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Issue 3

**The Social Construction
of Boundaries:
Creating, Maintaining, Transcending,
and Reconstituting Boundaries**

by

Lisa-Jo K. van den Scott

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Lisa-Jo K. van den Scott

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Lisa-Jo K. van den Scott
Brock University, Canada

Introduction to the Special Issue

Qualitative Analysis Conference 2014: The Social Construction of Boundaries: Creating, Maintaining, Transcending, and Reconstituting Boundaries

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Lisa-Jo K. van den Scott is a postdoctoral fellow in the Department of Sociology, Research Studio for Narrative, Visual, and Digital Methods, Brock University, Canada. Her main interest is in a sociology of walls wherein she examines the experiences of space and place, identity, and knowledge transmission as intersectional and experienced in interaction with the walls and boundaries that shape how we move through our lives. She has worked with concepts of globalization among the Inuit through the lenses of Symbolic Interactionism and Science and Technology Studies, working with innovative qualitative and visual methodologies. She has published in *The Journal of Contemporary Ethnography*, *The American Behavioral Scientist*, *The Journal of Empirical Research on Human Research Ethics*, and *Sociology Compass*, in addition to several book chapters—all of which deal in some capacity with the relationship between people and the landscape of their lives; how they experience their everyday lives within their physical and social contexts, particularly in times of transition.

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Qualitative research in Canada has and is stretching into innovative methodologies and informing national dialogues around policy, research, and action. This is reflected in the research presented at the *Qualitative Analysis Conference*, which this special issue is based on. The conference, now in its 31st year, continues to foster and support qualitative research, across boundaries and disciplines. Providing an atmosphere of mentoring and support, both senior and junior researchers participate and interact throughout the sessions. Additionally, each year draws more international scholars to this remarkable conference. The community of qualitative researchers in Canada has no organizing body, no institutional guardianship over this conference. And yet, year to year, members of this community step up to volunteer their hard work and many hours organizing and keeping this unique conference as an ongoing feature of the Canadian Sociological landscape. It is a place to draw together great minds into dialogues which foster creative and new ideas, projects, and innovations.

This conference has also enjoyed generous funding support from the *Social Sciences and Humanities Research Council* (Canada's federal funding agency for post-secondary humanities and social sciences research and training), as well as numerous partnering universities from across Canada (see: www.qualitatives.ca for more information). I must pause to also acknowledge the dedication and hard work of the other organizers: Steven Kleinknecht, Carrie B. Sanders, and Antony J. Puddephatt.

This year we held a workshop on publishing, with a panel of international journal editors, along with sessions covering a broad range of topics on the conference theme of boundaries such as education, age, consciousness, identity, occupation, (dis)ability, parenting, space and place, health, gender, ethics, and research. In addition, for the first time, we had several sessions, which fostered and encouraged undergraduate participation in the conference experience, nurturing their future potential academic sides. Our featured speakers each approached the idea of boundaries from a different perspective. These included Michael Atkinson on boundary cultures in professional sport, Staci Newmahr on professional boundaries and symbolic interactionism, and Juha Tuunainen of the University of Helsinki, Finland, on disciplinary boundaries within academic departments. Our keynote speaker was Joan H. Fujimura on the ethnographic deconstruction of racialized genomic categories, who discussed the hardening boundaries of race categories by some geneticists and social scientists in contrast with others who argue that social race categories do not map onto any genetic categories.

The conference organizers heartily thank the editors of the *Qualitative Sociology Review* (QSR) for graciously

allowing their journal to highlight some of the papers from this conference, and I thank them for this space in which to honor how special this conference is, along with the participants who attend. Other special issues emerging from previous conference years include volume VIII, issue 1, and volume IX, issue 3. The editorial team has been supportive and generous with their expertise and time. QSR has become part of the cannon of qualitative research journals with an international reputation. The *Qualitative Sociology Review* remains committed to publishing important qualitative research from a wide range of perspectives, is completely free and open-access, and maintains solid standards of peer review. Indeed, this should be a model for other journals to follow in the growing future of electronically-mediated scholarly publishing.

This special issue includes a paper based on the featured talk, which Staci Newmahr delivered, a graduate student spotlight, and several papers from the regular sessions. While not all of these papers are directly about boundaries or theory around boundaries, they all engage on some level with the concept of boundaries and the roles that boundaries play (and are played with) in a variety of situations. I thank all those who submitted papers and increased the quality of the pool from which to choose (with difficulty) which papers to include.

The first paper is based on Staci Newmahr's featured talk, entitled "Fine Lines: Classifying, Framing, and Policing Symbolic Interaction." Newmahr takes a close look at how symbolic interactionists, and others, reflect their specific theoretical lens through the way scholars use verbs in the titles of their papers. She examines verbs which emphasize the role of the

researcher versus those which emphasize the experience of the participants as a key part of the answer to her oft repeated question “you might be a symbolic interactionist if...” This paper is delightfully playful and yet deeply insightful about the telling practices when we title our articles.

Next we turn a Graduate Student Spotlight onto Samantha Skinner’s paper “Mothering, Running, and the Renegotiation of Running Identity.” Skinner, an MA student, McMaster University, developed this paper from one originally written as an undergraduate thesis. In it, she identifies the ways in which the identity of “runner” and the identity of “mother” intersect and often interfere with each other. In questioning why fewer women run in the longer road races, despite their frequent presence in the shorter road races, she finds that mothers are redefining the boundary of what it means to be a “runner,” moving away from the traditional “disembodied runner” approach.

Following these highlights, we have five excellent papers, which emerged from conference presentations. First is Deborah K. van den Hoonaard’s paper, entitled “Constructing the Boundaries of Retirement for Baby-Boomer Women: Like Turning Off the Tap, or Is It?” Van den Hoonaard discussed the challenges and shifts in meaning around issues of retirement among older women. The baby-boomer women retiring today have had vastly different life experiences than women before. Van den Hoonaard finds that, when women retire, they navigate a number of key boundaries between full-time, paid and other work and between their own transitions and the transitions of others in their

lives. Developing a unique identity and finding new meaning as a retiree is a challenging process for baby-boomer women as they negotiate “lingering identities” to avoid crossing the identity boundary from professional to retired.

Second, Ninna Meier joined us from Denmark to present “Collaboration in Healthcare Through Boundary Work and Boundary Objects.” As she argues, in highly specialized, knowledge-intensive organizations, such as healthcare organizations, organizational, professional, and disciplinary boundaries mark the formal structure and division of work. Collaboration and coordination across these boundaries are essential to minimizing gaps in patient care, but also may be challenging to achieve in practice. Through her ethnographic study, Meier studies the negotiation of these boundaries in practice, on the ground, to see when these boundaries are reified and when they are more porous as health workers transmit vital information across disciplinary, ward, and hierarchical lines.

Third, Orlee Hauser’s paper, entitled “Maintaining Boundaries: Masculinizing Fatherhood in the Feminine Province of Parenting,” reveals the identity work fathers do to participate more actively in parenting while at the same time protecting their masculine identity. Those who fall into hegemonic notions of masculinity have few pre-existing father identities to choose from. Hauser argues that fathers actively masculinize their parenting in order to protect their masculine identities by stressing different areas of importance when it comes to parenting, such as adding masculine elements to their fathering activities, and by staying away from parenting activi-

ties that are generally marked by society as feminine. Her work shows that even when fathers share domestic labor, traditional gender roles often continue to influence how fathers frame their participation.

Fourth, Karen March tackles emotionally-charged adoption reunions in her paper, “Finding My Place: Birth Mothers Manage the Boundary Ambiguity of Adoption Reunion Contact.” When giving up a child for adoption, women must grapple with essentialist notions of motherhood. This influences adoption reunion outcomes. Collectively, the birth mothers perceived themselves to be the mothers of a child lost to them through adoption. Reunion contact, however, jeopardizes this perception when the adopted now-adults do not accept mothering overtures, not viewing their birth mothers as “mothers” in the essentialist definition. Continued contact means suppressing motherhood desires and identities and taking on a more peripheral or friend-like reunion role. March reveals the sometimes devastating challenges in adoption reunions with her sensitive and compassionate approach to her topic.

Finally, Lynne Gouliquer, Carmen Poulin, and Maryani Lesmana share with us “Mobility Boundaries Between Home, Community, and Beyond: Experiences of Exceptionally Old Adults Living in Eastern Canada.” With changing expectations around mobility, youthfulness, and aging, Gouliquer and colleagues delve into the lived expe-

rience of mobility for those over the age of 90 as they encounter mobility challenges in the face of a particularly neoliberal socio-economic political context. With the goals of reducing social boundaries and enhancing community mobility of older adults, based on the findings, Gouliquer and colleagues offer social policy recommendations from an interdisciplinary perspective including social and psychological aspects of mobility issues for the exceptionally old, reminding us to think of all different kinds of people in different stages of life when establishing even the most basic of services, such as public transit. They prompt us to recall the valuable assets found in the exceptionally old and I only hope that their findings influence my life experience should I be fortunate enough to reach the ages of their participants.

I must energetically and whole-heartedly thank the reviewers who made the time to advise and improve these papers, as well as the authors who, to a one, enthusiastically took up the comments of the reviewers and worked hard to produce papers not only fitting to the theme of this issue but also strong in style, methodology, readability, and variety. Thank you also to the editors at the *Qualitative Sociology Review*. I and the other organizers hope that this issue reveals the diverse nature of the *Qualitative Analysis Conference* and encourages readers to consider participating in future years.

Lisa-Jo K. van den Scott

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Staci Newmahr
SUNY Buffalo State, U.S.A.

Featured Talk

Fine Lines: Classifying, Framing, and Policing Symbolic Interaction

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A host of people have written about what and where symbolic interaction is, should be, and can and cannot do, including Carl Couch, Norman Denzin, Gary Alan Fine, Krzysztof Konecki, David Maines, Dmitri Shalin, and Sheldon Stryker, just to name a few. I am not going to make a case for what symbolic interaction is or what it needs to do, or whether the presence of a Mead, Cooley, or Blumer citation render a work interactionist, or whether Goffman should be considered a symbolic interac-

tionist. My aim today is to talk about the boundaries that are currently being drawn around, and to some extent within, the interactionist perspective.

My identity as a symbolic interactionist is important to me. And I am equally committed to my identity as an empiricist. So when I started to think about its boundaries, I turned first to the only journal devoted specifically to symbolic interaction, which is also the flagship journal of the Society for the Study of Symbolic Interaction. I perused every issue of *Symbolic Interaction* since its inception in 1978, as well as a good many abstracts and, of course, I read a bunch of articles in the process. And then, when I thought I had a sense of where symbolic interactionism, at least in name, has been, I did the same thing for the past fifteen years for *Qualitative Sociology* and *Qualitative Sociology Review*. As a check, I reviewed, though to a lesser extent, the titles of articles in *American Journal of Sociology*, *British Journal of Sociology*, *Journal of Contemporary Ethnography*, and *Ethnography*.

So this became a study, at least of sorts, of titles. It is a study of how we are fashioning ourselves in and through particular outlets, and how we might begin

to think about those fashionings. I noticed several things, including the predictable divisions around quantitative/qualitative and micro/macro. They may be lessening, but one could still probably map the field using these distinctions if one wanted. I did not, mostly because I generally favor a very inductive process, and so I followed what struck me most forcefully and clearly about the titles I was reading.

This led me, as inductive processes usually do, somewhere I did not expect to be. Rather than talk about the ways that scholars are talking to each other about what symbolic interaction is and what it is good for, which is what I originally intended to do, I want to use our publications to speak for us. In particular, what I want to talk about today is: verbs. I want to talk about the use of verbs, the kinds of verbs, and how these verbs can be understood as part of a boundary-drawing process.

There are a few noteworthy things about verbs in the titles of these publications. Fairly quickly, it seemed to me that the titles of articles published in SI—that is, the journal *Symbolic Interaction*—contain verbs a good deal more frequently than in either QSR or QS. So I counted all of the articles in these journals from 2000-2014, and then I counted the titles that contained verbs. (I excluded special and thematic issues.) Roughly, 45% of the titles in QS and 40% of those in QSR contained verbs, compared with 60% of SI's articles. I looked at AJS and BJS also, but frankly, verbs in their titles are so rare that I did not bother to count them.

Okay, so qualitative researchers use verbs more often in their titles than everyone else, with papers in

SI using them most frequently. So what? By itself, that might not be all that interesting. I actually do find it somewhat compelling all by itself. But once I looked more closely, there was more to the story.

There is a difference in the specific use of the verbs in the titles of SI papers as compared to QS, QSR, and the few that appear in AJS and BJS. In the latter publications, the vast majority of titles that use verbs these are used, for example, like this:

- “Informed Consent as Process: **Problematizing** Informed Consent in Organizational Ethnographies,”
- “The Scholar’s Body: **Mixing** It Up With Loïc Wacquant,”
- “Elevated Cholesterol as Biographical Work—**Expanding** the Concept of ‘Biographical Disruption.’”

Problematizing informed consent, expanding the concept, mixing it up with another scholar—these verbs refer to what the author is doing. So verbs appear less frequently in QS and QSR, and when they do, they tend to refer to our actions; we title the papers in accordance with what we have done—theorizing, understanding, analyzing. These are verbs that highlight our intellectual contribution to the conversation.

In what I see as a rather sharp contrast, the verbs in SI titles much more commonly reference respondents’ or subjects’ actions. SI titles refer to people who are *not* the authors, who are, for example:

Dr. Newmahr is an ethnographer and symbolic interactionist whose work plays with intersections of gender, nonconformity, risk-taking, emotions, and eroticism. Dr. Newmahr’s first book, *Playing on the Edge: Risk, Intimacy, and Sadoomasochism*, was published in 2011 by Indiana University Press. She has also published in *Journal of Contemporary Ethnography*, *Symbolic Interaction*, and *Qualitative Sociology*. She is Associate Editor of *Symbolic Interaction* and co-editor of an anthology of original work entitled *Selves, Symbols, and Sexualities* (with Dr. Tom Weinberg). Dr. Newmahr is currently studying fringe communities and practices.

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- “**Getting Angry** to Get Ahead: Black College Men, Emotional Performance, and Encouraging Respectable Masculinity,” or
- “**Repelling** the ‘Rutter’: Social Differentiation Among Rural Teenagers,” and
- “**Managing** the Student-Parent Dilemma: Mothers and Fathers in Higher Education,” or
- “**Coming of Age** in the Bubble: Suburban Adolescents’ Use of a Spatial Metaphor as a Symbolic Boundary,”
- “**Walking** an Emotional Tightrope: Managing Emotions in a Women’s Prison,” and
- “**Claiming Competence**: Biographical Work Among Victim-Advocates and Counselors.”

These titles feature *other* people taking action: getting angry, repelling, claiming, doing work, walking tightropes. Once I started seeing this, I coded the articles with verbs in the titles across these journals over about the past 14 years. Of the total articles published—again, excluding special and thematic issues—the percentages of total articles that used verbs in the titles, *and* in which the verbs referred to actions taken by respondents, informants, or subjects were:

- QSR: 15% of all articles,
- QS: 25% of all articles,
- SI: over 80% of all articles.

This struck me as a relevant difference between SI, on the one hand, and QS and QSR, on the other. Of course, different camps within disciplines have different naming conventions. We know that styles and aesthetics vary for all sorts of reasons, and I have not undertaken a Bourdieuan analysis of the differences among all of our titling tastes, which sounds like a good deal of fun, but I do not have that for you.

The differences could also reflect methodological tendencies. For example, both QSR and QS publish more narrative analysis than SI; perhaps respondents’ actions just make sense in titles of participant observation and ethnographic studies. By the time I looked at JCE and *Ethnography*, I was really very tired of all the counting, but I did read all of the titles and am fairly confident in my sense that the verb usage in JCE’s titles falls somewhere in between QS and SI, but not nearly as high as 80%, and *Ethnography*’s is quite low, probably lower than QSR’s and closer to AJS. (As an aside, BJS titles have very few verbs at all, but questions in the titles are strikingly more common than in any of the other journals.)

Additionally, QSR, QS, JCE, and *Ethnography* are all journals with an explicit methodological bent, unlike SI, which is a theoretical tradition or perspective. Not surprisingly, QSR and QS also publish a lot of methodological pieces, which one might think could explain why many of their titles with verbs refer to the researcher, as in:

- “Wading the Field With My Key Informant: Exploring Field Relations,”

- “Analyzing Interview Data: The Development and Evolution of a Coding System.”

But SI publishes a good number of methodological pieces, with titles such as:

- “The Potential Contributions of Quantitative Research to Symbolic Interactionism” and
- “Situational Analyses: Grounded Theory Mapping After the Postmodern Turn.”

Interestingly, SI’s methodological titles are less likely to contain verbs than our substantive titles, which appears to be the reverse of QSR and, to a lesser extent, QS. Also, since SI is not a method or even a family of methods, and, in fact, it is not even necessarily qualitative, if the verb issue were purely methodological, one might expect *more* variation in SI’s naming conventions than in the other journals, not less. So I do think this difference is meaningful when we think about the boundaries being drawn between SI and other ways of thinking about social reality. Specifically, I want to highlight three potential implications of the differences in the titles of work published across all of these journals: process, the production of social action, and issues of authority and representation.

I. Process

In the first place, and obviously, titles with verbs tend to be about processes. It makes sense that these three journals publish articles about processes more often than AJS and BJS, following the Durkheimian notion that we can study the facts

that arise out of the process, but not the process itself.

And this emphasis on process is, I think, the most clearly-drawn boundary between interactionists and qualitative researchers who are not interactionists.

Consider a few titles from *Qualitative Sociology Review*:

- “Cynicism in the Indian I.T. Organizations: An Exploration of the Employees’ Perspectives,”
- “First Graders in a College Sociology Classroom: A Reflection,”
- “Images of Crisis and Opportunity. A Study of African Migration to Greece,”
- “Precariousness of Everyday Heroism. A Biographical Approach to Life Politics.”

On the whole, QSR’s titles are less process-focused than either SI or QS. Their titles generally describe the aim of the paper from the perspective of the author; the words “Reflections” and “Notes” and “An Analysis of” appear much more frequently in QSR’s titles than in either of the other two journals.

On the other hand, QS titles are more likely to deploy nouns in much the same way as AJS does—with large concepts that denote social processes beyond the level of social interaction:

- “Parkour: Adventure, Risk, and Safety in the Urban Environment,”

- “Moral Panics and Urban Growth Machines: Official Reactions to Graffiti in New York City, 1990-2005,”
- “Time Off: The Social Experience of Time on Vacation,”
- “Cultural Discourse in Action: Interactional Dynamics and Symbolic Meaning.”

These differences, across all three journals, do not reflect substantive or methodological divisions; most of these titles suggest that they are within the scope of each of the other journals. But there is a pattern here, and it indicates that both QSR and QS titles more often emphasize the analytical outcome of the work. On the contrary, SI titles, on the whole, focus on how things are happening with people and how their processes work.

As an aside—I had a brief moment of excitement as I was reviewing the *Qualitative Sociology* volumes—I said, aloud, “Oooh, *there we go!*” because the title was: “Constructing Physical Fights,” and then the subtitle was: “An Interactionist Analysis of Violence Among Affluent, Suburban Youth.”

It appeared to me after this step, then, that when we use verbs in the titles of our works to showcase social processes, we might be performing symbolic interactionism.

II. Acts and the Production of Social Action

In the second place, I think we are looking at very different statements about both the priority and the

role of microsociological data. What is to be done *with* research on social processes at the micro level? What is its value?

In 1984, Carl Couch emphasized the importance of process for symbolic interactionism, maintaining that not only must the acquired data be that of social processes but during the analysis attention must be focused on how people fit together their acts to produce units of social action.

If we look back at the titles, we can see that this *is* what most SI titles are privileging. To the extent that there is a formula for titles in SI, it is a verb that is an interpretation or analysis of the action taken by the respondents, followed by a subtitle intended to capture the process of producing social action. So, to refer back to an example from a moment ago, an SI title says that black college men are taking the action of getting angry as part of a broader sequence of the emotional performances assembled to encourage respectable masculinity. On the whole, titles in SI focus explicitly on both social processes at the level of the individual, and on the analyses of these processes in order to understand how people produce social action.

III. Authority and Representation

In the third place, the use of verbs in these titles is also a difference in the positionality of the researcher. This is an issue at least as old as anthropology, and has been especially salient for fieldworkers, ethnographers, and participant observers, since Malinowski’s diaries were published. It is a ques-

tion of authority, of whose voices and meanings we seek, to whose ends, and the balance between interpretation and representation. The titles of our publications contain insight into not only what we are trying to understand but what we think our understanding contributes, and what we think we *should* be contributing. When my self-titled contribution is my own expansion of a concept or reflection on a method, I am taking a different position as a researcher than when I direct you, in my title, to women managing emotion in a prison setting.

The third implication that I find of the different uses of verbs across these journals is, at least potentially, a different relationship to our subjects and—or perhaps *or*—a different relationship to our own academic authority. In the latter case, that is probably an even more interesting question, and one that could bring us back to Bourdieu. But that is another project.

Maines’ optimism, in 2001 and 2003, about the place of symbolic interactionism stemmed from the fact that mainstream work was increasingly paying attention to pragmatist and interactionist principles, whether the authors realized it or not. He outlined four overlapping types of interactionists:

- *explicit interactionists*—who know they are using interactionist thought, and there are two kinds of those:
- *interactionist promoters*—who seek to further the perspective, and
- *interactionist utilizers*—who do not

- and then there are unaware interactionists—using interactionist ideas, but who seem not to know they are doing so.

So Maines saw interactionism all over the place, and felt that sociology was growing stronger as a result of the incorporation of SI principles into mainstream sociology, whether people knew it or not.

Several years later; in fact, four years ago, at this very conference, Neil Gross, Wisconsin-Madison PhD, former Harvard sociologist, and the editor of *ASA’s Sociological Theory*, delivered a keynote—some of you may remember—on why he is (or was) a pragmatist, but not a symbolic interactionist. And his talk ruffled a few feathers—most visibly Bob Prus’ feathers, but I noticed a bunch of us squirming in our seats. The problem, as I saw it, which never clearly emerged in the conversation because we ran out of time, was that Neil was far more interested in theorizing *why* than he was in theorizing *how*. He either did not see that distinction, or was summarily dismissing the importance of the how, viewing explanations of causality as the quintessential pragmatic issue.

So I am somewhat less reassured about the place of interactionism than Maines was. Within SI, the boundaries appear to me to be remaining true to pragmatist philosophies from which SI emerged. SI continues to publish titles that appear to be not merely descriptive of situations, but interpretative of social processes, focused on action and people, and theoretically or conceptually useful for other social phenomena. But, judging from the titles that are being published elsewhere, while interactionist

and pragmatist analyses and foci have made their way into mainstream sociology, symbolic interaction still struggles towards a broader recognition of the primary importance of processes between and within social actors. Perhaps it is that “explicit interactionists” rarely send their work to QS, QSR, and AJS, or perhaps they do and their explicitness is problematic. This analysis of titles is not an interactionist study, and I make no claims to understanding the process by which these actors draw these boundaries. But we *are* drawing them, and however much in flux they might be, they still emphasize or de-emphasize interpersonal and interactional processes, the relationships of those processes to social action, and whose voices matter most in exploring them.

At this point, I see the boundaries of symbolic interaction very differently than I did a few years ago. Had I given this talk then, I would likely have drawn my own boundaries, mostly having to do with attention to meaning-making processes. But not all symbolic interactionism is particularly concerned with meaning, as Robert Dingwall has been rather gently trying to teach me for three years now. And lots of other qualitative sociology is also concerned with meaning-making, so who am I to draw that line in the sand?

Where that line in the sand is, regardless of who thinks it should be drawn where, is really an empirical question. I turned to publication titles as indicators because whether it is authors, or their mentors, editors or their reputations, or the persistence of age-old conventions, or something else entirely, the titles of our works are self-representations. It is easy to forget, in this academic market and in the state of higher education and during a wave of anti-intellectualism across at least the U.S., that when we title our works, we are making claims and drawing boundaries. We are presenting selves and constructing identities. And when we publish those works, we are publicizing those claims, those boundaries, performing those selves, and declaring those identities.

I *want* to share Maines’ optimism, though. As an “interactionist promoter,” I will confess that I walk around with a list in my head that starts with, “You might be a symbolic interactionist if...” list, which I routinely break out on many of the people I decide are “unaware interactionists.” My preparation for this talk has added an item—in fact, I am pretty sure that my list now begins with:

“You might be an interactionist if the title of your article contains a verb that refers to and interprets the social processes of your respondents.”

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Graduate Student Spotlight

Mothering, Running, and the Renegotiation of Running Identity

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Abstract Qualitative interviews with six female runners shed light on the gender gap in women's participation in shorter versus longer road races. The interviews reveal that "mother guilt" and "time constraints" play a significant role in the development of a running identity among women. While the running community promotes a discourse centered around a "disembodied" runner—someone totally and unconstrainedly dedicated to running—the participants in this study experienced conflicts between their roles as mothers and their identity as runners. The conflicts led them to engage in challenging the dominant discourse by actively negotiating a mothering and running identity. The findings suggest that women are redefining the boundaries around running and subsequently—running subculture itself.

Keywords Running; Mothering; Running Identity; Mothering Identity; Leisure; Identity

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Anyone participating on a regular basis in the running of half marathons would quickly observe that females dominate the event. This observation is borne out by statistics on road race participation. For example, in the United States in 2014, 61 percent of all half marathon participants were female (Runningusa.org 2014a), a dramatic shift from less than 50 years ago when women were not allowed to participate in road races. Yet, in the case of full marathons, the gender balance is reversed, only 40 percent of full marathon participants are female (Runningusa.org 2014b).

These patterns raise questions about the gender gap in marathon running. While the reasons may

be complex and involve many factors, a small, qualitative study I conducted of six women's running experiences generated themes that provide insights and bases for future research. All of the women I interviewed were mothers. My main findings were that the decisions women make about their involvement in running could not be separated from their mothering responsibilities, and that the constraints these responsibilities placed on their running affected, in turn, their identities as runners. More specifically, these mothers found themselves grappling with the dominant discourse of an idealized, "real" runner, or what I call a *disembodied runner*, someone totally committed to extended hours of training and completely dedicated to improving running skills. Aware of the discourse, but also facing serious limitations in terms of their ability to conform to the image of the disembodied runner, these women responded in one of two ways. While some were willing to relinquish the "runner" identity, others challenged the discourse and redefined for themselves what it means to be a "runner."

In this paper, I look more carefully at these mothers' experiences of running. In addition to considering the constraints they faced, I explore the strategies they used to try to balance and negotiate their mothering roles, their running goals, and their identities as runners. I begin by briefly contextualizing my study in relation to the existing literature on women's experiences with sport and leisure, and road racing more specifically. This is followed by a discussion of the methods I used to conduct my study. My findings are organized around three main themes—"running identity,"

participants' experiences of "mother guilt," and the "time constraints" that acted as barriers to running. I also address women's responses. Lastly, I consider the implications of my findings for the running subculture.

Conceptual Framework

Conceptually, there were two areas of sociological debate that informed my analysis and oriented the discussion of my findings—first, the concept of boundaries, and second, the literature on identities. A boundary can be understood as an area where something ends and something else begins. Wimmer (2008) defines a boundary in two ways; socially and categorically. Boundaries are used to categorize groups through social classification and social representation. The social dimension of a boundary is established through interactions and acts of connecting oneself to, or distancing oneself from, such categories. A social boundary is "when ways of seeing the world correspond to ways of acting in the world" (Wimmer 2008:975). Boundaries are unique in that they can draw clear lines of distinction, or be "soft and fuzzy" (Wimmer 2008:975).

Lamont and Molnár (2002:167) describe social boundaries as "objectified forms of social differences manifested in unequal access to and unequal distribution of resources (material and non-material) and social opportunities." In relation to the running community, for example, social boundaries establish who is able to participate in, or be accepted by, the community. How and where boundaries are drawn clearly has implications for

the identities that social actors are able to adopt. Identities are components of the self that are created by interacting with other social actors (Appiah 2001; Vryan, Adler, and Adler 2003; Collinson and Hockey 2007). An identity is articulated through conceptions (and practices) made available by religion, society, school, and states; and mediated by family, peers, and friends.

Appiah (2001) conceptualized identity as having two dimensions: the collective and personal. The collective aspect involves the intersections of identities (ethnicity, sexuality) that create a kind, or category, of person and which are realized by the attributions others make in terms of who we are—an employee, mother, or a runner. The personal dimensions of identity are the features that are socially important, like intelligence, charm, and greed, but are not the basis for forming a collective identity. The labels of a collective identity (e.g., runner) are the descriptive criteria, which lead to expectations about how individuals possessing that label will behave (Appiah 2001). Therefore, there are conceptions of how one possessing a given label should act, and consequences in terms of how that person is treated based on their ability to perform the acts connected with that label.

Furthermore, identity provides a source of values for people. To adopt an identity is to make it one's own, often necessitating a restructuring of one's life to fit the values associated with the identity (Appiah 2001; Vryan et al. 2003). Certain values are integral to identity; therefore, for those who aspire to that identity, take on the values congruent with that label. Similar ideas concerning identity have

been found in running subculture research discussed below.

Literature Review

There is a growing body of literature on the subculture of running. Altheide and Pfuhl (1980) found that runners have a high commitment level termed a "running career" which requires a dramatic reorganization of other activities in their lives so as to allow for the time it takes to train and keep the body in shape to run longer distances. The running subculture distinguishes between "runners" and "fun runners" or "joggers." Smith's (1998) participants made a clear distinction between running and jogging, and disliked being referred to as joggers. Joggers tend not to train on a regular basis, run only when weather permits, and do not prioritize running in races. Runners, on the other hand, are committed to training, running greater distances, participating in races, and running at higher speeds and race paces. Further, Ogles and Masters (2003:70) concluded that although runners are a heterogeneous group, running and training for marathons, in particular, require training which "necessitates that work, meals, family, and social schedules be organized to accommodate the regime [of running]." Therefore, time with family and friends is often reduced if one wants to be a "real" runner. Here, the subculture is establishing a clear distinction or boundary between different types of runners. Using these boundaries, they have created a hierarchy with "runner" situated at the top, according to Smith's (1998) participants, and "fun runner" or "jogger" towards the bottom. Such a hierarchy of runners creates boundaries

around the running identity and places restrictions around who can lay claim to that identity.

Turning to the literature on mothering, research by Heisler and Butler-Ellis (2008) concluded that women receive messages from peers, family, and media about how to be a good mother. These messages promote putting the interests of their children first, because motherhood is understood as the most important and consuming part of a woman's life. Other desirable traits of a mother include being patient and always present. Griffith and Smith (2005) argue that the mothering discourse is prevalent and strongly influences the way a woman should be and feel about being a mother. As such, mothers feel pressured to conform to certain expectations of motherhood, where "mother" becomes their master status. As a master status, this identity becomes central to women's identity and one from which it is difficult to stray (West and Zimmerman 2007). As a result, other roles—wife, employee, and, in this case, runner—conflict with the resources a woman has to dedicate to being a mother. The responsibilities of being a mother affect the amount of leisure time available to women.

Leisure can be a positive experience for women. Kay (2003:5) argues that personal leisure is a "crucial area of experience for the (re)assertion of a sense of self-identity that the demands of paid work and family responsibilities may otherwise overwhelm." Moreover, leisure helps women to challenge traditional gender relations, find ways to maintain self-care, and bring balance to their lives. Therefore, running as leisure can provide positive benefits to women in terms of creating a self-identity.

Paid and unpaid workloads affect the leisure time available to women. Leisure time is defined as the time left, "after the time spent in market and non-market work and meeting physiological needs (sleeping, eating, attending to personal hygiene, and grooming) is deducted" (Bittman 2004:154). Bittman (1998) and Gershuny (2000) argue that leisure time for men and women has increased over the last three decades. Yet, despite this increase in leisure time, many women still feel a "time crunch" (Bittman 2004; Bittman and Wajcman 2004; Mattingly and Sayer 2006; Gimenez-Nadal and Sevilla-Sanz 2011).

There continues to be a greater lack of free time for mothers compared to fathers (Sayer 2005; Mattingly and Sayer 2006). Mothers who work full-time, have a partner that works full-time, and have children under the age of 15 suffer the most from leisure time poverty (Bittman 2004). Overall, women have a significantly lower average of weekly hours dedicated to leisure activities (Bittman and Wajcman 2004). Women's leisure is more likely to be interrupted, occur in smaller increments, and be associated with unpaid work than for men (Bittman and Wajcman 2004). Men on average have a higher quality of leisure time than women (Mattingly and Bianchi 2003; Bittman and Wajcman 2004), and benefit more from leisure time than women (Mattingly and Bianchi 2003; Mattingly and Sayer 2006).

There are gaps in the research pertaining to women, leisure, and running. Little research focuses on identity formation of runners. The majority of research on running focuses on elite male runners under the age of 30 (Collinson and Hockey 2007). Feminist

researchers tend to have focused most of their attention on understanding how women have become involved in sports in general (Jutel 2003; Patel and O'Neill 2007), and how sport and running oppress women (Choi 2000; Dowling 2000; Abbas 2004). Further, there is a paucity of research on how running as leisure can act as a site for identity formation, particularly that of a running identity, and how this may impact race distance choices of women, particularly mothers. Lastly, more research is needed focusing on the experiences of female runners who are non-elite and middle-aged. The findings of this study contribute to these areas.

Methods

As part of an undergraduate thesis, I conducted interviews with six women involved in running. I specifically targeted women who were accomplished runners within their community (having completed at least one race), worked at paid employment, and had children under the age of 15. I established these criteria because I was interested in how women work running into other responsibilities they have in their lives. In recruiting participants, I used both purposive and snowball sampling. Berg (2009) points out that these methods are an effective way to gain contact with specific populations that one wishes to target. As part of a running community myself, I drew on contacts I had within the community to initiate recruitment. I started by requesting an interview with a fellow runner, Janet.¹ Janet put me in touch with five other runners willing to participate.

¹ All names have been changed to maintain confidentiality.

I conducted semi-structured interviews with the participants, which lasted between 45-90 minutes. I audio-recorded each interview for accuracy with the knowledge and consent of the participants. My goal through the interviewing process was to create a conversational atmosphere rather than a formal interview. A naturalistic interviewing style generates richer, more diverse, and more complex responses from participants (Berg 2009; Lynch 2010). I made references to my own running experience, used humor, and asked questions that showed a general interest in participants.

During these interviews, I had both an insider and an outsider status. An "insider" is defined by Kanuha (2000) as someone who is part of the same population as the participants and may also share the same identity, language, or experience. As a runner myself I was an insider, which helped me to establish rapport with my participants. But, being an insider has its drawbacks. Corbin-Dwyer and Buckle (2009) point out that participants might make assumptions of similarity and not be clear on their experiences when being interviewed by an insider. I found this to be the case when, as a less experienced runner, I had to ask participants for clarification with respect to running terminology they used and race references they made. At the same time, I did not share with them the experience of being a mother or having full-time work responsibilities. My outsider status with respect to these experiences allowed me to pick up on points I might have missed had the interviews focused only on common experiences.

Of the six participants, five had at least one child between the ages of 5 months and 15 years of age.

The sixth participant, Janet, has no children under the age of 15, but a 26-year-old child with disability who requires full-time care. I chose to keep Janet in the study even though she did not strictly meet the recruitment criteria because the time and effort that her caregiving responsibilities require make her comparable in many respects to other participants. Five of the participants worked full-time at the time of the interviews.

The length of time the participants had been involved in running ranged from 3 to 13 years. Each runner had completed at least one race. All had completed races of distances between 5 to 10 kilometers. Five of the participants had completed at least one half marathon, four had completed a local thirty kilometer race, and three had completed at least one marathon, with one having completed ten marathons. At the time of the interviews, all were training for a race that would take place between March and May of 2013. I sought women who had different levels of road race experience in order to get at various running experiences.

The interviews ranged over several topics. I inquired about how much running experience participants had, the types of races they preferred, training programs, and time spent running per week. I asked how much time they devoted to caregiving, what tasks their caregiving responsibilities included, and how they worked running into their days. I engaged them in discussions about their leisure time more generally and decisions they made about how to use this time. To capture their thoughts in relation to their identity as runners, I asked whether they defined themselves as run-

ners and how they understood what it meant to be a runner.

In analyzing my data, I took a thematic approach. I used open coding to code my data. Open coding involves deconstructing or segmenting the data into fragments that are then compared to each other and grouped into categories revolving around the same subject (Boeije 2010). I methodically went through verbatim transcriptions of the interviews, coding segments of the data in terms of what was being said and the significance of those statements. This allowed me to create categories I then grouped together with related categories to indicate the specific properties of the data (Boeije 2010). Guided by my research questions, I identified three major themes that ran across the interviews—"running identity," "mother guilt," and "time constraints." These are the themes around which I have organized my analysis.

Analysis

Three main themes emerged out of the analysis of my data, the most prominent being running. Participants identify what being a runner means to them, indicating the clear boundaries that exist around types of running identities. Running identity is, in turn, affected by mother guilt and time constraints. Both being a runner and being a mother make great demands on one's time and resources, limiting temporal availability for other pursuits. My interviews show that participating in running poses challenges to my participants' mothering identity, which leads to "mother guilt." It is here that the boundaries between running and being a mother are in tension,

which affects participants' running identity. Time constraints also affect running identity as the time it takes to run and train exceeds the time participants have available in their schedules for leisure activity. As a consequence, some participants renegotiated their understanding of the running identity in ways that fit their own lifestyles. They challenged the boundaries around the running identity, being a "real" runner, and created a new running identity.

Running Identity

Identity is developed through interactions with others. Adopting an identity means conforming to the roles that are associated with that identity. For the running subculture, this means being a "career runner" or a "runner" and not a "fun runner" or a "jogger." Running becomes a commitment that requires time and dedication.

There are clear boundaries around the running subculture and community. Being a "real" runner has specific requirements including the amount of training, speed, and dedication. Feeling like a "real" runner, or having the identity of a runner, is a part of the boundaries of the running community as it is either confirmed or denied based on interactions with other runners. Boundaries exist at both the categorical level and social level. At the categorical level, a "real" runner is a type of person, a category that has been created and socially agreed upon based on mainstream images of runners and interactions within the running community itself. The categorical representation of a runner and the social interactions that reinforce or undermine one's identity as a runner are what I call a *disembodied runner*.

I have derived the concept of *disembodied runner* from Joan Acker's (1990) "disembodied worker." Acker (1990) contends that many workplaces require a worker to have no outside commitments, with full dedication to their work. As a result, a disembodied worker ideally "cannot have other imperatives of existence that impinge upon the job. Too many obligations outside the boundaries of the job would make a worker unsuited for the position" (Acker 1990:149). Due to the traditional division of labor still prevalent within Western society, men are, in fact, the disembodied worker, while women maintain the private world of the household, children, and community, thereby leaving men the freedom to participate in the public sphere.

A disembodied runner is similar to a disembodied worker in the sense that being a runner requires the majority of one's time and dedication with few outside distractions. Margaret describes a runner and highlights the criteria of a disembodied runner: "A definition of a runner would be someone who definitely dedicates their life to mainly running, and nothing else. Not gyms, not circuit training, I just picture them out there running all the time." Another example of a disembodied runner is evident in media and advertising like Nike's "Just Do It" slogan, emphasizing that one should be able to accomplish one's goal, with no exceptions or excuses.

Having the opportunity to run without constraints or restrictions is not something that all runners can do, particularly mothers. One cannot always commit to the rigorous schedules of running. For mothers, life consistently gets in the way of running. As

I will show, my participants must constantly renegotiate their time in order to accommodate all of their responsibilities and their running goals. This work of renegotiation may not be recognized within the larger running discourse. Instead, there is a conception that women, if they are truly dedicated to running, should "just do it." I now turn to two themes that make being a disembodied runner difficult for mothers.

Mother Guilt

Griffith and Smith (2005) argue that a mothering discourse does not take into account the amount of resources needed to raise a child, such as the time and energy involved in caring for children. As a consequence, this discourse creates an "exposure to guilt, individual comparisons, and anxiety [which] all are constant hazards for mothers participating in the discourse" (Griffith and Smith 2005:39). As a result, even though making time to run, for example, is good for these participants physically and mentally (Choi 2000; Kay 2003), it defies the standard ideological framework of "mothering." Therefore, running conflicts with what it means to be a good mother. Boundaries around motherhood promote selflessness and spending the majority of one's resources (e.g., time, money, energy) on the child. These boundaries limit the types of activities mothers can do on their own without being framed as selfish or "bad" mothers. Such boundaries, and the resulting mothering discourse, deter some women from committing the extended hours needed to train as a "real" runner. Moria was the only participant who had not run in a half marathon. As a moth-

er with three young children her time was constrained:

I wish I could run more. I think I would achieve my goals faster if I had more time ... I would love to get to a half marathon probably by the end of 2013. And then take it from there, but we'll have to see ... there's 24 hours in a day, but there is always something that needs to be done, and when you are always putting yourself last, that can get difficult.

Some of the participants felt conflicted about the amount of time their running takes and the time spent away from their children. Moria joked that her running was "pure selfishness," despite the fact this is the only time she takes for herself. Carrie described the conflict she experienced between her running and being a mother as "mother guilt," and claimed that this conflict figured prominently in the decision she faced about whether to train for another marathon:

[After discussing if she will do the Toledo half marathon or full marathon race]

Me: Are you concerned about the time constraint over training for a marathon versus a half marathon?
Carrie: Yes, that would be the biggest thing. Um, it's not that I don't think physically and mentally I could do it, because I know I just did it ... It's more that extra, um ... I find Saturday mornings, if I didn't have children at home, no problem I'd be running a marathon every, twice a year. Um, but it's that extra seven, eight kilometers that takes another hour, two hours, depending of your Saturday, and mother guilt starts setting in.

For Carrie, not spending enough time with her kids was a challenge. The time it takes to run long

distances, despite her love for the activity, conflicted with her role of being a “good” mother.

Moria shared similar sentiments to Carrie about not wanting running to interfere with mothering. She stated that she wished she could run more, and have time to dedicate to training. A gendered notion of what it means for her as a mother to take care of her children conflicts with the wish to run more:

... I don't want to miss out on the younger age's groups, um ... I am more the caregiver. I wipe the noses, I make the lunches, and I set up the doctor's appointments ... Um, so if I want all the little details accomplished so that the household can run, so to speak, then I need to be the one to do it.

As evidenced by her last comment, being in charge of scheduling time and making all of her commitments fit was important for Moria. Although Moria was the only participant who explicitly stated that she was the only one in the family who could balance the schedule and run the household, all participants expressed the importance of time management in order to balance their running, family responsibilities, and work.

Though most participants did not explicitly discuss their experiences in terms of gendered inequalities in their childcare and domestic responsibilities, it was clear there remains a gendered dimension to their running, and more specifically, their running goals. Women are almost always identified as the sole or primary caregiver of children. Women are socialized to be a specific type of mother, as stated above. This conception of a mother can conflict

with women's other roles or identities. In some cases, it may prevent women from dedicating their time to other interests, as seen with the participants who are hesitant to commit the extended amount of hours needed to complete a marathon.

The experience of mother guilt among the participants is an expression of the broader problem of gender inequality within the context of leisure and sports. Running was important to the participants, but not as important as their domestic responsibilities. If it was as important, then in many cases, the participants had difficulty finding time to engage in a satisfying amount of running. This is not only a barrier in terms of juggling being a “good mom” with being a runner, but such gendered issues also affect women's ability to compete, or perception of their ability to compete in longer distance races. Carrie states:

We [her running group] are going to do Toledo. Some are doing the half and some are doing the full. Sometimes, I don't go on very many of those [races out of town] 'cause it is a weekend away from the family ... I don't want to take a weekend away from the family to do a run. You know? I love running, but while the kids are really little it's more important for me to be home, whereas my husband, he loves running like he loves it as well, but he is so dedicated to his training schedule with his marathon group that he, it's well worth it to take a weekend away from the family to go and do his race.

For Carrie, it was not worthwhile to leave her children for a weekend because she was “less” dedicated to running than her husband. It may not be that

she is less dedicated, Carrie has run a marathon, rather, she felt like less of a “real” runner because she finds it harder to balance her running with domestic responsibilities. Beyond mother guilt, but not fully unrelated, are the time constraints that can make running difficult.

Time Constraints

As discussed in the literature review, women who are married and have children have the least amount of leisure time (Bittman 2004). This theme came through in my interviews with participants. For Moria, the barrier to longer road races is clear, time is not on her side. For her, the maximum amount of time to run per week was four hours, a small amount compared to participants like Janet and Kathy who trained eight to ten hours a week for a marathon. This lack of time for training is not a unique experience; all participants wished they had more time to run. Time, then, is a distinct barrier.

In addition to the lack of time available to compete in longer races, not having time to train for longer distances can affect one's identity as a runner. This is true if the boundaries around being a “real” runner require the individual to accomplish a certain mileage a week in order to meet their goals.

The training program that I had was given to me through one of the running groups and, um, I think their methodology is run more. So, I did, and felt that I had to or otherwise I just wouldn't be prepared for the marathon. Um, but I think realistically it really isn't suited to the average person. And so, I, even

though I had already been running for a few years, it was still too much. (Kathy)

These standards for what it means to be a “runner” may impact one's desire to do a marathon if they do not feel that they can accomplish being a “real” runner. Moreover, it may impact whether one perceives oneself as capable of doing a marathon. When full marathons came up in interviews, there were mixed responses. Theresa has no desire to run a marathon and was happy running a local 30k road race and half marathons:

I have never done a marathon ... It just does not interest me ... Um, I think actually because of the amount of training time it takes for me. Especially when working ... And I, for me, yeah, it's just a matter of time. 'Cause I know how much time, I mean the long runs take up a lot of your Saturday, and plus you are exhausted for the rest of your Saturday. And then your other runs also need to be longer, it's not just a 30-minute run a couple times a week. It's another hour run and then another 45-minute run, you know, so. For me, I've just found I am not willing to commit the time.

Similarly, the other two participants who had not run a marathon identified time as the chief constraint. Even for participants who had completed marathons, there was hesitation about committing to marathons in the future. Janet, who was 57 at the time of the interview, had completed over ten marathons, including three Boston Marathons, but was hesitant to fully commit to another one:

... if I run a marathon again, I have no desire to get any longer than four and a half hours. I probably won't

ever run if I think I'm going to do a five hour marathon ... Too long ... it's hard enough to get through, well, it's boring, but it's just you're forcing yourself to ... I liked it better when I could run it under four hours, and maybe if I worked my tail off, I could do that again ... I'd have to be really [fit], and I physically don't know if I can. Like when you get older, you just can't necessarily. I'm not a natural born runner.

In this instance, time is an important factor, but for a different reason. Time becomes an issue in terms of speed. For Janet, taking too long to finish a race takes the joy out of it. Similarly, Margaret expressed this sentiment after she described the completion of her first half marathon. She said that after taking nearly two and a half hours to complete a half marathon, she had no desire to try a marathon.

Time availability for these women is a palpable constraint that prevents them from participating in the ideal amount of training necessary to be a disembodied runner. For these women, whose lives are spread thin with their familial and work commitments, time is relentlessly ticking away. When asked about leisure time, Margaret, Moria, and Kathy said that the only leisure time they had for themselves was when they run; and for Janet, Theresa, and Carrie, who said they have additional leisure time, half of that leisure time or more is spent on running.

For all participants, time was central to making, working towards, and accomplishing their running goals. When asked the question "What would you say is the biggest barrier to your running?" participants clearly stated it was time:

Time, there's 24 hours in a day, but there is always something that needs to be done, and when you are always putting yourself last, that can get difficult. (Moria)

Not enough hours in a day ... Three kids and a husband, full-time job ... you know there are expectations bigger than myself on me with ... So yeah, I think, just the time kind of gets allotted to so many different things, and there are so many expectations on my time ... so, um, yeah. I'd say it's time. (Theresa)

Most participants believed that running is great because it is one of the only forms of exercise that they are able to fit into their schedule. Ironically, all believed they did not have enough time to run, and must carefully manage their time in order to do so. Griffith and Smith (2005) recognize time management as an essential part of the mothering discourse. However, efforts for such time management often go unnoticed. The time it takes to manage time is usually not recognized as work itself, because it is considered part of women's domestic responsibilities (Griffith and Smith 2005). Time managing their families' lives becomes an important part of running as it requires allocating the right amount of training time for specific running goals. Having to allocate time to time manage is also not part of the running culture, or being a disembodied runner. Being a disembodied runner assumes the successful management of those responsibilities.

Importantly, leisure remains a crucial site for both men and women as a way of asserting their sense of self-identity, where the demands of paid work

and family responsibilities have the potential to overwhelm (Kay 2003). Women find it challenging to carve out guilt-free leisure time. Similar to the issues of mother guilt, women struggle to persuade themselves to feel a sense of entitlement to leisure time because they tend to prioritize others' needs over their own.

Additionally, Kay (2003) concluded that when women do secure leisure time, they do it in less direct ways. In order to feel like they are not "on duty," women tend to participate in leisure that is removed from their home and family. Joining running groups is one way for women to remove themselves from the home. Their respective running groups have allowed them to set in stone their running time—their leisure—without feeling the guilt or pressure to change it for others. Though these group runs are "rarely missed," most participants said they have to get creative when it comes to scheduling the rest of their runs each week. In some cases, runs which were not part of a group run were not completed.

It is clear that the biggest barrier to women's running is time. All of the participants feel that they do not have enough time to train, wish they could train more, and—ironically—have to spend considerable time managing and organizing their time. Time management becomes an essential asset to the participants' attaining running goals. Literature on women and sports seem to overlook the importance of time management. The time constraints, the struggles these participants face in terms of meeting their running goals, are a part of a larger gendered society that still unloads a sec-

ond shift onto women, leaving them with less leisure time and a higher requirement to time manage (Hochschild and Machung 1989).

Renegotiation of Running Identity

Part of establishing a running identity is conforming to the roles and social boundaries attached to that identity (Appiah 2001; Vryan et al. 2003). If those cannot be met, it is logical to assume that identity may not be taken on. I found this with my participants. If the participants cannot hold both running and mothering identities in the way demanded by the running subculture, they are put in a position where they must prioritize one or the other. It is clear from the interviews that the mothering identity takes precedence and is less subject to accommodations. All participants felt strongly that family comes first. The other option, then, is to adapt and renegotiate their running identity. In discussing their understandings of what it means to be a runner, three of the participants felt uncomfortable calling themselves a runner. Moreover, there appeared to be no real consensus on what it meant to be a runner. The majority of their definitions of "runner" did not fit the typification of the running identity in the discourse that characterizes the running subculture.

As Appiah (2001) suggests, if one is to conform to a given identity, they must embody the values of that identity. Part of the identity process is to conform to the boundaries that surround the symbolic category of a disembodied runner. In this case, these women cannot, so their alternative is to create a running identity with established values

that fit their sense of self and are compatible with their mothering. As a result, participants have created definitions of a “runner” that best suited their needs, lifestyle, and commitment to running. Some participants defined running identity as follows:

Um, I would say, I would say, yeah, it's something about a love of the sport. 'Cause I think there are ex-runners too, there are maybe people who can't run anymore because of whatever circumstances or physical, but I think there's a, yeah, there's a certain element of craziness [*laughs*]. (Kathy)

It's, it's, you know, a person who runs on a regular basis, you know, a certain amount of distance regardless of time, um, that's dedicated to, you know, doing a few races and, you know, kind of getting out there as much as possible. I guess I am a runner, I just never really call myself a runner. (Theresa)

Someone, motivated, for health reasons and enjoyment, who gets up off their butt and goes for a run consistently. You know, it's not enough to do it once a month ... Um, you need to keep at it because you are not going to get any better if you are not consistent with it. (Moria)

Creating a running discourse different from the dominant discourse requires active contestation of the disembodied runner and a realization such a definition of a runner is not the only option. Through their construction of an alternate definition of a runner, participants are challenging the boundaries created by the dominant discourse. Wimmer (2008:995) notes that in ethnic groups,

subordinate members may choose counter discourses and other ways of “dividing the social world into groups than those propagated by the dominant actors.” Similarly, participants in this study actively challenge the boundaries surrounding a “real” runner and, by extension, the category of runner itself. Janet describes her experience at a local competitive running group and gives an example of the disembodied runner:

... running was their life. Like some of them have gone on to do Iron Man and stuff, too, but they do the six times a week running, or if they are really runners, they do the program called pfitzinger and it's like 90 to 120 miles a week 6 days a week. Sometimes they are running twice a day.

Janet, however, has actively been able to contest the social boundaries of a runner and has developed her own running discourse; one that fits her running experience. In reference to the competitive runners making it to the Boston Marathon, Janet stated:

And yet, I've got to the Boston Marathon before some of them. Running, three times a week, run less, run faster. It's just, it's a real mental, I'm glad I hang with people I do [that don't focus on time and competition] and think more like that because I don't know what I'd do if I had to hang with people that felt, and felt the pressure to do a pfitzinger program 6 days a week running. I know I'd hate it. I would not want to run if I had to make myself run 6 times a week. No all those people, all my group are runners, they run regularly three or four times a week and that's their main choice of physical fitness. They are runners.

Janet has chosen to view running in a different way. Running, for her, is not about competitiveness but rather about doing it consistently and choosing it as a main form of exercise. She applies this definition to herself but also to those in her running group. Janet's ability to successfully renegotiate what being a runner is has helped her to construct and maintain a running identity for herself.

Um, I mean, it's interesting 'cause everybody who knows you run asks you if you are still running, or about your running. For me, 'cause I don't have like another “job,” a paid job, that's my identity with people. It's weird. Do your people ask you if you're still doing yoga? Are you still going to Goodlife? You know [*laughs*] kind of do a bit, but running is a funny thing. Even if they are not runners at all. So it's kind of a sense of identity I guess and a sense of accomplishment that I can do that.

Some of these participants, despite defining a runner in ways that challenge the dominant running discourse, still do not feel like a “runner.” Theresa recognizes that she fits her own definition of a runner, but struggles to say, “I am a runner.” Carrie also realizes that she, by her own definition, is in fact a runner, but feels a runner should perform with ease and grace, and be thin, which she does not consider herself to embody. The struggle for both of these participants to call themselves a runner indicates that self-defined categorical identities can be difficult to sustain.

In some instances, these participants choose not to commit themselves to the running identity and say, “I run” instead of “I am a runner.” This speaks

to the influence the dominant running discourse has on women who run. Margaret and Carrie explain why they choose to say, “I run” instead of “I am a runner”:

Um, just because I'm not one that goes the distances. I always think these little ones [races] are just things people do because they want to stay healthy and whatever. I think, I look at someone like Janet and who, to me she is a runner. She is my motivator. She's the one that got me kind of thinking, “Oh, I can do this, too.” I just don't want to do it with her [*laughter from both*]. She goes too far! (Margaret)

... no, I mean, I know I'm a runner and I have medals and I run, you know, three times a week and do long runs. I don't, I don't know. I guess 'cause my physique is not like a, you think of a runner and you think of someone like, not so, not so big like just a small, um ... I look through Runners World magazines and I think now those people are runners ... But, not me, you know? ... I don't know. I think for me it's probably, you know, it's just, um, a stigma out there like a social thing, like you have to have a certain physique to really be a runner. Which is not true 'cause if I look at all those people that are running in races beside me, ahead of me, behind me and out on Saturdays we all look different ... and I know I am a runner, like how can you run a marathon, how can you run for 5 hours and 28 minutes and not call yourself a runner. It's not possible. (Carrie)

Carrie takes pride in her running accomplishments, but struggles with calling herself a runner, despite her significant accomplishments. Margaret looks to the other participant, Janet, and believes her to be

more of a “runner,” despite Margaret’s own running accomplishments. Margaret also refrains from calling herself a runner because she mostly does shorter distances. It may be that Margaret views herself as more of a “fun runner” or “jogger,” as described by Smith (1998).

Additionally, one may refrain from using the term “runner” for fear of not being able to conform to that identity, and being recognized by the running community as a “fake.” Saying “I run” instead of “I am a runner” removes the responsibility and expectations of being a runner. McLuhan and colleagues (2014) have recently found individuals can take on a cloak of incompetence, that is, present themselves to others as inept or less than capable in some way, as a way of managing others’ expectations. For example, in some situations, those with disabilities may choose to highlight those disabilities rather than hide them as a way of signaling what they can and cannot do. Or, a stutterer may make an obvious show of their stuttering at the beginning of a conversation so as not to set up expectations of verbal fluency they would not be able to meet. In terms of running, by avoiding the label of runner and saying simply “I run,” my participants are effectively taking themselves out of the “disembodied runner” category. Outsiders and those within the running subculture will not expect the participants to be as fast, fit, or dedicated to running. This allows the participants to avoid feeling like a “fake” and manage any sort of disappointment or rejection from the running community. An example of this fear could be seen by Kathy who despite being an experienced runner worried about being judged in her new running group. If

Kathy used the disclaimer of “I am not a runner,” she may not have been so anxious about other runners judging her.

External validation from peers outside of the running community may not be enough to convince the participant that she is a runner. This point was illustrated by Theresa who did not call herself a runner even after recognizing that her colleagues and family do. The most important validity may come from their running community itself. As shown by Shipway, Holloway, and Jones (2012), the running community is an important site for identity formation. It is central to running experience and developing a running identity. The running group can provide rewarding experiences for runners (Shipway et al. 2012), however, if one does not feel like a runner or is uncomfortable within the running group, those experiences may not be positive. Carrie explains an experience with her husband’s running group, where she felt uncomfortable on the bus when all the men were comparing race times.

For Around the Bay [local race] there’s a bus of people that go to the race and I sat on my husband’s bus ... I sat beside a guy who ran Around the Bay, 30k in an hour and fifty something minutes, and I ran it in 3 hours and 38 minutes. I was almost embarrassed to tell my time right? [Laughs]. And again, he’s the tall skinny running guy and here I am sitting beside him [laughs], so I said I don’t want to sit on that bus again because it’s a little intimidating. I don’t care, that’s wonderful all you people did that great times and continue, and you all look like a million bucks and you look so fit like the people in the magazines, but I just want to be over here on my bus with my friends

just saying, “Yay! We did it, we’re still upright!” You know?

In this instance, Carrie did not fit the requirements, or values, of what it meant to be a runner in her husband’s group; she ran more slowly than her male peers, did not look “thin” and “fit,” and was exhausted after her three and a half hour race. Such experiences in a running group may reinforce why one does not feel like a “real” runner. This quote also highlights why Carrie enjoys her running group where being a runner is not about being fast, but about the process and experience. As Shipway and colleagues (2012) discuss, Carrie’s own running group is a site of positive experiences. In some cases, it takes a certain running community to affirm one’s identity as a runner, particularly when using definitions divergent from the mainstream running culture. As a result, Carrie recognizes the boundary between those types of runners and herself. Carrie chooses not to challenge this by stating she would rather be on her own bus with friends celebrating the fact that she was “still upright.”

For other participants, it took the recognition of the running community before they could confidently validate themselves as “real” runners. This relates back to Appiah’s (2001) argument that identity can only be shaped through interactions with other people. In terms of boundaries, internal identification with a subgroup requires the recognition of those within the community and those outside the group (Lamont and Molnár 2002). Further, Wimmer (2008) notes that boundaries are also relevant based on social networks as social networks may impose a category onto someone. That imposed

category may eventually be adopted as a self-identification. Kathy explains how she began to see herself as a runner, despite her speed:

You can be a little elitist just in your thinking [about being a runner] ... but, I don’t really feel that way. I think it’s an accomplishment, like someone who would take six hours to do a marathon is actually putting themselves out more than someone who runs it in two hours and thirty minutes. I mean, if you can commit to anything for six hours, then frankly I think that deserves an extra shirt and medal ... it was a faster runner that pointed that out to me, and I really appreciated his perspective on that ... but, thinking for myself, well, you know, “I’m not really accomplished enough compared to you,” and he just turned and looked at me and said, “Are you kidding me? Like, you ran four and a half hours! I would have walked off the course if I knew it would have taken me that long, I just wouldn’t do it.” So, yeah, good perspective.

Moria, who recognized she was a runner after frequently visiting a local running store, expressed a similar sentiment:

I, uh, had walked into the, actually it was the [running store] and a gentleman there knew me by name because I had been there so many times to earn my running shoes and, uh, I was like you know what ... I’m a runner. He recognized me, he knows what my issues are, he knows that I am consistent, and he is acknowledging that.

In these two examples the running community helped confirm participants’ experiences and identities as a “real” runner. If a new running identity can

be accomplished, the benefits become clear. For these women, renegotiating what it means to be a runner is a vital part of feeling they are runners. It has allowed them to have more pride in their running, and to be more confident in their running abilities. When I asked these runners if they were confident in their running, they all said yes, and were excited and proud to talk about their running accomplishments. Kathy recognizes that when she began to look at herself as a runner through her own lens, and not the dominant discourse, she became a more confident runner:

I think I've come a long way on that. Um, I think I've gotten, um, I think I've gotten a lot more realistic on what I can do and can't do, and where I fit on the scheme of runners. And, and worked at making it more about myself, like it's not about anyone else, it's totally an individual sport. So if you start getting caught up in comparing yourself, then you are done.

Another benefit is that participants see themselves as positive role models for their children:

Actually, you know, I think it's as a role model for my kids too, right? 'Cause they just know, oh, it's Saturday morning, mom's running, right? They just know that ... And, um, my oldest daughter now is running, and, um, she's been texting me periodically, "Oh, I ran four miles today, or I ran 5 miles, I'm thinking of running a half marathon." ... So, um, yeah, I think it's good to be a good role model for them, and to kind of promote healthy active lifestyle. (Theresa)

Um, and they [kids] were really excited for me, like when I did my first 10k, it was on mother's day that

was my mother's day celebration, and then the next year for the half marathon they were all there again, same thing ... Um, and it's been neat because we've done a couple of races together ... Um, but I'd like to think that they might be inspired to, they don't have to run, but like just to try things. You know? It can be a little bit crazy and you can try it. (Kathy)

Running is a great source of pride for these women. It is an integral part of their identity and how they view themselves and their accomplishments. Carrie brought her marathon medal and race bib to the interview. Theresa spoke of a shadow box full of her race medals, and Janet has all of her race medals hanging up in the entrance to her home. Despite participants' reservations about calling themselves runners, running is clearly an important and intrinsic part of their lives.

Discussion

What emerged from these three themes are experiences of boundaries and the difficulties of negotiating boundaries. Boundaries around being both a mother and a runner can make it difficult for the participants to put the necessary time into running longer distances, such as a marathon. Boundaries around time constraints and running make it difficult for the participants to find enough time to train. Attending to boundaries makes it clear why some women choose to complete smaller distances road races instead of marathons. Lastly, recognizing the boundaries around running subculture and choosing not to conform to the dominant running identity can lead to more positive experiences of running and a new sense of running identity.

Within the running community there are subcultures of runners that create a hierarchy of runners with "real" runners at the top and "fun runners" at the bottom. Running subcultures, in addition to the public image of runners, require one to dedicate time, energy, and additional resources to running. Running is not simply "to run," but rather a way of being; running must "become part of one's daily life. One must become a runner, one must be a runner" (Altheide and Pfuhl 1980:132). Further, Tulle (2007) suggests that running becomes something that takes importance over other aspects of everyday life. It is not enough to be a "fun runner" who occasionally runs, weather permitting (Smith 1998), but rather a "runner" is dedicated to training, improving, and completing races. In order to become this kind of runner, a "career runner," one must be emancipated from other responsibilities. My participants are not emancipated from other responsibilities and thus experience boundaries around their running and ability to be a "real" runner in the hierarchy of runners.

The boundary between being a runner and being a mother is clear in my interviews. Mothering requires the majority of the participants' time and resources and interrupts their ability to run on a regular basis or for the desired amount of time. The participants must create a division between their mothering and running. This is why the majority of them run outside of the home with a running group. It is this division between the home and a running group that allows the participants time to accomplish running goals. Participants might not call themselves a "runner" because being a mother is a more important identity to them.

Running and mothering both require the majority of one's finite resources, and all of my participants stated mothering as more important. Additionally, the participants may recognize the boundaries of being a "runner" are not compatible with being a mother, and therefore refrain from calling themselves runners. Participants that have redefined what it means to be a runner have done so to accommodate a compatible mothering identity and a running identity. Time constraints are a part of motherhood and being a proper mother. In performing proper mothering, the majority of one's resources go to mothering, and therefore little leisure time is left over for activities such as running. This is usually seen as a personal problem, and my participants have framed it as such. Participants did not address the lack of time as a broader gendered inequality within leisure itself.

The participants who do not call themselves runners may do so for various reasons. As seen above, parenting time constrains and mother guilt may prevent them from fully dedicating themselves to a running identity. Despite being recognized by the outside community as runners, they may not feel they fully embody a running identity. Researchers have studied running identity specifically, as a conceptualized "commitment" that has explicit implications for identity. If identity is a commitment, once one claims an identity, they must act accordingly (Leonard and Schmitt 1987). There are certain behaviors and roles one must fill in order to accomplish that identity. It could be that my participants do not call themselves runners because they do not want to fill the requirements of that role. Fitting the dominant running role would mean they have to

become a disembodied runner, which is not desirable. For the women in this study, the mothering role is more important and conflicts with that runner identity.

Participants may also refrain from calling themselves a runner because they are operating under the “cloak of incompetence.” Using the disclaimer of “I am not a runner; I run” relieves them of expectations that follow the label of a “runner.” In considering their running, my participants recognize that there are boundaries around being a runner, and actively refrain from engaging those boundaries. For participants who choose to redefine what being a “runner” means, they, too, are choosing not to engage the boundaries that established what makes a “real” runner. Instead, they are creating their own subgroup of running that involves different boundaries and defining aspects. These boundaries may be similar to a “real” runner, such as running as a main form of exercise, but are more lenient. For example, my participants believe that being a runner is someone who runs consistently, despite speed or appearance. This definition is not only broader than a disembodied runner but also more inclusive of various runners, without relegating themselves to “joggers” at the bottom of the hierarchy.

There are still boundaries around the types of runners that my participants conceive of as appropriate. These runners, however, are still different and distinct from a “fun runner.” My participants are, in fact, redistributing themselves within the hierarchy of runners. Wimmer (2008) argues that this is often done by those within boundary hierarchies

as a way of recreating the boundaries of a category to allow themselves a place higher up within the hierarchy. Though my participants do not consider themselves disembodied runners, they have established themselves as having higher status than a “fun runner.”

Running identity is complex, with many influencing factors. Despite the fact these women actively seek to transform what running means to them, accomplishing that transformation is dependent on many aspects, including validation from the running group, outside peers, and themselves. In some cases, the creation of new criteria for running identity may be applied to other runners, but may not be applied to oneself, like as in the cases of Theresa, Carrie, and Margaret. These three participants have redefined what it means to be a runner, but still refrain from using the running label themselves, demonstrating these newly formed running identities are still fragile, and constantly in conflict with the dominant running discourse that promotes the disembodied runner. Further research could explore how such running identities are challenged, developed, transformed, and maintained within the running community. What may be more important to further explore is why some runners subscribe to the “runner” label, while others choose not to.

Research addressing groups of runners that are often overlooked, such as middle-aged amateur females, offers insights into identity formation in instances of conflicting categories of identity. Running experiences and, by extension, running identity may be vastly different for other understudied

types of runners, such as various representations of ethnicity, disability, economic class, or single parenthood. Including participants of minority or marginalized groups is just one way that researchers can continue to learn about running, identity, leisure, and the boundaries that surround these three components.

This research contributes to the growing body of literature on sport, running, and identity. Further research can be done on runners who do not fit the runner ideal (i.e., white, male, elite, and under the age of 30). This article begins to fill-in that gap by focusing on women who are middle-aged, non-elite, and mothers. It also contributes to an understanding of how identities work for and

against each other, and the way that identities can be formed, rejected, and even contested. Understanding running identity, mother guilt, and time constraints can also be used to understand the continued gender gap in road racing—my original research question.

Beyond sport and leisure this work on boundaries and identity could be extended to other areas, including boundaries between identities of parenthood and leisure generally, but also identities pertinent to the work role, parenthood, and other master statuses. Whichever research questions may arise, the results of my interviews are just one stepping stone to understanding the world of leisure, mothering, sport, boundaries, and identity.

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Constructing the Boundaries of Retirement for Baby-Boomer Women: Like Turning Off the Tap, or Is It?

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Abstract We are at a unique point in history when an unprecedented number of women are beginning to retire. Earlier work has suggested that women have few identity concerns in retirement because they had less attachment to the labor force. In contrast, women of the baby-boomer generation are the first cohorts to have participated in significant numbers in the paid work force since the institutionalization of retirement.

Using in-depth, semi-structured interviews, this article explores baby-boomer women's process of leaving the paid work force and queries what retirement means to them. It focuses on the eroding boundary between work and retirement and issues of personal and social identity for the research participants. When women retire, they navigate a number of key boundaries between full-time, paid and other work and between their own transitions and the transitions of others in their lives. The women's social identity reflects their experience of the intersection of retirement, aging, and gender. The themes that permeate the interviews include the loss of a primary identity without having a new positive identity to claim, being retired as a conversation stopper, and experiencing the invisibility that often comes with aging. Developing a unique identity and finding new meaning as a retiree is a challenging process for baby-boomer women as they negotiate "lingering identities" to avoid crossing the identity boundary from professional to retired. The article uses the words of the research participants to explore how they construct boundaries between work and retirement, the extent of their permeability, and the impact of women's relationships and identity on those boundaries.

Keywords Retirement; Gender; Boundaries; Identity; Baby-Boomer Generation

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of Widowhood (2010, University of Toronto Press), and *The Widowed Self: The Older Woman's Journey Through Widowhood*, published in 2001 by Wilfrid Laurier University Press.

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Women of the baby-boomer generation, born between 1945 and 1963 (Bonikowska and Schellenberg 2013), are the first to have participated in significant numbers in the paid work force since retirement became institutionalized in the early 20th century (Chappell et al. 2003). Using in-depth interviews, this article queries what retirement means to baby-boomer women and the boundary issues that arise for them during this transition around the meaning of both retirement and their personal and social identity.

Traditionally, sociologists have used the concept of "boundary work" (Gieryn 1983:782) to explore how professional groups, particularly scientists, identify specific characteristics to serve as a "social boundary" that distinguishes their activity from that of non-professionals. This article argues that baby-boomer women who have retired attempt to blur the boundaries between work and retirement and between their professional identities and the identity of retiree using "identity talk" (Snow and Anderson 1987). Hence, their boundary work is in the service of eroding social boundaries rather than constructing them.

Earlier work suggested that women would have few challenges in their transition to retirement because their attachment to the labor force was thought to be tenuous (Barnes and Parry 2004). Indeed, when I interviewed women retirement-community residents in South Florida in the 1980s and asked how long they had been retired, they often said that women did not retire. In contrast, retirement today is meaningful to women baby-boomers, many of whom have spent the vast majority of their adult

lives in the paid work force. In the past, researchers have focused on the family life of women who are retired, particularly on caregiving and grandparenting, but this emphasis may no longer be appropriate. As Cruikshank (2003:129) has pointed out, we can no longer assume that home life is "the focus of retired women's lives."

This article focuses on how baby-boomer women experience and talk about retirement and, in the process, navigate a number of key boundaries—between full-time, paid and other work and between their own transitions and the intersecting transitions of others in their lives. It uses the words of the research participants to explore how they have negotiated the boundaries between work and retirement, the extent of their permeability, how this transition has affected the women's sense of living meaningful lives, and the impact of retirement on their personal and social identity.

As members of the first cohort of women to retire in large numbers, baby-boomers are pioneers. The role of women has changed significantly in the last 50 years, begun by the baby-boomers who comprise the first generation that has had its "adult consciousness formed within the 'youth culture'" of the 1960s (Gilleard and Higgs 2002:376; Kotarba 2013). Retirement, itself, is changing, too. For many, rather than a discrete event, it is a process of transition that involves working part-time, working in "bridge jobs," or seeking employment as a consultant (Quinn 2010). The boundaries of retirement are becoming blurred as the old model of working one day and being completely retired the next becomes less universal. In the next section, this article

summarizes the small literature on women and retirement and introduces women's exposure to ageism.

Literature Review

Most of what we know about retirement stems from studies and standards based only on men or from direct comparisons of men and women (Price 2005; Krekula 2007; Byles et al. 2013). These studies either ignore women altogether or examine them only in contrast to men. Past research often sees retirement as a "crisis event" and poses the essentialist question of who has more difficulty adjusting to retirement, men or women (Martin-Matthews and Brown 1987). An exception is work by American anthropologist, Joel Savishinsky (2000), who explored the various meanings retirement had for a heterogeneous group of individuals.

Very little research, however, investigates the processes and meanings of contemporary retirement for women. This small literature identifies several central components of the process of retiring that seem to be important to women's experiences across international settings. First, women wrestle with how retiring affects their sense of identity. They worry about losing a valued identity, acquiring, in its place, a stigmatized identity as an old woman (Katz 2005; Borrero 2012; Duberley, Carmichael, and Szmigin 2014), or they may view their retirement as an opportunity to "reinvent themselves" (Liechty, Yarnal, and Kerstetter 2012). Second, retired women express a desire to find meaningful activity in later life whether through volunteering (Cook 2013), leisure (Liechty et al. 2012), or other activities to

avoid appearing to have nothing to do (Duberley et al. 2014). Living a busy, active life has also emerged as important to retired women (Kloep and Hendry 2006).

Christine Price has conducted qualitative research on the experiences of retired professional women in the United States. Her work emphasizes the meaningfulness of careers to professional women, as well as the challenges to their identity they face in retirement. She found that women encounter the loss of their professional identity as they experience a change in social contacts and face ageist stereotypes (Price 2000), were likely to identify with their work roles in retirement if they had professional careers (Price 2002), and found retirement to be an ongoing process, influenced by their professional roles rather than a discrete event (Price 2003).

Patricia M. Seaman (2009; 2012) conducted an interview study with early boomer women, born between 1945 and 1954, about their anticipation of retirement. She found that, as a group, they were "deeply exhausted" (Seaman 2012:249) by the demands they had met throughout their work years and sought to take control over their lives. The women Seaman interviewed expected to set boundaries around their commitments, not to work in retirement, and to have control over a new identity that would have meaning and purpose (2009:74).

When women retire, the intersection of their gender and aging has an impact on their experience and social identity. Hence, they have to deal with ageism, the "systematic stereotyping and discrimination against people because they are old" (Lewis and

Butler 1972:223). The stereotypes associated with ageism focus on a decline of physical and mental faculties, slowness, uselessness, and financial dependence (Arber and Ginn 1991). In a seminal essay, Susan Sontag (1972) elaborated on the double standard of aging that evaluates women more harshly than men as they age, particularly regarding their appearance. Older women tend to become socially invisible regardless of their occupation and background (Arber and Ginn 1991). In a recent study, Clarke and Korotchenko (2010) found that women felt grey hair was ugly and rendered them invisible.

Helen Rose Fuchs Ebaugh's (1988) seminal work, *Becoming an Ex: The Process of Role Exit*, argued that sociologists have done very little work on role exit, and this omission continues. I use her concept of lingering identity, "aspects of self-identity that remain ... from a prior role even after exiting" (Ebaugh 1988:173), to understand how my participants talked about themselves. Ebaugh (1988:150) notes that there is an "essential dilemma" in role exit which involves "incongruity and tension" between how one thinks of oneself and others' perceptions. Reitzes and Mutran (2006) used Ebaugh's concept of "lingering identities" to explore how older workers and new retirees manage the maintenance of their self-esteem in retirement. Their survey research found that their research participants used their lingering identities to "provide consistency and support for their retirement adjustment and self-esteem" (Reitzes and Mutran 2006:354).

Snow and Anderson (1987:1347) distinguish between "personal identity," an individual's self-concept, and "social identity," an identity "imputed

to others" to understand them as "social objects." Their study of homeless individuals noted that their participants used "identity talk" to support their self-concept. Because they have few other resources, homeless people may use talk to "construct, assert, and maintain desired personal identities" using distancing, embracement, and fictive storytelling to achieve their goal (Snow and Anderson 1987:1348). Although professional retired women arguably have many more resources with which to maintain a desired personal identity, they also face the possibility of "identity foreclosure" (van den Hoonaard 1997), the loss of their personal and social identity, because their social identity is moving into less valued areas (retired and old) than they had as professional women.

Methodology

Using in-depth, semi-structured interviews and a four-meeting series of discussion groups with interview participants, this symbolic-interactionist inspired research explores participants' process of leaving the paid work force and queries what retirement means to baby-boomer women. I interviewed 13 women who live in a Maritime Province of Canada and identified themselves as retired for this pilot project.

The women I have spoken to are unusual in that eight are single or divorced and four have no children. As well, as a result of my snowball method of recruitment, most have retired from professional careers such as lawyer, teacher (n=2), management positions (n=4), entrepreneur, professor, nurse/office in the military, dietician, child psychologist,

and probation officer. My setting, New Brunswick, Canada, is an ethnically homogeneous, fairly rural province populated primarily by individuals from English, Scottish, Irish, and Acadian backgrounds, and my sample reflects that homogeneity. All but one of my participants represented the English-speaking population and one the French-speaking population of the province. The women ranged in age from 56-77—all except one falling into the baby-boomer demographic which Statistics Canada identifies as having been born between 1945 and 1963 (Bonikowska and Schellenberg 2013). Most participants had retired within the last 5 years. I found that women were eager to participate in both the interviews and the discussion groups.¹ They had a lot to say and wanted to hear about other women's experiences and share their own.

The interview guide encouraged participants to talk about what their life was like before retirement; how they came to retire; and how their life has changed since retirement. It also covered the best and worst things about retirement and included a question about participants' everyday lives. Questions about personal and social identity asked if the women thought about themselves differently since they had retired and if others now think of or treat them differently. Finally, I asked my participants what advice they would give to women who are anticipating retiring and if they had anything they would like to discuss that I had not asked them. I worded the questions in such a way as to provide a conversational feel to the interview

¹ In fact, several women who had heard about the study approached me in parking lots to volunteer.

to encourage my participants to provide expansive answers.

I recorded and transcribed the interviews verbatim and took extensive field notes during the discussion groups, carried out a thematic and inductive analysis that entailed reading and re-reading the transcripts and field notes, identifying themes that were prominent, and bringing the data under each particular theme together to ascertain the issues and strategies that the women brought up and described (van den Hoonaard 2015). The themes that arose during the interviews and group discussions were almost identical.

In this article, I focus on boundary concerns that the participants raised, particularly around what it means to be retired, how they experience going from the structure of their work lives to the often unstructured experience of their retirement, and how being retired has affected their identity.

Boundary Issues in Retirement

The women with whom I spoke found the transition to being retired challenging, often more difficult than they had anticipated. One woman described it as "being on a trapeze where you're latched on to one [bar], but you have to let go to reach for the other" (Linda, project manager²). For some of my participants, the trapeze they are reaching for is, as yet, out of range and invisible. First, I discuss the

² All quotations, unless otherwise specified, are taken verbatim from interview transcripts, all names to refer to participants are pseudonyms, and careers listed are those from which they retired.

impact of whether or not the women retired voluntarily and how those who did retire voluntarily made the decision. The article next looks at how they understand the difference between working and being retired followed by the benefits and challenges of the freedom that comes with retirement and how it has affected their personal and social identities.

The first thing I noticed about my interviews was the extent to which the women I spoke with referred to their work lives when talking about themselves throughout the interview even though they knew that the research was focused on their experience of retirement. They seemed to believe that what made them of interest were their accomplishments in their careers. In essence, they were using identity talk to blur the boundaries between their work and retirement identities and their life in retirement by hanging on to the lingering identity of professional woman.

Voluntary Versus Involuntary Retirement

An important factor in how my participants interpret their experience is whether or not retirement was voluntary and, if voluntary, how they decided to retire. Mandatory retirement directly affected only one of the women. Although she knew that mandatory retirement at 65 was in effect, she thought that, somehow, she might manage to avoid it:

I hung on as long as I could ... The director didn't even know how old I was so I must have been doing alright in my job. But he, although he said I could

work for another six months, that didn't work out. (Helen, conference facilitator)

This participant had convinced herself that if she did not say anything, her employer would simply ignore or miss the fact that she had reached the age of 65. She, therefore, not only had no choice, but was surprised when she actually had to comply with mandatory retirement. Crossing the arbitrary boundary between being a legitimate employee and too old to work came as an unpleasant surprise for her even though she was well aware of the retirement policy. The director of her organization found part-time work for Helen. Hence, she made what she calls a "lateral move." Although she is technically retired, she is doing very similar work but on a part-time basis.

For others, retirement was voluntary. Gladys, a nurse in the military who had risen to high rank, transferred to the Reserves when she knew her "position was going or [she] was being replaced." She "moved over to the Reserves" because she had "paid into EI [Employment Insurance] all my working days" and would be able to draw on it for a year. Her being eligible for EI influenced when she officially retired. She commented:

And it just made me feel so good in my own mind that, okay, the government's not taking me for everything. I paid into this; I've worked for 40 years and paid into it. So, I feel it's my right.

By choosing her time and getting what she felt entitled to, she "retired on a high note, a good note."

Similarly, another participant timed her retirement to coincide with how much sick leave she had accrued. She stopped working almost a year before she officially retired to take advantage of the sick leave she had accumulated as a parole officer for the federal government. The boundary between retirement and work for these two women rests on the technical distinction between collecting EI or sick leave pay and receiving a pension. Even though they were not working during the intervening period, they did not consider themselves retired until these benefits ran out.

For some women, changes in the organization for which they worked influenced their decision to retire. Judy, district supervisor, simply felt that she did not want to expend the energy to continually adapt to changes in the provincial department for which she worked:

And also there were things happening in education. There always are. When you're younger ... I found the rewards doing what I was doing. But now, how many more changes do I want to go through? And do I want to, uh, put in the energy ... [to make] these changes again? ... So yeah, this seemed like the right—this was the right time.

A university professor found that the course her university and faculty were moving towards was troubling:

[I] just didn't like the direction things were going with the faculty ... the last three years of work were painful ... I found toward the end that I was doing nothing that was meaningful, beyond our research.

So, I was done ... I was emotionally done in terms of investment with the faculty. 'Cause I would go to meetings and be, like, "Oh, just spare me" ... Some of us have talked about this; you become the crank. (Karen, professor)

They found the changes in the workplace difficult and believed that people would see them as out of date because of their age. Both of these women also commented they decided it was time to retire when they realized they would have enough pension income on which to live.

Mary, the one entrepreneur in the sample, had a sudden epiphany. She explained that:

I just felt that I was in a cage and ... I had just had to be there day-in, day-out. And when you have that many employees ... there's always an issue ... I think then you reach that point where you say, "Well, okay, I'm kind of at a stalemate here ... I don't know where I want to go, but I know where I don't want to be anymore" ... And you just go "boom!" [Clapping]. That was it for me. I just said, "That's it. Door closed. I'm outta here."

Even though she was her own boss, Mary's work situation had deteriorated and she felt trapped in an unsatisfactory situation that she did not want to discuss. Her decision to retire was spontaneous.

Of the five married women, three specifically mentioned that their husbands influenced the timing of their retirement. The men who were already retired encouraged their wives to retire so they could spend more time together. Fern, who was a director

of Human Resources, retired when the province offered early-retirement packages to their older employees about five years before she had originally intended to retire. (Interestingly, so many workers took up the offer that the province had to scramble to replace some of them.)

Among the four women who reported having grandchildren, only one stated that she retired to spend more time with her grandson and another said she would now spend summers with her grandchildren, although she did not cite that as the reason for retirement. No one else suggested that retirement would give them more time with their grandchildren or that the identity of grandmother replaced their professional identities.

In summary, the women retired primarily when they felt uncomfortable with changes in their workplace and when they could afford it. They were pleased and sometimes relieved that they could retire on their own terms without becoming financially insecure. Those who were married felt some pressure from their husbands to retire, while one wanted to spend more time with her grandson.

Blurring the Boundaries of Retirement

Traditionally, these decisions and events would have led to the retirees' complete detachment from their work lives, "like a tap turning off," or "sitting in a rocking chair on the porch" (Linda, project manager), but for my participants, the definition of what it means to be retired reflects diverse understandings, experiences, and opportunities. Estelle, a parole officer who had found meaning through-

out her career in volunteer work for international aid organizations rather than in her paid work, commented that she "retired three years before I quit." In her organization, the observation that a co-worker was "already retired" is quite common to refer to someone who is approaching retirement age and has already stopped caring about work. Here, the boundary is related to lack of engagement with the workplace rather than the official severing of ties.

Women who consider themselves retired may work as consultants or take a part-time job. Ilene had been a social worker. She retired in July and came back to the same organization in August:

On a casual basis which was very, very accommodating ... we call ourselves RSWs,³ "retired, still worker" ... We're cheap labor ... no benefits ... [no] vacation ... all the bureaucratic stuff. It just feels free.

Similarly, Fern (who took early retirement at age 54) retired in December, and her phone rang the following January asking her to run a workshop that would have been part of her job in the past. Like Ilene, she worked as much as she wanted to, for a number of years, until the work became sporadic. She observed that she found it more difficult to "get back in" once you are "out of the harness." As well, when she reached 65 and started receiving Old Age Security, a monthly payment available to Canadians who are at least 65 years of age (Government of Canada 2014), she found that some of the money she received was "clawed back" in taxes.

³ RSW also stands for Registered Social Worker.

She decided to stop “double dipping” for a year to see how she would manage financially. She found she had enough money to live on without continuing to consult.

Part-time work not directly related to their professions was also a feature of retirement for some of the women. Carol, who had been a teacher, got part-time work at an art gallery. She made a small salary and decided to call her work “consulting” to preserve the professional identity she had had in her working life. Similarly, Helen moved into part-time work after mandatory retirement. She focused on the similarities between working part-time as a retiree and the full-time work she was forced to leave.

As the above data demonstrate, the boundaries between work and retirement are flexible and depend on the particular situation and definition the women use. Keeping in mind that the women in this study all self-identified as retired, one can see that working part-time or consulting does not prevent a woman from seeing herself as retired. At the same time, not working at all but technically being on sick leave or collecting Employment Insurance did not qualify as being retired even though the women had no intention of taking up their jobs at the end of their entitlement.

Freedom and Flexibility: The Best and Worst Aspects of Retirement

The most salient difference for the women between their careers and retirement were the freedom, flexibility, and lack of structure they encountered

after retiring. First, they experienced freedom from worrying about their work. Ann, an attorney, commented, “Thank you, God! I just walked away from so much pressure,” while Donna, a dietician, found that having fewer worries was what surprised her most about being retired. This relief from worrying was particularly significant for the women who left bureaucratic organizations in which the work situation had deteriorated:

It’s a chance for me to get unstuck from that work environment that I was finding really oppressive ... soul crushing ... I don’t have to worry about that anymore ... It’s okay to relax a little. (Karen, professor)

For several of the women, letting go was a challenging part of the transition. Ann, an attorney, found that, even though she reveled in the lack of pressure once she had retired, she had to get used to not giving people advice. It took her some time to get around to shredding her papers. Similarly, Betty, a manager, had to admit that, “You can’t fix everything. And everything is not in your hands. And it just makes [retirement] all that much more pleasurable.”

Discussions of freedom and flexibility permeated the interviews. For many women, it was the feeling of freedom that was the best part of retirement, but it was not always the easiest aspect to get used to. Five of the women were unequivocal in expressing their enjoyment of the freedom they have experienced.

The freedom to get up in the morning and to greet the day at one’s own pace was a real benefit:

You don’t have to be up at six, and you can go to bed whenever you feel like it. (Donna, dietician)

The women also enjoyed the freedom to dress as casually as they liked:

Guess what? I’m not putting on make-up today. Guess what? I’m not even going to get dressed! I don’t have to put on a bra, just to show you that I don’t have to do it. (Ann, attorney)

For some, it took a while for the reality to sink in:

When I left the clinic, it took me probably two years before I could ... wake up and think, “You could lay in bed ‘til 8:00 if you wanted to” or if you just felt like sitting, reading a book, you could. (Betty, Public Relations manager)

Gladys, a nurse/officer in the military, summed it up, “The best thing about retirement? I guess the freedom, freedom, flexibility.”

But, freedom and flexibility are also a double-edged sword. Just as they were the best part of retirement in some ways, in others they were the most challenging part:

Somehow, in my head, I thought I should be doing something here at home to show I’m productive ... The big thing for me was not to feel guilty about doing nothing ... there’s nothing wrong with watching a movie ... Even though I’m doing lots, I think I thought, “Oh, I’ll take courses or maybe I should go back and do that masters” ... I’ve sort of gotten over that now, of thinking there are things I should be doing. (Carol, teacher)

In response to the question about the hardest part of being retired, Estelle, a parole officer, said:

I think I could fall into a funk if I didn’t make sure I had something to do every day ... most days you want to know that there’s something, some reason to get up ... I’d say that’s the hardest thing.

Fern explained that it took time for her to allow herself the freedom to be unproductive:

I used to think that when I first retired. “What do I have to show for my day?” And then I thought, “Well, why do I have to have anything to show for my day really?” ... I don’t have to account. If I want a day off and I want to look at the river flowing by ... I’m entitled to do that. If there’s any advice that I say to people, it’s, “I think it’s gonna take you a little time to get used to the idea that you don’t have to go someplace and perform at some appointed time” ... I find that when people first retire, they are really hard on themselves ... They feel they have to account [for their time].

Nonetheless, some women were concerned that if they did not add structure to their day, they would not be productive, and they thought they should be productive. They felt that they needed to be accomplishing something to feel that their lives were meaningful.

I needed to be doing something ... So part of this time has been painful for me ... just taking time—endless time—and not doing ... It’s very clear that’s not my cup of tea. (Karen, professor)

Linda articulated the dilemma these women faced as they appreciated the freedom of retirement, but, at the same time, they needed to feel that they were accomplishing something and not just wasting time:

[What is the best part of retirement so far?] Freedom of choice, freedom of time, freedom in every sense of the word ... [What's the worst part?] Not having a sense of purpose ... I have an endless list of projects I haven't touched yet ... I think you have to put yourself out there ... When you're working ... it's all very structured and it seems endless ... now you sort of feel like, "Oh, I've got time to do." You think you have all this endless time, but yet it still seems to be zipping by. (Linda, project manager)

The dilemma of how to spend their time and what to do next came as a surprise to several women. Mary, who had been an entrepreneur, observed:

I didn't really expect to feel this that way. I expected to feel, "Wow! Now I have the freedom to do whatever I want." But ... I didn't expect not to be able to figure it out ... I really expected to be out more doing more things, and I find I'm not doing as much as I thought I would ... Where's my list? I don't even know where my list is anymore. And I had lists everywhere. What happened to me? [Laughing].

The question, "What happened to me?" raises the issue of how retiring has affected the women's personal and social identities. Crossing the boundary from professional or worker to retiree had a large impact on what my participants thought about

themselves and how others related to them. The challenges the women explicitly discussed involved the intersection of aging and being retired, the loss of a primary identity without having a new positive identity to claim, and being retired as a conversation stopper.

Intersections of Retirement and Aging

The intersection of retirement and aging in terms of both personal and social identity is not straightforward. It can be challenging for an individual to disentangle the effects of these two attributes. The interviews demonstrated the broad and taken-for-granted impact of ageism which my research participants dealt with by comparing themselves to others who have limited their options because of their age.

Three women noticed changes in their social identity related to their becoming older even before they retired.

I'm not so sure the world sees me different as a retiree ... I know the workers treated me much differently when I became an older woman ... you get to the point where you're invisible ... You're now a middle-aged woman. There's the invisibility of that, you know ... That was a bigger shift for me than going from working to not working. (Ann, attorney)

I don't know if it's got to do with work or just aging. Maybe they both happen at the same time ... I [have] white hair and I'm short. I think I've disappeared from the sight-line of other people. (Fern, director of Human Services)

Like others, she noted that being old can become part of one's social identity when she retires:

But, you can't go around saying, "Hey, wait a minute ... you know, I was somebody you want to pay attention to" ... I don't like being over. (Fern, director of Human Services)

[Your] sense of confidence could decline because you don't want to be thought of as an old senior ... I don't think anybody wants to be treated as a nobody or just a, a senior, just a senior. And I mean that word spells out negative. (Helen, conference facilitator)

These excerpts illustrate the negative connotations associated with being an older woman that the participants did not entirely reject. They found that people began treating them differently when their appearance began to reflect being older, particularly graying hair. They have internalized ageist ideas and equate being old with being critical of younger people and with being "just a senior."

Women may try to escape the retired identity by avoiding calling themselves retired. They sought a solution in identity talk (Snow and Anderson 1987) to distance themselves from the retired identity they were reluctant to claim. In fact, several suggested that we really should find a different word to describe their life stage.

I don't really say I'm retired. Not because my age matters to me, but when I say that retired word, people kind of look at me like, "Oh my God, are you that old?" ... People's concept is the old concept of getting your gold watch ... and putting your feet up ...

and golfing ... or going South all winter. (Ilene, social worker)

And I think people who haven't retired; their sense of retirement is you stop. You stop ... Certain people consider me a senior. I don't consider myself a senior. I still can't bring myself to do that senior's discount at Shoppers [Drug Mart]. Ugh! (Linda, project manager)

Earlier work has also found that women attempt to distance themselves from the negative interpretations of transitions associated with being an old woman (Matthews 1979) and with widowhood (van den Hoonaard 1997; 2001) through their rejection of what they see as pejorative terms.

Finally, some women compared themselves positively to others who saw aging, in particular, as a factor that limited what they were capable of.

I know a couple of people who define themselves by their age. And I think that is a very real, real issue, and I'm not sure that's necessarily a retirement issue ... You know, "Well, I'm in my 70s so I can't do that ... I'm in my 70s so I have to slow down" ... Whatever your age seems to define what your activity is ... not necessarily retirement that does that. (Estelle, parole officer)

Here, the women are doing boundary work. Rather than using boundary work to distinguish themselves from others, they are working to blur the social boundary between old, retired people, and to identify with those whom society values—younger, "productive" individuals.

Now That I'm Retired, Who Am I?

The professional women who participated in this pilot study had personal and social identities that were tied into their careers and work lives. Hence, when they retired, a number found that that they did not know how to replace their professional identity with a retired identity. They explained that their identities were strongly associated with their profession. In essence, when the profession is gone, they asked the question, "Who am I now?"

As baby-boomers, these women strongly identified with their careers. Gladys, an officer in the military, explained:

I worked my way to the top ... Especially in our vintage; women were trying to make it to the top ... We had to be Type A. And that doesn't change when you retire.

This entrepreneur's identity was tied up in the combination of work and raising children in the same competitive fashion as she approached her businesses:

We're supermoms. We're the generation of supermoms. We're professional people and we've got kids, yet we're gonna be the best mothers we can be. Our kids [are] going to be in piano, they're going to be in sports, they're going this; they're going that ... and they're top-notch academically. And we're just supermoms. (Mary, entrepreneur)

Another participant underlined that her identity was considerably more tied up in her paid work than in her family life, a huge change from how pre-

vious generations of women would have interpreted their identity:

Everybody has a family ... but that's something you do outside your work hours ... your work is your main purpose in life ... Your identity is wrapped up in your work because that's who I was ... I wasn't only attached to my work. I was attached to the whole organization and our sense of purpose. (Linda, project manager)

Perhaps this focus on their professional identity helps explain why only one woman suggested spending more time with her grandchildren was an impetus to retire.

These comments regarding professional identity contextualize the women's loss of mooring. They saw themselves as professionals who help people, whom people turn to for counsel, as people who make a difference:

Helping people, I like helping people. I like teaching things ... The twelve years I was in curriculum design, if I could get a finished product ... that was useful. (Carol, teacher)

I love it when somebody phones up—still to this day somebody phones up—and says, "I'd like to pick your brain about" ... I don't want to name drop, but a Deputy Minister phoned me up and said, "I'm having a problem ... and I'd like to take you out to lunch" ... I just love to talk about work. (Fern, director of Human Services)

I saw myself as making a difference ... I wasn't complacent; I was never complacent ... I was just very independent and resourceful. (Judy, guidance counselor)

These work identities were central. They provided a place in the world:

Work has always been very important to me ... work was my life ... Most of my life, I've had with the work a place; I have a solid place ... I got full professorship ... I was good at what I was doing and knew I was good at what I was doing. (Karen, professor)

These women's comments about their professional identities are very strong. Consistent with their forcefulness, these participants talked about their careers frequently and at great length throughout the interviews even though most of the questions I asked were about their experience of being retired.

Although the focus on work/professional identity showed up in most of the interviews, there was one exception. Only one woman pointed out that her work did not encompass her identity. She said:

I had always had another personality ... [Your identity has not been wound up in your work?] No, it wasn't ... I enjoyed my work ... and was a good parole officer, but the role was very much the role ... And I really didn't need to take that anywhere after 4:00. I have an automatic shut-off. (Estelle, parole officer)

This woman had done a lot of international volunteer work throughout her life. It was this work that had provided her sense of identity. Estelle's volunteer work was very meaningful while being a parole officer was more a job than a career.

Whether they saw their professional/work identity as central or not, participants had to deal with the

question of personal and social identity when they retired. They could not take their professional identity across the boundary to retirement with them. A lawyer observed:

I miss the integrity of the profession ... there was a sense of reward to being good at that. I don't have anything I do now that comes close to that ... I read all kinds of fictional books, and I make up that I'm the hero of the book. (Ann, attorney)

One gets the feeling that Ann, who talked about winning for the underdog in her work, felt like a hero in her practice of law. Her imagining herself as the hero of the book was one way she could use the plot to bolster her personal lingering identity.

The experience of women who did not know how to answer questions about who they are and what they do was common. For example, one woman said:

Like, "What do you do?" "Nothing" ... Somebody said, "What do you do?" And you say, "Retired." And often that's the end of it ... [Work] defines who you are. I don't have all that now. (Betty, Public Relations manager)

Another remarked:

And the famous question that everybody asks you at a reception, "What do you do?" I don't know how to answer that any more ... That's social currency to be able to talk about what it is that you do. (Linda, project manager)

These women were lamenting the loss of their professional identity. They, among others, said that if

they told a new acquaintance that they were retired, there was nowhere for the conversation to go. They had previously depended on their careers to provide topics of conversation.

Personal identity is sometimes related to having goals in one's work. The nurse/officer in the military saw her career as a series of goals to be achieved. She had not been eager to retire because, "I reached my goal; now what's my next goal? I don't have one" (Gladys). Another woman (Helen) commented, "I still want to know what I want to do when I grow up," a phrase familiar to the baby-boomer generation.

Several of the women communicated a real struggle with their personal identity in retirement. This married woman found herself doing traditional woman's work at home. Her loss of work identity was very difficult:

I found myself asking: "Who am I?" ... Even though I saw myself as very strong in helping others ... I really struggled with who am I? What am I doing? I've become the cooker and the cleaner ... And I thought, "My life has come to this?" (Judy, district supervisor)

Along with feeling a loss of identity, Judy asks, "What is my purpose?" She describes herself as having been a leader in her profession, but in her retirement, she has reverted to a more traditional gender arrangement in which she relies on her husband's initiative for planning their retirement life. She did not find this arrangement very satisfying.

Part of the loss of identity is feeling that one's moorings have come loose. So, Karen describes her life as "somewhat anchorless" without a purpose or a vocation. Others echo her sentiment:

I have been ... so busy marching to somebody else's drummer that ... I'm going to have to ... figure out what I'm going to do when I grow up. Figure out ... *Who's really in there?* ... What are you going to do? What are you going to be? ... It's freedom and it's scary. (Linda, project manager) [emphasis added]

For Mary, losing her social identity as a well-known local business owner was jarring:

That is your identity. When you don't have that anymore ... You think, "What is it that I do? Who am I really?" ... When you walk out and that's not there any longer ... you have to figure out something else that's going to make you feel not complete because that kind of sounds shallow ... but whatever that feeling is ... empty business syndrome.

These women were experiencing identity foreclosure and were trying to figure out a personal identity in retirement.

Eight women explained that telling people they were retired was a conversation stopper. Because their social identity had changed to that of retired person, people did not know what to say to them. It made it awkward for them to introduce themselves:

You know, somebody said, "What do you do?" And you say, "Retired," and often that's the end of it.

Or they say, "What did you do?" and you tell them and that's the end of it. (Betty, Public Relations manager)

One way to avoid this situation is to avoid telling new acquaintances that you are retired:

I'd probably say, "Oh well, enough about me, let's hear about you." (Fern, director of Human Services)

[So if somebody asked you to describe your working status right now, what do you say ... semi-retired, or?]

No, I say I work casually. (Ilene, social worker)

Even though my participants self-identified as retired when they volunteered for the study, in social situations, they avoided letting new acquaintances know they had retired to escape the inevitable silence that followed. In a sense, these women had not yet figured out how to use identity talk to present themselves to new acquaintances as worth talking to. The women reported that neither they nor the new acquaintance knew where to take the conversation next.

The only contrasting view comes from this woman who has found other retired people whom she meets at swimming class very welcoming:

There are a cohort of people who are welcoming of, "join the club" ... They talk with you in a different way. It's very welcoming ... They might be 80 or 70 ... They say, "Sometime ... join us for coffee." (Karen, professor)

She, alone, seems to be comfortable to join the community of retired individuals in her town.

Discussion

One of the striking aspects of the women's participation in the interviews was the extent to which they talked about their careers and work lives. Perhaps they use identity talk because of their belief that people found them more interesting in their work lives than in their retirement or, as Reitzes and Mutran (2006) and Ebaugh (1988) suggest, they were holding on to "lingering identities" that helped them retain the social status of their professional identity in retirement. They presented themselves to us through their focus on their careers and distance themselves from people who limit their options because of their chronological age.

The women in this study had successful careers and received recognition, and several spoke explicitly about being in the first generation of women to have professional careers. They found the boundary between work and retirement more complex than they had anticipated and the blurring of the boundary between their professional and retirement identities beneficial to their sense of self.

Leaving their careers was a process of transition rather than a concrete boundary that participants walked across or a discrete event. The transition was diverse, and seeing it as a process rather than a concrete boundary allowed the women to retain the professional identity that was important to them. For some, it started with emotionally disengaging while still in the workforce, while others took paid leave before officially retiring, and still others consulted or worked part-time for a while.

Regardless of how they left the workforce, retirement presented a challenge to the women's identity that the women Seaman (2009) interviewed, who were not yet retired, did not anticipate. Rather than being in a position to control and create a new personal and social identity, the women had to deal with how others reacted to them as older women without the status of a professional identity.

For my participants, leaving their professional identities meant losing the recognition of being an accomplished woman and moving into a situation of doing "nothing," as one woman said. The number of women who asked the question, "Who am I?" or "What am I?" was striking. In a sense, they experienced "identity foreclosure" (van den Hoonaard 1997); they no longer had the social resources to maintain their personal and social identities as professional women. They used identity talk (Snow and Anderson 1987) to try to hang on to the lingering identity associated with their professional careers, but they found it challenging, some commenting that they no longer knew who they were or what their purpose was.

Ebaugh (1988) describes two types of role exits. One is socially desirable, such as going from being an alcoholic to a non-drinker. The individual leaves a stigmatized role and enters a more socially desirable space. The other type of role is socially undesirable. In this type of exit, the individual leaves a socially desirable situation, such as being a doctor, and is stigmatized for leaving the role. Both of these types of exit entail crossing a definite boundary that has an impact on their social identity.

The situation of retiring is not as specific as the exits Ebaugh studied and is a combination of both types. First, leaving work and retiring at a certain age is approved of, but, at the same time, being involved in a career is higher status than being a retired old woman. Hence, my participants experienced a transition that straddles both types of role exit. Others' reaction to finding out they were retired underlined the potential void if they let their lingering identity go. Their social identity as old (or even middle-aged) women exacerbated the problem as they sought a valued social identity to replace their work identity. The women who were anticipating retirement whom Seaman interviewed (2009) believed that they would be able to control their identity once they were retired. The participants found that they did not have such control. They talked about the transition to retirement as a process, one in which their sense of themselves might change as time goes on.

This study has the obvious limitations of a pilot study. The sample is small and comprised of a very homogeneous sample made up of professional women who live in a relatively rural province of Canada. We do not know how women who reflect greater racial, ethnic, and social class diversity would experience the process of retiring. There is a great need for future work to include the experiences and perspectives of the majority of baby-boomer women retirees who were not professionals during their working lives and who, therefore, might be more committed to a firm boundary between work and retirement, if they can afford it, and considerably less attached to their work identities.

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Collaboration in Healthcare Through Boundary Work and Boundary Objects

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Abstract This article contributes to our understanding of how boundary work is practiced in healthcare settings. Previous studies have shown how boundaries are constantly changing, multiple, and co-existing, and can also be relatively stable cognitive and social distinctions between individuals and groups. In highly specialized, knowledge-intensive organizations such as healthcare organizations, organizational, professional, and disciplinary boundaries mark the formal structure and division of work. Collaboration and coordination across these boundaries are essential to minimizing gaps in patient care, but also may be challenging to achieve in practice. By drawing on data from an ethnographic study of two hospital wards, this article investigates practices of cross-disciplinary and professional collaboration and adds to our knowledge of how this kind of boundary work is produced in context. Moreover, it adds to existing boundary literature by exploring the fast-paced, situational, micro-interactions in which boundaries are drawn, maintained, and dissolved. These mundane, brief exchanges are essential to the practice of collaboration through boundary work. I consider the implications of these findings for boundary theory and boundaries in healthcare and other related settings.

Keywords Boundary Work; Boundary Objects; Micro-Interactions; Relationships; Healthcare

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Introduction: Why Study Collaboration Across Boundaries in Healthcare?

Healthcare organizations are high reliability organizations; organizations in which errors have a potentially lethal edge (Weick and Roberts 1993). Studies of performance in such organizations point to collaboration and coordination of work across

boundaries, as a central component, although this kind of collaboration is challenging to achieve in practice (Gittel, Seidner, and Wimbush 2010; Gittel, Godfrey, and Thistlethwaite 2012). Economic pressures on healthcare organizations result in efforts to optimize resource usage, including accelerated stay from admission to discharge and more services transferred to outpatient treatment or primary care. The need for effective coordination and collaboration increases and must be practiced within narrower time frames. In most modern hospital sectors, facilitating collaboration and creating more coherent and effective patient pathways is a central political and managerial goal that healthcare professionals and managers are expected to achieve. This is also true of Denmark, where this research is carried out (Danish Health and Medicines Authority 2011). This kind of collaboration is not new, but pressure on the conditions under which it must be practiced increases as healthcare delivery becomes more complex and specialized, resulting in potential gaps in coordination and care within and across organizations and professions (Nemeth et al. 2008). Gaps in healthcare work that need to be coordinated across professional or organizational boundaries, for instance, in patient handovers, represent especially vulnerable and critical points for patient safety (Siemsen et al. 2012; Ekstedt and Ödegård 2015). Clearly, boundaries are interfaces of *potential*, important collaboration, but how is such collaboration produced?

To answer the question of how healthcare practitioners collaborate across boundaries in clinical micro-settings, I draw on boundary theory, specifically the concepts of boundary work practices

(Gieryn 1983; Pachucki, Pendergrass, and Lamont 2007; Zietsma and Lawrence 2010) and boundary objects (Star and Griesemer 1989; Star 2010), and on cognitive sociology (Zerubavel 1991; 1999).¹ First, I present earlier research on boundaries, boundary work and boundary objects in healthcare settings to carve out the contribution of this article. Then, I present the cases, the methods used for data collection, and the data material I draw on. I explain how data analysis was carried out, and present the findings, which I discuss in relation to theory. Lastly, I discuss the limitations and implications for this research and practice, and suggest further avenues to extend the results of the article.

Boundary Theory, Boundary Work and Boundary Objects

Although boundaries have been studied across social science disciplines for many years, the vast amount of research into boundaries is not fully integrated and boundaries as multiple, co-existing, and constantly changing represent a less researched aspect of the phenomenon (Lamont and Molnár 2002; Hernes 2004; Mørk et al. 2012). Focusing on how collaboration across boundaries is carried out in context, I draw on both boundary theory and on Zerubavel's (1991; 1999) contributions to cognitive sociology, as this combination provides a framework for understanding how boundaries as cognitive and social constructs are produced.

¹ I focus on how healthcare professionals talk and act according to boundaries *when they successfully collaborate*. The equally important aspect—how do they talk about and act according to boundaries when collaboration is *not* achieved—is beyond the scope of this article.

In their review of boundary theory, Lamont and Molnár (2002) propose a distinction between symbolic and social boundaries. Symbolic boundaries are demarcations of difference on an intersubjective level, and social boundaries mark differences between groupings of individuals. Symbolic boundaries are conceptual distinctions, the medium through which status, resources, and the power to define reality are negotiated and achieved. A symbolic boundary may become a social boundary if its usage becomes accepted and embedded in the social fabric as a demarcation of difference and can be seen in stable behaviour patterns (Lamont and Molnár 2002:168). Boundary work, in their definition, is the work that deals with the dynamics of symbolic and social boundaries. While their review represents an important contribution to boundary theory, Lamont and Molnár's notion of boundaries primarily focuses on how boundaries can be drawn as exclusion or segregation mechanisms, for instance, in issues of race or gender. But, affirmation of difference is not necessarily exclusion (Czarniawska 2008a); it can also be a way to create a "we," a shared identity or context depending on the nature of the situation.

Research into cross-disciplinary boundaries and professional collaboration is not yet fully merged with the vast literature on boundary work. In their review, Pachucki and colleagues (2007) call for a greater integration of the knowledge produced in the different subfields examining boundary processes. Additionally, Zietsma and Lawrence (2010) point to the interdependency between the concepts of boundaries and practice, criticizing current research on boundaries for having neglected to study how and when actors shift between practic-

ing different kinds of boundary work. The disconnected nature of research into the overlapping phenomena of boundaries and practice is particularly problematic if we wish to understand boundaries and boundary work as fundamental social and relational processes of determining and agreeing upon shared notions of how people and things are defined as either different or related.

In healthcare, two main types of boundaries are central: *organizational boundaries* and *professional/disciplinary boundaries*, delineating the boundaries of organizations/departments/units or between members of a discipline or professional group. These boundaries, and particularly the way healthcare professionals coordinate and carry out interdependent work across them, have been subject to much attention from researchers from different fields (Scott 2008; Gittell 2009; Zietsma and Lawrence 2010; Chreim et al. 2013; Long, Cunningham, and Braithwaite 2013). The following recent studies contribute with knowledge of boundary work in practice: Mizrachi and Shoval's (2005) study of boundary work practices in a hospital setting, in which they examine how healthcare practitioners negotiate formal and informal boundaries of what constitutes "scientific" medical practice; the analysis of leadership practices as boundary work by Chreim and colleagues (2013); and the work of Mørk and colleagues (2012), who explored how healthcare practitioners handled reorganization and change of multiple boundaries in a medical context through boundary organizing.

Although boundaries have been a central concern for research into professions, scientific commu-

nities, and knowledge work, this work has also primarily focused on boundaries as acts of demarcation. An exception is the work on theories of boundary spanning; the practices by which individuals, often in designated roles, work to tie or broker knowledge between different social worlds (Long et al. 2013). The term boundary object originates from a paper by Star and Griesemer (1989), in which they show how scientists use boundary objects to collaborate across disciplines. Boundary objects can be physical artifacts or concepts. They are adaptable, and, in this common space in the boundary interface, they are not highly structured. Because a boundary object simultaneously has a vague common identity and a more specific local identity, it is useful for connecting and facilitating collaboration in work about which consensus has not been reached. In collaborating through the boundary object, the different groups draw on both forms of the object; the ill-structured general form and the local, specific form (Star 2010).

Boundary work (Gieryn 1983), in contrast, denotes the processes by which people continuously draw, maintain, and dissolve boundaries.² Boundary work is an activity carried out by individuals, but can similarly be practiced by groups. We practice boundary work when we define what does and does not belong to a concept / a classification / a group, et cetera, and the lines marking such boundaries are

² I acknowledge that boundary work in Gieryn's (1983) definition denotes practices of drawing and redrawing boundaries, thus mostly focusing on creating or maintaining boundaries. Gieryn shows how boundary work is subtle and complex, and he points to the flexible and changing ways in which boundaries are drawn and redrawn. I use the term boundary work to include the drawing, maintaining, and dissolving of boundaries, as I understand these aspects of boundary work to be interlinked, potentially a result of my unit of analysis.

often taken-for-granted and part of the mental and linguistic scaffolding which we continuously draw on, refine, share, and change. As such, boundary work is part of the ongoing social construction of our reality (Zerubavel 1991) and is tied to the social worlds we inhabit. Different social worlds have different "norms of focusing," determining what is relevant, useful, acknowledged, and what is assigned to the background, "out of sight." This is particularly evident in knowledge-intensive and highly specialized settings, such as medicine or other scientific communities, where participants learn to "see" and pay attention to certain things and ignore others (Zerubavel 1999). Such social worlds exist side by side and people negotiate boundaries from several social worlds simultaneously, depending on the situation at hand.

Boundaries: What Are They and How Are They Made?

In this article, I focus on boundaries as products of simultaneously cognitive and social processes. I operationalize boundaries as dynamic, continuously constructed, and enacted distinctions among people; of who belongs to "them" and "us," explicitly or implicitly expressed. This distinction marks both a cognitive and a social boundary that can be drawn in a multitude of ways in any social situation, depending on the participants' perspectives and experiences. I use the term "social boundary" to demonstrate that while boundary work is a cognitive and linguistic operation, it is also a social mechanism with real and visible consequences for the social worlds individuals engage in, and potentially on a larger, societal scale. This usage is inspired

by Zerubavel's (1991; 1999) definition: boundaries are social distinctions not only at the point when they are widely accepted but also in the situation when they are produced and reproduced in social interactions. Some cognitive and social boundaries are drawn deliberately and expressed openly, while others surface as "visible," when "crossed," questioned, or ignored (Bowker and Star 1999; Robbins and Ayede 2009). More importantly, boundary drawing always rests on a specific perspective and it is only in relation to this perspective, tied to a specific social world and way of seeing things, that a boundary assigning some people the "them" and others the "us" status makes sense (Zerubavel 1991; 1999). Thus, a practice-oriented focus on the production of boundaries may help to understand and explain the various ways individuals engage in and practice boundary work, both on their own and in different group or team settings.

As indicated by several of the above-mentioned contributions, boundaries are not static: they are multiple, can be changed in social interactions or over time, and may emerge differently depending on a given context. But, our vocabulary surrounding these social and cognitive constructions is indicative of the way we engage with them (Zerubavel 1999), as if they were indeed real structures that can be seen, researched, constructed, crossed, moved, and managed. In a way, they can. They may be both relatively stable and easily observable in people's behavior, and at the same time, they may be changed or dissolved, albeit temporarily, in a single interaction. Some of these efforts either initiate or maintain more lasting and widespread recursive configurations of interactions or practic-

es, suggesting that a more nuanced understanding of boundary work and practice work may help us understand some of the mechanisms of institutional work, and thus institutional change (Lawrence, Suddaby, and Leca 2010; Zietsma and Lawrence 2010).

Research Design

This article draws on data from an ongoing three-year study examining the effects of organizational interventions aimed at improving leadership and coordination practices in and across hospital wards, specifically to facilitate more coherent patient pathways.³ This qualitative study consists of two large hospital wards; an Emergency Ward and an Oncology Ward in two large Danish hospitals. The cases were selected to provide data on wards where uncertainty and work pace are high, and where coordination and leadership can be especially challenging: acutely ill and injured patients and patients with life-threatening diseases, often complex conditions with comorbidities (Strauss et al. 1997; Klein et al. 2006). The data material consists of observations of work practices, interviews, and document analysis of policy, organizational and clinical standards documents regulating work. Prior research has pointed to the usefulness of qualitative methods in studies of how people talk, act, and interact, and how this might change over time, particularly in complex contexts such as healthcare settings (Barley and Tolbert 1997; Pawson and Tilley 1997; Dopson and Fitzgerald 2005; Czarniawska 2007; 2008b; Dopson, Fitzgerald, and Ferlie 2008).

³ The project started April 1st, 2013 and ends April 1st, 2016.

I base this article on data from the first year of the study. To investigate how healthcare practitioners collaborate across boundaries in their everyday work, I examined collaboration practices embedded in and carried out both in clinical and non-clinical work. The data consist of observations of work practices and interviews with a range of hospital staff members in different positions: hospital management team members, chief physicians and head nurses in ward management teams, medical specialist physicians, residents and interns,⁴ front line nurses and charge nurses, and nurses in coordinator roles. Based on the first round of data collection, a description of the ward was distributed to a steering group⁵ for feedback and member check: this description focused on ward specific data (e.g., number and types of employees, number and types of patients, ward size), and on organization and practice of work.

Table 1 below gives an overview of the data material that this article draws upon.

Table 1. Data material.

Ward	Interview	Observation	Hours
Emergency Ward	11 interviews	5 functions	41 hours, 30 min
Oncology Ward	15 interviews	10 functions	74 hours
In total	26 interviews	15 functions	115 hours, 30 min

Source: Self-elaboration.

⁴ Residents are physicians who are employed in a hospital, as a part of their medical specialist training. In Denmark, interns are first-year residents in their first clinical basis education position.

⁵ The steering groups were formed locally in each ward and consisted of ward managers, members of the hospital/center management team, HR staff, chief physicians, and charge nurses.

Cases: Emergency Medicine and Oncology

Around the Clock Cross-Disciplinary Collaboration in the Emergency Ward

The Emergency Ward provides initial diagnosis and treatment for all patients referred to admission at the hospital. It is located in a large, somatic acute hospital with 3800 employees, 15 clinical wards, 6 clinical service wards, and 2 technical/administrative service wards. This hospital serves 300,000 citizens, has over 440 inpatient beds, and patients are referred from 180 GPs in the area or through pre-hospital and ambulance services. The Emergency Ward was established in its current form in 2009, with a main reception unit. Here, a staff consisting of physicians and nurses trained in trauma and emergency medicine work in teams to determine initial diagnosis and treatment based on the patient's symptoms. The field of emergency medicine is reorganized in Denmark towards one joint Emergency Ward as the primary entry into the hospitals, receiving almost all types of patients around the clock (Broecker and Bro 2013). This reorganization requires the close collaboration between the Emergency Ward and the other wards in the hospital, especially the Internal Medicine Ward and the Surgical Ward. Here, the Ward Management teams have negotiated formal work agreements specifying collaboration.

The purpose of the Emergency Ward is to provide initial treatment and care for acutely ill and injured patients, based upon a preliminary diagnosis. Patients are triaged upon arrival, and, depending on

how they score on vital parameters such as blood pressure, pulse, or saturation level, they are categorized as green, yellow, or red.⁶ The preliminary diagnosis is the determining factor for the next step in the process and grants access to the specialized treatment and care patients receive if admission is necessary. However, because the formal work agreements rest on the assumption that a given patient can be swiftly and precisely diagnosed, collaborations between staff from the Emergency Department and the other departments may become challenging in cases where fast, specific diagnosis is difficult. These cases typically arise around chronic patients with comorbidities, cancer patients with complications/side effects from their treatment, and geriatric patients with unspecific symptoms. Such patients with chronic conditions, often with comorbidities, for example, diabetes and hypertension or heart diseases,⁷ are likely to have an increased risk of re-hospitalization and complications, and represent a higher demand for healthcare services, and thus a potentially increased cost (Struijs et al. 2006). Moreover, these types of patients require specialized treatment and care from a broad range of healthcare professionals from several organizational departments, units, professions, and medical specialties, specifically tailored to their situation and conditions.

Cross-disciplinary collaboration becomes potentially more difficult between 4pm and 8am, as the Emergency Ward receives patients 24/7, intake

peaking between 10am and 10pm, while the other wards have their primary work hours from 8-4pm, 5 days a week.⁸ Disagreement over initial diagnosis is a common cause of delay in patient flows: until a diagnosis is reached or accepted by the emergency physician and the colleagues from the receiving ward, the patient remains in the Emergency Department's temporary observation unit. This unit is particularly sensitive to build-ups of patients and a resulting lack of flow. Thus, organization and practice of work in the Emergency Ward and the other wards are interdependent: if, for instance, the Internal Medicine Ward cannot maintain an equally high patient flow by discharging their patients, they do not have sufficient room for the new internal medicine patients from the Emergency Ward, causing the Emergency Ward to back up and patient flow throughout the hospital to slow down. To address such capacity challenges, Real Time Capacity Demand (RTCD) conferences are held during the day to coordinate work according to the given capacity situation in the hospital.

Oncology: Collaboration in Distributed Work

The Oncology Ward is the largest ward in the study, providing specialized non-surgical oncology treatment and care for cancer patients. It is located in a large teaching hospital and is made up of several subunits, responsible for the different kinds of specialized oncological treatment and research. The staff group consists primarily of physician oncolo-

gists, oncology nurses, radiation therapists,⁹ physicians, administrative staff, orderlies, and health assistants. When patients are referred into this ward, they have been diagnosed with cancer, and this initial part of treatment and care is organized in and carried out according to diagnose-specific clinical "cancer pathways" that are mandatory clinical standards nationwide. Outpatient radiation and chemotherapy treatment is by far the largest part of the clinical work here, and this is organized according to diagnosis, in four main groups. The physicians are organizationally affiliated with a specific group, designating their area of specialization. The nursing staff are affiliated with an organizational subunit (radiation therapy unit, bed units, ambulatories, or the care path unit). The Ward has one main building, but, due to increasing number of patients, also contains three satellite units (one close and two far away). The Ward is responsible for the specialized treatment of patients from the entire region (for a few diagnoses, from the entire country), but due to limited capacity and increasing demands for services, treatment of complications and/or side effects is undertaken in the local hospital a given patient geographically belongs to. If these patients do not require hospitalization, the task of day-to-day care and rehabilitation falls on the municipality in which the patient lives. In the last stages of a patient's illness, the Oncology Ward can offer palliative treatment and care, but only patients in need of highly specialized palliative care are admitted to one of the bed units in the ward. This means that large parts of a given oncological patient process takes place *outside* the Oncology

⁹ Nurses with an extra formal education allowing them to administer radiation therapy treatments.

Ward. Collaboration with healthcare practitioners from other wards or other hospitals, the municipality's home care nurses and rehabilitation and care staff, the patients' general practitioners, and the patients and relatives¹⁰ are all central partners in providing treatment and care for the Oncology Ward's patients.

Pilot study

The empirical investigation was initiated with a pilot study to hone the initial design and data collection plan (Yin 2009). This consisted of observations, interviews, and informal talks with healthcare professionals in different positions, and resulted in a list of the work functions to be studied, for example, emergency physicians in different shifts, residents on "sweeper duty," et cetera. Additionally, in an attempt to get an overview of the typical phases in patient flows in and out of each ward, I asked participants to draw on a piece of paper where patients came from and where they went, after their stay in the ward. Based on these drawings, I asked participants to mark where challenges typically arose, which types of challenges they would experience, who were involved in the situations, and what they felt could be done to foster collaboration. I also asked where collaboration works best in their opinion and why.

Interviews

The interviews were carried out by a semi-structured interview guide based on the pilot study and

¹⁰ Prior studies have highlighted the importance of including patients and relatives (Aizer et al. 2013; Ekstedt and Ödegård 2015).

⁶ Triage tools are common sorting and prioritization mechanisms in emergency medicine (Robertson-Steel 2006).

⁷ WHO estimates that diabetics have an increased risk of heart disease, stroke, kidney failure, damage to the blood vessels, and neuropathy, which can lead to infections and amputations.

⁸ Traditionally, in Denmark, work is organized so the majority of admissions to a bed unit, rounds, discharges, exams, and outpatient clinic opening hours are between 8am and 4pm. Outside this period, planned activity and staff are reduced.

the initial literature review, specifically around research on continuity and coherence.¹¹ The interviews focused on the following important factors: coordination, relationships, trust, IT systems, knowledge or information-sharing, and shared clinical pathways. The emphasis was on everyday work practices, for example, clinical work procedures, collaborations, standards and formal pathways, and the role of patients and relatives. The interviews were carried out with a practice-oriented approach, asking participants to provide specific examples from their work.

Observations

The observations were carried out between September 2013 and December 2013. The focus was to explore the everyday work practices and interactions of participants, as they unfolded in context. For each work function, I made arrangements with the individual participant, negotiated terms of access, and shadowed them in their work (Czarniawska 2007).¹² I wore the same type of uniform as the participant, bearing a visible ID, clearly stating my name, title, and affiliation. I wrote down field notes during observations, focusing on sequences of actions and interactions by the participants. In some cases, participants offered their opinions or reflections, typically during brief breaks or after hours, and as the interviews, in most cases, were

¹¹ Most of the literature addresses continuity (experienced by patients, over time), whereas the less researched concept of coherence covers how work is organized, managed, and practiced, hopefully leading to increased continuity (Saultz and Lochner 2005).

¹² The research was approved by each participating hospital and follows the Danish Social Science Research Council's ethical guidelines (Danish Social Science Research Council 2002).

carried out after the observations, I noted down any issues during the day that I wished to explore in the interview.

A Reflection on Studying Boundaries in Practice

For this article, I examine practitioners' everyday work, with specific attention to how they collaborate across professional, disciplinary, and organizational boundaries. Boundaries mark social distinctions and people who navigate them act as if they are "really there," and thus they may be explored by studying both practice and the way people talk. As in other studies of issues that participants in social worlds take for granted, the anthropologist's strangeness or "outsider" status can be a valuable position (Star 2010), allowing seeing what other people take for granted. As boundaries are cognitive and social constructs, I only have access to how they are talked about and how people act *as if* they were real. From this, it follows that I can analyze how my participants talk about and carry out their interactions with people belonging to other groupings (professions, specialties, organizations, units, etc.), but participants' unarticulated perceptions and whether or not other people share the participants' view of situations are beyond the scope of this article.

Analysis

The data analysis in this article is carried out inspired by abductive analysis; an approach to qualitative research and data analysis as a process of theory generation as "meaning-making drawn from empirical data in dialogue with an intellectual com-

munity" (Tavory and Timmermans 2014:21). In the following, I explain my analytical methodology.

An initial report on the reorganization of Emergency Medicine in Denmark had pointed to potential areas of conflict or disagreement, and unresolved issues of shared leadership and responsibility in the new, joint Emergency Wards (Broecker and Bro 2013). Additionally, research into distributed work points to the potential for increased rate of conflicts when people need to work across geographically distributed sites (Hinds and Bailey 2003; Hinds and Mortensen 2005), as is the case for staff in the Oncology Ward. Based on this and an initial literature review on collaboration across boundaries in healthcare settings, I expected to observe demarcations of professional and disciplinary boundaries in the everyday practice of work in the two wards. From the pilot studies, I knew that ongoing collaboration was needed across the professional hierarchy, across professions, and across disciplines, every day. However, as I analyzed the data material, I did not recognize the traditional presentation of boundaries in healthcare as relatively stable phenomena demarking professions or disciplines, or as something which boundary spanners could cross or bridge in their efforts to facilitate knowledge sharing across domains. Instead, my analysis of the material pointed to collaboration as two different types of boundary work: 1) dissolving and redrawing boundaries, or 2) maintaining boundaries through reference to difference in profession or discipline.

I coded the interview data material in the software program NVivo and through several rounds

of handwritten coding and drawing relationships between codes and initial constructs. Drawing on theoretical concepts from the literature (e.g., boundary object, shared knowledge) and on bottom-up codes that I built based on the material (e.g., "knowing someone," "trust"), I explored what characterized the actions participants carried out when collaborating. I found that the data did not fit into the traditional conceptualization of boundaries in healthcare as relatively stable. Rather, I found references to boundaries in-flux when participants talked about their work, with whom and how they collaborated in practice, or when they gave me descriptions of how patient pathways were organized in their ward or unit. In these cases, reference to boundaries were mostly expressed through the terms "them," "us," or "we," regardless of the types of formal boundaries at stake in a given situation. Moreover, such terminology seemed to denote both temporary and relatively stable identities and groups. I analyzed in detail the kinds of statements and actions that were associated with reference to "them," "us," and "we," and, across the material, found repeated references to relational aspects of work such as shared knowledge, shared responsibility, and goals, as well as to the significance and meaning assigned to trust and familiarity. I then focused the analysis on two elements: firstly, how relational aspects of work were linked to boundary work practices, and thus to the collaboration practices I investigated, and, secondly, how the notion of the "patient" would function as boundary object: objects that allowed healthcare professionals to collaborate although they were not familiar with each other or shared social worlds.

Findings and Discussion: Collaboration Is Boundary Work

By means of two types of boundary work, boundaries were temporarily dissolved or redrawn to facilitate collaboration through shared contexts or trust, or they were maintained but overcome in formal non-consensus collaborations, facilitated by patients as boundary objects. Both types were present in the two cases; however, in the Emergency Ward, boundary work was practiced with an often explicitly relational approach to collaboration with practitioners from other wards. In the Oncology Ward, which is a large ward organized according to subspecialization, the political regulation of practice of work across wards, for instance, through clinical standards for cancer pathways, specified the formal organization of collaboration with external partners. Additionally, the fragmentation and geographical distribution of oncology work set a different frame for collaboration than in the smaller Emergency Ward, where collaboration was either practiced over the phone or on the Emergency Ward's reception unit's main floor. As I will show, both types of boundary work were practiced in mundane, everyday work situations through brief interactions face-to-face, phone, or video.

Collaboration Through Dissolving and Redrawing Boundaries Around a "We": Examples of a Relational Approach in the Emergency Ward

In the Emergency Ward, work is fast-paced, unpredictable, and carried out through collaboration

across hierarchy, organizational units, professions, and disciplines. In the front line, the staff consists of residents, nurses, and emergency physicians. Coordination of work around all patients is managed by a daily "nurse coordinator" and a "coordinating emergency physician."¹³ As patients arrive and are prioritized through triage, each patient is assigned to a temporary team consisting of a nurse and an emergency physician. Based on evaluation of the patient's condition and care needs, the resident may perform the initial examination, always in close dialogue with and support from the coordinating emergency physician, and, depending on the results of the initial examination, consultation with specialists from other wards or diagnostic imaging may follow. Upon initial diagnosis, the patient is transferred to the relevant ward, or discharged to primary care or outpatient follow up.

In emergency settings, fast-paced teamwork and dynamic delegation of tasks and responsibility according to the patient's changing needs is essential (Klein et al. 2006). The multidisciplinary nature of work calls for teamwork and communication skills, often trained through simulation (Miller et al. 2012). The importance of teams is also central in this Emergency Ward. Every morning all members of staff on call meet in a quick "time out," where everyone is introduced by name, work function, and affiliation. A chief physician explains the rationale behind this:

We work in teams, in these ad hoc teams, formed based on who is at work today. And that's why it is

¹³ These two functions rotate in the nurse and physician duty roster.

so important that we introduce ourselves to each other; because some people work together so rarely, maybe mostly the juniors. I know what everyone's names are, but the juniors don't, and the people who work in the periphery—staff from the laboratory, for instance—we don't know their names. And when you are in a tight spot in a team, then it is really nice to have been introduced to each other, to know: these are the people we are today. (chief physician, Emergency Ward)

The quote illustrates how the staff use the morning meetings to create a fresh cognitive and social boundary of "we;" "these are the people we are today." Staff working in what the emergency physician expresses as the "periphery" are deliberately included, as the coordinator nurse and the coordinator emergency physician dissolve the traditional boundaries of organizational affiliation and profession, and temporarily redraw social boundaries around the day's team. The data material from the Emergency Ward was filled with examples of how participants worked deliberately to dissolve formal boundaries and redraw new temporary boundaries around a "we," thus creating what Kellogg (2009) calls a relational space. Her analysis shows how the creation of relational spaces of inclusion may positively impact implementation of change initiatives, such as the case of the reorganization of Emergency Medicine in Denmark. In the material, I found several such spaces where cross-disciplinary and professional collaboration coincided with a relational approach, deliberate creation of shared contexts, and reference to shared responsibilities through dissolving and redrawing boundaries around a new,

sometimes temporary, sometimes more durable, "we." An excerpt from my field notes observing an emergency physician on duty as coordinator reads:

10.45: He goes to the clinical logistic whiteboard, looks at the "arriving patients" column, and the patient treatments in progress. He steps back, looks at the board and says out loud: "Where are we now?" He assigns the next round of patients to available residents. 11.15: The phone rings, it's a colleague at another ward. He says: "Then he [a patient] can come to us, if no one else has any available capacity to see him." 11.30: He's back in front of the board: "What do we have now?" he says. He looks at all patients again. (field notes, emergency physician)

Throughout the day, the "we" refers to "the people we are today," and is thus connected to both a shared task (keeping a good flow of patients) and a shared, organizational identity of inclusion that is a deliberate strategy of the Emergency Ward. This was particularly evident in notes from the front line, but could also be seen in morning conferences, such as this excerpt illustrates:

At the morning conference, a resident presents a case ... afterwards she is praised. A senior physician says: "That was a really good case, well done!" Around the table, the other senior physicians nod and agree. She thanks him, and adds, "I would like to say on behalf of us residents: Please do remember to tell us when you have a really exciting patient. We are really eager to learn! Just send us out there!" (field notes, Emergency Ward)

The quote also illustrates how a relational space of inclusion may work, even though participants refer to themselves as belonging to different sub-groups (residents-seniors). The different ways staff in the Emergency Ward create and contribute to an inclusive, relational space, exemplified through the “we,” can also be seen as a way of recognizing the diverse, yet interdependent work contributions that healthcare consists of, across professions and disciplines (Strauss et al. 1997).

A Deliberate Relational Approach to Collaboration

In the data, some participants explained how they deliberately chose to visit colleagues face-to-face in an attempt to create a shared sense of work context or task. Over the years, people’s preference for face-to-face interactions in work has been identified in several types of activities and practice that are central to getting tasks accomplished collaboratively; for example, managerial work (Mintzberg 2011), leadership practices (Denis, Langley, and Rouleau 2010), and mutual adjustment or coordination by feedback (March and Simon 1958; Van de Ven, Delbecq, and Koenig 1976). A clinical coordinator in oncology explains how she approached a new demand to diagnose and initiate treatment for all suspected cancer patients within a certain time frame:

I tried to get a collaboration going with the radiology ward ... I went down there and said: “We are doing this differently now and we know it will have consequences for your work. I just want you to know that this is how we will try to handle the situation: Do

you want join in, in getting this task done?” (clinical coordinator, oncology)

Here, the clinical coordinator circumvents the official hierarchy, addresses staff in the Radiology Ward directly with an invitation to take part in handling the new demand for treatment of their shared patients. Hinds and Bailey (2003) demonstrated that close proximity fosters informal interaction and familiarity, and that groups who need to collaborate across distances have a harder time establishing a shared context. As seen in a study by Hinds and Mortensen (2005), face-to-face interactions and relational aspects seemed to facilitate collaboration and lower conflict rates across geographical sites, facilitating either a shared context or a shared identity.

A charge nurse in the Emergency Ward explains his experiences with this relational approach:

I had to talk to the charge nurse in our pediatric unit, which is a 3- 4-minute walk from here. So, instead of emailing her, like we always do and like I have done a thousand times, I got up and walked over there and knocked on her door. And we looked each other in the eyes and we talked about the issue we needed to talk about. And in the end she asks me: “So, are you new here?” And I answer, “No, I have actually worked here for 16 years.” And it is just a completely different kind of contact you get, when you meet each other and talk **with** and **to** each other, instead of written words that can be interpreted in any number of ways. So, I am a firm believer of direct contact and direct dialogue, and I think we see the benefits of this approach at our

Real Time Capacity Demand conferences. (charge nurse, Emergency Ward)

Creating a shared context around a common task can also be mediated through video technology. In the hospital where the Emergency Ward is located, Real Time Capacity Demand conferences have been initiated as a response to challenges in bed capacity. These conferences are held at 12pm every day to facilitate patient flows and optimal usage of resources. The charge nurse from the Emergency Ward explains:

We are starting to have a much closer dialogue with the many bed units, where our patients go. Every day at noon we simply meet up and we have a video conference with staff from the other hospital ground. Representatives from their wards and units are gathered in a room and we have all our people gathered here and in this way we provide each other with a collective, shared overview of the current situation in the house: “What are we dealing with today and how can we help each other?” This way, patients belonging to one specialty—internal medicine, for instance—perhaps they can be placed in a bed in a surgical ward, if there is any room left there. We actually have a really effective communication with the other wards, not that we are in constant contact with them, but this conference at noon has created a situation in which we know who each other are and what the wards are doing. And this kind of thing can be developed more. (charge nurse, Emergency Ward)

This quote shows an example of how a formal platform for recurring collaboration can facilitate

and potentially build familiarity and work relationships that can be drawn upon in situations outside the platform. Additionally, the quote illustrates how the meetings have made the charge nurse view the group as a “we,” with a shared task and responsibility to view problems connected with minimal capacity as a *shared* problem that should be solved in the entire hospital and not within each individual ward. The organizational boundaries demarking the different medical bed units which the charge nurses represent in this meeting are dissolved and redrawn around *all* the bed units, marking a shared responsibility for all non-surgical patients in the hospital, and thus creating a shared task of assigning patients to available beds. Research on the effects of relational coordination in healthcare settings (Gittell 2002; Gittell et al. 2010) has demonstrated that relational aspects of work, such as shared tasks and responsibility, help foster better collaboration. This article extends this research by providing an understanding of how this kind of work is practiced in clinical micro-settings.

Trust, Knowledge, and Communities of Practice

Despite deliberate initiatives to dissolve the traditional boundaries and facilitate a shared “we” as basis for collaboration, achieving this in practice sometimes remains a challenge, especially when there is a strain on bed capacity and the economic incentives do not yet fully support cross-departmental collaborations. In these situations, it seems that relational aspects, such as familiarity, trust, and inclusion, become even more important. This

means the combination of healthcare professionals on call on a given day may potentially impact whether collaboration is achieved or not. In an interview, a chief physician explains how, in his view, relationships foster collaboration:

P: It's much harder to say "No" to someone you know. That's just how it is. You're much more flexible, but also much more precise in what you want, I guess. You are also more precise in what you are uncertain about, and that's why you get a much better and more confidential dialogue.

I: What do you mean by being more precise in one's uncertainty?

P: Well, take, for instance, if I want to transfer a patient to a bed unit, and their criteria for accepting patients—their threshold—is so and so, then I will interpret things along those lines, so that they get the picture and it's best for the patient. And if I know the colleagues at that unit, then they also know my work. And if I say: "I think we are looking at X or Y," then they'll say, "OK, we'll take a closer look at it." On the other hand, if I don't know them and it's just one of those days, well, then: all of a sudden it's just, "Well, we don't think so," and then that's that. (chief physician, Emergency Ward)

Here, the chief physician explains how *knowing someone* makes a difference in the collaboration around patient transfers. Here, the impact of familiarity and trust on collaboration and diagnosis is expressed as both the inclination to and actual practice of *being more precise in one's uncertainty*: an approach that would seem highly relevant for the optimal diagnostic process and collaboration around the next step in a patient's pathway. The

quote also points to the potentially interwoven nature of trust and knowledge sharing, aspects that have been linked in theories of relational coordination (Gittell 2000; Gittell et al. 2012). Initially, he dissolves the disciplinary boundaries by referring to a "we" collaborating around a patient. But, the quote also shows how this kind of boundary work entails reciprocity: if the temporary dissolving of a boundary is not repeated by the other in the interaction, when a collective "we" and a shared sense of task is not confirmed, then collaboration is hampered and conflicts may arise.

Relationships of mutual trust and respect at the front line are not only a question of creating a common ground for collaboration; they are also a central factor in achieving collaboration in those challenging cases where patients are not easily diagnosed due to complexity, for example, in patients with comorbidities and/or chronic conditions, or when it is "just one of those days," when the pressure on time, bed capacity, and resources is increased, for instance, due to unexpected rises in patient intake. In these cases, relational aspects seemed to facilitate a situation in which traditional boundaries could be dissolved and a new "them"/"us" boundary could be drawn, marking a "we" in a given situation, in spite of the heightened risk of conflict or gaps in coordination in such situations (Ekstedt and Ödegård 2015). In order for collaboration to work in these unexpected situations, relationships seemed to foster respect and trust in the others' professional knowledge and capabilities. An emergency physician explains how he experiences this in his work:

The professional trust is of great importance. Because you feel it—I don't know about the other emergency physicians—but personally, I can feel that I enjoy a certain amount of respect with the internal medicine physicians. So, when I have a patient that I need transferred, then it often goes smoothly. There is not a lot of discussion, and I tell myself that it is because they know my diagnoses are correct, that they don't have to go any further into it: the plan has been made and it is OK. So, it means a lot, of course it does. It is also important for the flow, because we would have to work harder to get the flow; it wouldn't just happen in the same way. (emergency physician, Emergency Ward)

The relational approach seemed to facilitate collaboration in several ways; through a shared context, an inclusive "we," and as a source of trust and respect that again could result in a more open dialogue and a shared responsibility for and goal of doing "what's best for the patients."

Collaboration Through Maintenance of Boundaries: Patients as Boundary Objects

Patient stories are an integral part of healthcare work: the narrative structure of medical knowledge has been well established (Hunter 1991; Montgomery 2006). Within and across medical specialties and professions, patient stories are told as apprenticeship learning, peer knowledge sharing, and consultations in formal and informal arrangements. The material from both wards contain instances of referring to patients as means of collaborations and of using reference to a *specific* patient in

a certain situation as a boundary object to initiate potential collaboration. I will focus on how healthcare professionals collaborate through patients as boundary objects, as a way to engage in collaboration while maintaining boundaries in the highly specialized treatment and care characteristic of oncology in particular. In common use, the term "patients" would refer to a very broad term (e.g., "cancer patient" or "neurological patient"), while local use would draw on a more specific understanding of the patient's condition based on the professionals' social world. A specific patient would be the reason for collaboration, but the participants drew on their own specialized knowledge and history with the patient when finding the best way to proceed. This is exemplified by the following field note from a Multidisciplinary Team Conference (MDT) in Oncology. Initiated as a way to optimize cancer patients' way from the Surgical Ward to the Oncology Ward, MDTs are recurring meetings in which oncologists, a clinical coordinator, surgeons, radiologist, and pathologists meet face-to-face to discuss specific patients' diagnose and treatment plan. The participants in MDT conferences contribute precisely because of their individual, specialized knowledge of a single part of the totality of work needed to provide specialized cancer treatment and care, and not—as in traditional mono-disciplinary conferences—because they belong to a certain organizational unit or discipline. In this field note, healthcare professionals from four different organizational departments and five different professions/medical specialties collaborated in a formal, recurring arrangement around specific patient cases. Prior to each conference, healthcare professionals may put patient cases that need

to be discussed in this forum on the list for next time, making it a planned version of the traditional, need-based instigation of collaboration around specific patients.

At the MDT conference for cancer patients, participants gather around a large screen, where the chief radiologist pulls up the scan images and patient records one by one. He starts by giving a brief account of each patient and then presents what they found on each patient's scans, for example, "This patient is a 63-year-old man with ventricle cancer. As you can see on the scans, we found..." Then the pathologist presents the results of biopsies and tests, the surgeon explains the outcome of the surgery, and lastly, the oncologist explains which specific treatment options they can offer for this particular patient. For each patient, they discuss and decide on the next step in the process, based on the overview of the patient that they piece together from everyone's contribution, but for this last patient, it is tricky. The surgeons are ready to transfer him to the oncologists, but the next step for him in the Oncology Ward depends on his lab results. He either needs a more specialized and longer treatment or the standard, shorter version. The clinical coordinator books the first consultation at the Oncology Ward on her laptop right there at the meeting, and the surgeon on the case is now responsible for giving this appointment to the patient when he comes in to get the results of his surgery and imaging examinations. The chief oncologist wraps up the patient case: "So, you'll give him this appointment to see me on Monday when he comes to see you tomorrow, and that's good. What do you say (directed to the pathologist), can Pathology have the final test results

done by Friday? We can't book him for a treatment before we have the results from you. And if I have a consultation with him on Monday, then I would like to be able to offer him the treatment on Tuesday." The pathologist reply: "I can't guarantee that, but I will certainly try. But, keep in mind we have a packed program these days, and I haven't promised anything." (field note, Oncology Ward)

Initiatives such as Multidisciplinary Team Conference can serve both as a framework for sequential, isolated situations in which participants collaborate in specific patient cases *and* as recurring platforms for building relationships between oncologists, surgeons, clinical coordinator nurses, pathologists, and radiologists, thus also facilitating future collaborations between the people *outside* the platform, if and when specific situations occur, where this is called for. Thus, such formal frameworks have the potential to support ad hoc collaboration practices that are a central part of the interdependent and fluid type of work that healthcare is. This ad hoc collaboration can be practiced in a variety of ways, often through brief, informal contacts, as when a surgeon calls a fellow surgeon for advice on a specific case, as this surgeon gives an example of:

When you have a case where you are in doubt and think: What the hell should I do here? Then you just grab your phone and call: "Look, I am sending you something [a patient case]. Can you give me a piece of advice?" (Head of Abdominal Surgery)

Such knowledge sharing and collaboration are facilitated by membership of the same community of

practice (Brown and Duguid 2001). Collaborating through specific patient cases as boundary objects can also initiate inter-professional collaboration. This oncologist explains how the cross-disciplinary conferences are occasions for this kind of work:

When the nurses in the bed unit have a patient that they have a hard time helping or where there is some kind of problem—usually something psychological or social, or, for instance, a problem with compliance that might hamper a successful treatment—then they present the patient case and we all discuss it: what can we do about this patient? How do we plan the best possible process? (chief oncologist)

This kind of collaboration is built on affirmation of difference ("we are different") rather than reference to a shared identity ("we are the same"). Both in the MDT and the cross-disciplinary conference, the combination of different kinds of knowledge is sought in order to collaboratively find the best course of action.

Using a patient as boundary object might also initiate collaboration with GPs who are located outside the hospital and belong to the primary sector, for instance, as an extra precaution in situations where patients are particularly vulnerable. This interface is often identified as a critical point in cancer care pathways (Ekstedt and Ödegård 2015), when the GP officially assumes main responsibility for the patient:

If I get the impression in a conversation with a patient that there might be a need for this, then I will go out and call the patient's GP right away, after the conversation. This does not happen often, but this need can

easily arise. And my experience is that this is always well received—even though they are extremely busy in private practice. In reality, this kind of thing is probably something we could work to optimize even further. (chief oncologist)

In this case, the oncologist will call a patient's GP, someone with whom she does not share a community of practice. She maintains the disciplinary boundaries between them, as they collaborate, precisely because they have a shared responsibility for the patient, yet contribute different things. As research by Hinds and colleagues has shown, conflicts in such geographically distributed work can be mediated through site visits which create a shared work identity or shared work context (Hinds and Mortensen 2005), but this is not the case here. Instead, I propose that invitations to such collaboration may be well received, because the oncologist and the general practitioner share social world and optical socialization as physicians. Moreover, the narrative structure of medicine and the use of patient cases among healthcare practitioners may make patients as boundary objects a strategy that is an integral part of the fabric of healthcare work¹⁴ and a strategy that is linked to institutional norms to provide the best possible treatment and care for patients.

Conclusion

In this article, I show how healthcare professionals collaborate through two kinds of boundary

¹⁴ Case presentations, morning conferences, cross-disciplinary conferences all draw on sharing knowledge of patients through stories.

work. The first type of boundary work was the dissolving and redrawing of boundaries done through reference to a “we,” through shared relational spaces of inclusion, and through a deliberate relational approach to collaboration, recognizing the significance of trust and familiarity. The second kind entailed maintaining boundaries to affirm difference, but without rejection; “we collaborate *because* we are different.” Work was still collaboratively accomplished through patients as boundary objects, often in formal arrangements or across networks of practice (Brown and Duguid 2001).

The tendency to research boundaries as stable produces a simplistic image of basic cognitive and social processes. Instead, the results in this article support earlier boundary research by Mørk and colleagues (2012) and by Hernes (2004) that demonstrate how boundaries are multiple, co-existing, fluid, and subject to dynamic change. Additionally, I point to the reciprocal, fast-paced interactions as important building blocks of the boundary work that healthcare professionals carry out, often embedded in core clinical work. This notion of boundary work as cognitive, social processes embedded in a specific context adds to existing cognitive sociology (Zerubavel 1991; 1999; Robbins and Ayede 2009) through empirical studies of how such processes might unfold in two hospital wards. Moreover, the analysis shows how relational aspects of work and a deliberate relational approach to collaboration, the first kind of boundary work, may support both the iterative and unpredictable work of diagnosing complex patients, as well as the coordination needed to create and

maintain a good patient flow through the day. The work by Hinds and colleagues (2002; 2014) has demonstrated the significance of recognizing relational aspects of distributed work, such as the potential effects of being able to interact face-to-face and build familiarity and a shared notion of context. Whether participants prioritized face-to-face interactions varied, depending on work function and personal preference; some health care professionals used this strategy often, while others did so rarely. Face-to-face interactions were not a prerequisite, but often a facilitator of collaboration. Recurring face-to-face interactions and formal platforms for non-consensus based collaboration (such as the RTCD and MDT conferences) can facilitate the development of familiarity, relationships, and trust in each other’s knowledge over time. Using patient stories, however, did not require face-to-face interaction or relationships of trust, although such elements seemed to support collaboration in general. The notion of “patients” worked as a boundary object allowing collaboration without consensus, supported by a shared task or goal. Here, boundaries of “them”/“us” did not change, and thus did not hamper collaboration; rather, the affirmation of alterity (we are different) through respect and recognition of other healthcare professionals’ contribution to a given patient case seemed to be supported by the maintenance of the traditional boundaries.

In this study, boundaries were individually and collectively dissolved, redrawn, and maintained through a relational, inclusive approach or boundary objects. The results speak to the fast-paced, fluid, and dynamic nature of boundary work: it

can be carried out by brief, seemingly mundane interactions that are at the core of clinical work practices, such as diagnosis or patients transfers, and embedded in ad hoc coordination practices that keep the core work on track. This should not lead researchers to disregard this kind of work as insignificant or trite. Rather, as this article demonstrates, detailed analysis of such micro-events provides us with a more nuanced understanding of the many types of activities in which boundary work is inherent.

Future Research

As healthcare systems become more specialized, complex, and fragmented, healthcare professionals will have to practice more collaboration across disciplinary, professional, organizational, and geographical boundaries, often under increased time pressure. The ability to successfully collaborate around treatment and care of patients with an array of actors will be a crucial skill and an important part of everyday clinical work for healthcare professionals in the future. Thus, knowledge of how this collaboration is practiced is important for research and for healthcare regulators, managers, and practitioners alike. If regulators and managers are to support this important collaboration, as research into patient safety, coherence, and coordination of care suggest, then we need to produce a more solid knowledge base of *how* this collaboration is practiced in a variety of settings and under different conditions. This article only offers a piece of this puzzle, and, as all contributions do, it has its limitations: the analysis focuses on boundaries in relation to collaboration that

works, and further research could constructively add to this with analyses of the micro-interactions of boundary work when collaboration is *not* successfully achieved.

Furthermore, future studies could extend the limited amount and type of cases that this article draws on in order to investigate how boundary work is practiced in other types of clinical settings, extending the scope to non-hospital settings such as GP’s offices, rehabilitation facilities, and patients’ homes. Such research could investigate the significance of contextual conditions under which healthcare professionals collaborate; for instance, the impact of spatial dimensions, such as physical layout or proximity, or the significance of trust in inter-professional collaboration (IPC) and knowledge sharing in clinical work. A different avenue could explore the role of trust in clinical work and the mechanisms that build and support it, and how these aspects impact the practice of different types of boundary work. This article suggests that a relational approach, trust, and familiarity can facilitate collaboration because these aspects foster positive reciprocal responses. If further research can support and extend this, it would be an important step in further understanding how collaboration through boundary work can be produced.

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Maintaining Boundaries: Masculinizing Fatherhood in the Feminine Province of Parenting

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Abstract Today's fathers are more involved with childcare than the generations that preceded them. There is evidence to suggest that men consider fatherhood and their relationships with their children as more important than ever before. Still, society generally deems the activity of "parenting" as feminine. Thus, men who choose to identify with hegemonic notions of masculinity have few pre-existing father identities to choose from. I argue that fathers actively masculinize their parenting in order to protect their masculine identities. I use qualitative methods to examine the different approaches that they take to conciliate their actions as fathers with their identities as men. They do so by stressing different areas of importance when it comes to parenting, by adding masculine elements to their fathering activities, and by staying away from parenting activities that are generally marked by society as feminine.

Keywords Fathering; Paternal Identity; Hegemonic Masculinity; Parenting; Boundaries

There is a great deal of literature regarding gender roles in the family and, specifically, the differences between motherhood and fatherhood. The literature suggests that parenthood is deeply gen-

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dered and takes on different meanings for men and for women. Not only do women continue to take on the lion's share of childcare duties (Hochschild 1989; 1997; Shelton and John 1996; Coltrane 2000; Sayer 2004; Poortman and van der Lippe 2009; Bianchi and Milkie 2010; Hook 2010) but men tend to view their roles as fathers as mediated and organized by their wives. In fact, men tend to see children as an extension of their marriage, and often it is their female partners who decide when to have children and in which way to raise them (Di Leonardo 1987; Hochschild 1989; Lorber 2005; Townsend 2005).

Once children are born, they are often viewed to be their mother's priority. Motherhood becomes a romanticized identity, and mothers tend to feel "mor-

ally transformed" (McMahon 1995). Fathers, on the other hand, are often viewed as "helping out" or as "babysitters" when it comes to their own children. Indeed, when a man is the primary care-giver to a child, it is deemed to be an extraordinary situation, sometimes even newsworthy (Lorber 2005). By contrast, motherhood traditionally places women at the epitome of their femininity and at the height of their gender performances (Eichler 1988). One wonders, then, how fathers who take an active role in parenting navigate and negotiate their participation in the feminine domain. This is precisely the focus of this paper.

There is evidence of the increased accessibility and involvement of fathers in the lives of their children in the last several decades. There has been a steady increase in the time that men have been spending with their children, as well as an increase in the practice of co-parenting (Furstenberg 1988; Pleck 1997; Deutsch 1999; Yeung et al. 2001; Craig, Mullan, and Blaxland 2010; Turner and Welch 2012). In the past it was assumed that fathers make very little contribution to their children's well-being and researchers supposed that fathers took a back seat to mothers when it came to exerting influence over children (Smith 1998; Lorber 2005). Today, these notions are considered outdated as father involvement has become associated with greater well-being for men, as well as for children (who tend to do better in school, have fewer behavioral problems and higher self-esteem than children with less involved fathers) (Eggebeen and Knoester 2001; Buckley and Schoppe-Sullivan 2010).

Yet, while the practice of fatherhood has been changing, the culture of parenting still revolves

around motherhood. This culture is strongly rooted in the social structures of media, religion, school, and family. Thus, fathers who choose to be involved parents find themselves struggling with the culture of hegemonic masculinity and must reconcile their fathering with their masculine identity. In this study, I use qualitative methods to examine the different approaches men take to conciliate their actions as fathers with their senses of masculine identity. I found that fathers actively masculinize their parenting behaviors as a means of protecting their identities as men—identities which are threatened upon their entering the feminine domain of parenting. The strategies which emerge are: stressing different areas of importance when it comes to parenting, adding traditionally masculine elements to fathering activities, and staying away from parenting activities that are marked by society as ultra-feminine.

Theoretical Background: Fathering Behavior, Culture, and Hegemonic Masculinity

The social construction of fatherhood has changed over time from the patriarchal father figure, who held authority over his wife and children and who was primarily responsible for discipline, to the more nurturing father figure that we are familiar with today. The rise of industrialism created a separation of work and home and had the result of pushing fathers into two opposing groups: absent fathers (who spend a great deal of time at work and/or who have abandoned their roles as heads of households) and involved fathers (who have been given societal "permission" to show warmth and nurturing towards

their children) (Bernard 1981; Turner and Welch 2012). Cultural conceptions of fatherhood have changed so that active participation in childcare is not just accepted, but somewhat expected. Today's fathers believe that active and nurturing involvement in childcare is an integral part of fathering roles (Gerson 2010a; Taylor et al. 2013).

Indeed, fathers have become more and more active in childcare over the years. In 2013, seventeen percent of single parents in the United States were men and an estimated two-hundred and fourteen thousand men worked as stay-at-home fathers (U.S. Census Bureau 2013). Studies have also shown a general increase in the amount of time fathers spend carrying out childcare activities (though the data consistently show that mothers still carry out the vast majority of this work) (Coltrane and Adams 2001; Gershuny 2001; Yeung et al. 2001; Bianchi, Robinson, and Milkie 2006).

A central claim of this paper is that fathers actively masculinize parenting in order to enhance their own masculine identities. There are, of course, many different forms of masculinity. While it is important to acknowledge the existence of a variety of different masculinities, it is vital to recognize that society assigns disproportionate values to different forms of masculinity. That is, some forms of masculinity are more highly valued than others. The term "hegemonic masculinity" refers to the form of masculinity which is most desired and tends to correspond with qualities that people recognize as traditionally masculine, such as strength, power, control, and success. Other forms of masculinity are then viewed as lesser forms and, subsequently,

less desirable. Most importantly, "hegemonic masculinity" is constructed in relation to the concept of femininity, being strongly defined as its opposite. Activities that fall into feminine gender schemas, then, threaten hegemonic masculine ideals (Kimmel 1994; Connell 1995).

Activities and qualities connected with parenting have traditionally fallen into feminine gender schemas and are most often deemed a part of women's domain. Indeed, a model of fatherhood that includes strong emotional ties, physical closeness, intimacy, et cetera is often at odds with hegemonic masculinity as it is these very qualities that the dominant form of masculinity tends to repress (Magaraggia 2013). While my study suggests that this can be somewhat limiting for fathers, narrowing the range of father identities that they have to choose from, Miller (2011) posits that fathers are empowered by a greater diversity of choices when it comes to paternal identity as they can present themselves as good fathers in terms of involvement or in terms of being good providers (and everything in between).

Indeed, many men have attempted to renegotiate the boundaries of hegemonic masculinity, moving beyond the good provider model to incorporate various levels of egalitarianism, ranging from men who incorporate mothers' employment into their masculine ideals yet still do not take equal responsibility for childcare, to those who share equally in the domain of childcare. The adoption of these different levels is, of course, partly embedded in larger social constructs including race and class (Shows and Gerstel 2009; Gerson 2010b).

Kaufman (2013) speaks of such levels in her notable work on what she calls "superdads." Kaufman outlines three different types of fathers: old, new, and super, and points out that even the most traditional "old dads" are more focused on their children than the generations of fathers that preceded them. She explains that "new dads" make greater attempts than "old dads" to balance both work and family and to accommodate their partner's employment while, at the same time, not seriously challenging their work arrangements. Thus, their commitment to egalitarianism is significant, yet limited. Furthermore, Kaufman claims that this "new dad" type of fathering has become normative. Lastly, Kaufman describes the lives of "superdads" who place children above career, share in the responsibility for parenting equally with their partners, and who make all decisions about their paid employment with their children's best interest in mind.

There have been several works that advance gender neutral parenting, calling for a degendering of this domain and promoting equality in the area of parenting (see, for instance, Kimball 1988; Lorber 2005; Mannino and Deutsch 2007). However, many scholars still insist on painting the realm of parenting feminine and define the active participation of men in childcare as "mothering" in attempts to reflect contemporary mainstream beliefs (see, for instance, Robinson and Barret 1986; Ehrensaft 1987; Risman 1998; Crittenden 2001).

Doucet (2006:210), in her influential work, *Do Men Mother?*, examines this pairing of men and motherhood, ultimately concluding that, "these fathers are not mothering and they are not mothers. Rather ...

these fathers are reconfiguring fathering and masculinities." Indeed, the assertion that men mother can be somewhat problematic for men as they attempt to gain access to the province of parenting which has already been deemed a feminine domain. Doucet (2006) questions the constant contrasting of women and men in terms of parenting skills and calls on both scholars and policy makers to note the unique abilities and parenting approaches that fathers bring to their families. Doucet (2009) points out that when women make space for men to cross the threshold into the parenting realm, fathers come to take on responsibility for children in terms of both community and emotion. She points out that much of the retention of traditional gendered parenting roles stems from the marginalization that fathers often feel in female dominated early childhood settings, such as parenting groups, and notes that women and men experience different pressures when displaying childcare in community settings (Doucet 2006; 2009; 2011).

Lastly, Townsend's (2002; 2005) work on fatherhood and the mediating role of women provides valuable insight for scholars examining gender and parenting. Townsend (2005:105) describes how his respondents viewed, "marriage and children' as elements of a 'package deal' which cannot be easily separated." Women, he argues, are often the decision-makers when it comes to having children. They often take on the roles of "default parents." Furthermore, Townsend argues, women play the role of mediator when it comes to fathers' involvement, outlining the conditions around fathering behavior. Townsend (2002) argues that men's mediated roles are a result of paid employment and that

it is their identity as providers for their family that is used to express closeness to their children. The emphasis placed on provision limits men's time within the home, leading their roles to be mediated by their wives.

Methodological Approach

I gathered data from a series of thirty-three semi-structured interviews with father respondents who have young children. The majority (twenty-eight) of these interviews were conducted in Wisconsin; four were conducted in Indiana and one in Ohio. Nineteen of the interviews were conducted as part of earlier research and, for those respondents, their partners (the mothers) were also interviewed. My original study, in which I interviewed forty parents (19 fathers and 21 mothers), centered on the practice of maternal gatekeeping, exploring this process of mothers limiting the involvement of fathers in childcare. During these interviews, however, an interesting theme emerged inductively. I noticed that the fathers seemed to feel both a sense of pride, as well as a sense of discomfort when it came to their fathering behaviors. They were happy to report to me what they were doing as fathers, but also felt the need to add a touch of masculinity to these behaviors; they felt the need to distinguish their parenting roles from those of their female partners. This motivated me to investigate further. As the original study focused on maternal identity in relation to maternal gatekeeping, I wondered what part paternal identity played, if any, in creating this interesting dynamic. I decided to add to my data set fourteen more interviews just with fathers.

I used a snowball sampling technique to carry out this research. As my initial focus was on maternal gatekeeping, I sought out families in which parents were either married or living together. As such, only three men were not married but were cohabitating with the mother of their children and only one respondent was divorced from (and attempting a reconciliation with) the mother of his child. Initial respondents were obtained while observing parenting "in situ" at places where parents and children can be found, including parks, child-themed cafes, libraries, and restaurants. I would simply approach people in these settings who had children with them, introduce myself, obtain their phone numbers, and then set up an appointment for an interview at a later date. I also obtained respondents from everyday public settings, asking people in restaurants, cafes, stores, and on the street if they would be willing to let me interview them. Several interviews were carried out by research assistants under my supervision who both took advantage of referrals from names I had collected, as well as recruited respondents from their own places of work.

As my attention shifted away from maternal gatekeeping and towards fathering, my sample became more purposive and I sought out fathers who showed a measure of involvement in their children's lives. While involvement can be broadly defined, to recruit respondents, I relied on the appearance of involvement (men who took their children to parks, libraries, and restaurants and who were actively engaged in parenting activities: playing, feeding, disciplining, etc.), as well as on statements from men themselves concerning their

involvement with their children. In general, this approach yielded a relatively diverse sample, consisting of several different religious, ethnic, and socio-economic groups. Respondents ranged in education level from high school diploma to PhD and were employed in occupations that included jobs in the medical field, in the field of religion, students and academics, military personnel, fire-fighters, and sales. Several men were unemployed, worked only in odd jobs, or were home on disability. I was also able to interview families where fathers acted as primary caregivers to their children. (This, however, had more to do with these men being unemployed than it did with gender ideology and speaks to the class diversity of my sample.) The sample also consisted of families that were formed by adoption and step-parenting. While I did not limit the sample by age of respondents, I only interviewed men who were raising children under the age of eighteen years old. The respondents ranged in age from twenty-four to fifty years old, the majority being in their late twenties or early thirties. The ages of their children ranged from newborn to thirteen years old (with one respondent having an additional adult child whom he did not discuss during the interview). For a list of respondents and their biographical data, see: Appendix A. All names used in this article are pseudonyms.

This sampling strategy was also somewhat limiting for my study. In addition to excluding divorced and separated fathers, my sample did not contain respondents raising children with same-sex partners or parents who were atypically young (such as teenage parents). As well, this sampling technique may have generated a sample that was slightly

more invested in their parental identities as I only approached those who had children with them in public places. This may have eliminated from my sample fathers who do not often go to child-centered places nor often take their children out in public. It is difficult to assess how this may have impacted my findings. However, one might ponder whether the respondents may have added pressure placed on them to masculinize their parenting since they do so in the public eye. Perhaps my respondents were more likely to engage in masculinizing than fathers who limited their involvement to activities carried out in the home.

Fathers, in general, were eager to speak about their parenting roles, and thus rejections were few and far between. When recruiting, my research assistants and I made a point of explaining to respondents that we were interested in hearing about fathers' perspectives in particular (as opposed to just concentrating on the roles of mothers in parenting). This went a long way in making respondents feel appreciated. Still, in the majority of cases, the interviews were set up through the respondents' partners. This is noteworthy itself in light of the literature that suggests fatherhood is mediated through wives and mothers. It was most often the mother who agreed first and then recruited her partner. Even in the 14 cases where only fathers were interviewed, it was surprising to note how many of the respondents were recruited by asking mothers if their partners might be persuaded to be interviewed. This, of course, demonstrates a predisposition of the research process itself, whereby even researchers view parenting as feminine domain and feel the need to ask permission from

mother gatekeepers before eliciting the opinions of fathers. Indeed, on several occasions, women explained they would be happy to be interviewed, but their husbands or live-in boyfriends were very busy and would most likely refuse. Once these fathers were asked, however, they (with only two exceptions) agreed to the interview and often spent longer speaking than their mother counterparts. In general, respondents mentioned they felt special to be included in a study of an academic nature as, for them, this was an exceptional experience. (One respondent actually joked that he could now cross this off of his lifetime bucket list.)

Each interview was based on a series of prepared questions pertaining to the respondents' parenting experience. I typically began by asking fathers how they came to be parents: a question which gave me insight on the respondents' initial involvement in the parenting process but which often elicited slight laughter from my respondents, and thus doubled as an ice-breaker. Other questions concentrated on the first few months after their children's arrival, specific fathering activities they engaged in, involvement in parenting groups, and their own definitions of "good father" and "bad father." These central themes were explored yet the interviews allowed flexibility in terms of probing thought-provoking answers. Interviews lasted from forty-five minutes to over two hours and were transcribed verbatim.

Using the methodological framework of grounded theory, I was able to generate theory from the data throughout the research process. This valuable approach allows researchers to let their data

dictate their findings, and thus also uncovers what aspects of the research are most significant to their research subjects. It allows respondents to inform, and the researcher to convey the local meaning that respondents create in a situation. This method was especially useful for this study as grounded theory is both detailed and rigorous yet also permits the flexibility and freedom required to gain new perspectives on common situations. This allows for greater diversity in findings, especially when investigating multifaceted social phenomena. (For a more detailed account of grounded theory, see: Glaser and Strauss 1967; Strauss and Corbin 1990; Charmaz 2006; Bryant 2007.) Using open-ended questions constructively facilitated the kind of flexibility that allowed the respondents to concentrate on the aspects of parenting that *they* found most meaningful, thus giving my subjects voice in my research.

Once complete, my data were openly coded for analysis using codes such as: BP (baby preparation—referring to how fathers prepared for their child's arrival), BT (bedtime—referring to bedtime routines), GF (good father—referring to any mentioning of the concept of being a good dad), et cetera. I then organized relationships between the codes, combining them into common themes. Thus, concepts became categories of analysis. For instance, I noticed that the data coded for "good father" were often also coded for "finances," as well as for "involvement." This led me to create a secondary coding that combined these initial codes such as GF-F (good father-finance) and GF-I (good father-involvement). Other examples of categories of analysis that emerged from my secondary

coding include: M-B (masculinizing-building) and M-EW (masculinizing-emotion work). This axial coding was useful in organizing the data, adding depth to the categories, and further shaping the data for analysis. Several of these groupings were unexpected. For instance, one might expect the initial code FG (fathering groups) to be linked with the code FI (father identity). However, I found that fathers more often associated fathering groups with the dissemination of information on fathering, leading to the code FG-Info instead.

I completed my data analysis with a third, selective coding, creating substantive theory from the categories of axial codes. For example, I reexamined the codes on fathering groups and information, uncovering evidence that fathers do not often use fathering groups because they view them merely as venues for gathering information on fathering and they do not feel they need this service. Thus, through the process of memoing, the core narrative of my research emerged and I began answering the broader questions of how men reconcile their fathering practices with their senses of masculine identity.

Findings

When I began researching parenting, I was interested in how mothers sometimes limit the involvement of their children's fathers, a phenomenon known as maternal gatekeeping. This initial research was inspired by watching my friend's family after the birth of their first child and noting the ways that my friend seemed to be pushing her husband away from childcare duties. While this was

relevant to the concept of maternal gatekeeping, there was another aspect to this: Why was her husband, who was actively seeking involvement with his son, so willing to be pushed out of intimate and domestic childcare duties? Furthermore, if he was being, albeit readily, pushed, where was he being pushed to? I noticed that when locked out of holding, feeding, and diapering, he concentrated his parenting in different areas: taking care of financial obligations, arranging his son's circumcision, organizing the home, et cetera. Indeed, as I conducted research on parenting in general, I found that fathers were often pushed, and, more importantly, often *pushed themselves* into this other realm of parenting. It became clear that this push was deeply rooted in gender roles and relations. Fathers seemed, like my friend's husband, to be torn. They wanted to be involved in parenting and yet would go to great lengths to remove themselves, or allow themselves to be removed, from this feminine domain. They seemed more comfortable parenting, however, once they took steps to masculinize any parenting activities that they performed that might otherwise fall into feminine gender schemas which challenge hegemonic definitions of masculinity.

Adding the Masculine

The respondents in my study often attempted to reconcile their participation in childcare with hegemonic definitions of masculinity by adding a touch of masculinity to childcare activities. Indeed, they would navigate feminine territory by participating in activities that fell into masculine gender schemas yet still allowed them entry into the womanly world of parenting. Respondents did

this in a variety of ways: Firstly, they would use terminology taken from the masculine domains of sports and/or the military to discuss their children. For example, several respondents spoke of “tag-teaming” with their partners—a term from wrestling—or used various football terms to discuss their children. Many of them were also involved in coaching their children’s sports teams. In contrast to Miller (2011), who found that fathers described themselves in language that was associated with femininity (but only in the domestic arena, thereby reinforcing, not challenging, gendered divisions in childcare), the fathers whom I interviewed discussed involvement with their children using gendered, masculine terminology. Tom, for instance, discusses roughhousing with his daughters by saying that they were, “beating me up,” while Jacob refers to his roughhousing and wrestling with his daughter as, “dad things.” This was coupled with men having reported that they prepared for their children’s arrival by reading books that emphasized masculinity in parenting. Jordan’s wife, Lisa, told me: “We read our own books. He had, you know, *Dudes Guide to Parenting* and whatever, and I read my *What to Expect When Expecting*.” Fathers also sometimes attended classes on parenting that intentionally used masculine imagery such as “Daddy Bootcamp,” which plays on the hegemonic masculine role of soldiering as a metaphor for fathering.

While the books and classes that masculinize fathering are easy to find, some of my respondents took matters into their own hands and found their own ways to add the masculine. Robert, a stay-at-home father who did stage-hand work at night

from time to time, began adding the masculine to the job of diapering before his child was even born. He planned out the buying of diapers months before his baby’s arrival, calculating how many diapers would be needed per day, et cetera, and then calculating how many weeks before the baby would come, and then buying the needed amount of diapers to stockpile every week until the baby was born. This plan involved far more calculations, estimates, and planning (all of which are considered traditionally masculine activities) than simply placing some cash aside each month in a diaper fund.

Another respondent, Alex, reported having researched on the Internet for months to help him find something that he could use to carry both his coming child and other things at the same time. Instead of going with a stroller, he decided to make a special baby scooter which he could ride while the baby would sit on the bottom. (After someone voiced concern for the child’s safety, he crafted a seatbelt from some rope.) He spoke of the scooter with great pride and as his child got older, he reported that the scooter became like a “carnival ride” for his child’s friends. This endeavor moved his parenting activities out of the feminine realm of shopping for and pushing a stroller into the more masculine pursuits of researching, building, and riding.

The emphasis on building as a tactic to masculinize parenting, evidenced in Doucet’s (2004) work in which she discusses this effort in terms of “self-provisioning,” was demonstrated by fathers in this study as well. For instance, Joe, a lawyer

and father of four, took it upon himself to build both a mini baseball field for his children, as well as an actual ice rink in their backyard so that his child could further his interest in hockey. He also learned to play hockey in order to be more involved with his child (though he did not learn other, less masculine activities his children were involved in, such as piano). When asked about what aspects of parenting he might be better at than his wife, he answers: “I probably am better at the sort of dad things. You know, like, I built the ice rink.” In fact, in his fifty minute long interview on fathering, Joe mentions and/or discusses the ice rink in eight different places. He explains how his role differs from that of his wife:

Like I said, she’s doing the nursing, she’s doing the laundry. I’m doing the, oh, I’m going to build you, kids, this; I’m going to build you, kids, that ... She’s just more motherly and more nurturing ... I’m more active with my hands ... and she’s more nurturing and thoughtful and patient.

Other respondents involved their children in their building projects, even when the involvement was pretended. Paul, for instance, would involve his daughter in his “basement projects,” giving her a fake hammer and allowing her to bang away at the furnace, the workbench, et cetera. Jacob, a stay-at-home father, also discusses having his daughter “help” him with his tools. When asked to explain his use of the words, “dad things,” he replies:

Interviewer: What are “dad things?”

Jacob: Um, like I take her in my car. I have a muscle car so she helps me with that stuff like fixing some-

thing or trying to find me the tools or something like that. Um, but she likes to ride in that car, um, a couple days ago she helped me put the trampoline together.

While Paul and Jacob use playing with tools and tinkering with “muscle” cars as methods of drawing masculine boundaries around their childcare activities, Barry uses these activities to both reinforce his own sense of masculine identity, as well as to build one for his son. He refers to this as “man training”:

You know, for the first six, eight years, he’s learned to be polite, etiquette, you know, how to be a good person in society. Well, there are other aspects of life that mothers can’t teach sons. That’s where man training comes in. And I teach him, I teach him mechanical stuff, uh, about the natural world, hunting and fishing, that sort of thing.

Here, Barry places manners and etiquette squarely in his wife’s domain and makes clear that his own parenting activity highlights manly activities, thereby reinforcing the boundary between hegemonic masculinity and the feminine work of childcare by adding a manly aspect to parenting.

Emphasizing the Masculine: Safety, Finance, Emotional Control

We live in a society that views fathers as less capable parents than mothers. However, my research backs up the contention that fathers place emphasis on aspects of parenting that are different from, but no less important than, those of mothers. Indeed, many of the respondents indicated they believed women were not necessarily better parents but that

men and women simply have different parenting priorities. What fathers chose to prioritize, however, often corresponded to dominant notions of masculinity. Indeed, as opposed to emphasizing parts of parenting that involved hands-on caring, intimacy, and affection, many of the respondents in my study chose to emphasize traditionally masculine aspects such as protection, finance, and emotional control.

Safety: "Protector of the Family"

One theme to emerge from the data was that of safety. Fathers tended to stress this issue in their interviews and noted that safety issues took precedence for them over basic caring tasks such as feeding and bathing. David, for instance, articulates this well when he discusses his child's experience at daycare:

Not that ... I'm not responsible, but [she does more of the day-to-day caring tasks] ... When it comes to his well-being ... and if we feel that he's at risk ... I'm more of the aggressor ... I don't know if she told you about the daycare that he was at ... he had fallen and bumped his lip ... and then I found out that she [the daycare provider] had fed him toast ... he wasn't ready for that type of food ... She ran out of baby food and didn't tell us ... [and my wife said] "Let's wait 'til Christmas [to remove him from the daycare] like we planned on." And I'm like, "No, he's not going there." So as far as finding him a daycare and stuff like that I'm more of the person who goes out and does those sort of things, like who handles the business portion of life and the well-being and safety types of things.

David later adds: "Well, she might do a little bit more at home, but I'm the guy that's out there making sure that ... he's not subject to any harm that, you know, injury or malnutrition or like, you know, just trying to make sure that he's safe." Indeed, many respondents spoke of protecting their children (especially their daughters) from harm. Tom, who worked as a stay-at-home father for much of his daughters' childhood, does not emphasize his role as nurturer during his interview, but instead tells me: "I'm the protector of the family, you know." Joe reiterates these sentiments, linking them directly with his transition into fatherhood. He explains, when asked how it first felt to be a father: "I would say the only thing that changed was my stress level went through the roof, um, when it came to safety. I'm a safety freak ... and that started when I had kids."

Not all fathers had as much power in their family relations as those described above, yet they still emphasized in their interviews their roles as the protector of their children's safety. Tod, for example, took issue with his oldest daughter's being allowed to spend time alone in a vacant house owned by her grandfather. Even though he tended to give his partner almost complete control over decisions that involved their children, he reports choosing to argue with her over this and feeling powerless:

... there's nobody there, what if something happens? What if she chokes on something? You know, there is nobody there ... and it makes me mad. But, she's [his partner] stubborn so, you know, you only butt heads with her so much on stuff. She ... wants her [to go to the house by herself] so I just let it go and, "Okay." But, I worry about it, you know?

Although Tod is ultimately unable to control this situation, he joins the respondents in my sample who defined their parenting in terms of the masculine model of protection.

The "Paternal Instinct to Provide"

Another area respondents tended to emphasize during their interviews on fathering was that of finance. I recall, when I had my first child, having asked a nurse about "nesting" and how families in general prepare for a new baby. She explained to me that the cleaning and physical baby preparations that were referred to as "nesting" were only for mothers; fathers' main preparation for children, she said, had to do with finances. While at the time I wrote her off as hopelessly traditional and somewhat closed-minded, this statement should not have surprised me given that men in our society are most often judged by their job status, which falls under masculine domain, not their family status, which is gendered as feminine. Indeed, when questioned about fathering, and particularly about preparing for their newborn's arrival, respondents' comments backed up my nurse over and over again. For instance, Adam, a professor with three children, in response to a question about how he prepared for his first child, states: "The first thing was to figure out whether, or, I guess not whether but how we could afford it." Another respondent, Alfred, who makes clear in his interview that his wife, "was kind of the more dominant figure when it came to the baby," when asked the question, "How did it feel at first to be a father?" answers: "It was a strange feeling. By strange I mean, now, I have another mouth other than my wife to feed,

and now I really have to go to work, to put a roof over their head, and do whatever else I need to ... to maintain the lifestyle here." This, of course, meshes well with Townsend's (2002) finding that men take care of their families financially as a means of expressing closeness with their children, as well as Doucet's (2004) finding that the link between fathering and providing financially for the family is strong even for those men who provide higher levels of childcare than most.

Indeed, the concern over general finances and "providing" (a word that many respondents used) for family was one of the most dominant themes emerging from my interviews. Respondents stressed this over and over again. For instance, Sid, when asked to name the largest issues facing fathers today, answered: "I would say money. I think money is the biggest thing." Another new father who agreed to be interviewed, but who did not end up following through, told me, without prompting, when I simply asked if I could interview him about his role as a father: "It's mostly the financial aspects."

While most father respondents spoke about saving money as part of baby preparations (a theme that seldom arose during my interviews with mothers), what is interesting is that they seemed to link this directly to their new roles as fathers. John, a sales coordinator whose wife worked as a pizza delivery driver, speaking about the first month after his daughter arrived, begins by explaining how tired he was from not sleeping through the night, but quickly turns to talking about his role as financial provider. Note how he contrasts his wife's new sense of maternal identity with his own paternal identity

as financial provider: “My wife was just trying to adjust to, you know, being a mother. I mean, she took to it right away ... Um, but just, you know, I was trying to do my job and be the breadwinner.” This statement illustrates how fathers use financial responsibilities as a means of entering the world of childcare. Dividing up childrearing duties in this fashion—mother versus breadwinner—both allows John entry into the world of parenting yet maintains the boundaries set by hegemonic masculinity.

No respondent articulated the connection between paternal identity and concern over finances better than Joe, a lawyer with four children. Right after discussing his stress concerning his children’s safety, he explains his anxieties over finances. He links this directly to his role as father: “[Another] part that contributed to my stress was my, um, I don’t know if you call an instinct, but my sort of paternal instinct to provide. So I would stress out about ... where am I going to get a job? How much am I going to earn?” It is clear that fathers are placing financial issues at the top of their parenting priorities and linking their ability to provide to their status as fathers. This often takes precedence over other aspects of parenting. Joe makes this clear as he continues talking about when his first child was born: “So those two things [safety and finance concerns] is probably what changed. But, my physical day-to-day routine didn’t that much. Or, maybe not as much as people may think.”

Involvement and Emotional Control

While fathers linked their finances to their roles as fathers, this role was often at odds with another area that fathers emphasized over mothers’ in-

volvement. When asked what it meant to be a good father, the majority of men highlighted the idea of taking an active role in their children’s lives. Over and over again fathers responded to the question with a comment about involved fatherhood (“being there,” being “involved and engaged,” “gotta be there,” “taking part in your kid’s life,” “being there all the time,” etc.). They also responded to questions about what makes a bad father with comments about not being involved, being absent, and “taking a back seat.” One father, the only divorced father in the sample, even went so far as to call himself a bad father due to the fact that he did not see his children as often as he felt that he should. This corresponds well to Miller’s (2011) finding that fathers felt it was important to “be there” for their children and partners. While Miller posits that this grants men greater flexibility in terms of available fathering roles (because many different fathering practices can fulfill the requirement of “being there”), it is interesting to note that none of the mothers I have interviewed ever mentioned simply being there as an aspect of good mothering. This may be explained by Miller’s contention that good mothering is more narrowly and somewhat idealistically defined compared to fathering. However, this may simply be a result of men feeling that they have a choice in the matter of whether to be present as parents, whereas women do not.

Interestingly, fathers sometimes carried out their involvement with their children through their wives. This finding meshes well with earlier studies that suggest men’s roles as fathers are mediated by their spouses (see, for instance, Townsend 2002; 2005). Indeed, many respondents spoke of their new father

responsibilities as coupled with a greater emphasis on caring for their partners. They often spoke about helping their wives, not just with childcare but by taking care of their wives’ needs, being “on call husbands.” While caretaking work is typically gendered as feminine, taking care of women and meeting women’s needs may also be gendered masculine (and is often connected to meeting financial needs). Indeed, the respondents in my study tended to use the feminine notion of caring in a particularly masculine fashion. Mason, for instance, a school principal with two children, links care work to the idea of role-modeling. He explains, when asked, “What would encompass [being] a good father?” that: “being that role model ... [by being good] to my wife ... to their mother, I think is number one. I mean, that’s what they see ... most of their life.” However, for some fathers, it was also about supporting their children by supporting the person who took care of them the most. Cam, a thirty-eight-year-old father of three, explains:

You know, the most important thing that’s in my head of being a good father is I always put both my children and my wife first. And even to the point that I put my wife in priority before my children. Because the main reason being is, she, I know that unquestionably the mother of these children. My wife. Puts our children first. So I’ve always said I am gonna put her first ... so I need to look at supporting my wife more on a personal level, on an emotional level, and telling her that she’s first because I know damn well that, you know, that I am one hundred percent certain that she puts the children first.

While respondents’ sudden emphasis on the well-being of their partners seems to be well-inten-

tioned, this newfound focus on their spouses can also be explained through an analysis of boundary maintenance. Taking care of children falls into feminine gender schemas, while taking care of women falls under masculine headings. Moreover, if men feel pushed out of childcare (or feel the need to push themselves out of this territory), taking care of the caregiver makes sense as a way to become involved. Jordan, for instance, explains how he felt pushed out of feeding his newborn because his partner, Lisa, was breastfeeding. He says: “Since I can’t nurse him, I’m basically the gofer ... It’s a strange feeling ... you want to take care of the baby and yet you really can’t supply what the baby needs.” When asked to clarify what he meant by “gofer,” it is Lisa who answers¹: “Making sure that I was taken care of.” Jordan backs this comment up saying: “Making sure that Lisa’s taken care of.” The couple then explains together (in fact, speaking over each other) that Jordan takes care of her physical needs (getting things, etc.), as well as dealing with her emotional needs (comforting her, etc.), and household arrangements such as organizing the child’s circumcision event.² While Jordan and Lisa’s narrative sounds sweet, it illustrates how fathers must find alternate routes to involvement in their children’s lives.

Emotion Work

Related to the idea of caring for children by caring for mothers is the concept of “emotion work,” a term coined by Hochschild (1983) to refer to the

¹ This was one of the few interviews where both mother and father were interviewed together.

² This refers to the Jewish ritual of *brit mila*.

management of emotions and the manufactured display of appropriate emotions for particular situations. Respondents engaged in the emotion work of managing any feelings related to parenthood that did not fit well with hegemonic definitions of masculinity. For John, this emotion management began even before his child was born. Faced with an unplanned pregnancy, John reports that he hid his feelings from his wife as a way to protect her from emotional overload. It is also noteworthy that it was John, and not his wife, Tanya, who was happy about the pregnancy (a reversal of expected gendered behavior). He states: "Well, so this nice surprise came along and she was terrified and I was thrilled, but she didn't know it. [Laughs]. Until it was okay for her to be happy about it ... I knew better than to go 'Oh, this is a good thing' when she's freaking out." Cam also tells a story of how he managed his own feelings in order to protect those of his wife when she left the house for classes. He admits (with a bit of pride) that he routinely lied to her about how the baby behaved in her absence:

... I used to lie my butt off left and right because I knew if I said, "Oh my God, this was the hardest three hours of my week," every single week ... So it was like no matter how bad it gets kid, you know, wipe the tears off your face and smile when she comes home because ... she missed time away just as much as anybody else does. It's one of those parent things.

It is interesting to note that while only one father, Sid, spoke about carrying out emotion work with his child (holding back his tears when his daughter

was crying over having to be away from him for a trip with her mother), most respondents spoke of emotion work only in terms of managing their emotions as a way of protecting and facilitating the mothering work of their partners. Jordan, for instance, laughs about how his partner, Lisa, would read up on, "how many poops need to be made" by the baby per day and would want to call the doctor if the baby did not make enough of them, or how Lisa would jump every time the baby made a noise in his sleep. Jordan, on the other hand, was the calmer parent and he seemed to view it as his job to take care of Lisa and help calm her during these times. Lisa explains her desire to comfort her child as "a mothering thing," a comment which may suggest that keeping mother calm can be viewed as a fathering thing. Remaining calm requires controlling one's emotions. This is intricately linked to hegemonic masculinity as displaying emotions is considered a weakness in this dominant model.

Other respondents had similar narratives as many fathers explained that their children's mothers were more easily ruffled and less laid back in their day-to-day parenting. One respondent, Jack, stood out in that he related he was the parent that was more stressed, not his wife. However, he expands on this point, explaining that he carried out the necessary emotion work so as to shield his wife:

Interviewer: How did it first feel to be a father?

Jack: Honestly, completely overwhelming. I was so stressed out about being around and dividing my attention and not dropping her [the baby] that I felt really anxious. It kind of changed when I saw how stressed my stress was making [my wife].

Several respondents were asked, during their interviews, if they had ever had an emergency situation with their children. Those who answered yes, usually with stories about visits to the emergency room, tended to report that it was their partner who was "freaking out" and that they were the calm parent. Robert, for instance, reported that he is good at shutting down emotionally in an emergency situation, that he drove to the ER fast, and that the baby was calmer than his partner, Ashley, was. This account illustrates that the emotion work that fathers engage in is highly gendered and serves the main purpose of keeping fathers from showing emotions that portray weakness, over-sensitivity, or inability to keep one's cool in stressful situations. Thus, their calmness aids them in adhering to masculine ideals.

Father Is Not a Group Identity

One characteristic that all of the father respondents had in common was their dislike of, and reluctance to join, any fathering groups. Indeed, none of the men in my sample had become active in any type of parenting group, even in cases where their partners did claim membership.

Their answers as to why tended to focus on the utility of the groups themselves, as opposed to speaking about the role of fathering groups in creating and mapping out the boundaries of group identity. For instance, after being asked if he was a member of any parenting groups, Alfred answered, "No, I didn't find it necessary. I mean, the books helped ... but it was much more a hands on thing." Cam answers in this way as well, saying

that he and his wife, "pretty much try and figure everything out on our own." Two other fathers, Ian and Joe, explained that they did not consider joining a fathers' group because their wives were their main resource of information on parenting and so they simply did not find it necessary. Sid, too, explained that fathering groups are places where one is told what to do and he did not feel that he needed this help. This idea was reinforced by Alex, who did attend a parenting group with his wife at first, but did not like the way some individuals there pushed their parenting ideas on others. Clearly, respondents viewed fathering groups as a type of resource and not as a means of forming or enhancing a father identity. In fact, respondents whose partners were members of mothering groups such as La Leche League International (a breastfeeding group) or the Holistic Moms Network did not attend meetings with their wives. They were supportive of their wives' involvement but simply did not see the utility in joining themselves. Jacob, whose wife, Chantal, is active in La Leche League, reports that he tries to recruit members for the group by speaking with women whom he meets about whether or not they are breastfeeding. Still, he did not attend many meetings of the group himself. Indeed, while this group, as well as the Holistic Moms Network, do welcome men, they were clearly not designed to include them, and this fact was not lost on my respondents who did not feel that there was a place for them at meetings. For the respondents, parenting groups fell squarely into the feminine domain, and crossing that border presented a serious threat to maintaining hegemonic conceptions of masculinity.

Several respondents spoke of being “dragged” to group meetings or to parenting classes. One respondent, Jack, who was not dragged and who reports wanting to attend fathering classes, discusses how he ultimately felt pushed out by other fathers who were not as motivated to attend as he was:

I went to a fatherhood class, but it was sort of a joke so I didn't go back ... Well, ah. This sounds bad. It was all these white guys in a room talking about how their wives made them go to this class, and I just felt bad. I went because I wanted to. The content of the class itself was interesting—how to make your wife comfortable during the pregnancy, how to connect with your child, how to change diapers. But, I guess the people in the class were just such a turn off that I couldn't find it in me to go again.

Cam echoes Jack's sentiments, explaining that he did not feel connected enough to other fathers to want to join a parenting group:

I haven't really felt a huge connection to other fathers out there. Maybe because I am not around them very often ... but I don't necessarily think that for me to speak as us, as fathers, I am not sure if I feel disconnected because the only thing I need to be connected to are my kids.

These comments make clear that while fathers do not use groups and classes because they fail to see their utility, they also avoid these settings because they do little for them in terms of making connections with and identifying with other fathers. “Father” is not a group identity.

Defining Fathers as Mothers

It seems that even as respondents involve themselves in fathering activities, they continue to define childcare activities as feminine in nature. Jack, for instance, when asked what it meant to be a good father, answered: “Doing all of the things that women are supposed to do.” He continues by explaining that a bad father is uninvolved, forgets birthdays, does not know clothing sizes, et cetera. He then adds: “Maybe it's not normal that I'm not like that. [Laughs]. I'm alright with not being normal.” Jack, thus, explains his fathering as the exception to the rule. He is a good father, because he is like a mother. Other respondents echo these sentiments. When asked about the possibility of staying home with his children, Steve refers to the idea as being, “Mister Mom.” John, who prides himself on doing a great deal of fathering activity, explains that he does all of the “women's work” and says: “I'm content being the stay-at-home parent and working around the house, you know. I mean, I'm almost a throwback to a fifties housewife.” It is amazing that Steve chooses to refer to his childcare activities in relation to the feminine identity of a “fifties housewife” as opposed to using his own activity and action to create a new identity as an involved father. This echoes the parenting literature that pairs parenting with motherhood and which insists that active fathers are not fathering, they are mothering. Fathers are limited in their choices when it comes to finding a pre-existing fathering identity that fits. This may lead them to view their childcare activities through feminine lenses, which leads to the need to masculinize these activities and which also serves to alienate them from a solid paternal identity through which to form any type of group identification.

Conclusion

Today's fathers are more involved with childcare than the generations that preceded them. There is evidence to suggest that men consider fatherhood and their relationships with their children as more important than ever before. Still, the activity of “parenting” is deemed by general society as feminine. Fathering, even though carried out by men, has been boxed into rigid gender schemas and tainted as womanly. Thus, men who choose to identify with hegemonic notions of masculinity have few pre-existing father identities to choose from. Good fathering has been painted as “mothering,” for lack of a better framework. This leads men to negotiate their paternal identities as they participate in these female domains. They do this by adding masculine elements to their childcare activities, by prioritizing aspects of parenting that fit more closely with hegemonic definitions of masculinity, by avoiding the display of emotional weakness, and by bypassing areas (such as parenting groups) that are generally considered to be feminine domains.

Several scholars have drawn attention to not only the differing activities that mothers and fathers engage in but the differing definitions of mother and father. Hooks (1984:137) posits that: “Women and men must define the work of fathering and mothering in the same way if males and females are to accept equal responsibility in parenting.” Other scholars, such as Lorber (2005:39), call for a complete degendering of the work of parenting, calling for, “No More Mothers and Fathers.” These scholars are not simply calling for further father involvement, they are challenging the very way in which society conceives

parenting and gender roles. While complete degendering may seem impractical and, even, somewhat extreme, it is important to note the role of hegemonic masculinity and fixed definitions of fathering and mothering in determining behavior. Learning how fathers conceive of fathering and how they negotiate their masculine identities within traditionally feminine domains can aid in creating social services and social policies that encourage further male involvement with parenting (which is beneficial to women, men, and children alike). Understanding how men navigate the female territory of parenting can also be useful for future comparative studies on men's entrance into other traditionally feminine areas of family life such as housework, cooking, holiday celebration coordinating, and maintaining contact with relatives (all of which have traditionally been viewed as women's work).

This study, while informed and inspired by fathering studies that came before it, also raises numerous questions for further research. How does men's masculinizing of their fathering activity carry over outside the home? How do mothers react to these activities and how do they perceive the masculinity of their father partners? This study also opens many questions considering parenting groups. What is it that women “get” from these groups that men do not? Do fathers identify their masculinity in a different fashion than non-fathers? Do they use these groups for practical information or do they desire a connection with other fathers? Clearly, as fathers continue the trend of parental involvement, these feminine waters will be muddied with masculinity. This will be both exciting and intriguing as we continue to explore the waters of parenting.

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Appendix A

Pseudonym	Age	# Kids	Ethnicity/Religion	State	Married?
Daniel	35	2	not specified	WI	Y
Jim	32	2	Pagan	WI	Y
Steve	27	2	Christian	WI	Y
Mathew	29	1	Christian	WI	Y
Hector	24	1	Mexican	WI	N
David	27	1	Catholic	WI	Y
Robert	37	1	Irish	WI	N
Richard	33	2	Lutheran	WI	Y
Henry	40	2	Lutheran	WI	Y
Reuben	33	5	Christian	IN	Y
Tom	30	2	not specified	IN	Y
Adam	31	1	Pentecostal	IN	Y
Tod	42	3	not specified	WI	N
Jordan	34	1	Jewish	OH	Y
John	32	1	Pagan/Native American	WI	Y
Don	47	1	New Zealand	IN	Y
Jerry	unknown	1	Lutheran	WI	Y
Jacob	unknown	1	Christian	WI	Y
Gabe	34	2	Lutheran	WI	Y
Barry	40	1	Christian	WI	Y
Paul	28	1	Episcopalian	WI	Y
Sid	39	3	Pagan	WI	divorced
Joe	34	4	not specified	WI	Y
Cam	38	3	not specified	WI	Y
Adam	38	3	Christian	WI	Y
Ed	45	2	Lutheran	WI	Y
Bert	42	3	Christian	WI	Y
Jack	32	2	Japanese/Atheist	WI	Y
Ian	35	2	Protestant	WI	Y
Mason	36	2	Catholic	WI	Y
Alfred	50	3	African American	WI	Y
Ken	26	2	Biracial	WI	Y
Alex	36	2	Italian/English/Atheist/Buddhist	WI	Y

Source: Self-elaboration.

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Finding My Place: Birth Mothers Manage the Boundary Ambiguity of Adoption Reunion Contact

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Abstract This study describes how essentialist notions of motherhood influence adoption reunion outcomes. The data analysis is based primarily on in-depth interviews with 33 reunited birth mothers. Collectively, the birth mothers perceived themselves to be the mothers of a child lost to them through adoption. Reunion contact jeopardized this perception when the mothers met adopted adults who did not accept their mothering overtures. Continued contact meant suppressing their motherhood desires and taking on a reunion role more consistent with their adoption triad position.

Keywords Adoption Reunion; Motherhood; Contact Expectations; Boundary Ambiguity; Adoption Triad Roles

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Adoption separates the biological and social aspects of parenthood. Legislators in North America underscored this separation during the mid-twentieth century by enacting nondisclosure laws that sealed adoption records and kept the identity of adoption triad members—that is, birth parents, adoptive parents, and adopted children—secret. Secrecy was believed to help adoptive parents and their adopted children form stronger familial bonds. It also allowed the birth mother to avoid the stigma of unmarried motherhood by placing her child for adoption and continuing on with her life “as if” she had never been pregnant (Fischer 2002). However, from a desire for more genetic and genealogical background information, noticeable numbers of adopted adults have disobeyed the laws of

nondisclosure and have searched for and contacted their birth mothers. These actions have created an unforeseen social event known as “adoption reunion.”

In this article, I explore reunited birth mothers’ perceptions of their adoption reunion outcomes. The 33 birth mothers I interviewed drew upon essentialist images of motherhood in their discussions of adoption reunion contact. The women had bonded with their placed child through the process of pregnancy and childbirth and had perceived the reunion contact as a means of regaining their lost motherhood. The futility of this goal became apparent to them when they met an adopted adult with an adoptive identity and an adoptive family history rather than the birth child they had placed years before. This objective reality cast doubt over their sense of self as a mother and uncertainty over how they should behave in their reunion relationship. To preserve contact, the majority suppressed their motherhood desires and emphasized their adoption triad position as a birth mother who offered biological continuity. The data analysis sections describe this process of change under the headings: (1) waiting to be found, (2) contact expectations, (3) contact relationships, and (4) finding spaces for motherhood.

Maternal Instinct, Caretaking, and Primacy of the Blood Bond

In her seminal book on the cultural contradictions of motherhood, Hays (1996:156) notes the overriding belief in Western culture that “women’s mothering abilities are somehow natural, essential, or inevita-

ble.” This belief promotes the idea that all women possess a maternal instinct that stimulates their desire for a child and enables them to respond appropriately to all children. A corollary to essentialist notions of motherhood is the idea that caregiving acts demonstrate maternal instinct. This focus on the association between caregiving and maternal instinct creates a situation whereby a woman’s inability to respond appropriately to a child’s needs is seen as “unnatural” (Hays 1996). Motherhood deficiencies become personal deficiencies because no woman would fail in mothering unless her maternal instinct was flawed in some way (Bock 2000; Cox 2012). The distinctions created among women by characteristics such as social class, race/ethnicity, religion, or age are ignored and each woman becomes individually responsible for both her motherhood accomplishments and her motherhood failures (Jackson and Mannix 2004; Kilty and Dej 2012).

The biological mother is thought to be unrivalled in her possession of maternal instinct because she is connected to her child through conception, pregnancy, and childbirth (Pertman 2006). Specifically, the natural process of nurturing a child through her body is believed to create a mutual and everlasting mother-child bond. This view is sustained by traditional conceptualizations of North American kinship as based on blood or biological relationships among individuals (Uhrlaub and McCaslin 2012). Thus, for example, in a community attitudes study towards adoption in Canada, March and Miall (2006) found strong support for a biological mother keeping and raising her child and portrayals of the biological mother-child bond as sacrosanct. Despite these images, public perceptions of a biological mother’s right to keep her child rested

upon her ability to care appropriately for that child and/or upon her perceived capacity to raise the child into successful adulthood. An inability to fulfill her caretaking role undermines a woman's motherhood claims and erodes her identity as a "good" mother (Jackson and Mannix 2004; Cox 2012; Kilty and Dej 2012).

The biological mother's placement of a child for adoption challenges the caretaking rules upon which the essentialism of motherhood and maternal instinct rest. This threat is minimized by the adoptive mother's willingness to perform the caretaking role and raise the child as if he/she were her own. However, in giving permanent caretaking to a woman who is not the child's biological mother, adoption eliminates the permeable boundary between nature and nurture and partitions these mothering components off as discrete entities (Fontenot 2007; Cox 2012; Livingston 2012). Nondisclosure solidifies this partitioning process further with the implementation of a closed record system whereby biological and adoptive families are kept separate. In removing the secrecy of adoption, reunion reveals the identity of adoption triad members and draws the complexity of the biological and social components of motherhood into sharper focus. This article examines how birth mothers manage these motherhood ideals as part of their reunion contact with an adult biological child they had placed for adoption as an infant.

Birth Mothers, Openness, and the Social Paradox of Adoption

Limited research exists in the adoption literature on the birth mother's triad position in the adoption

process (Brodzinsky and Livingston Smith 2014). Most of the focus has been on the adoptive mother, her sense of entitlement to her adoptive child and her perceptions of how others view her motherhood (Fontenot 2007). Studies that do consider the birth mother tend to concentrate on the psychological impact of placing a child for adoption and the life circumstances that influence her post-placement adjustment (Brodzinsky and Livingston Smith 2014). That body of literature highlights the feelings of shame, guilt, anger, and anxiety experienced as a result of her decision to place her baby and the prevailing sense of grief produced from losing a child to adoption (March 2014).

The implementation of open adoption contracts has led some researchers to examine the association between birth mother adjustment and openness in adoption arrangements (Fravel, McRoy, and Grotevant 2000; Henny et al. 2007; Ge et al. 2008; Brodzinsky and Livingston Smith 2014). Much of this research emphasizes the birth mother's tenuous position in the adoptive family context, where it is the adoptive mother who holds the status of mother and performs the mother role (Gustafson 2005; Seigel 2006; Livingstone 2012). For example, Sieger (2012:42) found birth mothers involved in open adoptions feel like they exist on the border of "being neither a mother nor a (non) mother." Their experience of biological motherhood produces emotional and behavioral expectations that are difficult for them to fulfill when the adoptive mother serves as "mother" in the child's everyday life. Adoptive parents also tend to control contact arrangements, thereby influencing the parameters of the birth mother-child relationship. In con-

sequence, the birth mothers in Sieger's study expressed considerable uncertainty over their role in the adopted child's life and were hesitant to present self-as-mother in ways other than biological.

Fravel and colleagues (2000:425) believe the birth mother's sense of uncertainty stems from "boundary ambiguity," that is, "a condition that exists when an individual's physical and psychological presence in the family are incongruent, thereby increasing the likelihood that the family members may have difficulty determining whether that person is inside or outside of the family." These researchers conducted research with 163 birth mothers involved in a variety of adoption contracts, including confidential, on-going mediated, time-limited mediated, and fully disclosed adoption contract arrangements. They found that the more open the contract, the stronger the birth mother's expression of uncertainty over her role in the adopted child's life and her confusion over her status as a mother. To alleviate the stress produced by boundary ambiguity, Fravel and colleagues (2000) recommend counseling potential birth mothers on their role expectations before adoption placement occurs and advising them after adoption so they may experience positive interactions when presenting their motherhood status to others.

These two studies are important because they highlight the complexity of maintaining reunion contact in a culture where the social institution of motherhood commingles caretaking with maternal instinct, and the primacy of the blood bond and biological kinship predominate in family formation. Specifically, in relinquishing the caretak-

ing component of their motherhood through adoption, birth mothers possess few options other than biology as a basis for articulating the maternal instinct needed to affirm the self as a "good" mother (Livingstone 2012). Moreover, openness may acknowledge the birth mother's adoption triad position; however, it also entails public identification of self as a "bad" mother, that is, as a woman who has "chosen" to abdicate her motherhood responsibilities by giving her child away (Gustafson 2005). This process creates a sense of ambivalence over the birth mother's motherhood rights and uncertainty over what role she should play in the adopted child's life (Seigel 2006; Sieger 2012). The data analysis sections explore how similar themes of biological essentialism, motherhood ambivalence, and boundary ambiguity influenced the reunion outcome of the 33 birth mothers interviewed in this study.

Methodology

I base the data analysis primarily on the interview accounts of 33 reunited birth mothers who resided in Ontario, Canada. Those interviews emerged as part of a larger study on the birth mother's perception of her pregnancy, adoption placement, and post-placement experiences; her sense of self as a birth mother; her desire for contact; and her assessment of the contact outcome. The study is grounded in the belief that individuals construct or build their own social reality from the tools provided by the social world in which they conduct their everyday lives. To acquire a stronger understanding of those social processes, I engaged in three years of participant observation with a self-help

search and reunion organization; attended a reunited birth mother and adopted adult support group for three months; participated in two weekend therapy retreats with reunited adopted adults and birth mothers; and conducted open-ended interviews with 33 reunited birth mothers. The insights I gained over 15 years conducting research on the topic of adoption informed those understandings, as did my review of “academic” and “anecdotal” adoption literature and media presentations such as movies and television interviews. This triangulation process supports my confidence in the data and analysis presented in this article.

I used a semi-structured interview questionnaire that consisted of a combination of open and closed questions. The questionnaire was designed to address major themes found in the adoption literature, media material, and my field observation notes. A semi-structured interview questionnaire provided the flexibility needed to explore issues of consequence for the birth mothers from their own perspectives, at the same time as it offered a format for thematic discussion. All participants in the research project were guaranteed confidentiality, and, as such, the names appearing in this article are pseudonyms.

I employed a variety of sampling techniques to access a representative interview sample. Five (15%) of the birth mothers were self-help search organization members, 15 (46%) responded to advertisements, 8 (24%) were referred to me by others, and 5 (15%) self-identified after learning about my research project. Notably, the reunion accounts offered by my participants match the birth mother

accounts found in the reunion literature, media presentations, and my own field observations quite closely.

The interviewed birth mothers represent the assortment of pregnancy and reunion experiences encountered by women who placed children for adoption under nondisclosure laws. Two (6%) of the women placed in 1945, 7 (21%) placed in the 1950s, 18 (55%) in the 1960s, 5 (15%) in the 1970s, and 1 (3%) in the 1980s. At the time of first contact, their ages ranged from 27 to 75, with a modal age of 44; however, at the time of the interviews, the women’s ages ranged from 33 to 80, with a modal age of 51. Thus, contact relationships spanned 1 to 12 years with a modal length of 5 years, and most birth mothers were long past the honeymoon stage in their reunion relationship. Almost half (16 or 48%) had been involved in contact relationships of between 6 to 12 years. All of the women are Caucasian; it should be noted that this is typical of Canadian adoptions during this time period. Twenty-five (75%) had placed daughters and 8 (25%) had placed sons; the child’s gender did not appear to affect a woman’s perception of contact or the contact relationship formed.

I used the constant comparative method developed by Glaser and Strauss (1967) to analyze the interview data. First, I read each interview separately and categorized each into consistent thematic patterns, such as any regularly recurring words, phrases, or simple sentences (Charmaz 2006). Then, I analyzed across the interviews to see if particular topics arose for a specific birth mother and whether consistent overriding themes emerged for the

birth mothers as a group. Next, I examined each question separately to see if individual questions elicited particular patterns or themes. Finally, I reread the interviews, made notes on the margins about significant remarks or observations, and documented the reappearance of words or phrases both within and across the interview transcripts. Those notations indicate that the interviewed birth mothers had entered the reunions with the belief that they were their placed child’s mother; however, they soon recognized that they could not express this identity in their contact relationship. Continued contact meant adjusting their motherhood expectations and finding alternate ways of expressing a sense of intimacy with an adopted adult who had adoptive parents and an adoptive family history of his/her own.

Waiting to Be Found

Only three (9%) of the birth mothers had searched actively for their placed child. The remainder waited to be found. Searches are difficult for birth mothers who place under nondisclosure because they are given no adoptive family name and possess little information on the adopted child’s life circumstances. As such, Rebecca remarked,

I had nothing to go on, but I still did it. I searched because I could never forget ... this son of mine ... who belonged to someone else. The law may say that he wasn’t mine, but in my heart and soul, I could never forget him. I guess I never accepted I had to give him up. So, I began searching. I couldn’t figure out it was impossible. I didn’t have a name. No information on his family ... things like that. I didn’t even know

for sure he had been adopted. I thought he had, but they never told me. So, I registered on every list. Sent letters to every agency I could think of. When he contacted me ... it was like a miracle.

The reunion research literature indicates that most birth mothers do not search because they believe they relinquished their motherhood rights at the time of adoption and should not disrupt the adopted person and his/her life (Triseliotis, Feast, and Kyle 2005). However, most birth mothers also expect their placed child to return to them at some point, if only to obtain background information (Howe and Feast 2001; Fischer 2002). In fact, as Stoneman, Thompson, and Webber (1980:41) observed in a study of 227 birth mothers who approached the Toronto Children’s Aid Society in Canada for updated adoption information, “the concept that their child might not feel the need to do so is usually rejected summarily.” Recent improvements in access to adoption records and increased media attention on search and reunion have strengthened this expectation (Pertman 2006).

The majority of interviewed birth mothers held similar perceptions. Close to half (14 or 42%) of the sample had registered with an adoption reunion agency before contact “just in case she might come, I wanted her to know I was waiting.” These women said they never would have searched actively because “I had given up my rights,” “I had taken an oath never to contact,” and “I had no right to interfere.” Beth exemplified this view in her observation that,

I guess you could call it a passive search. I made it easier for him to find me because I registered, but I didn’t

do an active search. I felt that it was up to him whether he wanted to find me as much as I wanted to find him. It was his choice. If he felt the need to find me, I would make it as simple as possible, but it wasn't my business to look for him because I had placed him. I think I registered because there was a part of me missing. There always would be. It's not something you forget. I thought about him every day of my life. He was a part of me. But, I couldn't disrupt his life. It would not be fair for me to come and interrupt his life if he didn't want me.

The remainder (15 or 46%) had neither searched nor registered. Many responded similar to Margie when she said,

I always hoped. I never looked for her, but I never would have because I signed the papers saying I wouldn't. I was always a person who held her word and I would not break the contract. I always thought of her and wanted to meet her ... my little girl ... I hoped she would want to find me and I waited. I did not have the right to disrupt her life. It was not my right to do this.

Stoneman and colleagues (1980:5) believe the birth mother's desire for future contact is influenced by the existence of a "motherhood fantasy which is generally accepted by society that some magical bond exists between biological mother and child that no amount of time or separation can eclipse." The repetition of such phrases as "I could never forget," "there was a part of me missing," "my little girl," and "my lost child" in the interview transcripts indicates that the birth mothers had formed an attachment to their placed child through preg-

nancy and birth—an attachment that had not disappeared over the years since the adoption placement. Framed within this essentialist view of their motherhood as an everlasting bonding process, they had believed their birth child would want to seek them out. As Laura claimed,

I always knew it would happen ... I guess that's how I survived it. I truly believed at some point she would contact me. So, when she was 16, I put my name in the Registry. But, I would not go out of my way to find her. I felt I'd given up my rights as her mother [*voice cracks*] ... but if she wanted to see me, and my name was there for her, she would know I would welcome her contact.

The act of "waiting to be found" is significant because it exposes the motherhood contradictions experienced by birth mothers under nondisclosure. The women in my study convey essentialist notions of motherhood through their description of an attachment to their birth child that had lasted over the years since their adoption placement. They also demonstrate awareness that adoption placement calls their motherhood claims into question. Specifically, statements such as "it was not my right to do this," "I had signed the paper," and "I had promised never to contact him" indicate a recognition of their position as mothers who have no legal status. From this perspective, the decision not to search represents the act of a "good" person who follows the rules and laws set before her.

More importantly, the decision "not to disrupt" their placed child's life offers an image of self as a "good" mother—a mother who places her child's

needs and desires above her own. This image counterbalances public perceptions of birth mothers as "bad" mothers who "give away" their children because they are "self-centered" and "do not care" about them (March and Miall 2006). The significance of counterbalancing these motherhood images is considered more fully in the next section through an examination of contact expectations.

Contact Expectations

The interviewed birth mothers were asked the question, "Can you describe what happened when you were contacted?" Many replied, "I can't remember much because ... I was too overwhelmed with emotion" or "I was too overjoyed," "too excited," "too shocked," or "too relieved." For example, Edith replied, "When he contacted me, I was in emotional limbo. I can't even tell you how I responded or what I expected. I was just glad to know he was okay and had been okay. That's the most I remember." These types of responses confirm other research findings where birth mothers report emotional relief from contact and learning the details of their placed child's life (Howe and Feast 2001; Fischer 2002; Triseliotis et al. 2005).

Most also discussed their need to prepare for anger, resentment, or rejection. For instance, Krystal observed, "I didn't know what to expect. I was scared because I didn't know if she would want anything from a mother who had given her up." Comparably, Grace remarked, "I had hoped she was happy. But, I also thought she might be mad at me. 'Why did you give me up?' Things like that. I prepared myself to answer those questions." As Pam noted,

Getting the letter from the agency that she wanted to meet me was overwhelming. I was nervous. Thinking ... this is it. Once I open that letter, everything changes. I had to be prepared. I imagined I could find anything. Someone really rebellious and resentful or angry. It could be anybody and she was going to be accepted into my life. Because I wasn't going to lose her again.

Statements such as the ones made by Krystal and Grace indicate that the participants' fear of potential anger and resentment stems from the "bad" mother images attached to their adoptive placement. Despite such fears, the birth mothers decided to accept contact and prepare for whatever consequences might befall them. Beth summarized this stance when she said,

I didn't go into the reunion with expectations. When he contacted me, I knew nothing at all. But, there was a part of me missing. It's not something you forget. I thought about him every day of my life. He was a part of me. So, I prepared for the best and the worst. Because as far as I'm concerned, and I believed this right from the very beginning, that I was his mother. But, I also knew I wasn't exactly his mother. His parents, his mother and his father, are the people who raised him. But, I gave him birth and I am his mother, too. I have something to offer him from that. And, I needed to fill the void. We both did.

Statements such as the one made by Beth suggest birth mothers expect to reinstate their biological mother-child bonds through reunion. This expectation became more obvious in the interview data when the birth mothers described their first face-to-face meeting and the "shock" of seeing a mature

adult. The majority used words such as “weird,” “strange,” “odd,” or “unsettled” in their accounts. These words were followed by phrases such as “he was all grown up,” “she had become an adult,” or “she wasn’t a little girl anymore.” For example, although she and her placed daughter had exchanged pictures and letters before their first face-to-face meeting, Sharon remarked,

It was shocking to meet her. It was difficult after all those years and thinking of her as a baby. And, here she was all grown up. With a husband ... I now had grandchildren ... but, she had the same big brown eyes and dark hair. She is my child, but she was all grown up.

Many birth mothers overcame their sense of “meeting a stranger” by focusing on the physical and emotional similarities that existed between themselves, the adopted adult, and/or their other children. For example, Lauren’s birth daughter had been adopted by a family who spoke another language and they struggled to communicate with each other. Yet, she replied,

I couldn’t ask for more really. What amazed me just in the first few days that she came ... I couldn’t believe how much this person was like me. Here she had been raised in a different environment and a different language and culture and we are so much alike, including our gestures, the way we talked and walked, and her mannerisms. It blew me away. Here is your daughter. It was undeniable. How much we looked alike ... and emotionally and physically we are so much alike. We aren’t carbon copies, but I was just blown away by how much was there. It made it a lot easier.

A minority of birth mothers were unable to identify such physical and/or emotional similarities in the adopted adult and reported much more difficulty in overcoming their sense of meeting a stranger. Notably, these women were more likely to emphasize mother-child bonding as a basis for their continued contact. For example, Tina noted, “There was no spark like I imagined. I sort of half thought she’d be another me and she certainly wasn’t that ... she was basically a stranger. But, she was still mine and I wanted to see her again.” In a similar fashion, Alanna said,

It didn’t matter because I wasn’t prepared to walk away. She was mine and I didn’t want to go through the agony of letting her go again [*voice cracks*]. I thought, if she walks away, I will understand. But, I was sort of hoping that she wouldn’t [*laughs*]. But, I just felt that I don’t want to hurt that much again. And, that was the biggest fear I had, is that she is going to come into our lives and this time choose to walk away.

Face-to-face meetings emphasized the passage of time since the adoptive placement. The birth mothers began to realize they had carried a latent expectation of “getting my baby back” that could not be fulfilled through reunion contact. Specifically, the physical presence of a mature adult underscored an unexpected sense of disconnection between birth mother and placed child that jeopardized the birth mother’s belief in the essentialism of motherhood and the process of biological mother-child bonding. Continued contact meant managing this sense of disconnection. To quote Susan:

I had to realize she’s an adult now. That took me awhile. Meeting her ... it was strange. At first I still

thought of her as a little girl. I had to get over that feeling when I saw her. It was really hard to relate to her as a woman because I had always thought of her as being little. Never grown up. And, that was hard. Here she was 20 ... she wasn’t a little girl anymore. I realized I wasn’t going to get my baby back. I had to get over that feeling and it took time.

As described in the next section under the heading of “Contact Relationships,” this sense of disconnect created uncertainty over the birth mother’s ability to express her motherhood and a sense of powerlessness over her contact relationship.

Contact Relationships

As a sample, the birth mothers exhibited a variety of long-term contact outcomes. All of the women were asked the open-ended question, “How would you describe your contact relationship?” Five (15%) replied “disconnected,” approximately one-third (9 or 27%) said “sporadic,” more than half (17 or 52%) reported a “friendship,” and 2 (6%) claimed “mother-child.” A birth mother’s description of her contact relationship was associated more with her perception of her motherhood than the length of time since initial contact had occurred. For example, Jan, who had been contacted three years previous to her interview, observed,

I would say our relationship is disconnected. After I talked to her, I cried and cried. She was nice on the phone. She asked me questions. She asked to meet. But, it’s cold. It’s really difficult ... To be called “mom” ... it hurts that she can’t do that. I asked her to do it and she said she had enough mothers already. I wish

we could be closer. Like a mother and daughter. I thought “I’ve got my baby back,” but I didn’t. Too much time has passed. I lost her then. She’s not really my baby. I am still here, if she wants, but we haven’t had contact in over a year.

By contrast, Sharon, who had been reunited for two years before her interview, claimed “sporadic contact” because,

I hold back. I don’t want to interfere with her life. Or, take away from her mother. I would like to be a friend. And, if she ever needs me, I am here. That’s the way that I want her to feel. But, I have no rights to her. To disrupt her life. Not after giving her up already. But, I gave her birth. And, either way, she’s still mine. No matter how you look at it or who raised her, she’s still mine ... so when she wants to get in touch, I agree.

The majority referred to their contact relationship as a “friendship.” This group noted, “motherhood makes it more than a friendship, but I’ll answer friendship because there is no other word available.” Most also discussed the lack of existing guidelines for formulating, assessing, or labeling their contact relationship. Similar to the reports of parents in same-sex marriages (Hertz 2006), the birth mothers described themselves as “working in the dark” because they possessed no rules for how they should behave as a mother. Specifically, the birth mother possesses no guidelines for how she should interact with an adult child she had placed for adoption as an infant. Cynthia, who had been reunited for five years before her interview, spoke of this dilemma in her observation:

It's a scenario where you don't know what to say or what to do. What's right. What's not. You can't communicate at a friend's level because you're afraid to. Or, at a family level. Where with friends you might say things. Here, you are diplomatic. Like with a mother-daughter you don't have to be so diplomatic. You can say what you feel. As a parent, you can take it step by step. But, there's a tension. You can feel it. When she talks to me, I feel she is guarded with what she's saying. She measures everything she says. And, I'm very careful what I say so I won't offend her. So, you do get that distance. That's why I say there will never be that closeness of mother-daughter. I settle for friends, but it's not close like friends either.

The distinctive responses of the two (6%) birth mothers who replied "mother-child" highlight the difficulties inherent in assessing one's contact relationship. Liz, who had been reunited for three years before her interview, drew upon both her biological connection and her position as the "only mother" when she said,

I see it as a mother-son relationship. It was like that from the very beginning. We were so close we could fill in each other's sentences. But, I think it is easier because his mom passed away when he was young—in his teens—so there wasn't any conflict. That he had another mom in his life that he was loyal to before we met ... but she was gone, so he could see me in his mind as his mom now.

Comparably, Susan emphasized the passage of time and shared experiences when she remarked, "I feel we are like mother and daughter. It's been

12 years, and over that time we've been through so much together. It's made us closer ... her marriage ... her children. Like I feel we are bonded through those experiences."

To summarize, the birth mothers modified their contact behavior to accommodate what they perceived to be the adopted adult's contact needs. Similar to "waiting to be found," this accommodation process supported the images of self-sacrifice demanded of "good" motherhood. The women were grateful for contact, however fearful of losing it. They expressed reservations over the parameters of their contact relationship and did not confront unexplained behavior from the adopted adult such as cancelled meetings, long periods of silence, or contact withdrawal. For example, Pam noted,

When we first met, she called me "mom." Now she calls me by my first name. I didn't expect the mom part. Because I didn't think I had the right to be mom. But, why she went from one extreme to the other, I don't know. We talk about everything. I think I want to talk to her about that, but I'm not sure. I think she is resentful because I gave her up. She gets moody towards me sometimes. The resentment thing I mentioned is just a mild undertone that I tend to feel. It isn't obvious. But, I don't want to push it. I don't want to ask. In case she backs off more.

Although a lack of contact guidelines contributed to this sense of uncertainty, the majority also stressed concern over their motherhood position vis-à-vis the position held by adoptive mother in the adopted adult's life. The next section describes

how the birth mother's recognition of the adoptive mother's position influenced the expression of her own motherhood.

Finding Spaces for Motherhood

Sieger (2012) notes the difficulty birth mothers experience in open adoption arrangements in finding "spaces for motherhood," particularly when the adoptive mother serves as the "everyday mother." The significance of this situation for reunion contact became apparent in the interview data when the birth mothers were asked the open-ended question, "What role do you think you play in your placed child's life?" It was also in this response that the concept of experiencing a partition between social and biological mothering and the idea of traversing a fine line in expressing their motherhood became most emphatic. Over one-third (13 or 40%) of the birth mothers replied "I don't know" and over one-third (12 or 38%) replied "it's different." The remainder answered either "nothing" (5 or 16%) or "mother-child" (2 or 6%) to this question. Significantly, all of the women contrasted their contact role to the role performed by the adoptive mother. To quote Sharon:

I don't know. We have never really talked about it. And, I hold back. I don't want to interfere with her life. Or, take away from her mother. I would like to be a friend. And, if she ever needs me, I am here. That's the way that I want her to feel. But, if she said she didn't want to see me anymore, I would accept it. Because I have no rights to her. To disrupt her life. Not after giving her up already. But, I gave her birth. And, either way, she's still mine. No matter how you look at

it or who raised her, she's still mine ... Yet, I feel that she has a right to her adoptive parents and they to her. Like, they are her parents, too. I wasn't around her in that part of her life ... chicken pox, measles, going to school ... And, they have a right to her just as much as I do.

In a similar fashion, Jennifer remarked,

I would say it's different. I gave birth to her and she will always be mine in that way. But, that's her mother and her father. Like, that's where she has been her whole life. Like, I was just sort of an accident. You know, I just gave birth to her. But, she is her mother because she raised her from the time she was a few weeks old. Like, it's something I will always regret doing ... giving her up. It's nothing I'm happy about. But, it happened. What can I say? She's got a family and it's not you. Like they loved her and she grew up with them. So, if you can settle for friends, then you are okay.

Comparably Susan, who claimed a "mother-child" relationship, noted,

Over the years, she is coming closer to me. But, it scares you because sometimes I wonder if I am taking away from her mother. So, I try to ask her a lot about her mother and how she is. But, it's hard because I think of her as my daughter. But, then, birth parents have to realize that you gave up that child. Because those people parented the child and there is nothing that anybody can do that can take that away. Like we are bonded and I feel that I am her mother, but I wouldn't ever be able to take away from her mother the fact that she is her child, too.

The interviewed birth mothers created opportunities for expression of their motherhood when they broke the rules of nondisclosure and accepted reunion contact. They pursued that expression by announcing their adoption triad position publicly and integrating the adopted adult as a full member of their family. Their ability to take on a mother role was constrained, however, by their recognition of the adoptive mother as caregiver. Specifically, in comparing self as a mother who had “given away my child” to an adoptive mother who “had raised and loved her child from infancy,” the women perceived their motherhood to be limited. They gave primacy to the process of caretaking over biological bonding and deferred rights to the motherhood role to the adoptive mother.

Assigning the motherhood role to the adoptive mother meant the women had to create spaces for their own motherhood. They did so mainly through expressions of their pregnancy/birth experiences and biological mother-child bonding. In this way, the women reaffirmed their adoption triad position as a “birth mother” who had given up her motherhood rights and possessed no entitlement to a contact relationship other than the one decided upon by the adopted adult. As discussed in more detail below, most of the women found acceptance of the social designation of birth mother offered them spaces for positive expression of their motherhood in a way that strengthened and stabilized their reunion contact. Notably, 3 (9%) of the women had disconnected from contact because they “felt like such a phony in pretending not to be her mother.” Five (15% of the sample) said it had taken time for them to become comfortable

with this social designation. Similar to Grace, they noted,

I didn't like the term birth mother. Like, she would introduce me as: “This is my birth mother, Grace.” I didn't like the term. It sounded odd ... Detached. Yet, how is she to refer to me? That's what I am. I got used to it. And, I'm very glad to be open about it. To be part of her life. To be included.

The majority accepted it with equanimity and attended adoptive family events such as graduations, christenings, and weddings where they were identified socially as “X's birth mother.” Pam explained this perspective more fully as follows,

Role? It's different. She's my daughter. My family is complete now. But, for me, it's not exactly a parental role. She sees us as family. That's how I think of us and our relationship. But, she has another family, too. Like, we were invited to her wedding. We had a separate family table. We weren't really a part of it, but I didn't expect to be. They are her parents and her family after all. But, we were introduced to people as her birth family. And, we had pictures taken also. I was okay with it. I gave her up and I gave up the right to be treated as her mother. It was not my place. I was just glad to be there. To share that part of her life with her. I had missed a lot already.

Pam's description of her reunion contact role reveals her understanding of her social position within an adoption process that partitions the biological and caregiving components of motherhood. It also reveals the impact of nondisclosure in solidifying that position. Comparatively, adoption

reunion created a situation whereby the boundary between biological and social motherhood became more permeable and more easily traversed. Specifically, reunion contact enabled Pam to find spaces for positive expression of her motherhood through attendance at adoptive family events and an ability to integrate the adopted adult as a member of her own family. In this way, Pam was able to express continued love and care for her child despite her decision to place her child for adoption.

Ultimately, the sample was grateful for contact; however, they saw their motherhood status as precarious because they had given it up previously and believed it could be easily questioned, assaulted, or renounced by others, particularly by the adopted adult. To gain positional role-strength, the birth mothers drew upon pregnancy, birth, and mother-child bonding as an explanation for contact and as a means of avoiding potential disconnection. Given the adoptive mother's primary role as caretaker, they focused on the essentialism of motherhood and “natural love” in their creation of a space for motherhood in the adopted adult's life. Margie exemplified this understanding when she remarked,

I know I am her mother, but I am not her mother. I take what she gives me. I realize I am maybe third or fourth in line. She has her mother, her mother-in-law, and then perhaps me. I am in a hierarchy and must accept it. But, I take what I can. I am lucky to have anything. She is my daughter, but she has no memory of me. I must get used to that. We are two adults getting to know each other. A mother knows her child from the beginning. But, there is so much of her that

I am learning about. It is a difficult relationship. She is my little girl, but she is not a little girl anymore. I must get used to that. I can almost read her mind [*laughs*]. It is easy for that. But, I do not want to intrude. I realize I wanted to be her mother. I know now I cannot be ... But, I'm just happy to know her.

As Margie notes, the boundary between social and biological motherhood may have become more permeable; but, adoption reunion could not eliminate the years of non-contact created by nondisclosure. In consequence, the birth mothers experienced a sense of uncertainty over their right to contact and hesitancy in expressing their own contact needs.

Conclusion

Livingstone (2012) claims that adoption creates a social paradox for birth mothers who live within a culture where biological ties predominate and maternal instinct is assessed through caretaking. Specifically, in relinquishing their caretaking role to the adoptive mother, birth mothers must promote biology over caretaking if they are to gain motherhood status. However, relinquishment of their caretaking role contradicts the maternal instinct upon which essentialist images of motherhood rely and undermines their motherhood claims accordingly. Moreover, birth motherhood does not fit the normative family model; as such, they are marginalized in the adoption triad and remain outside of the adoptive family. This paradox makes birth mothers subject to a sense of boundary ambiguity that is expressed as confusion over how they should behave towards their placed child and uncertainty over their entitlement to contact.

Nondisclosure laws mask the paradox of adoption by severing all biological family ties and keeping the identity of adoption triad members confidential. Under nondisclosure, however, birth mothers are also able to maintain a dream of “getting my baby back” that blocks their ability to address the complete meaning of adoptive placement for their motherhood. In consequence, the birth mothers in my study did not experience the full implications of the paradox of adoption until they met their placed child as an adopted adult, found that the “baby left behind” no longer existed, and realized that contact continuation meant forming a relationship with a “virtual stranger.”

The accounts presented in this article appear to fit Livingstone’s model. The interviewed birth mothers referred to the essentialism of natural motherhood as a means of emphasizing their status as mothers who had desired and wanted to maintain contact with their placed children. Terms and phrases such as “bonded,” “I gave her birth,” “a part of me was missing,” “my little girl,” “my child,” “my baby,” and “still mine” appeared frequently in the interview accounts and in response to a wide variety of questions in a number of topic areas. It is significant to note that the women knew their placement decision cast doubt on their motherhood claims. This knowledge was apparent in their hesitancy to search and in their frequent references to such ideas as “I have no rights because I placed,” “I don’t want to interfere or intrude,” “I don’t want to disrupt her life,” and “I feel so lucky he wanted to meet me.” The reunited birth mothers I met engaged in an adoption discourse of “contradiction” that sustained their sense of boundary ambiguity in reunion contact.

The interviewed birth mothers are active agents, however the reunion scenarios reported in this article indicate a more complex model of adoption and birth mother-adoptive family contact than Livingstone describes. For example, the majority drew upon the normative expectations of friendship to ensure continued interaction with the adopted adult and to create positive spaces for performing motherhood. Many also took on the social designation of “birth mother” and attended adoptive family functions that allowed them to share intimate family moments and significant life-change events such as graduations, weddings, and the birth of grandchildren. A small number became close friends with the adoptive parents. Recognizing that caretaking takes many forms and can occur throughout a person’s life, the women availed themselves of many opportunities to traverse the permeable boundary existing between nature and nurture in a way that allowed them to express their motherhood.

The residual effects of nondisclosure also cannot remain unnoticed in the formation of birth mother-adopted adult relationships. The interviewed birth mothers had lost contact with their placed child previously and possessed an overwhelming fear of losing contact again. In consequence, rather than making their own contact expectations clear to the adopted adult, they tried to follow his or her lead. Notably, the lack of social rules or guidelines existing for birth mother-adopted adult contact contributed to their sense of uncertainty over establishing an appropriate contact role. Noting the strangeness between them and observing the adopted adult did not want “another” mother, the majority waited for the adopted person to initiate visits, tried not to

interfere in the adopted person’s life, deferred to the adopted adult’s contact behavior, accepted being referred to by their first name, and took on the social designation of “birth mother.” Often, these types of actions placed them on the margins of the adopted adult’s life and gave them a sense of powerlessness over how their contact relationship unfolded.

Part of the process of finding spaces for motherhood involved identifying their position within the adoptive family. The majority of the interviewed birth mothers met the adoptive parents, and a significant number interacted with them at social functions important to the adopted adult. Such events required public acknowledgment of both the adoptive mother as the primary parent and their own secondary status as “birth” mother. Most accepted this social designation because the limitations of their biological mother-child bonds had been made apparent to them during their first face-to-face contact meeting when they recognized that “their baby” no longer existed. Acceptance of the social designation of birth

mother affirmed essentialist messages; however, in a way that marginalized them further as mothers who offered only biological continuity.

In this study, I did not attempt to assess the perspectives of others towards birth mothers, and focused on the birth mother’s experience with reunion contact. My sample’s conceptualization of their biological mother-child tie as an everlasting bond of natural love indicates that essentialist images of motherhood prevail. Their perception of the adoptive mother’s position as the primary mother also reveals support for the idea that caretaking acts demonstrate the maternal instinct imperative for everyday mother-child bonding. They realized that their inability to engage in such activities had placed their motherhood into question and positioned them on the periphery of their placed child’s life. They accepted this position because after years of nondisclosure, they found being placed on the border of motherhood was better than being no mother at all.

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Mobility Boundaries Between Home, Community, and Beyond: Experiences of Exceptionally Old Adults Living in Eastern Canada

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Abstract Mobility for older people is linked to various meaningful and celebrated ways of ageing, such as maintaining independence, community participation, and quality of life (Metz 2000). In this paper, we examine the lives of people aged 90 and over as they encounter mobility challenges in the face of a particularly neoliberal socio-economic political context. Fifteen Canadians, living independently, were interviewed using the Psycho-Social Ethnography of the Commonplace (P-SEC) methodology. They shared their experiences with managing physical and community-related mobility issues. The analysis reveals how the current public transportation system complicates the lives of the exceptionally old, and sheds light on the ways in which this population makes sense of and deals with these complications. With the goals of reducing social boundaries and enhancing community mobility of older adults, based on the findings, we offer social policy recommendations.

Keywords Mobility; Ageing; Exceptionally Old; Public Transportation; Neoliberalism

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The average age of the world's population is increasing at an unprecedented rate, which means that more people than at any other time in history are experiencing life beyond retirement age (Cook, Halsall, and Powell 2010). The United Nations (2012) projects that the population aged 80 years and older will grow to about 400 million individuals by 2050, which is three times the current number. This is no different for Canadians: the cohort of 60 year-olds in 2012 (i.e., the baby-boomers) is now expected to live to 85 years (World Health Organization 2012). This approaching phenomenon has led to a surge in research related to ageing.

The increasing longevity and healthiness of the older population represents a social success; however, the physiological ageing process still means that older adults will encounter mobility issues. While important at all ages, mobility is an influential marker and symbolic factor in older people's lives (Hilleras et al. 2001), linked to social functioning, independence, and quality of life—all of which are perceived as part of ageing successfully (Bowling 2007).¹ In other words, mobility, or the lack thereof, has the potential to create restrictions and boundaries in our lives. By investigating how older people understand and conduct their lives, this paper aims to illuminate how the socio-cultural and political-economic Canadian context influences their lifeworlds, and in particular, their mobility.² Indeed, the exceptionally old may provide

¹ Even though there are differences in meaning, similarly to other researchers in the field, we use "quality of life," "well-being," and "life satisfaction" interchangeably (Enkvist, Ekstrom, and Elmstahl 2012).

² The concept, lifeworld, is used as a means to envision the entirety of people's lives rather than using the eclipsed notion of "daily" life experiences.

information to guide subsequent generations and their communities as they enter and traverse their elder years and negotiate the boundaries of their social and physical mobility (Hitt et al. 1999; Randall 2011).

Background

Neoliberalism

Neoliberalism is a globally influential socio-political and economic system (Kotz and McDonough 2010). While the fundamental pillars of neoliberalism are derived from the political ideologies of individualism and liberalism (Harvey 2007), nations mould and integrate these basic tenets to fit their socio-cultural contexts. Rather than focusing on individuals' social well-being, neoliberalism champions minimalist government interventions and capitalist free markets (Larner 2000). This combination is believed to enhance competition, lead to economic efficiency, and produce more choices (i.e., individual freedom). Whether it is partially or completely integrated, neoliberalism leads to increased government deregulation (e.g., government reduces its interference in the market economy), increased privatization (e.g., public sector services are sold or subcontracted to the private sector), and decreased social-welfare state support (e.g., government cuts in its social assistance or employment insurance; Harvey 2007). While neoliberal ideology promotes the importance of individual freedom and choices, such an aggressive ideological stance implies that any failure to succeed is the responsibility or fault of the individual. Thus, it masks an increasingly more systemic

political-economic malaise (Braedley and Luxton 2010). At this point in time, the shift towards neo-liberalism and the concomitant elimination of the social-citizen-focused policies and supports is evident around the world, including in Canada (Harvey 2007; Armstrong 2010; McDonough, Reich, and Kotz 2010; Crawshaw and Whitehead 2012).

The signs of socio-economic neoliberal changes in Canada are prevalent in the privatization of home and long-term care services (Armstrong 2010) and the privatization of local provincial bus services (CBC New Brunswick 2012; CBC News 2013). The socio-political ideological focus of Canadian governments (i.e., federal, provincial, and municipal) has shifted from a responsibility to, and commitment for, the welfare of its citizens, to an economic model with a focus on increasing privatization of public institutions, reducing inflation, and diminishing taxes (McDonough, Reich, and Kotz 2010). As a result, Canadians are spending increasingly more money on social and health assistance, which was previously covered by government programs (Armstrong 2010).

With respect to the ageing population, many governments espouse ageing in place for as long as possible (i.e., the ageing adult remains in their own homes; Walker and Lowenstein 2009; International Federation on Ageing 2012). Research also indicates that ageing people prefer to live independently (Nilsson, Lundgren, and Liliequist 2012), and that independence is positively related to quality of life (Gabriel and Bowling 2004; Porter 2005). For governments, supporting older people staying in their homes proves to be less expensive than putting the

elderly in institutional care facilities (Chappell et al. 2004; Fange and Ivanoff 2008). However, such socio-political-economic choices by a community and country have an impact on the mobility issues and boundaries faced by older adults.

The focus of this paper is to examine how neoliberalism permeates and influences the lives of the exceptionally old in a province in eastern Canada. Specifically, it focuses on the intersection of older adults' social context of ageing, mobility, and the negotiation of the concomitant boundary issues. At a macro level, this article scrutinizes how institutional, in this case the government, socio-political ideologies, such as neoliberalism, and practices exacerbate the lifeworld and mobility challenges of the exceptionally old. At an individual level, this study probes into how exceptionally old adults make sense of and cope with mobility issues and social boundaries they experience in their everyday lives.

Mobility

Mobility is defined as the ability to move about one's own home, community, and beyond, for example, to other communities, provinces, or countries (Webber, Porter, and Menec 2010). Thus, mobility is a capacity derived from both the individual and the environment. Research indicates that an older person's individual mobility decreases with age (see: Lord, Despres, and Ramadier 2010; Cohen-Mansfield et al. 2013). Both cross-sectional and longitudinal studies show that as people age, the prevalence of physical dependency and disability increase along with the number of chronic

diseases and geriatric conditions, such as cognitive impairment, injurious falls, incontinence, malnutrition, dizziness, vision impairment, hearing impairment (Fry 2000; Cigolle et al. 2007; Berlau et al. 2012). These challenges diminish one's physical abilities, and have the potential to restrict mobility (Hendrickson and Mann 2005; Webber et al. 2010).

Similar to individual mobility, community mobility typically decreases as the age of an older person increases (Desrosiers, Noreau, and Rochette 2004; Paillard-Borg et al. 2009). Active community mobility, specifically social participation in community events, is another factor that is positively associated with quality of life (Hilleras et al. 2001; Lantz, Marcusson, and Wressle 2012; Rosso et al. 2013). Social and community participation refer to connecting with friends and family, civic engagement (e.g., volunteering or working for pay), and political participation (e.g., voting; Berry, Rogers, and Dear 2006). Research indicates that social and community mobility also influences older people's independence (Oswald et al. 2007; Beswick et al. 2010), and their quality of life (Wergren-Elgstrom, Carlsson, and Iwarsson 2008; Gagliardi et al. 2009).

In summary, mobility is a capacity that is derived from an individual's resources, including one's body (i.e., physiological functioning), aide devices (e.g., walkers and automobile), personal attributes (e.g., motivation and personality), personal finances (e.g., ability to pay for help or transportation), and various social environmental factors (e.g., public-private transportation and cultural beliefs). In other words, mobility for the older population is complex and includes multiple individual factors

(cognitive, psychosocial, physical, environmental, and financial) and social factors (the person's gender, culture, and life history; Webber, Porter, and Menec 2010). Arguably, these factors interact and create boundaries that are porous and negotiable, and in turn, influence older adults' mobility.

In this paper, we examine exceptionally older individuals' life-history narratives for instances of their lifeworlds being affected by institutional practices and policies. More specifically, we are interested in how the current blend of Canadian neoliberalism (politico-economic ideology and its outcomes) impacts the mobility boundaries and lifeworlds of older adults.

Methodology

In order to elucidate how the social, political, and economic contexts influence the lifeworld of exceptionally old eastern Canadian adults, we employed the Psycho-Social Ethnography of the Commonplace (P-SEC) methodology (Gouliquer and Poulin 2005). P-SEC is a semi-structured, interdisciplinary, phenomenological approach developed to carry out research involving marginalized groups and the social institutional contexts influencing their lives. P-SEC has been used in numerous studies of disenfranchised groups such as partners of lesbian soldiers (Poulin 2001), workers in community organizations (Gibson, O'Donnell, and Rideout 2008), First Nations women (Brazier 2006), women living in university residences (MacAulay 2013), and female correctional officers (Burdett and Poulin 2003). Older adults, and specifically the exceptionally old (90+), are considered a marginalized group

because of the incessant presence of ageism, negative stereotypes, and discrimination in Western society. For instance, older people often are stereotyped as warm and friendly but incompetent (Cuddy, Norton, and Fiske 2005). They often are spoken to in patronizing ways, face discrimination from the helping professions, and experience mistreatment by strangers, caregivers, and family members (Nelson 2005).

What makes the P-SEC methodology interdisciplinary is the mix of theoretical influences borrowed from various scholarly traditions. The dominant disciplinary pillars are philosophy, sociology, and cognitive psychology. Respectively, P-SEC methodology draws on the assumptions and tenets of Feminist Standpoint epistemology (Harding 1991; 2004), Institutional Ethnography (Smith 2005), and Schema Theory (Rumelhart and Ortony 1977; Bem 1993; Signorella and Freize 2008). According to feminist standpoint theory (Harding 2004), marginalized or oppressed groups are epistemologically advantaged in terms of their situated knowledge. Marginalized individuals have to rely on the societal power-holders to survive. In other words, the marginalized have to know and understand both their own experiential perspectives and that of those who define their everyday reality. The social power-holders manage, control, and rule institutions and governments. Thus, they benefit directly or indirectly from the dominant ideologies (hegemony) and cultural beliefs, and have a vested interest in maintaining the status quo. Power-holders would be at a great loss if the hegemonic system and its ideology were undermined. Consequently, their perspectives are clouded by their desire to

protect their gains and control. By examining the views of oppressed individuals, standpoint theory unearths a more complete understanding of familiar and customary practices that shroud, normalize, and justify the taken-for-granted ways of organizing life (Harding 2004).

According to the tenets of Institutional Ethnography (Smith 1987; 2005), the power-holders, via institutional and ideological practices, produce and maintain the social relations that organize and shape society. These social practices are everyday pervasive processes, which Smith (2005) referred to as "relations of ruling." Thus, relations of ruling are hegemonic (i.e., largely invisible yet powerful) in nature, function as social boundary mechanisms that coordinate people's activities, and provide social meaning that organizes their cognitive understandings.

To investigate how marginalized groups make sense of and cope with their lifeworld, P-SEC methodology also draws on schema theory. Schemata are socially and readily available units of cognitively organized networks of information, which influence and simplify perception, communication, and sense-making, as well as guide behavior (Bem 1993; Beals 1998; Signorella and Freize 2008). To illustrate, the *ageing* schema encompasses social norms and practices that define and regulate the socially expected qualities and behaviors for the ageing person, such as slow cognitive processing, decreasing visual acuity, and reduced mobility (Rozanova 2010). When socially available schemata conflict with individual experiences, as when an exceptionally old person has the ability to drive,

this results in complications, confusion, or struggles to deal with the social and formal institutional restrictions. An integral part of P-SEC methodology is the analysis of schemata as a means to better understand how marginalized individuals cognitively resolve contradicting actualities. The examination of such schemata renders valuable insights into how the marginalized adapt psychologically to disjunctures in their lives. P-SEC then enables researchers to examine how the marginalized resolve conflicting realities by uncovering the cognitive and behavioral strategies employed to deal with the complications.

A P-SEC analysis is a four-stage process. The first stage involves a general thematic coding of all data. Data are comprised by participant interviews, institutional documentation, and observational notes amassed during the entirety of the study. Second, Organizational Moments and their associated complications are identified. Organizational Moments are the cornerstone of P-SEC inquiries. They are defined as ordinary, regularly occurring events that serve to meet the needs of an institution. Organizational Moments shape the marginalized group's, in this case ageing persons', activities, thoughts, and lifeworld in complicating ways (Gouliquer and Poulin 2005). Complications occur when the needs of an institution differ from those of the marginalized group, and through its rules, regulations, and practices serve its own needs and those of its ruling apparatus, while negatively and complicatedly shaping the actualities of the marginalized group within. This stage can entail further data collection of media reports, institutional policies, or speaking to institutional representa-

tives with the purpose of better understanding the social relations that the Organizational Moment represents, as well as the complications they evoke in the lives of the marginalized. A third stage of the analysis is to explore the schema and coping strategies of the marginalized that are evoked by the Organizational Moments. Analyzing the schema and coping strategies helps illuminate how marginalized members make cognitive sense of and practically negotiate their everyday realities. Understanding how complications cut across and influence the psychology and sociology of marginalized individuals leads to a deeper understanding of how underlying social-political and institutional policies and practices pervade and control their lifeworlds. Thus, it exposes the unacknowledged and power inherent in the relations of ruling. The final stage of P-SEC analysis is to explore how the Organizational Moment and its concomitant complications benefit the institutions that they serve. This fulfills an important objective of a P-SEC analysis: making recommendations for social change. Through investigating and theorizing the relations of ruling present in the lives of marginalized individuals, P-SEC leads the researcher to expose novel ways of improving their experiences such as promulgating social, political, and economic change recommendations.

Sample Characteristics and Method

Fifteen participants were interviewed. Participants were recruited using the snowball sampling approach (Robson 1993). There were twelve women and three men (n=15). The age range was 89 to 95 ($M_{age} = 91$ years). Four participants were married,

while the rest were widowed. To participate in the study, individuals had to be in their 90th year or older and living independently; that is, they had to have attained their 89th birthday and had to be living in their own home or rental accommodation. All but one participant resided in New Brunswick.

All participants were given pseudonyms, and in addition, we adopted the technique of discontinuous identities; the use of more than one pseudonym if multiple quotes are used from one participant's interview (Poulin 2001). Table 1 provides an overview of some of the characteristics of the participants.

Table 1. Participant Demographics.

Pseudo Name	Age	Number of Children	Current Living Arrangement	Driving Status
Amber	91	3	Own home	Still driving
Beatrice	91	2	Own home	Stopped driving
Betty	91	2	Own apartment	Never drove
Candy	90	3	Own home	Still driving
Charles*	91	4	Own home	Still driving
Doreen*	91	4	Own home	Still driving
Eddy*	92	0	Own home	Stopped driving
Frances*	89	0	Own home	Never drove
Jackie	92	2	Own home	Stopped driving
Larry	95	6	Own suite in son's home	Stopped driving
Lena	92	4	Own home	Never drove
Lorraine	92	5	Own suite in son's home	Never drove
Nancy	90	4	Own suite in daughter's home	Stopped driving
Natalie	89	3	Own suite in daughter's home	Never drove
Nora	90	5	Own home	Still driving

*Except for these four individuals, all the other participants were widowed.

Source: Self-elaboration.

In-depth interviews lasting, on average, five hours were conducted with each participant. In addition to interviewing, extensive field notes were compiled for each visit. Since five hours seems long for an interview, the participants were consulted and given opportunities during the interview to continue at a later date. The interviews were transcribed verbatim. The transcriptions and field notes were sanitized to protect the confidentiality of the older adults (e.g., actual names were changed). All the data were analyzed with the help of NVivo 10, a qualitative computer application. First, a thematic analysis was conducted by grouping data into meaningful chunks or categories. During and following the thematic coding, Organizational Moments and their concomitant complications were identified. Each Organizational Moment was then analyzed for the schemata that participants evoked and their coping strategies. Finally, we explored how the institution benefits from its current structure, the Organizational Moment, and proposed recommendations for social change.

Findings and Analysis

Organizational Moment: Current Public Transportation Infrastructure

Although many themes emerged, using and accessing transportation was a major concern for all participants. The analysis of this Organizational Moment illustrates how public transportation options, such as buses, roads, and trains, complicated the daily realities of exceptionally older adults of New Brunswick who live independently. The analysis sheds light on how the participants made

sense of the absence/presence of particular types of public transportation and what strategies participants adopted to cope with the resulting complications. We also examine what benefits there are to the New Brunswick government for not improving particular public transportation modalities. Necessarily, all participants made use of the public road system, and only two used a privately operated inter-city bus, but few older adults living in communities with a publicly funded bus transit services used them.

Transport Canada is the federal department responsible for overseeing and supporting transportation in Canada (road, rail, marine, and aviation; <https://www.tc.gc.ca/>). While the free movement of its citizens around the country is mentioned on its web site, the policies predominately speak only to and emphasize supporting market efficiencies (e.g., the movement of goods to markets). The building and maintenance of the infrastructure and the operation of Canadian public transportation is funded by all levels of government (e.g., federal, provincial, and municipal) and through various federal programs such as gas tax funding (Canadian Urban Transit Association 2011; Transport Canada 2012). Most Canadian provincial and municipal governing bodies provide matching operating or capital investments for either conventional or specialized transit systems, such as accessible buses. The province of New Brunswick, however, is divesting itself of particular transit options, primarily trains and buses, despite the fact that they have access to sharing the cost with the federal government (Canadian Urban Transit Association 2011). At this time, there are only four city-level public transit

systems (i.e., Fredericton, Miramichi, Saint John, and Moncton’s city bus services; Government of New Brunswick 2013), and only one municipal option (Charlotte County Dial-a-Ride; Hanson 2008). Each transit system is managed independently from the provincial government. At the time our

research was conducted, no other communities had a public local transportation option and publicly supported inter-city buses are non-existent. A summary of the results for the Organizational Moment *Current Public Transportation Infrastructure* is provided in Table 2.

Table 2. Overview of Organizational Moment: *Current Public Transportation Infrastructure*.

COMPLICATIONS			SCHEMATA	COPING STRATEGIES
General	Non-drivers	Drivers		
Physiological abilities	Reduced control	Dependence on cars	Family	Altering lifelong patterns to match available resources
Private Transportation	Decreased social participation in community	Feeling worried	Car is freedom and independence	Bringing the community into the home
Public Transportation	Boredom and loneliness			Replacing community activities with solitary ones

Source: *Self-elaboration*.

Complications for the Exceptionally Old

Most participants voiced their desire to be socially active not only in their home but also within their communities. Lena’s quote illustrates this sentiment.

Oh yeah, I love to go out. [*All laugh*]. If you don’t want me to go, don’t ask me. Does not matter; I just love to go out and have a coffee. Or just to go out and have ice cream. (Lena, 92)

Yet, participants spoke of limited options in terms of transportation to meet their social needs. For those living independently in their own homes, this constraint represented considerable challenges and boundaries to navigate. Participants experienced complications differently depending on their respective mobility factors (e.g., physical functioning, ownership of a car, and ability to drive). Mobility for different participants, therefore, meant different things: they spoke of walking, driving,

asking other people for a ride, and taking taxis as means of getting around and meeting their needs. Three subthemes help us make sense of their mobility reality: physiological abilities, private transportation, and public transportation.

Physiological Abilities

Walking provides a certain degree of flexibility in one’s outings, and has the distinct advantage of being an affordable way to get to some places. Some participants walked regularly either to go to the store or for pleasure.

If I have an appointment with the doctor, I may take a cab up but I walk home. It’s over two kilometers. If I want something uptown, I just walk up and get it and walk back again, you know. It’s that simple. (Frances, 89)

Walking, however, was not always an option, partly due to common physical mobility issues that challenged many of them, and due to the distances associated with the rural nature of New Brunswick. The physical and physiological difficulties participants spoke of included general pain, weakness, dizziness, arthritis, osteoarthritis, and issues related to joint replacements. Candy and Natalie share their experiences:

Oh, I don’t know if it’s hard, it’s just slower, that’s all ... I’m not worrying about it so much. It just bugs you because it feels like it’s asleep and you start to move and the knees are not going back where they should be going. (Candy, 90)

Well, I had two knee replacements ... They worked perfectly for quite awhile, more than 10 years. Then

they started going and paining. Now, I can’t stand without hanging on to something. (Natalie, 89)

Falling and the fear of falling were two other common conditions related to walking difficulties.

I get up [in the morning], I’ll see if I can walk because sometimes when I first get up I can’t, and if I’m not good for walking, I sit there for awhile until I am. (Doreen, 91)

Well, I am getting to the point where I sit on the side of the bed for a little while before I start to walk because I don’t want to get up and fall. (Amber, 91)

For some, their corporeal realities impose social and physical boundaries on their mobility not only in the home but also outside the home. As the next quotes indicate, these physical challenges are such that the older adults end up being house-bound and unable to go anywhere for extended periods of time, even years.

I like reading, I mean, it’s my only thing I do nowadays. I don’t go out around visiting [anymore]. It’s the best I can do, thank God. (Nora, 90)

I have not been out of the house for several years. (Natalie, 89)

Private Transportation

At the time the interviews were conducted, a few participants reported that they were still able to drive. These individuals drove not only to keep up with their “essential” necessities of life, such as

grocery shopping or a doctor's appointment, but also to take part in various leisure events. For instance, Amber and Charles use their cars to go to community social activities.

I go to church two afternoons a week and I volunteer at the school one afternoon ... I drive to those places, yup ... and I visit my friends. (Amber, 92)

Well, we get tickets to various shows; just last week my wife picked up half a dozen tickets. Occasionally, we remember to go to galleries around the city and we occasionally go to events in those galleries. I'm also a member of a reading club. The club meets every week. (Charles, 91)

Thus, participants who still had a car and drove had a flexible and accessible means of transportation, which afforded them more independence and opportunities to participate in community events. Having flexible and self-controlled access to a car was a determining factor in the level of activity, both psychological and physical, in which participants were able to take part. These quotes demonstrate how older adults' corporeal abilities combined with their access to a car moderated their social and physical boundaries. Thus, driving was an important part of remaining active. Some of the older adults experienced giving up driving as a pragmatic necessity, while others felt it was a dramatic life event. Larry's comment illustrates a matter-of-fact attitude, which some embraced:

I had the stroke in 2002 and the doctor told me after I got out of the hospital, he said, "You could go to Fredericton and take the test so you could drive."

I said, "I refuse to drive anymore because I know I will be slower and I might hit somebody. I would never forgive myself because I know I shouldn't do it." So that's when I stopped [driving]. (Larry, 95)

Nancy, however, experienced a difficult transition after she was forced to give up driving. She lost the flexibility of going out whenever she wanted, which introduced a new dependence of having to rely on her children for transportation. Nancy's quote elucidates the psychological adjustment necessary to adapt to the reduced social and physical boundaries the older adults experienced.

I can't leave [the house] myself and get out with my car and go; it's gone forever. It was difficult, yes, because sometimes I needed something and, you know, I wanted it right away! I couldn't wait until Tira [her daughter] or the boys came home, and that bothered me to think I was closed in. So after I got over that, I was alright, but it took me a while to straighten myself out that I could not go. (Nancy, 90)

Given the age of this cohort, unsurprisingly, some women had never learned to drive. In such cases, the death of their husband automatically imposed the cessation of an important means of transportation and community participation. For those widows, the loss of their husband felt as if they had given up driving themselves. Betty and Lorraine's quotes illustrate how their mobility in the community was affected by their husband's death:

I got used to having no way of getting there [to the grocery store] after my husband died. I get enough [food] for a month. Maybe sometimes you have to go

get a loaf of bread or milk or something, but outside of that, I've tried to cut down. I have a little cart there that I haul [laughs]. (Betty, 91)

I've been a widow for ten years, and once my husband died, I didn't learn to drive or anything. But, until my husband died, we still went to church. (Lorraine, 92)

In effect, the loss of access to a car due to their husband's death signified a closing-in of these older adults' social-community boundaries. Regardless of whether participants had to give up driving or if they had not driven in the first place, not driving meant that they were forced to find alternative transportation resources. Typically, this meant that they became dependent on others, especially their children, for transportation.

My son takes me every two weeks to go for groceries. (Lorraine, 92)

If I have to go to town, she [my homecare assistant] will take me ... Oh, my daughter takes me to the doctor. (Lena, 92)

Relying on others to drive them places represented an accessible and affordable option, but also resulted in complications for the participants. For example, Lynne experienced a loss of control and flexibility because of this dependency on others for transportation.

My daughter, from the city, always takes me shopping on Saturday, and if I have to go to the bank, then she can go for me. Anyway, she took me, but

not on Saturday. She asked, "Can you go Thursday?" And I said, "Yes, I can go Thursday." So I had to go to the bank. We were supposed to go to the bank Saturday. So my homemaker, I pay her on Wednesday [laughs]. When I paid her on Wednesday before I went to the bank, I had one dollar left in my purse. Actually, it wasn't a good feeling [laughs]. It's funny I had only four quarters in my purse. (Lynne, 92)

Finally, while taking taxis may be viewed as a flexible and accessible option for older adults, most participants did not consider it an affordable option.

No, I've never yet [taken a taxi]. I mean, I guess I don't want to pay that much money [laughs] ... Well, I have to watch it [my money]. (Betty, 91)

I have to take a taxi both ways. I don't mind once a week, but twice a week is a bit heavy [financially] ... I paid \$7 to go, but you got two seven dollars, and it's \$14 a week; it's getting up there. (Jackie, 92)

Public Transportation

None of the participants in this study utilized the public transit systems.

Well, I wouldn't go on the buses here if you paid me ... They're so damn slow; you have to have an hour [to wait for them to come by] or something like that. (Jean, 92)

Participants who lived in one community and needed to travel to the larger cities for healthcare appointments could not do so unless they stayed overnight, as Frances explains:

I can't go to the city and come back in the same day. If I have to take the bus for something into the city, it's too late to go to an appointment in the same day; I would have to go the day before. I would have to have my appointment for, you know, about or before ten o'clock in the morning. We have to get down to the bus station to get a bus back because they leave, I think, at ten thirty or something, and that's it. (Frances, 89)

Thus, the limited nature of the public transportation, even when present in the community or between communities, was such that participants 1) did not perceive it as an option for their transportation needs, or 2) they were required to expend extra time, effort, and money to use it, which seemed to be challenging to them.

Complications for Participants

For participants who did not drive, the limitations of New Brunswick's public transportation system resulted in few viable options when making a trip that was not within walking distance. They had to rely exclusively on the availability of others, mostly their children. The lack of options complicated their lives in the following ways: 1) it reduced their control over their lives, 2) it decreased their social participation in their community, and 3) it increased their experience of boredom and loneliness.

Reduced Control

Financial means, physiological changes, and the lack of transportation meant that participants depended mostly on their children to drive them to places and

appointments. Jackie's next quote emphasizes the reduction in social activity she experienced.

When I drove, I was at that mall pretty near every day. Just to get out and see people, and I used to see a lot of people out there that I knew. (Jackie, 92)

These stories illustrate the frustrations and complications that came with the loss of control over their social mobility regarding access to transportation for participants when they wanted and needed to go somewhere. Their experiences illustrate the closing-in of social and physical boundaries in the lives of older adults.

Decreased Social Participation in Their Community

Without affordable, accessible, and reliable means of transportation, participants face difficulties to make even short trips in their communities. Even though their children made time to provide them with transportation, in most cases, this happened primarily when their needs represented essential outings such as attending to a medical emergency, going to a doctor's appointment, or getting groceries. In effect, participants were reluctant to ask for help with transportation beyond necessities.

I don't ask my family for any, you know, to do things for me unless I really have to. Yeah, like going to the doctor, going out to the hospital, or something. Just necessities. (Lena, 92)

This issue gets compounded with the lack of flexible and accessible public transportation, as evinced in the next quote:

I haven't been active with my organization because I cannot go to town. It's too difficult to get around since we don't have a car. We basically keep up with what's going on as much as we can. Every once in a while somebody is going down to the theatre or something and will say, "We have room in the car if you two want to go along." Yeah, we can't go to things [in town] ... we lost the passenger train [here] and you might as well say the [inter-city] bus too since I can't go to the neighboring city and come back in the same day. (Frances, 89)

While some participants had family members to drive them to social or leisure activities, it was not on a regular basis.

Oh, my son will take me down to my grandson, to his son, and their four children ... about three or four times a year. (Lorraine, 92)

For Jean, even though her son lived in her immediate vicinity and was more accessible due to his recent retirement, she had fewer social outings than when she was driving. She missed being more socially active.

But, when I carpet bowl, I can't ask him [her son] to take me twice a week and come and get me [laughs]. It's up in the community center there and I really like that game. I really do; I'm good at it, too [laughs]. It's why I like it ... Oh, I'd like to play every day, but [I can't get there]. (Jean, 92)

As illustrated above, participants managed to overcome the challenges of meeting their transportation needs for necessary trips by paying for a taxi

or negotiating with family. However, their access to community activities and social participation were often dramatically reduced or abandoned as a result.

Boredom and Loneliness

While participants in this study expressed their wish to remain active, some did not find enough things to do at home to fill up their days. Without a viable means of transportation, participants were often left to spend much of their day alone. Some of them would live for days without seeing anyone else.

Saturday afternoon and Sundays I am alone. And then the girls [homecare workers] leave, from three or four until bedtime, but I'm alright because I just know. Oh yeah, I know what I can do about it, and I don't even attempt to do anything. (Nora, 90)

Well, the thing that makes me down more than anything is if I didn't see my son for a few days because I know he's home and I wish he would come and see me because it's somebody to talk to. (Jackie, 92)

In addition to loneliness, the older adults experienced boredom. For example, Betty, who lives in a senior's apartment block, talked about putting in the time and did some baking and cooking to keep herself busy.

I have a hard time putting the time in. But, I cook, I make cookies here and we have a coffee break, um, like a little coffee party every Tuesday morning and I'm always going in with a dinner plate full [of baking]. (Betty, 91)

Complications for Participants Who Drove

For participants who were still driving, the lack of flexible and accessible transportation loomed as a threat and a worry, if they ever decided or were forced to give up driving. Consequently, it placed additional stress and pressure on participants to continue driving without making any errors, and they worried about their future transportation options.

Dependence on Cars

The older adults who were driving were acutely aware that they might lose this privilege sooner or later. Driving signified, on the one hand, dependence on a car, but on the other hand, an essential criterion to living independently. While Nora and Charles both have close family members living within a 10-kilometer range, they live outside urban limits and use their cars almost daily. Nora drives her dog to a nearby park once daily for exercise and Charles goes into the city 2 or 3 times a week. In the following quotes, both Nora and Charles express apprehension about the possibility of losing their drivers' license.

What would I do if they don't let me drive anymore?
(Nora, 90)

Anyway, I have to touch wood. Yeah, if it was not for that [my ability to drive], we wouldn't be able to cope [stay] here. (Charles, 91)

Charles made it clear that the ability for him and his wife to remain in their home hinges upon his ability to drive. Nora's quote illustrates that driving is a privilege and contingent upon the evaluation

and authority of others. For the participants who drive, the car and driving license signify a looming and inevitable loss of an important piece of their independence. The data indicate that alternative transportation options that would enable them to remain in their home are not available.

Feeling Worried

For participants who depend on their car, driving evoked particular concerns. As seen in the previous section, Nora expressed some distress at the notion of losing her driver's license. In the next quote, Charles, who was involved in an accident, also articulated a deep concern about maintaining his ability to drive.

I was going to turn into the traffic lane. I saw a car coming fast, so I hit the brakes, and the guy behind me bumped into me. And, of course, it was his problem, and he was an old guy about the same age, neither one of us had an accident for thirty or forty years ... Anyway, I know I have to be more vigilant, before turning out into traffic. And my wife has been scaring the hell out of me [admonishing him] for pulling out of the parking spaces. (Charles, 91)

Although the other person was at fault, Charles thought that he had to be more attentive when driving. Despite an impeccable driving record, Charles was concerned and felt a heightened pressure to remain a safe and reliable driver.

Schematic Analysis

To make sense of the complications brought about by the lack of flexible and accessible public trans-

portation, participants evoked the following schemata: (1) family and (2) car is freedom and independence.

Family

Most participants relied on their children for help with their transportation needs. At the center of the *Family* schema is the notion that children are an essential and irreplaceable resource. This was underscored by the fact that nearly all participants had at least one child living within a short drive. An important aspect of this schema is the relationship between family members, trust, willingness, and flexibility—something that the older adults did not seem to develop with other individuals. According to the essence of the family schema, children are crucial for older people's ability to survive, especially without alternative and available transportation modes.

I don't know what I'd do without them [children] now. I often feel sorry for somebody that doesn't have children. (Lena, 92)

The following quote exemplifies how the necessity of children as part of the *Family* schema is developed and negotiated over time. In the beginning, Nancy struggled to accept how much she had to depend on her daughter for her daily living needs, but with time, ageing, and her daughter's persistence, she appeared to have accepted it.

Whatever I need, she [her daughter] gets: my groceries, and all my drugs and stuff; she does my income tax for me ... My daughter goes with me [to the doc-

tor] and she knows that, when I'm going, not to commit to something ... At first, I felt foolish [relying on her] ... But, that doesn't faze her, she comes anyway. (Nancy, 90)

Car Is Freedom and Independence

As part of this common schema, all participants conjured up the notion that their vehicle and the ability to drive it were indispensable. This is not surprising given that, in general, many people feel that their car symbolizes freedom and independence (Jensen 1999). The older adults also evoked this schema through their expressions of worry about what life would be like without their vehicle (see the complication section above—*Dependence on Cars*). As Nora and Charles indicated above, the thought of losing their driving privilege is a very worrisome concern: Neither of them had other transportation plans, nor did they express alternative possibilities of living without their vehicles. Thus, for the participants in this study, having and driving a car was directly related to being more socially active, and to having the freedom and independence to access their community on their own terms.

Coping Strategies

Participants coped with the challenges of the Organizational Moment *Current Public Transportation Infrastructure* behaviorally. Participants coped in three significant ways: 1) they adapted to their situation by altering lifelong patterns to the available resources, 2) they brought the community into their homes, 3) they replaced community activities with solitary ones in their homes.

Altering Lifelong Patterns to Match Available Resources

Given the limited transportation options, participants learned to adjust their realities and daily activities, and consequently, their social and physical boundaries changed. They modified the timing of their mobility and travel needs to minimize the number of outings. Betty used to do her grocery shopping weekly when her husband was alive. When the weather permitted, she walked to a supermarket for perishable items such as milk and bread. Without her husband to drive her, Betty had to arrange to do her grocery shopping once a month. Eddy provides another example:

Tuesday is my day, my uptown day. I go to the bank, and stock us up with some money and I do some shopping. This week I got cat food ... We have a neighbor here and I go and see him, and he takes me up ... if he is able to take me. (Eddy, 92)

Bringing the Community Into the Home

Since some participants had reduced community mobility, they coped by bringing service providers into their home.

I get a pedicure once every month and a half. She's coming in. (Doreen, 91)

My hairdresser comes here once every six weeks and cuts my hair. And the next six weeks she comes and gives me a perm. (Lynne, 92)

Natalie and Candy's ministers visited them occasionally at home to accommodate their religious needs.

The minister is coming this Tuesday afternoon ... He's coming and gives me communion ... He comes every month or so. (Natalie, 89)

She [minister] does drop-ins. She drops in. (Candy, 90)

Sometimes participants had other individuals to help them with meeting some of their needs in the community without leaving their home. In the following quotes, we can see how Larry's privately paid homecare worker and granddaughter, and Nancy's daughter ran errands for them:

And Scott [homecare worker] and Erin [granddaughter] will, if they know I need something, they will do the running around ... I used to go [to do grocery shopping] every time. I did it up until about six weeks ago. Now he [Scott] does it, I just give him the list or we make it up between us and he goes and does it. (Larry, 95)

I just let myself know that I could not have this. If I saw something, or I asked one of the girls [daughters] for something, and they had not gotten it; God! I wish I had been able to go. They said, "Well, we'll do it," but I said, "No," 'cause the gas is so expensive now and that bothers me. They are working hard for their money, and I say, "No, never mind, I won't go." And I'm used to it now, that if I want anything, I write a note on the table for my daughter. (Nancy, 90)

Replacing Community Activities With Solitary Ones

As a result of making fewer trips and participating less so in the community, participants had more time on their hands. To fill in the extra time, they replaced social activities with home-based solitary ones. For example, most of the older adults spoke of spending more time reading every day.

Well, I spend more time reading now ... Well, I'll read most anything. Charlene's [daughter-in-law] sister brings me down books all the time ... I read in the afternoon and then I read when I go to bed at night. (Lorraine, 92)

Oh, I have to have my books! (Beatrice, 91)

I do a lot of reading right now ... I get interesting information off the Internet. I spend a lot of time on the computer. (Eddy, 92)

Additionally, they engaged in other leisurely pastimes such as baking, as we already saw with Betty earlier, as well as doing puzzles, and some were writing books or their memoirs.

Whenever I have a minute, I sit down and read, and I do the Sudoku puzzles every day, they are in the paper. (Amber, 92)

[After breakfast] I may go up to the garden and I may tend my vegetables. I may write because I'm starting [to write] this section of my life when the kids and I did things together ... I write quite often, but, um, not every day. Depends, um, well, there's a lot I do just to keep busy. (Doreen, 91)

Benefits to the Institution

Current Public Transportation Infrastructure is an Organizational Moment because its availability, flexibility, and accessibility complicated participants' lives while benefitting the government (e.g., federal, provincial, and municipal). In the context of this study, the Government of New Brunswick is the institution in charge of public transportation at the provincial level. One obvious benefit is that the governments do not spend money to support or build a public transit system to address the needs of older individuals beyond what is presently in place, as described earlier; four urban transit systems and a limited railway network for passenger service. While all transit systems are supposed to be financially self-sustainable, if an established transit system is in a deficit situation, it can receive funding from the next level of government. As of 2012, all four transit systems were operating at a deficit (City of Miramichi 2012; City of Moncton 2012; City of Saint John 2012; City of Fredericton 2013), and thus each respective city subsidized them. For the urban buses, the financial burden is the responsibility of the municipality. These lower levels of government can receive support from the next level of government; in this case, the New Brunswick provincial government. Accordingly, supporting new or expanded transit systems represents additional costs for all levels of government. Moreover, within the present Canadian economic/political neoliberal austerity context, all levels of government seek to reduce debts and balance budgets through cuts to public services or selling public institutions (see: Braedley and Luxton 2010; McDonough, Reich, and Kotz 2010 for

theoretical discussions of neoliberal privatization, and Brown and Baron Cadloff 2015; MacDonald 2015 for recent New Brunswick austerity budget measures). For example, over the last five years, the Canadian government has reduced the funding for the only nationally owned passenger train system (Via Rail) in Canada (Power 2012). Due to the rural nature of northern New Brunswick, the passenger rail service is viewed as a profit making venture rather than providing a public service to Canadian citizens. As a result, Via Rail's corporate managers targeted the eastern Canadian section of the passenger railway line for closure (see: <https://www.facebook.com/SaveOurTrainsIn-NorthernNb>). Via Rail is the only rail passenger transportation system that crosses the province of New Brunswick and the only remaining passenger train that joins all of Canada.

Neoliberalism is an ideology that currently underpins the socio-political economic agendas of countries around the world (Harvey 2007; Crawshaw and Whitehead 2012). It has a for-profit goal and emphasizes the privatization of state assets and programs (Kotz and McDonough 2010). Under neoliberal ideology, the privatization of state assets results in citizens being individually responsible to pay for the services in a free market-based economy rather than sharing the costs with state lead and financed programs and institutions (Armstrong 2010). This notion is called the privatization of responsibility. Neoliberal principles shape the present transportation reality of older adults in New Brunswick. Participants assumed full responsibilities to arrange and pay for their transportation. As the data illustrate, given that public

transportation services are essentially non-existent in most of New Brunswick, the older adults were forced to depend on others, predominantly their children, for transportation. Living in a context that glorifies independence, the discomfort of relying on others led them to develop coping strategies filled with resignation, and the removal of unessential activities such as outings related to leisure and socializing. The devolution of responsibility from the public (collectively sharing the cost) to the private (individually responsible to pay the full cost) sector, however, disproportionately benefits particular individuals, social classes, and types of families, while negatively influencing other groups such as the lower classes, single parents, and older adults.

In summary, by not building and supporting public transportation as a means to meet the needs of marginalized and vulnerable segments of the population, the government reduces its investments, and therefore its expenses. As this study shows, those with limited transportation options are faced with difficulties and forced to reduce participating in their community. While the complications are detrimental for the individuals affected, they also constitute a loss of their potential contributions to our society.

Discussion

The purpose of this study was to gain a greater understanding of the experiences of exceptionally old adults regarding their mobility and the socially constructed boundaries influencing their lives in New Brunswick, Canada. While research on old-

er people is growing due to the increasing ageing population, most studies focus on a narrow aspect of their lives, such as health diagnoses and quality of life. The present paper builds on this knowledge by incorporating an interdisciplinary qualitative approach across sociological and psychological lenses. From the participants' perspective, this study also broadens our understanding of the context in which exceptionally old individuals in New Brunswick experience their lifeworlds.

Findings and Their Implications

We gained an in-depth understanding of the New Brunswick older adults' lifeworlds and their mobility issues. Similar to other research (see: Fiori, Smith, and Antonucci 2007; Berlau et al. 2012), the older adults spoke of physical challenges due to ageing, such as walking difficulties, chronic geriatric conditions, such as incontinence, and the death of loved ones. The rich narratives and field notes we obtained provided us with a detailed description of how their reduced personal and community mobility influenced their social boundaries, which included their relationships with their children. Examining public transportation from their somewhat disparate perspectives provided insights into how their lifeworld was generally organized and how they navigated shifting social boundaries. These shifts have far reaching implications in terms of the physical, psychological, and social health of our older adult population. As the means and resources related to all levels of mobility decrease for older individuals, so does the opportunities for social interactions and a meaningful existence.

The limited access to alternative and meaningful transportation seems endemic in New Brunswick. Moreover, if the exodus of the younger New Brunswick population in search of work continues (McHardie 2014), the next older adult population will be left without their typical support system—their family. Already, contemporary family composition tells us that this source of flexible support is a fast decreasing one. The current New Brunswick government's financial state and neoliberal ideology of austerity suggest only one avenue for its citizens—privatization of responsibility. However, this direction will only enhance, not stop, the negative repercussions. At this time when interest rates are at their all-time low, it may be necessary to reconsider what investment strategies need to be embraced so that New Brunswick becomes a more progressive and attractive location to age in place.

In spite of the changes in their mobility and a paucity of transportation alternatives, the older adults in this study showed resilience and a continued effort to be active both at home and in their community. Reflecting Dyer and McGuinness' (1996:276) definition of resilience as "a process whereby people bounce back from adversity and go on with their lives," our participants provided ample evidence of their resourcefulness and robustness. This is in stark contrast to the ageist sets of assumptions underlying the common schema that portrays older people as incompetent and a burden (Cuddy and Fiske 2002).

Using the P-SEC analysis, we were able to tease apart the shaping influence of the lack of public

transportation on the social, physical, and psychological experience of the exceptionally old adults living in New Brunswick. The absence of public transportation complicated the lives of exceptionally old adults differently, depending on whether they were or were not driving. The reliance on their vehicles (as asserted in the schema *Car Is Freedom and Independence*) coupled with the lack of accessible alternative public transportation was a source of worry for participants who were still able to drive. For participants who did not drive, they evoked the schema of *Family*, as they became more dependent on their children for transportation and other needs. This dependency also might produce different complications for the future generations of exceptionally old Canadians due to the reduced birth rate in younger cohorts (Statistics Canada 2009). This would further complicate an already problematic situation where the privatization of responsibility and the lack of public transportation are coupled with greater geographical distances between older individuals and their children caused by the exodus of New Brunswick younger population and their increased mobility rate due to globalization (International Organization for Migration 2011).

The dependency on others for transportation also resulted in the older adults losing control over when and where things would happen, which resulted in a loss of freedom and independence. Without access to reliable transportation alternatives, older adults experience a reduction in social participation in their community events. This is a significant loss given that a reduction in community participation can have a negative impact on

older people's quality of life (Hilleras et al. 2001; Lantz, Marcusson, and Wressle 2012; Rosso et al. 2013) and the various dimensions of health, as mentioned above. Participants also described experiences of boredom and loneliness due to the lack of social activities in their daily routines. One should keep in mind the results of a longitudinal study of 4,004 people between the age of 65 and 84 (Holwerda et al. 2008), which suggests that loneliness is a risk factor of depression and a predictor of mortality.

To deal with these complications and limitations on their mobility, participants utilized the following behavioral coping strategies: (1) they adjusted their needs to meet the availability of transportation, (2) they rearranged activities so that they did not have to leave their home, for example, having others to do their grocery shopping and having hairdressers come to them, and (3) they replaced community activities with more solitary ones at home, such as watching TV instead of going to the mall, bowling, or dancing. Again, these various ways to cope and their desire to stay active illustrate the resiliency of exceptionally old adults.

At a substantive level, this paper illustrates how social boundaries shift and are negotiated by the exceptionally old in the context of Canadian society (i.e., in New Brunswick). At a theoretical level, this paper indicates that boundaries are socially constructed invisible ideological structures. The earlier discussion, for example, surrounding the meaning attached to one's car, in addition to signifying freedom and independence, epitomizes fierce individualism. Unfortunately, because the

loss of access to this means of transportation leads to an increased dependence on others, it represents a troubling reality. This must be understood in the context of neoliberalism; where individualism rather than collectivism is celebrated; and where independence and a healthy mobile body is the only option to maintaining boundaries. In this context, the shift the older adults experienced from not driving to relying on their family is constructed in terms of a burden and impending catastrophe (e.g., the gray tsunamis). A social collectivist and shared conceptualization of responsibility towards our ageing population is non-existent (Armstrong 2010). Under neoliberalism, the shift in responsibility is privatized and remains within the realm of the individual and their family. The past decades of neoliberal reform have transformed the state from a protector of the collective rights and responsibilities of its citizens to one that obliges its citizens to rely on themselves, their families, volunteer organizations, and for-profit services (Lutton 2010).

Public Transportation Recommendations

While public support (government infrastructure funding and operational planning) is an obvious recommendation, two innovative transit systems are discussed below as means of evoking and developing ideas regarding more accessible alternative public transportation networks for the older New Brunswick population. A singular approach will not be sufficient given the differing needs of individuals and the diverse community realities in New Brunswick. Taking a closer look at how the issue is addressed abroad suggests that there

is potential for change. In Sweden, for instance, the local school bus system for transporting children to school was transformed and used in the off times to transport other commuters, including older adult passengers in rural communities (Hanson 2008). While the buses were primarily used for school children at certain hours, other schedules and destinations were developed to accommodate the needs of older people and other commuters in the rural areas. Although significant program coordination was required, this transit system tapped into and expanded a current transport system albeit a specialized one. It was successful at providing an alternative means of transportation for the older population.

Another valuable example, much closer to home, would be Victoriaville, a city of over 40,000 people located in the province of Quebec. Its public transportation system, called "Taxi Bus," provides hundreds of stops around the city (Victoriaville n.d.). To use the service, a passenger contacts a dispatcher to arrange a time for a pick-up within a predetermined schedule. Other passengers might be picked up along the way if they have booked a ride on the same route. Using this system, there is no need for people to wait at a stop as in the case of a regular bus service. This would benefit people with lower or limited mobility, such as the exceptionally old in this study. This system also benefits the city in that there is no need to run any vehicle when there is no passenger in need of transportation. These two systems are just two examples of different and innovative ways to respond to transportation needs in a province, like New Brunswick, with many rural communities.

Conclusions

Living in the current Canadian, neoliberal era has an impact on the mobility boundaries of the exceptionally old in New Brunswick—both ideologically and structurally. Under the current economic system, governments operate using a neoliberal business model with privatization, individualism, and for-profit goals rather than a collectivist, shared, citizen, and services-oriented model. The neoliberal model is problematic as the voices of the older adults are disregarded and marginalized, whereas those who benefit from the current organization are increasingly privileged and unquestioned. For example, the data illustrate that older adults require alternative public transportation. While all levels of Canadian government (federal, provincial, and municipal) espouse ageing-in-place for as long as possible for its older population, this study illustrates that we lack adequately funded public transit systems to enable them to do so. In contrast, Canadian governments continue to heavily invest in and maintain the current system of roads, a service that industries depend upon, to move their goods to market more efficiently. Yet, without their cars or their ability to drive, older adults are unable to use this publicly-funded service.

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During the course of this paper, we provided examples of innovative and creative public transit solutions already in use elsewhere. However, their implementation requires the current governments to alter their neoliberal ideological position of reducing or ceasing investments in the public transportation systems not used by industry. Governments' investment in alternative kinds of public transportation to facilitate ageing-in-place would enhance social involvement, well-being, and community mobility, and thus help eliminate boundaries.

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