



The emotional overlay: Older person and carer perspectives on negotiating aging and care in rural Ontario

Rachel V. Herron ^{a,*}, Mark W. Skinner ^b

^a Department of Geography, Queen's University, Mackintosh-Corry Hall, Kingston, Ontario, Canada K7L 3N6

^b Trent University, Peterborough, Ontario, Canada

ARTICLE INFO

Article history:

Available online 16 October 2012

Keywords:

Canada
Care ethics
Emotional geographies
Rural aging
Scales of care

ABSTRACT

This paper extends the burgeoning interest in emotion, health and place by investigating the emotionally complex experiences of aging and care in rural settings. Featuring a thematic analysis of 44 semi-structured interviews and two focus groups with older people and their carers in rural Ontario (Canada) we examine the importance and implications of emotions within and across multiple scales at which care relationships, expectations and responsibilities are negotiated. With the aim of broadening the discussion surrounding geographical dimensions of ethical care, our approach draws on feminist care ethics to understand the multifaceted ways in which emotions shape and are shaped by experiences of aging and caring at the interpersonal, household and community scales. The findings reveal how emotions are central, yet often-overlooked and even hidden within care relationships among older rural people and their carers. We argue that ethical care is contingent on recognizing and valuing the situated emotions involved in doing care work, sustaining care relationships and asking for care. In doing so, we demonstrate how qualitative research on the emotional geographies of care can contribute to the development of informed policies that are contextually sensitive and, ultimately, have the potential to build more ethical rural conditions of care.

© 2012 Elsevier Ltd. All rights reserved.

Introduction

Although emotions have always had a place within narratives about care, recent years have witnessed a considerable increase in recognition of the role of emotions in individual health, issues of care and social justice more broadly (Davidson, 2007; Milligan, 2005; Wright, 2010). This recognition has propelled the proliferation of work on the emotional geographies of care shedding light on its complexity in time and space (Atkinson, Lawson, & Wiles, 2011; Milligan & Wiles, 2010). In this paper, we extend the growing interest in emotion, health and place and its implications for social justice by focusing on the emotionally complex negotiation of aging and care in rural settings. Specifically, we draw on feminist 'care ethics' to elucidate the significance of emotions in rural aging and discuss their implications within and across multiple scales at which care relationships, expectations and responsibilities are negotiated. Our aim is to make visible the often-overlooked emotional experiences of older rural people and their carers, and to reveal the unjust conditions of care within the rural context. In

doing so, we seek to contribute to the growing number of responses in the media, political debates and academic journals that reflect on the "problems and possibilities" of informal care for older people and their carers (Cox, 2011, p. 113).

Our interest in rural care follows developments within the multi-disciplinary rural aging literature that identify older people in rural areas as a rapidly-growing, marginalized and vulnerable population (Chalmers & Joseph, 2006). The latter characterization reflects the intersection of longstanding service deficits in many rural areas with broader processes of social, economic, political and technological change transforming rural places internationally (Halseth, Markey, Reimer, & Mason, 2010). For instance in the Canadian context, trends of rural out-migration and the aging-in-place of elderly rural residents have left proportionately more older people in rural areas, who are aging in their homes with fewer and less proximate formal health and social supports than their urban counterparts (Williams & Kulig, 2011). Within this literature, it is becoming clear that individual experiences of aging vary and so do formal and informal networks of care (see contributions to Andrews & Phillips, 2005; Keating, 2008); yet, the situated individual, family and community experiences of aging and caring in different rural contexts remain relatively under-researched (Joseph & Skinner, *in press*). Even less attention has been directed to the

* Corresponding author. Tel.: +1 613 533 6000x75279; fax: +1 613 533 6122.
E-mail address: 4rh11@queensu.ca (R.V. Herron).

role of emotions and the ethics of care in rural settings (for a notable exception see Parr, Philo, & Burns, 2004). While key studies highlight the diverse and various experiences of older people and carers (e.g., Dyck, Kontos, Angus, & McKeever, 2005; Wiles, Leibing, Guberman, Reeve, & Allen, 2012), what is missing is an in-depth study of the experiences of older people and their carers, together, in the rural context.

With particular attention to the importance of emotion, we address this gap through a qualitative case study of aging and care in rural Ontario (Canada) that focuses on older person and carer experiences and perceptions of growing old and providing care in rural settings. The case study features a thematic analysis of 44 semi-structured interviews and two focus groups with older people and their carers in a rural region, the County of Peterborough (population 60,000), that typifies population change in non-metropolitan Canada with one-fifth of the population over 65 years of age. Guided by recent connections between emotional geographies and care ethics research, our analysis traces evident emotions within the participants' narratives at three different 'scales of care' (interpersonal, household and community) with the findings presented accordingly. We then discuss the implications of the findings as they relate to research and policy considerations of what constitutes ethical care for older rural people, and conclude with a commentary on future avenues for rural aging and care research. First, however, we begin by situating the paper within the evolving debates on care, emotion and ethics, and the context of rural aging in developed economies of Europe, North America and elsewhere.

Care, emotion and ethics

Evolving for the most part independent of one another, 'care ethics' and 'emotional geographies of care' have gained currency in a broad range of interdisciplinary literature within the health and social sciences (McEwan & Goodman, 2011). What connects them is the increasingly relational and political approach to understanding care within the social sciences (Lawson, 2007). Following Atkinson et al. (2011), it is important to view care relationally, shifting away from rigid definitions to examine its "nodes" and "flow" within family/friend relations (p. 563). Indeed, whether defined as a vocation, labor of love or act of citizenship, care cannot be separated from the relationships through which it occurs (Tronto, 1993). By focusing on care as a multifaceted, multi-site relationship, we can see how and where specific practices of care reinforce inequities associated with subject positions such as gender, class, race and ability (England, 2011). Such an approach raises necessary questions about the functions and connotations of care, which are often imbued with notions of dependency that can feel oppressive for both older people and carers alike (Bondi, 2008). To address these questions, Milligan and Wiles (2010) advocate the examination of care in terms of interdependency, reciprocity and multi-directionality rather than viewing it as a unidirectional activity from the care-giver to the care-receiver. In line with the growing body of work on the issues and opportunities of care, we seek here to examine rural experiences of aging and care, together, to disentangle the flow of emotions and their ethical implications within care relationships in particular settings (Cox, 2011).

Conceptually, we draw on developments in emotional geographies to guide our analysis of emotion in care with particular attention to the places and contexts of rural aging. At the core of this literature is the emotiospatial hermeneutic, wherein emotions can only be understood and carry meaning in relation to the contexts in which they occur (Davidson & Milligan, 2004). In regards to care, Dyck (2005) revealed how the emotion work of maintaining a care relationship needs greater attention, with

Milligan (2005) extending this idea by pointing out how emotions in care relationships are managed as embodied inner experiences that may remain internalized or be used in the affective performance of care, and Herron and Skinner (2012) provided an initial example of how these concepts can be applied within the context of rural care. Within this literature more broadly, there is also an increasing awareness that emotional boundaries, overlaps and connections, in a range of social settings, come together to produce feelings of justice and injustice (Wright, 2010).

Following the recognition that emotions can entrench and mobilize people in social and political acts, Lawson (2007) recently urged geographers, and other social scientists, to engage with care ethics to examine the ways in which relations of care are produced through emotion and the ways in which these relationships are themselves sites of power and contestation. Care ethics is an approach to working out (in)justice that begins by recognizing the social connections that enhance people's lives (Staeheli & Brown, 2003). Evolving from Gilligan's (1982) work on moral decision-making, care ethics recognizes the conflicts of responsibility that complicate ethical choices. Instead of focusing on abstract principles of liberal justice, such as universality, impartiality and rationality, care ethics examines the emotional logic and relationships that place competing demands on individuals as they seek to make just (or fair) decisions (Sevenhuijsen, 1998). Although differences exist between individuals and among sites of care, care ethics suggests that these differences can be negotiated to produce more just relationships (i.e., needs are recognized and met) through a narrative approach that is sensitive to context (Hankivsky, 2004). Tying these conceptual debates together, we view Hankivsky's (2004) argument for a greater understanding of 'contextual sensitivity' of care ethics as fundamental to the interpretation of emotions within aging and caring experiences.

A number of scholars have taken up the call to connect emotional geographies of care research with care ethics (Cox, 2011; England, 2011; McEwan & Goodman, 2011); however, as noted above limited attention has been drawn to the role of emotions and the ethics of care in rural settings (Parr et al., 2004). This is surprising given the disproportionate number of older rural people and the longstanding reliance on informal care in rural communities (Joseph & Cloutier-Fisher, 2005; Keating, 2008), which now face the challenge of caring for increasing numbers of older rural residents amid ongoing concerns about the implications of neoliberal welfare policy change (Halseth et al., 2010). Devolution, divestment and downloading of health and social care services to the community level, for instance, has exacerbated longstanding challenges associated with accessing formal care in rural areas while placing increasing pressure on family members and friends to fill in these gaps (Joseph & Cloutier-Fisher, 2005). These structural changes have taken effect at the same time as long-term population shifts in rural areas have come to a head: the out-migration of younger rural people seeking employment opportunities elsewhere, the in-migration of older retired people to rural areas and small towns, and the large number of older people that are choosing to age in place in their rural homes and communities (Joseph & Skinner, *in press*). Complicating these trends are the changing social geographies of the rural family, with a greater number of women (who provide the bulk of family/friend care) involved in paid employment outside the home, families spread across greater distances, smaller family sizes leaving fewer family members available to care, and the increasing prevalence of family breakdown negatively influencing family members' capacity to care (Williams & Kulig, 2011). Taken together, these structural and socio-demographic trends raise salient research and policy questions about the sustainability of care for older rural people, and it is against this backdrop of uncertainty about rural aging that we seek

Download English Version:

<https://daneshyari.com/en/article/7337279>

Download Persian Version:

<https://daneshyari.com/article/7337279>

[Daneshyari.com](https://daneshyari.com)