et al.* 2006; Hopkins and Pain 2007), although this is more about researching intergenerationality and lifecourses, as played out in space and place, than studying relational spaces and places in older age (acknowledging that they might be closely connected). However, perhaps the first 'signpost' towards thinking space and place relationally has come in the form of studies that consider the 'inter-relatedness' of place (see Wiles 2005a). As a tradition this emerged over three decades ago, for example in Rowles' (1978, 1981) early geographical work on ageing and attachment to place and his concept of the 'surveillance zone'. Here the home is seen as a base that facilitates the process of monitoring events outside, houses the emergence of watchful reciprocal social networks, and provides the foundation to a sense of personal identity. Moreover, the 'inter-relatedness' of place is also evident in early psychology studies in the 1980s that emphasise how older people cognitively 'let go' and develop 'belonging to' successive living environments as they age and move through them, connecting one to the other in their thoughts and actions (see Wahl and Oswald 2010). More recently, research demonstrating the 'inter-relatedness' of place has continued in the form of diverse studies that articulate the multiple and connected places and scales of residence and care-giving (Milligan and Wiles 2010; Wiles 2003a; Wiles *et al.* 2012b), the superimposition of 'external' medical and 'normal' domestic fields as part of formal home care in homes (Angus *et al.* 2005; Dyck *et al.* 2005), the mobility of older people and attachment to places connected throughout their lifecourse (Gustafson 2001; McHugh and Mings 1996) and on ageing-in-place and attachment to 'home', in various forms and interconnected scales. Of this latter category, Peace, Holland and Kellaher's (2006) work on the home space, for example, emphasises that 'living spaces' include the dwelling itself, its setting, and the spaces that connect and separate inside and outside; private and public. Likewise, Wiles *et al.* (2009) illustrates older people's elastic physical, imaginative, emotional and symbolic experiences of, and connections to, place across time and in scope, including the home, neighbourhood and 'beyond' spaces (see also Rosel 2003).

Although valuable insights are provided, the majority of this research describing the 'inter-relatedness' of places is not, however, theorised as explicitly relational. In other words, it does not always 'tell the whole relational story'. Indeed, telling the whole story involves the prime focus of studies being on the finer details of the relations themselves (*e.g.* rather than 'pointing out' the existence of relations existing between places a, b and c, 'describing richly the nature of' the relations between places a, b and c). To date, the only explicit attention to moving beyond inter-relatedness is given by Cutchin (2005) who briefly advocated for a relational approach

to more firmly theorise the non-dualistic relationships between older people and place.

Towards affect

Attention has also been paid in human geography to how space and place are (re)produced relationally in the moment. How the world is known and rendered meaningful through the body's sensorial capacities prior to cognitive reflection. Here the idea of 'affect' – borrowed and developed from social theory (*see* Deleuze 1988, 1995; Deleuze and Guattari 2004a, 2004b), has proved particularly insightful to scholars. Simply put, in terms of an experience, affect is a vague but intense 'atmosphere' – some have described it as a 'passion', 'momentum' or an 'energy' – present in places (Simpson 2010). It is registered by participants in an instant. They, in contrast to many of the aforementioned human relationships to space and place, have insufficient time to compartmentalise or rationalise what they are observing and fix it to established social categories (McCormack 2008; Simpson 2010). Hence, it is a somatically registered, pre-deep cognition, 'feeling state'. A view of literally everything occurring at once; 'hybrid assemblages' composed of 'human bodies', (people) and 'more-than-human objects' (ranging from biological phenomenon to practical items).

Affect is a relational encounter in two ways. First, in terms of structure and composition, space and place are constituted through the relationalities *between* bodies and objects, their positions, distances, movements, interactions. Second, space and place are relational in the sense that affect is relational *to* each individual feeling body; it envelops their unique physical positions and henceforth informs their cognitive vantage point (*see* Conradson 2005; Simpson 2010; Thien 2005). With regard to interaction and process, a feedback loop occurs, signifying the rapid energy, force and momentum of affect. Participants witness affect, quickly internalise it, and react to it (such reactions might be obvious or very subtle, such as eye movements). In turn, their reactions become affective to others – contributing to the ongoing affect (Anderson 2006; Conradson 2007; Conradson and Latham 2007; McCormack 2008; Thrift 2004).

Although the concept of affect is undoubtedly complex, it helps academics understand further how spaces and places are transpersonal, transhuman and performative (Pile 2010; Thien 2005; Woodward and Lea 2010), and how every space and place is constantly 'becoming' in the moment (Thrift 2007; Woodward and Lea 2010). Moreover, as Nigel Thrift sees it, affect shows us that 'sameness' (*i.e.* social categories – such as being older, black or white) does not always have to be about common identities

(firmly established in places). It shows us that a form of solidarity also arises immediately between people through their parts in shifting spatial positioning (Thrift 2010).

Notably affect is a central idea and important concept in a more general shift towards ‘non-representational theory’ in human geography (see Lorimar 2005, 2008; Thrift 2007). Initially developed by Nigel Thrift (see Thrift 1997) – albeit building on a much longer philosophical heritage – non-representational theory is based on the observation that most existing social science research, regardless of the methods used or theoretical basis, falls under a ‘representational’ paradigm. This paradigm, although often focused on human practice, ‘kills off’ the active world in empirical research. In other words, a good part of what is actually happening in space and time is lost in theoretically driven interpretative searches for meaning and significance (Cadman 2009). Non-representational theory is thus not actually a theory itself, in that it seeks to explain any one thing, rather it is a principle and approach that seeks to bring attention to these details (Cadman 2009). As Cadman (2009) explains, the core concerns of non-representational theory are the responsiveness, expressiveness and rhythms of human practice, the mundane and everyday in life, performativity and embodiment (including senses and expressions) and virtuality (*i.e.* broad understandings of space and time – such as the ‘real’ yet non-physical). A comment from Lorimer usefully sums up the approach, which is increasingly influential:

At first, the phenomena in question may seem remarkable only by their apparent insignificance. The focus falls on how life takes shape and gains expression in shared experiences, everyday routines, fleeting encounters, embodied movements, pre-cognitive triggers, practical skills, affective intensities, enduring urges, unexceptional interactions and sensuous dispositions. Attention to these kinds of expression, it is contended, offers an escape from the established academic habit of striving to uncover meanings and values that apparently await our discovery, interpretation, judgement and ultimate representation. In short, so much ordinary action gives no advance notice of what it will become. Yet, it still makes critical differences to our experiences of space and place . . . (2005: 84)

Thus, as one can see, non-representational theory and the idea of affect are aligned in many ways to current research developments in critical gerontology that seek to emphasise embodiment in lay and everyday knowledge and action (see *e.g.* Kontos 2004; Kontos and Naglie 2009) – arguably extending these to emphasise how they are performed in, and make, space and place.

The following three vignettes illustrate practically how relational and affective spaces and places constitute, and impact on, older people’s lives. Indeed, the vignettes illuminate some of the theoretical points raised so far,

so that they might become less abstract to readers who might then in turn relate them to their own spheres of interest. Although the first two vignettes are 'fictional', in the sense that some of the people and events in them do not exist, they are still highly reflective of situations and circumstances the authors have encountered in their research to date (thus, not being at all fanciful or unrealistic, they should be familiar and helpful to readers). In terms of scope, the examples of 'a person', 'a service' and 'a policy' also showcase connections to different empirical fields and types of gerontological research.

Case One: Doris Smyth's networked life

Doris Smyth moved to New Zealand with her two small children and husband from the UK in the late 1950s. Doris (now aged 87) has remained in the first neighbourhood she moved to, where she has a well-established network of friends and relatives, and many happy memories. Indeed, Doris has enjoyed watching her own two children and subsequent generations grow up in an area that has gradually changed from a relatively new 'nappy neighbourhood' to a well-established and cosmopolitan tree-lined area.

Doris' husband died in the early 1990s, but her two children are in regular contact with their mother, as are two of her five grandchildren. Her son, Paul, lives in a nearby town, about an hour's drive away. He visits once or twice a month and helps Doris with her garden and any house repairs. He often brings supplies when he comes; stumbling, crashing and banging through the door, breathing hard with heavy bags and tools in hand. Doris' daughter Elizabeth lives back in Europe; however she is in very regular and intimate contact with her mother, calling two or three times a week for long conversations. For these Doris sits in the kitchen, where the two share so many memories. Doris also has a niece, Sharon, her sister's oldest daughter, who lives about three blocks away. Sharon visits almost daily on her late afternoon walk after work, popping in for a quick chat and sometimes a cup of tea. As Doris said, 'Sharon is like a great tonic, always so lively, bursting with energy and enthusiasm, always with a big smile on her face'. Since her husband died Doris has made a conscious effort to maintain a network of family and friends, in the early days making sure she invited at least one person each week to share a meal, for example. Many of these visitors bring with them a small gift, often food such as a fish or some garden produce. Doris also has an arrangement with her long-term neighbours, Jim and Vera, who check to see her curtains are opened by a certain time each morning; if not they would investigate to see whether she is alright. Doris has remained fit and active into her older age. Until recently, she walked up the road and

around the corner to the local shops each day. Ostensibly this walk would be to buy a few items of grocery, but equally importantly along the way Doris would greet and perhaps converse briefly with various neighbours on porches or in gardens, children and parents playing at the park, and the taxi drivers waiting at the local cab rank. Along the way she habitually observed seasonal and other changes in various front lawns and gardens, watched the birds bicker or flirt with each other, admired various plants (and sometimes surreptitiously snipped a few cuttings for her own garden), and observed the varying standards to which different neighbours kept their plots. These were often topics of conversation with her niece.

Several weeks ago, Doris tripped over a loose floor mat at home, falling and fracturing her hip. After a short stay in hospital and then some weeks in a rehabilitation facility, she has just returned home and is receiving formal help with dressing and bathing and some housework, along with meal preparation. Though her niece Sharon took time off work to be present when the care manager came to visit to assess Doris' needs and resources, her daughter Elizabeth has been the person in contact with the care agency and in particular with the care manager. Doris was initially reluctant to have a stranger come into her home, and tried to put on a brave face when the assessor came to visit, 'all official looking – wearing a suit, holding a notepad and standing very upright'. However, as a result of the assessment Doris was assigned a personal carer, who is allocated to be with her up to two hours a day during weekdays and assist with bathing and dressing as well as some meal preparation. Both Sharon and Elizabeth believe Doris needs much more than ten hours assistance per week. Strict eligibility criteria, agency rules and budget cuts also mean the personal carer is no longer able to do any more than the very lightest of housework.

Three weeks ago, Doris' personal carer, Marcella, newly employed at the agency on a temporary contract, arrived on the doorstep. Marcella was a registered nurse in the Philippines though, as an immigrant, her nursing qualifications are not recognised. After some initial trepidation on both sides, they have begun to establish a warm and friendly relationship. Marcella is interested in Doris' stories about her neighbourhood and her family, and as she works she encourages her to talk about the various photos and things so prominently displayed in the living room and kitchen. She has also begun to tell Doris about her own son and daughter, still at home in the Philippines, and how she is proud of their achievements but also worried about problems her son is having with bullying at school. When these conversations occur, the room seems to change subtly both for Doris and Marcella as each object from another time and place is described, taken in and passed between the two in deep conversation. Indeed, Doris wrote in her diary: 'I like the times when we open up. A room full of photos suddenly livens up when you can

take them down, pass them round and get energetic telling the stories behind them. I better be careful not to overdo it. I started re-enacting an old dance yesterday, well very slowly!

Ignoring the agency rules, Marcella does help with the vacuuming and dusting as this was particularly bothering Doris, and recognising Doris' interests they have established a goal of walking together to the shops. So far they have achieved the front gate, every day they aim to walk a little further, using the trees along the sidewalk as measuring posts. Two days ago the agency threatened to terminate Marcella's contract; she is not a member of a union and has little recourse to support. Marcella and Doris are both very worried about what this will mean . . .

We argue that this case study is illustrative of the highly permeable, networked and affective nature of space and place and suggests numerous avenues for research. Doris' experience of her home context is made of multiple *relationalities* and connected to a wide variety of people, places and scales. Doris, being brought up in the UK at the time of the early development of the welfare state, has definite expectations on the care society and the state should provide. She hopes that these expectations can be met in another country, even though it has been her home for many years. Now, being '*at home*' for Doris certainly means being in the physical *house* where she has lived for a long time, especially because it is filled with *assemblages* of people and things reminding her of her life there, each of which represents and generates intangible *moments, emotions and memories*. But it also means being in an *immediate and wider neighbourhood*, where she has a wide array of *social and emotional connections* from supportive but non-intrusive neighbours to the friendly staff at the grocery store. Being '*at home*' means being connected not only to people but to *particular physical spaces* both within the house and beyond it, as they change throughout seasons or from one part of the day to another; a neighbour's pretty garden, the seat where she rests and takes in the seasonally changing view across the pond at the park. Moreover, her experience of home is very much affected by events and processes at the regional, national and even international level. For example, Marcella is typical of the increasing number of skilled and unskilled *migrants* employed in care-related occupations (and the problems of defining 'skill'), attendant with the problems of recognising qualifications and the social and emotional connectivity of migrants. The tenuousness of her employment is also typical of the difficulties in working conditions for carers employed outside institutional spaces; and the high turnover of such employees has implications for *continuity of care*. The increasingly restrictive budgets of care service providers and the response of tightening eligibility criteria operates at regional, national and even international scales, but has significant implications at the level of the home and the body. Thus, care

itself takes place in a *landscape of care*, or complex social, embodied and organisational spatialities that emerge from and through relationships of care (Milligan and Wiles 2010).

It is equally important to note, however, that care is not *uni-directional*, nor limited to particular *scales of space or time*. Prior to her crisis, Doris was already at the centre of a strong *network* of support, some of which is immediately *proximate*, some of which is *stretched out* right around the world. Just because her daughter lives several thousand miles away does not mean she is not as (or even more) intimately involved in caring for her mother as her brother or cousin. Care can be provided unobtrusively, by kin and non-kin, and is sometimes a matter of what is *not* done or said (thus supporting a sense of autonomy) as much as what is done. Doris herself has provided much care over time, and continues to reciprocate and provide care in subtle ways to members of her own support network. This network of care does place burden and some strains on those involved; it is also rewarding to them in a wide variety of ways.

Research that recognises these relationalities and affects would focus explicitly and sensitively on them, and how networks through time and space effectively make older people's lives. Although we know through existing research that clients and carers are not homogeneous groups, but are diverse with complex lives, it would demonstrate how this diversity and richness comes from multiple times and places, converging at points of study.

Case Two: 'Natural Life': an holistic health centre for older people

Natural Life is a privately operated holistic health centre associated with a General Practice that is located on the same premises. It opened in 1995, after many of the general practitioners (GPs) realised that their clients were requesting treatment of chronic conditions for which conventional medicine was not well-suited. The small British coastal town within which Natural Life is located is a popular retirement destination, leading to a high proportion of clients aged over 65. Moreover, it is a nationally known ancient 'spiritual landscape' which is part of the attraction for many residents, old and young (*see* Andrews 2003).

Since these early days Natural Life has expanded considerably. Originally housing just two part-time therapists who practised reflexology and massage, the business is now home to ten full-time therapists offering a more extensive range of therapies including chiropractic, homeopathy, life coaching and counselling, Chinese medicine, hypnotherapy, herbal medicine, music therapy and acupuncture. Seven of the therapists have lived locally all of their lives, and were trained at a local college. One therapist, Mr Anderton, is

self-taught. His modality, healing touch, does not have a formal educational base. Another therapist, Dr Chen, learned to practise Chinese medicine whilst a younger man living in Hong Kong. Meanwhile, another therapist, Ms Ogude, learned traditional herbal medicine as a younger woman in Nigeria, where she used to live. The therapists have taken great time and effort to distinguish their practice setting from the sister GP practice. In their section of the building they retain some medical aspects of its design and decoration, but have also included many features that give it more of a spiritual feel including ambient music and lighting in the waiting room, a warm earthy colour scheme, and pictures and photographs showing humans at one with landscapes and nature (reflecting the associations many therapies have to the environment and the natural world). Each therapist, however, has their own practice space, which they design and decorate to their own taste, mixing different features, some familiar to medical environments (such as charts) and others more unconventional. Of the latter, it is quite typical for therapists to display artefacts and objects associated with their specific therapeutic disciplines (such as ornamental herb pots, massage blankets), particularly those they have collected whilst travelling or living abroad. Because of these design features, it is quite obvious to anyone entering these practice spaces what they are about. They literally 'feel them' as they step out of their regular day, the bustling streets and their schedule, into a warmer, slower more relaxed and spiritual world of holistic therapy. In some cases, the clients' therapeutic experiences even extend beyond the physical domain whereby in certain therapies – such as counselling and hypnotherapy – visualisation is used, and clients are mentally taken to other places (some fictional, some real) for various therapeutic ends (such as self-understanding or basic distraction). A therapist once commented on her approach: 'I ask them to remember where they grew up and describe the details; the garden, its gate, the fence, the flowers and trees, the size, shape and colour of the building. Then the time of day, the weather, and their thoughts and physical and mental feelings as they slowly walk up the garden path and enter the front door'.

As a group, the therapists decided to actively market their practice as a place of importance to older people and particularly the types of musculoskeletal and emotional conditions from which they often suffer. Focusing on one specific age group also means that they can target older people from outside the immediate town and local area. It is a business model that has shown great success, leading to over half of the total care being provided for over sixty-fives. Reflecting the emphasis on older people, the practice is designed with ease of accessibility and movement very much in mind, with ramps, clear signage, non-slip surfaces, lifts and handrails commonplace throughout the facility. Moreover, during the past year the

therapists have launched a home-visiting outreach service offering a limited number of therapies at a modest additional cost to older people who are too frail or lack adequate transportation to visit the main clinic. The clients aged over 65 are a diverse group. They include people who have lived locally all of their lives. These are often ‘the oldest old’ with ideas on self-care and family care that pre-date socialised national health care (they are also more likely to use the home-visiting service). Clients, however, also include recently retired migrants to the area, affluent younger baby-boomers originating from urban areas with very definite and high expectations regarding their health and health care. For many of these clients, holistic medicine is just as much a lifestyle choice as a form of medicine. Interestingly, Edna, a client of Natural Life, was asked about her use of therapies in a local television documentary. Her response provides insights into a range of experiences. She commented:

The clinic is very calm and relaxing – I’d say spiritual but there’s an energy to that as well. I mean it’s not sleepy, the therapists are moving around and customers coming and going. Some of the energy also comes from the body language. My therapist will sit next to me sometimes, not like doctors who are always standing or sitting behind large desks. Other times she will show me exercises I can use at home.

Edna continued elaborating on the subject of energy, talking about the impact on her daily life:

The energy also comes from being treated, giving me the emotional help and freedom from pain, so that I leave and live my life slightly quicker, doing this and that without a care, visiting friends, walking around shops, generally being brighter with a smile on my face and more enthusiastic for life.

The example of Natural Life illustrates the highly permeable and networked nature of space and place in relation to a specific type of service. In particular, the interconnectedness and interdependence of global space and practice space, the latter of which hosts the immediate affective event of holistic therapy. Clearly the therapies, therapists and clients have all travelled and transitioned to some extent from other times and places (whether it be from another continent, county, region or town). Each brings something of that past time and place to the practice, whether that be a way of doing something (*e.g.* an idea, concept or theory), a physical object or artefact (*e.g.* a herb) or even a personal expectation. Practice spaces, where all of this unfolds, are equally variable, ranging in scale and variety from general locality and town (in this case a spiritual landscape) to the therapists’ rooms and clients’ own homes. Wherever practice occurs it involves assemblages of human bodies and minds (therapists, clients), objects (design, decoration, therapists’ tools), and the relationships between them. These create affective experiences that form the basis of events that are relaxing, spiritual, warm, comforting and therapeutic. These are not general categories, but are

relational and unique to each and every individual experiencing them. Moreover, affects also arise beyond practice spaces. One example, as noted above, is how therapies extend into clients' everyday lives, in the best of situations making them more capable and energetic throughout the day. Another example, also noted above, is through the use of imagination and visualisation of places that clients, for example, might know from their pasts or, along with therapists, purposefully create (*see* Andrews and Shaw 2010).

In terms of research, the example of Natural Life illustrates the need to look beyond the traditional geographical boundaries of a service, whether this is the market area, or the walls of an institution or even a home. Many people, materials and ideas are involved – all part of the composition and performativity of practice.

Case Three: ageing in Edmonton, Canada: developing a vision for an 'age-friendly city'

As the populations of countries have aged, age-friendly approaches to urban design and service planning/delivery have become a central focus of attention. This is perhaps best exemplified by the WHO's recent Age-Friendly Cities concept. Rooted in the notion of active-aging, an age-friendly city is one that optimises 'opportunities for health, participation and security in order to enhance quality of life as people age' and 'adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities' (WHO 2007a: 1). In an effort to promote the development and implementation of age-friendly policies, WHO has developed a number of resources for cities including the *Global Age-friendly Cities: A Guide* (WHO 2007a) and the *Checklist of Essential Features of Age-friendly Cities* (WHO 2007b). Both are products of focus groups held with older persons and care-givers in 33 cities in both developed and less-developed countries (*see* Plouffe and Kalache 2010). Together these documents identify features of age-friendly cities across eight domains of urban life: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services.

Edmonton, Canada is just one of many cities, scattered around the world, that have embraced the WHO framework in an attempt to become an 'age-friendly city'. In early 2010 the city launched two ageing-in-place demonstration projects. Later in December of that year Edmonton became the fourth city in Canada to be accepted into the WHO Global Network of Age-friendly Cities. Since then, the city has drawn upon WHO guidelines to

devise a strategic action plan entitled ‘Vision for an Age-friendly Edmonton’ (2011). This plan emerged out of consultations with thousands of residents who were asked to reflect upon the eight key areas identified by the WHO. These reflections were translated into specific goals and actions for improving the lives of Edmonton seniors and strengthening the communities in which they live (Edmonton Seniors Coordinating Council 2011).

This example illustrates how urban policies affecting the lives of a growing number of older persons living in urban areas need to be understood in a broader relational context insofar as they are no longer simply local manifestations; rather, they draw upon policy models developed in other parts of the world (*see* McCann and Ward 2011). Urban policy mobilities (McCann 2010) such as these are constituted by distanced flows of policy knowledge circulating through networks (such as the WHO Global Network of Age-friendly Cities), and are embedded through processes of local experimentation and implementation (such those being carried out in Edmonton, Alberta). Thus the concept of ‘age-friendly cities’ is simultaneously global and local in this regard. By extension, cities such as Edmonton and the many spaces and places established through age-friendly initiatives (*e.g.* outdoor spaces and buildings, housing, community support and health services) can themselves be understood as nodes in an evolving network of other comparable sites around the world. At a micro level, the many materials and objects associated with age-friendly initiatives (such as walkways, ramps, hand rails – many of which with design and financial links at international and global scales) act, along with humans, to produce particular affects. Notably, Greg, a local resident of Edmonton (fictional for this paper) was asked by a local radio station about what he would like to occur under the age-friendly initiative. His comments prove insightful:

I want to move around like other people. Be able to get on a bus and go into the city, be able to attend my club for seniors but also to join in with the hustle and bustle of life. I mean, walk in and out of shops without problems and enjoy the vibe of searching here and there for bargains. Sit outside a café in the afternoon sun, read a paper and watch the people by peeking over the top of it. See their expressions, listen to the sounds, smell the smells, absorb it all.

In terms of policy-relevant research, this example demonstrates the need to consider the relationalities that constitute the discourses and practices of ‘age-friendly’ policies and other policies that impact the lives of older persons. This includes the way in which policy knowledge is mobilised via translocal connections with other cities and institutions scattered around the world. These local–global policy strategies have implications when it comes to the future trajectories of spaces and places for ageing. The significant role of global institutions such as the WHO, the speed and ease at which information can travel, and the growing authority of ‘best practices’ and

'benchmarking' means that policy analysis could benefit from a trans-local and transnational lens. Such a lens would allow analysts to not only determine if globalised policy discourses are contributing to a convergence of age-related policy across different territorial jurisdictions, but also explain divergences and properly contextualise their impacts. Meanwhile, paying attention to affect potentially provides valuable insights as to how cities and neighbourhoods are lived in by older people with others on an everyday basis. In other words, how they are practiced in the moment in everyday life. This is really where 'the rubber meets the road', where you can see needs arise, policies and initiatives working or not working, where subtleties and intricacies can be observed and reported.

Further considerations

By arguing for a relational approach to space and place and an associated focus on affect, we are certainly not suggesting that all other approaches or understandings are in some way obsolete or of less value. We suggest that focusing explicitly on these things might be useful in answering certain research questions, or in formulating new questions. Indeed in many cases, as suggested earlier, this might only take a 'tweak' and slight adjustment in thinking and how a particular study is undertaken. Our view is that, as a result of recognising relationalities and affects, in a discipline like gerontology where policy and care are often important considerations, recommendations to these areas might be supported by richer and more diverse evidence sensitive to everyday lives and practices. Nevertheless, as we said from the outset, beyond the literary background and practical illustrations provided in this paper, much more needs to be considered with regard to these approaches in gerontology. Indeed, the many remaining questions, and thus the immediate agenda for scholars, falls under three categories.

First are questions relating to disciplines and theory. For example, what are the different consequences of focusing on relationality and affects for psychology-based *environmental gerontology* as opposed to geography-based *geographical gerontology* (where the former, being a behavioural science, is often searching for 'big' explanatory theories, and the latter, increasingly post-structuralist, is not)? What are the relationships between the spatial understandings of relationality and affects we have described in this paper, emerging sociological understandings of relationality (such as lifecourse and inter-generationality), and psychological/psychiatric understandings of relationality (such as the 'relational self'), and how might they be combined in the study of older people? Here, one potential answer/direction might lie in developing common critical relational approaches and understandings

across disciplines. Indeed, as Hopkins and Dixon (2006) suggest, a critical approach might help develop alternative perspectives on space and place in which there is increased attention to the social processes and practices through which people's senses of themselves and place are constructed. Moreover, as part of a critical approach, specific theories could cross-cut disciplines and help lead to more highly developed common understandings. One pertinent example is Actor Network Theory (ANT), which is certainly compatible with the idea of affect and part of a potential 'toolkit' for working within the non-representational paradigm more generally. Indeed, ANT encompasses a radically different understanding of the world as something that is enacted into being through heterogeneous networks of human and non-human entities that mutually constitute each other and are equally capable of agency (see Cutchin 2005). Specifically, ANT potentially helps inform the understanding of a relational environment by departing from conventional Euclidean understandings of space. Rather than conceiving of environments on an objective plane where distance between points can be measured, or in reference to scale (*i.e.* micro–meso–macro), ANT approaches the world through a 'flat ontology' (see Marston, Jones and Woodward 2005) where space does not exist apart from the human and non-human entities that make it up. Indeed, as Jones (2009: 491) describes it, 'objects *are* space, space *is* objects, and moreover objects can be understood *only* in relation to other objects'. This is but one idea that, along with others, needs to be far more thoroughly investigated beyond the current paper.

Second, following from this, inevitable questions arise regarding research design and methodology. For example, what methods are best suited to unpack relationality and affects in particular circumstances (qualitative, quantitative or combinations)? Are different methods required to unpack relationality as opposed to affect? What models and frameworks might help inform and structure research studies? Although it is easy to simply align quantitative methods with research at macro-scales and qualitative methods with research at micro-scales, more imagination and innovation is required when employing multiple methods to capture relational situations through space and time, and the perspectives of multiple groups. Indeed, as Cadman (2009) explains, methods are required – particularly with regard to affect – that describe and relay what is 'out there' *happening* in space and time, rather than diagnose and re-represent what has *happened*. This involves modifications in the conduct of existing methods (such as surveys, interviewing and focus groups) and also the development of new hybrid methodological categories (such as 'observant participation' and 'performative ethnography') that acknowledge particularly that the research encounter creates, not just bias, but something new (Cadman 2009), and

present findings in a style that is infused with a fidelity or authenticity to the subject, relaying as much as possible of its true character and movement (Patchett 2010).

Third are questions regarding traditions in gerontology. For example, how does relationality and affect potentially map on to many of the established concepts and debates in gerontology (such as ‘resilience’, ‘empowerment’, ‘active ageing’, ‘successful ageing’, ‘continuity of care’ and others) and what might they contribute to each? How might relationality and affect be considered in gerontological education (such as field ‘place’ments) and its supporting research? How might they be handled and used by different theoretical paradigms in gerontology (including positivist, political economy, critical/post-modernist and others)? In short, how can the thinking we espouse be useful in the long term for gerontology and not be just a passing fashion or fad? These are wide-ranging questions that can only be addressed by scholars representing the full empirical and theoretical breadth of gerontology and moreover, scholars willing to think out of the box and work beyond their usual comfort zones; a clinical gerontologist beyond the clinical, a social gerontologist beyond the social, and so on. We invite other scholars to consider these issues further, as will we.

References

- Anderson, B. 2006. Becoming and being hopeful: towards a theory of affect. *Environment and Planning D: Society and Space*, **24**, 5, 733–52.
- Andrews, G.J. 2003. Placing the consumption of private complementary medicine: everyday geographies of older people’s use. *Health and Place*, **9**, 337–49.
- Andrews, G.J. and Crooks, V. 2010. Geographies of primary health care. *Aporia*, **2**, 2, 7–16.
- Andrews, G.J., Cutchin, M., McCracken, K., Phillips, D.R. and Wiles, J. 2007. Geographical gerontology: the constitution of a discipline. *Social Science and Medicine*, **65**, 1, 151–68.
- Andrews, G.J., Holmes, D., Poland, B., Leheux, P., Miller, K.-L., Pringle, D. and McGilton, K. 2005. ‘Airplanes are flying nursing homes’: geographies in the concepts and locales of gerontological nursing. *International Journal of Older People Nursing*, **14**, S2, 109–20.
- Andrews, G., Kearns, R., Kontos, P. and Wilson, V. 2006. ‘Their finest hour’: older people, oral histories, and the historical geography of social life. *Social & Cultural Geography*, **7**, 2, 153–77.
- Andrews, G.J., McCormack, B. and Reed, J. 2005. The importance of place in older people’s care (introduction to the special edition). *International Journal of Older People Nursing*, **14**, S2, 98–9.
- Andrews, G.J., Milligan, C., Phillips, D.R. and Skinner, M. 2009. Geographical gerontology: mapping a disciplinary intersection. *Geography Compass*, **3**, 5, 1641–59.
- Andrews, G.J. and Peter, E. 2006. Moral geographies of restraint in nursing homes. *Worldviews on Evidence-based Nursing*, **3**, 1, 2–7.

- Andrews, G.J. and Phillips, D.R. 2002. Changing local geographies of private residential care for older people 1983–1999: lessons for social policy in England and Wales. *Social Science and Medicine*, **55**, 1, 63–78.
- Andrews, G.J. and Phillips, D.R. (eds) 2005. *Ageing and Place: Perspectives, Policy, Practice*. Routledge, London.
- Andrews, G.J. and Shaw, D. 2010. ‘So we started talking about a beach in Barbados’: visualization practices and needle phobia. *Social Science and Medicine*, **71**, 1804–10.
- Angus, J., Kontos, P., Dyck, I., McKeever, P. and Poland, B. 2005. The personal significance of home: habitus and the experience of receiving long-term home care. *Sociology of Health & Illness*, **27**, 2, 161–87.
- Auger, C., Demers, L., Gelinas, I., Miller, W.C., Jutai, J. and Noreau, L. 2010. Life-space mobility of middle-aged and older adults at various stages of usage of power mobility devices. *Archives of Physical Medicine and Rehabilitation*, **91**, 5, 765–73.
- Barnes, S. 2002. The design of caring environments and the quality of life of older people. *Ageing & Society*, **22**, 6, 775–89.
- Bartlett, H. and Phillips, D.R. 1995. Aging trends – Hong Kong. *Journal of Cross-cultural Gerontology*, **10**, 3, 257–65.
- Bathelt, H. and Gluckler, J. 2003. Toward a relational economic geography. *Journal of Economic Geography*, **3**, 2, 7–144.
- Beaulieu, J., Rowles, G.D. and Kuder, L. 2001. Current research in rural models of integrated long-term care. *The Journal of Applied Gerontology*, **20**, 4, 379–85.
- Bell, M. and Rees, P. 2006. Comparing migration in Britain and Australia: harmonization through use of age–time plans. *Environment and Planning A*, **38**, 959–88.
- Bender, A., Andrews, G.J. and Peter, E. 2010. Displacement and tuberculosis: recognition in nursing care. *Health and Place*, **16**, 6, 1069–76.
- Blaikie, A. 1997. Beside the sea: visual imagery, ageing and heritage. *Ageing & Society*, **17**, 6, 629–48.
- Blaikie, A. 2005. Imagined landscapes of age and identity. In Andrews, G.J. and Phillips, D.R. (eds) *Ageing and Place: Perspectives, Policy, Practice*. Routledge, London, 164–76.
- Blakemore, K. 1999. International migration in later life: social care and policy implications. *Ageing & Society*, **19**, 6, 761–74.
- Bordone, V. 2009. Contact and proximity of older people to their adult children: a comparison between Italy and Sweden. *Population, Space and Place*, **15**, 4, 359–80.
- Brittain, K., Corner, L., Robinson, L. and Bond, J. 2010. Ageing in place and technologies of place: the lived experience of people with dementia in changing social, physical and technological environments. *Sociology of Health and Illness*, **32**, 2, 272–87.
- Bryant, C. and Joseph, A.E. 2001. Canada’s rural population: trends in space and implications in place. *Canadian Geographer*, **45**, 1, 132–7.
- Bures, R. 1997. Migration and the life course: is there a retirement transition? *International Journal of Population Geography*, **3**, 2, 109–19.
- Cadman, L. 2009. Nonrepresentational theory/non-representational geographies. In Kitchen, R. and Thrift, N. (eds) *International Encyclopaedia of Human Geography*. Elsevier, Amsterdam, P1–8.
- Cartier, C. 2003. From home to hospital and back again: economic restructuring, end of life, and the gendered problems of place-switching health services. *Social Science and Medicine*, **56**, 11, 2289–301.

- Chalmers, A. I. and Joseph, A. E. 1998. Rural change and the elderly in rural places: commentaries from New Zealand. *Journal of Rural Studies*, **14**, 2, 155–65.
- Cloke, P., Philo, C. and Sadler, D. 1991. *Approaching Human Geography: An Introduction to Contemporary Theoretical Debates*. Guildford Press, London.
- Cloutier-Fisher, D. and Joseph, A. E. 2000. Long-term care restructuring in rural Ontario: retrieving community service user and provider narratives. *Social Science and Medicine*, **50**, 7/8, 1037–45.
- Conradson, D. 2005. Landscape, care and the relational self: therapeutic encounters in rural England. *Health and Place*, **11**, 4, 337–48.
- Conradson, D. 2007. Freedom, space and perspective: moving encounters with other ecologies. In Davidson, J., Bondi, L. and Smith, M. (eds) *Emotional Geographies*. Ashgate, Aldershot, UK, 103–17.
- Conradson, D. and Latham, A. 2007. The affective possibilities of London: Antipodean transnationals and the overseas experience. *Mobilities*, **2**, 2, 231–54.
- Coward, R. and Krout, J. 1998. *Aging in Rural Settings: Life Circumstances and Distinctive Features*. Springer, New York.
- Crag, M. 1998. *Cultural Geography*. Routledge, London.
- Crossley, N. 2011. *Towards Relational Sociology*. Routledge, London.
- Cummins, S., Curtis, S., Diez-Roux, A. V. and Macintyre, S. 2007. Understanding and representing ‘place’ in health research: a relational approach. *Social Science and Medicine*, **65**, 9, 1825–38.
- Cutchin, M. 2001. Deweyan integration: moving beyond place attachment in elderly migration theory. *The International Journal of Aging and Human Development*, **52**, 1, 29–44.
- Cutchin, M. 2003. The process of mediated aging-in-place: a theoretically and empirically based model. *Social Science and Medicine*, **57**, 6, 1077–90.
- Cutchin, M. 2005. Spaces for inquiry into the role of place for older people’s care. *International Journal of Older People Nursing*, **14**, 8, 121–9.
- Cutchin, M. 2007. Therapeutic landscapes for older people: commodification, liminality and ambiguity. In Williams, A. (ed.), *Therapeutic Landscapes*. Ashgate, Aldershot, UK, 181–90.
- Cutchin, M. 2009. Geographical gerontology: new contributions and spaces for development. *The Gerontologist*, **49**, 3, 440–4.
- Darling, J. 2009. Thinking beyond place: the responsibilities of a relational spatial politics. *Geography Compass*, **3**, 5, 1938–54.
- Davidson, J., Bondi, L. and Smith, M. (eds) 2005. *Emotional Geographies*. Ashgate, Farnham, UK.
- Davies, A. and James, A. 2011. *Geographies of Ageing: Social Processes and the Spatial Unevenness of Population Ageing*. Ashgate, Farnham, UK.
- Del Casino, V. J. 2009. Ageing and the ‘new’ social geographies of older people. In *Social Geography: A Critical Introduction*. Wiley-Blackwell, Chichester, UK, 238–63.
- Deleuze, G. 1988. *Spinoza: Practical Philosophy*. City Lights Books, San Francisco.
- Deleuze, G. 1995. *Negotiations*. Columbia University Press, New York.
- Deleuze, G. and Guattari, F. 2004a. *Anti-Oedipus: Capitalism and Schizophrenia*. Continuum, London.
- Deleuze, G. and Guattari, F. 2004b. *A Thousand Plateaus: Capitalism and Schizophrenia*. Continuum, London.
- Donati, P. 2011. *Relational Sociology: A New Paradigm for the Social Sciences*. Routledge, London.
- Dyck, I., Kontos, P., Angus, J., McKeever, P. and Poland, B. 2005. The home as a site of long-term care: meanings and management of bodies and spaces. *Health and Place*, **11**, 2, 173–85.

- Edmonton Seniors Coordinating Council 2011. *Age-friendly Edmonton Action Plan*. Edmonton Seniors Coordinating Council, Edmonton, Canada.
- Everitt, J. and Gfellner, B. 1996. Elderly mobility in a rural area: the example of southwest Manitoba. *Canadian Geographer*, **40**, 4, 338–51.
- Findlay, R. A. 2003. Interventions to reduce social isolation amongst older people: where is the evidence? *Ageing and Society*, **23**, 5, 647–58.
- Fisher, B.J. and Finkelstein, M. S. 1999. The gerontology practicum as service learning. *Educational Gerontology*, **25**, 5, 393–409.
- Ford, R. G. and Smith, G. C. 1995. Spatial and structural change in institutional care for the elderly in south-east England, 1987–1990. *Environment and Planning A*, **27**, 2, 225–48.
- Ford, R. G. and Smith, G. C. 2008. Geographical and structural change in nursing care provision for older people in England 1993–2001. *Geoforum*, **39**, 1, 489–98.
- Gant, R. 1997. Elderly people, personal mobility and local environment: an opportunity for fieldwork. *Geography*, **82**, 3, 207–17.
- Gesler, W. M., Hartwell, S., Ricketts, T. C. and Rosenberg, M. W. 1992. Introduction. In Gesler, W. M., Ricketts, T. C. and Rosenberg, M. W. (eds), *Health in Rural North America: The Geography of Health Care Services and Delivery*. Rutgers University Press, New Brunswick, New Jersey, 1–22.
- Gieryn, T. F. 2000. A space for place in sociology. *Annual Review of Sociology*, **26**, 1, 463–96.
- Gilleard, C., Hyde, M. and Higgs, P. 2007. The impact of age, place, aging in place, and attachment to place on the well-being of the over 50s in England. *Research on Aging*, **29**, 6, 590–605.
- Gitlin, L. 2003. Conducting research on home environments: lessons learned and new directions. *The Gerontologist*, **43**, 5, 628–37.
- Glasgow, N. 2000. Rural/urban patterns of aging and caregiving in the United States. *Journal of Family Issues*, **21**, 5, 611–31.
- Golant, S. M. 1972. *The Residential Location and Spatial Behaviour of the Elderly*. University of Chicago, Chicago.
- Golant, S. M. 1984a. The geographical literature on aging and old age: an introduction. *Urban Geography*, **5**, 3, 262–72.
- Golant, S. M. 1984b. *A Place to Grow: The Meaning of Environment in Old Age*. Columbia University Press, Columbia, Missouri.
- Golant, S. M. 2003. Conceptualizing time and behavior in environmental gerontology: a pair of old issues deserving new thought. *The Gerontologist*, **43**, 5, 638–48.
- Grenier, A. 2005. The contextual and social locations of older women's experiences of disability and decline. *Journal of Aging Studies*, **19**, 2, 131–46.
- Gustafson, P. 2001. Retirement migration and transnational lifestyles. *Ageing & Society*, **21**, 4, 371–394.
- Haberkorn, G. 2002. Ageing in rural and regional Australia. *Rural America*, **17**, 3, 32–9.
- Hallman, B. C. and Joseph, A. E. 1999. Getting there: mapping the gendered geography of caregiving to elderly relatives. *Canadian Journal on Aging*, **18**, 4, 397–414.
- Hanlon, N. and Halseth, G. 2005. The greying of resource communities in northern British Columbia: implications for health care delivery in already-underserved communities. *Canadian Geographer*, **49**, 1, 1–24.
- Harper, S. 2006. Addressing the implications of global ageing. *Journal of Population Research*, **23**, 2, 205–23.
- Harper, S. and Laws, G. 1995. Rethinking the geography of ageing. *Progress in Human Geography*, **19**, 2, 199–221.

- Heleniak, T. 2003. Geographic aspects of population ageing in the Russian Federation. *Eurasian Geography and Economics*, **44**, 5, 325–47.
- Hess Brown, L. and Roodin, P. A. 2001. Service-learning in gerontology: an out-of-classroom experience. *Educational Gerontology*, **27**, 1, 89–103.
- Hockey, J., Penhale, B. and Sibley, D. 2001. Landscapes of loss: spaces of memory, times of bereavement. *Ageing & Society*, **21**, 6, 739–57.
- Hodge, G. 2008. *The Geography of Aging: Preparing Communities for the Surge in Seniors*. McGill-Queen's University Press, Montreal, Canada.
- Hoening, H., Pieper, C., Zolkewitz, M., Schenkman, M. and Branch, L. G. 2002. Wheelchair users are not necessarily wheelchair bound. *Journal of the American Geriatrics Society*, **50**, 4, 645–54.
- Hopkins, N. and Dixon, J. 2006. Space, place and identity: issues for political psychology. *Political Psychology*, **27**, 2, 173–85.
- Hopkins, P. and Pain, R. 2007. Geographies of age: thinking relationally. *Area*, **39**, 3, 287–94.
- Johansson, K., Josephsson, S. and Lilja, M. 2009. Creating possibilities for action in the presence of environmental barriers in the process of 'ageing in place'. *Ageing & Society*, **29**, 1, 49–70.
- Jones, M. 2009. Phase space: geography, relational thinking, and beyond. *Progress in Human Geography*, **33**, 4, 487–506.
- Joseph, A. E. and Hallman, B. C. 1996. Caught in the triangle: the influence of home, work, and elder location on work–family balance. *Canadian Journal on Aging*, **15**, 3, 392–412.
- Joseph, A. E. and Hallman, B. C. 1998. Over the hill and far away: distance as a barrier to the provision of assistance to elderly relatives. *Social Science and Medicine*, **46**, 631–9.
- Katz, S. and McHugh, K. E. 2010. Age, meaning, and place: cultural narratives and retirement communities. In Cole, T. R., Ray, R. and Kastenbaum, R. (eds), *A Guide to Humanistic Studies in Aging*. Johns Hopkins University Press, Baltimore, Maryland, 260–74.
- Kearns, R. A. 1993. Place and health: towards a reformed medical geography. *The Professional Geographer* **45**, 2, 139–47.
- Kearns, R. A. and Andrews, G. J. 2005. Placing ageing: positionings in the study of older people. In Andrews, G. J. and Phillips, D. R. (eds), *Ageing and Place: Perspectives, Policy, Practice*. Routledge, London, 13–24.
- Keating, N. (ed.) 2008. *Rural Aging: A Place to Grow Old*. Policy Press, London.
- Keiko, N., Takehito, T. and Chiemi, A. 1999. The effectiveness of Videophones in home healthcare for the elderly. *Medical Care*, **37**, 2, 117–25.
- Kendig, H. 2003. Directions in environmental gerontology: a multidisciplinary field. *The Gerontologist*, **43**, 5, 611–4.
- King, R., Warnes, T. and Williams, A. 2000. *Sunset Lives: British Retirement Migration to the Mediterranean*. Berg, Oxford.
- Kinsella, K. and Velkoff, V. A. 2001. *An Aging World: 2001*. US Census Bureau, Series P95/01-1, US Government Printing Office, Washington DC.
- Kitchin, R., Blades, M. and Colledge, R. G. 1997. Relations between psychology and geography. *Environment and Behavior*, **29**, 4, 554–73.
- Knight, C., Haslam, S. A., Haslam, C. 2010. In home or at home? How collective decision making in a new care facility enhances social interaction and wellbeing amongst older adults. *Ageing & Society*, **30**, 8, 1393–418.
- Knodel, J. 1999. The demography of Asian ageing: past accomplishments and future challenges. *Asia-Pacific Population Journal*, **14**, 4, 39–56.

- Kontos, P. 1998. Resisting institutionalization: constructing old age and negotiating home. *Journal of Aging Studies*, **12**, 2, 167–84.
- Kontos, P. 2004. Ethnographic reflections on selfhood, embodiment and Alzheimer's disease. *Ageing & Society*, **24**, 6, 829–49.
- Kontos, P. C. and Naglie, G. 2009. Tacit knowledge of caring and embodied selfhood. *Sociology of Health & Illness*, **31**, 5, 688–704.
- Kreager, P. 2006. Migration, social structure and old-age support networks: a comparison of three Indonesian communities. *Ageing & Society* **26**, 1, 37–60.
- Kropf, N. P. and Grigsby, K. 1999. Telemedicine for older adults. *Home Health Care Services Quarterly*, **17**, 4, 1–11.
- Kuder, L., Beaulieu, J. and Rowles, G. 2001. State and local initiatives and research questions for rural long-term care models. *The Journal of Applied Gerontology*, **20**, 4, 471–9.
- Law, C. M. and Warnes, A. M. 1976. The changing geography of elderly in England and Wales. *Transactions of the Institute of British Geographers*, **1**, 4, 453–71.
- Laws, G. 1993. 'The land of old age': society's changing attitudes toward urban built environments for elderly people. *Annals of the Association of American Geographers*, **83**, 4, 672–93.
- Laws, G. 1995. Embodiment and emplacement: identities, representation and landscape in Sun City retirement communities. *International Journal of Aging and Human Development*, **40**, 2, 253–80.
- Lawton, M. P. 1980. *Environment and Ageing*. Brooks/Cole Publishing Company, Monterey, California.
- Lawton, M. P. 1983. Environmental and other determinants of well-being in older people. *The Gerontologist*, **23**, 4, 349–57.
- Lawton, M. P. 1985. The elderly in context: perspectives from environmental psychology and gerontology. *Environment and Behavior*, **17**, 4, 501–19.
- Lawton, M. P. 1990. Residential environment and self-directedness among older people. *American Psychologist*, **45**, 5, 638–40.
- Lawton, M. P. and Nahemow, L. 1973. Ecology and the aging process. In Eisdorfer, C. and Lawton, M. P. (eds), *Psychology of Adult Development and Aging*. American Psychological Association, Washington DC, 657–68.
- Lin, G. and Rogerson, P. A. 1995. Elderly parents and the geographic availability of their adult children. *Research on Aging*, **17**, 3, 303–32.
- Lorimer, H. 2005. Cultural geography: the busyness of being 'more-than-representational'. *Progress in Human Geography* **29**, 1, 83–94.
- Lorimer, H. 2008. Cultural geography: nonrepresentational conditions and concerns. *Progress in Human Geography*, **32**, 4, 551–9.
- Lui, C., Everingham, J., Warburton, J., Cuthill, M. and Bartlett, H. 2009. What makes a community age-friendly: a review of international literature. *Australasian Journal on Ageing*, **28**, 3, 116–21.
- Mansvelt, J. 1997. Working at leisure: critical geographies of ageing. *Area*, **29**, 4, 289–98.
- Marston, S., Jones, J. P. and Woodward, K. 2005. Human geography without scale. *Transactions of the Institute of British Geographers*, **30**, 4, 416–32.
- Martin, G. P., Nancarrow, S. A., Parker, H., Phelps, K. and Regen, E. 2005. Place, policy and practitioners: on rehabilitation, independence and the therapeutic landscapes in the changing geography of care provision to older people in the UK. *Social Science and Medicine*, **61**, 9, 1893–904.
- Massey, D. 1991. A global sense of place. *Marxism Today*, 24–9.
- Massey, D. 2004. Geographies of responsibility. *Geografiska Annaler: Series B, Human Geography*, **86**, 1, 5–18.

- Massey, D. 2005. *For Space*. Sage, London.
- McCann, E. 2010. Urban policy mobilities and global circuits of knowledge: towards a research agenda. *Annals of the Association of American Geographers*, **101**, 1, 107–30.
- McCann, E. and Ward, K. 2011. *Mobile Urbanism: Cities and Policymaking in the Global Age*. University of Minnesota Press, Minneapolis, Minnesota.
- McCormack, D. 2008. Geographies for moving bodies: thinking, dancing, spaces. *Geography Compass*, **2**, 6, 1822–36.
- McHugh, K. E. 2000. The ‘ageless self’? Emplacement of identities in sun belt retirement communities. *Journal of Aging Studies*, **14**, 1, 103–15.
- McHugh, K. E. 2003. Three faces of ageism: society, image and place. *Ageing & Society*, **23**, 2, 165–85.
- McHugh, K. E. and Larson-Keagy, E. M. 2005. These white walls: the dialectic of retirement communities. *Journal of Aging Studies*, **19**, 2, 241–56.
- McHugh, K. E. and Mings, R. C. 1996. The circle of migration: attachment to place in aging. *Annals of the Association of American Geographers*, **86**, 3, 530–50.
- Milligan, C. 2000. Bearing the burden: towards a restructured geography of caring. *Area*, **32**, 1, 49–58.
- Milligan, C. 2003. Location or dis-location: from community to long term care – the caring experience. *Social & Cultural Geography*, **4**, 4, 455–70.
- Milligan, C. 2005. From home to ‘home’: situating emotions within the care-giving experience. *Environment and Planning A*, **37**, 12, 2105–20.
- Milligan, C. 2009. *There’s No Place Like Home: People, Place and Care in an Ageing Society*. Ashgate, Aldershot, UK.
- Milligan, C., Roberts, C. and Mort, M. 2011. Telecare and older people: who cares where? *Social Science and Medicine*, **72**, 3, 347–54.
- Milligan, C. and Wiles, J. 2010. Landscapes of care. *Progress in Human Geography*, **34**, 6, 736–54.
- Moore, E. G. and Pacey, M. A. 2004. Geographic dimensions of aging in Canada, 1991–2001. *Canadian Journal on Aging*, **23**, 1, 5–21.
- Moore, E. G. and Rosenberg, M. W. 2001. Canada’s elderly population: the challenges of diversity. *The Canadian Geographer*, **45**, 1, 145–50.
- Moore, E. G., Rosenberg, M. W. and McGuinness, D. 1997. *Growing Old in Canada: Demographic and Geographic Perspectives*. Statistics Canada and ITP Nelson, Ottawa.
- Mowl, G., Pain, R. and Talbot, C. 2005. The ageing body and the homespace. *Area*, **32**, 2, 289–97.
- Nemet, G. F. and Bailey, A. J. 2000. Distance and health care utilization among the rural elderly. *Social Science and Medicine*, **50**, 9, 1197–208.
- Newbold, K. B. 2008. Interprovincial migration and retirement income transfers among Canada’s older population: 1996–2001. *Environment and Planning A*, **40**, 6, 1501–6.
- Pain, R., Mowl, G. and Talbot, C. 2000. Difference and the negotiation of ‘old age’. *Environment and Planning D*, **18**, 3, 377–93.
- Patchett, M. 2010. A rough guide to non-representational theory. Part of Putting animals on display: geographies of taxidermy practice. PhD thesis, University of Glasgow, Glasgow, UK.
- Peace, S., Holland, C., and Kellaher, L. 2006. *Environment and Identity in Later Life*. Open University Press, Maidenhead, UK.
- Phillips, D. R. (ed.) 2000. *Ageing in the Asia-Pacific Region*. Routledge, London.
- Phillips, D. R. and Vincent, J. 1986. Private residential accommodation for the elderly: geographical aspects of developments in Devon. *Transactions of the Institute of British Geographers*, **11**, 2, 155–73.

- Phillips, D. R. and Vincent, J. 1988. Privatising residential care: the geography of developments in Devon, England. *Social Science and Medicine*, **26**, 1, 37–47.
- Phillips, D. R., Vincent, J. and Blacksell, S. 1987. Spatial concentration of residential homes for the elderly: planning responses and dilemmas. *Transactions of the Institute of British Geographers*, **12**, 1, 73–83.
- Phillips, D. R. and Yeh, G. A. 1999. *Environment and Ageing: Environmental Policy, Planning and Design for Elderly People in Hong Kong*. Centre of Urban Planning and Environmental Management, University of Hong Kong, Hong Kong.
- Phillipson, C. 2004. Urbanization and ageing: towards a new environmental gerontology. *Ageing & Society*, **24**, 6, 963–72.
- Phillipson, C. and Scharf, T. 2005. Rural and urban perspectives on growing old: developing a new research agenda. *European Journal of Ageing*, **2**, 2, 67–75.
- Pickle, L. W., Mungiole, M., Jones, G. K. and White, A. A. 1996. *Atlas of United States Mortality*. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.
- Pile, S. 2010. Emotions and affect in recent human geography. *Transactions of the Institute of British Geographers*, **35**, 1, 5–20.
- Plouffe, L. and Kalache, A. 2010. Towards global age-friendly cities: determining urban features that promote active aging. *Journal of Urban Health*, **87**, 5, 733–9.
- Relph, E. 1976. *Place and Placelessness*. Pion, London.
- Ricketts, T. C., Johnson-Webb, K. D. and Randolph, R. K. 1999. Populations and places in rural America. In Ricketts, T. C. (ed.), *Rural Health in the United States*. Oxford University Press, New York, 7–24.
- Rogerson, P. A., Burr, J. A. and Lin, G. 1998. Changes in geographic proximity between parents and their adult children. *International Journal of Population Geography*, **3**, 2, 121–36.
- Rosel, N. 2003. Aging-in-place: knowing where you are. *International Journal of Aging and Human Development*, **57**, 1, 77–90.
- Rosenberg, M. and Everitt, J. 2001. Planning for aging populations: inside or outside the walls. *Progress in Planning*, **56**, 3, 119–68.
- Rosenberg, M. W., Moore, E. G. and Ball, S. B. 1989. Components of change in the spatial distribution of the elderly population in Ontario, 1976–1986. *Canadian Geographer* **33**, 3, 218–29.
- Rosenbloom, S. 2001. Driving cessation among older people: when does it happen and what impact does it have? *Transportation Research Record*, **1779**, 13, 93–9.
- Rosenthal-Gelman, C. 2012. Transformative learning: first year MSW students' reactions to, and experience in, Gerontological Field Placements. *Educational Gerontology*, **38**, 1, 56–69.
- Rowles, G. D. 1978. *Prisoners of Space? Exploring the Geographical Experience of Older People*. Westview, Boulder, Colorado.
- Rowles, G. D. 1981. The surveillance zone as meaningful space for the aged. *The Gerontologist*, **21**, 3, 304–11.
- Rowles, G. D. 1986. The geography of ageing and the aged: towards an integrated perspective. *Progress in Human Geography*, **10**, 1, 511–39.
- Rowles, G. D. 2000. Habituation and being in place. *The Occupational Therapy Journal of Research*, **20**, 1, 52S–67S.
- Rowles, G. D. and Ravdal, H. 2002. Aging, place and meaning in the face of changing circumstances. In Weiss, R. and Bass, S. (eds), *Challenges of the Third Age: Meaning and Purpose in Later Life*. Oxford University Press, New York, 81–114.
- Rowles, G. D. and Watkins, J. F. 2003. History, habit heart and hearth: on making spaces into places. In Schaie, K. W., Wahl, H. W., Mollenkopf, H. and Oswald, F.

- (eds), *Aging Independently: Living Arrangements and Mobility*. Springer Publishing Company, New York, 77–96.
- Rudzitis, G. 1984. Geographical research and gerontology: an overview. *The Gerontologist*, **24**, 536–42.
- Russell, C., Campbell, A. and Hughes, I. 2008 Ageing, social capital and the Internet: findings from an exploratory study of Australian ‘silver surfers’. *Australasian Journal on Ageing*, **27**, 2, 78–82.
- Scharf, T. and de Jong Gierveld, J. 2008. Loneliness in urban neighbourhoods: an Anglo-Dutch comparison. *European Journal of Ageing*, **5**, 2, 103–15.
- Shelton, N. and Grundy, E. 2000. Proximity of adult children to their parents in Great Britain. *International Journal of Population Geography*, **6**, 3, 181–95.
- Skinner, M. W. and Joseph, A. E. 2011. Placing voluntarism within evolving spaces of care in ageing rural communities. *GeoJournal*, **76**, 2, 151–62.
- Skinner, M. W., Yantzi, N. M. and Rosenberg, M. W. 2009. Neither rain nor hail nor sleet nor snow: provider perspectives on the challenges of weather for home and community care. *Social Science and Medicine*, **68**, 4, 682–8.
- Simpson, P. 2010. Ecologies of street performance: bodies, affects, politics. Unpublished PhD thesis, University of Bristol, Bristol, UK.
- Sixsmith, J. and Sixsmith, A. 1993. Older people, driving and new technology. *Applied Ergonomics*, **24**, 1, 40–3.
- Smith, A. E. 2009. *Ageing in Urban Neighbourhoods: Place Attachment and Social Exclusion*. The Policy Press, London.
- Smith, G. 1998. Geographic separation and patterns of social interaction between residents of senior citizen apartment buildings and their adult children. *The Canadian Geographer*, **42**, 2, 145–58.
- Smith, G. C. and Ford, R. G. 1998. Geographical change in residential care provision for the elderly in England, 1988–1993. *Health and Place*, **4**, 1, 15–31.
- Stalvey, B. T., Owsley, C., Sloane, M. E. and Ball, K. 1999. The Life Space Questionnaire: a measure of the extent of mobility of older adults. *Journal of Applied Gerontology*, **18**, 4, 460–78.
- Sunil, T. S., Rojas, V. and Bradley, D. E. 2007. United States’ international retirement migration: the reasons for retiring to the environs of Lake Chapala, Mexico. *Ageing & Society*, **27**, 4, 489–510.
- Swenson, M. 1998. The meaning of home to five elderly women. *Health Care for Women International*, **19**, 5, 381–93.
- Teo, P. 1997. Space to grow old in: the availability of public spaces for elderly persons in Singapore. *Urban Studies*, **34**, 3, 419–39.
- Thien, D. 2005. After or beyond feeling? A consideration of affect and emotion in geography. *Area*, **37**, 4, 450–6.
- Thrift, N. 1997. The still point: resistance, expressive embodiment and dance. In Pile, S. and Keith, M. (eds), *Geographies of Resistance*. Routledge, London, 124–51.
- Thrift, N. 2004. Intensities of feeling: towards a spatial politics of affect. *Geografiska Annaler B*, **86**, 1, 57–78.
- Thrift, N. 2007. *Non-representational Theory: Space, Politics, Affect*. Routledge, London.
- Thrift, N. 2010. Slowing down race. *Environment and Planning A*, **42**, 10, 2428–30.
- Tuan, Y. F. 1976. Humanistic geography. *Annals of the Association of American Geographers*, **66**, 2, 266–76.
- Tuan, Y. F. 1977. *Space and Place: The Perspective of Experience*. Edward Arnold, London.
- Valentine, G. 2001. *Social Geographies: Space and Society*. Addison-Wesley Longman, New York.
- Victor, C. 1996. Old age in the inner city: an analysis of data from over 75 GP screening assessments. *Health and Place*, **2**, 4, 221–7.

- Victor, C., Scambler, S., Bond, J. and Bowling, A. 2000. Being alone in later life: loneliness, social isolation and living alone. *Reviews in Clinical Gerontology*, **10**, 4, 407–17.
- Wahl, H. W. and Oswald, F. 2010. Environmental perspectives on aging. In Dannefer, D. and Phillipson, C. (eds), *The Sage Handbook of Social Gerontology*. Sage, Thousand Oaks, California, 111–25.
- Wahl, H. W. and Wiesman, G. D. 2003. Environmental gerontology at the beginning of the new millennium: reflections on its historical, empirical, and theoretical development. *The Gerontologist*, **43**, 5, 616–27.
- Walsh, K. and Gannon, B. 2011. Perceived neighbourhood context, disability onset and old age. *The Journal of Socio-Economics*, **40**, 5, 631–6.
- Walsh, K. and O'Shea, E. 2008. Responding to rural social care needs: older people empowering themselves, others and their community. *Health and Place*, **14**, 4, 795–803.
- Walsh, K. and O'Shea, E. 2010. Marginalised care: migrant workers caring for older people in Ireland. *Journal of Population Ageing*, **3**, 1/2, 17–37.
- Walsh, K., O'Shea, E. and Scharf, T. 2012. *Social Exclusion and Ageing in Diverse Rural Communities: Findings of a Cross Border Study in Ireland and Northern Ireland*. Irish Centre for Social Gerontology, National University of Ireland, Galway, Ireland.
- Warf, B. and Arias, S. 2009. *The Spatial Turn: Interdisciplinary Perspectives*. Routledge, London.
- Warnes, A. M. 1981. Towards a geographical contribution to gerontology. *Progress in Human Geography*, **5**, 2, 317–41.
- Warnes, A. (ed.) 1982. *Geographical Perspectives on the Elderly*. Wiley, Chichester, UK.
- Warnes, A. M. 1990. Geographical questions in gerontology: needed directions for research. *Progress in Human Geography*, **14**, 1, 24–56.
- Warnes, A. M. 1999. UK and western European late-age mortality: trends in cause-specific death rates, 1960–1990. *Health and Place*, **5**, 1, 111–8.
- Warnes, A. M. and Law, C. M. 1984. The elderly population of Great Britain: locational trends and policy implications. *Transactions of the Institute of British Geographers*, **9**, 1, 37–59.
- Warnes, A. M. and Williams, A. 2006. Older migrants in Europe: a new focus for migration studies. *Journal of Ethnic and Migration Studies*, **32**, 8, 1257–81.
- Wiles, J. L. 2003a. Daily geographies of caregivers: mobility, routine, scale. *Social Science and Medicine*, **57**, 7, 1307–25.
- Wiles, J. L. 2003b. Informal caregivers' experiences of formal support in a changing context. *Health and Social Care in the Community*, **11**, 3, 189–207.
- Wiles, J. L. 2005a. Conceptualising place in the care of older people: the contributions of geographical gerontology. *International Journal of Older People Nursing*, **14**, S2, 121–9.
- Wiles, J. 2005b. Home as a new site of care provision and consumption. In Andrews, G. J. and Phillips, D. R. (eds), *Ageing and Place: Perspectives, Policy, Practice*. Routledge, London, 79–97.
- Wiles, J. L., Allen, R., Palmer, A. J., Hayman, K. J., Keeling, S. and Kerse, N. 2009. Older people and their social spaces: a study of well-being and attachment to place in Aotearoa New Zealand. *Social Science and Medicine*, **68**, 4, 664–71.
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J. and Allen, R. E. S. 2012a. The meaning of 'ageing in place' to older people. *The Gerontologist*. Published online 7 October 2011, doi: 10.1093/geront/gnrog8.
- Wiles, J. L., Wild, K., Kerse, N. and Allen, R. 2012b. Resilience from the point of view of older people: 'there's still life beyond a funny knee'. *Social Science and Medicine*, **74**, 3, 416–24.

- Woodward, K. and Lea, J. 2010. Geographies of affect. In Smith S. J., Marston, S. A. and Jones, J. P. (eds), *The Sage Handbook of Social Geographies*. Sage, London, 154–75.
- World Health Organization (WHO) 1998. *World Atlas of Ageing*. WHO Centre for Health Development, Kobe, Japan.
- World Health Organization (WHO) 2002. *Life Tables for 191 Countries: World Mortality in 2000*. Available online at <http://www3.who.int/whosis/>. Accessed October 14th 2011.
- World Health Organization (WHO) 2007a. *Global Age-friendly Cities: A Guide*. WHO, Geneva.
- World Health Organization (WHO) 2007b. *Checklist of Essential Features of Age-friendly Cities*. WHO, Geneva.
- Yiannakoulis, N., Rowe, B. H., Svenson, L. W., Schopflocher, D. P., Kelly, K. and Voaklander, D. C. 2003. Zones of prevention: the geography of fall injuries in the elderly. *Social Science and Medicine*, **57**, 11, 2065–73.

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