1 Over the Hill to the Margins
The Spatial Politics of Age and Care

Over the hill to the poor-house—my child'rn dear, good-bye!
Many a night I've watched you when only God was nigh;
And God'll judge between us; but I will al'ays pray
That you shall never suffer the half that I do to-day!

— Will Carleton, "Over the Hill to the Poorhouse"

As of now, we all know what to expect, but their generation
is the first to fade like this, not at home, but assigned
to a numbered frequent ward, stowed out of conscience
as unpopular luggage.

— W. H. Auden, "Old People's Home"

While institutional eldercare has advanced considerably over the past century, the transition into a care facility often remains fraught with fear and uncertainty. As Chivers observes ("Blind" 134), this move is still frequently regarded as "a fate worse than death." Similarly, Betty Friedan's discussion of the "nursing home specter" in *The Fountain of Age* underscores how deeply such anxieties persist in cultural memory, continuing to shape societal perceptions of long-term institutional care. Friedan characterizes nursing homes as "death sentences, the final interment from which there is no exit but death" (510), capturing the hopelessness, fear, and threat emanating from such institutions. The dread associated with nursing homes arises, in part, from their inextricable link to decline, decrepitude, and death, and the often bleak, neglectful conditions documented in some facilities. It is no coincidence that the term

"nursing home" holds a significant place in the 2016 edition of the *Encyclopedia of Ageism*. Additionally, the institution remains burdened by its historical roots in the poorhouse system, reinforcing its enduring stigma.[1]

Already in 1872, when Will Carleton published his poem "Over the Hill to the Poorhouse," institutional care was a dreaded fate for older adults. The poem, later adapted into a popular song (1874), features an old woman lamenting her destiny: "Many a step I've taken a-toilin' to and fro / But this is a sort of journey I never thought to go," she complains (30). She is unable to comprehend why none of her six children will care for her. In her youth, she never faced marginalization: "Once I was young an' han'some—I was, upon my soul— / Once my cheeks was roses, my eyes as black as coal: / An' I can't remember, in them days of hearin' people say / For any kind of reason, that I was in their way" (30). Now, in old age, she has nowhere to go but the poorhouse, a fate she describes as 'horrid and queer'" (30).

The Spatiality of Age Relations

When care homes are represented in novels or films, such depictions always place an emphasis on the fact that such a home is more than just a simple building. Rather, it is "a micro-complex of architectural, administrative, financial, clinical, familial, symbolic, and emotional interactions and power relations" (Katz, *Cultural* 204).[2] These institutions are neither neutral nor static spaces; rather, they are socially constructed—both as physical environments and as fictional representations—shaped by intersecting and sometimes conflicting social imaginaries and discursive frameworks. As Buse et al. explain, "More than simply acting as repositories of symbolic power or ideological meaning (Jones 2011), buildings help to enact ideologies – of care, health and wellbeing – through the social practices they enable and encourage" (1436). These different frameworks shape not only the design of such institutions and the care they provide but also reflect and reinforce societal perceptions of aging, an idea Susan Braedley theorizes in her work on "ruling metaphors" ("Reinventing").

Although it is quite difficult to theorize the care home due to the vast differences not only in terms of geographical, cultural, socio-political and

1 For a comprehensive history of the nursing home as an institution, see Michael B. Katz; Stephen Katz (*Disciplining*); Foundation Aiding the Elderly (FATE) as well as Holstein and Cole.

2 Similar observations that interpret the home and other total institutions as mini-cosmoses of society have been made by Caudell.

economic contexts, (Chivers, *From;* Chivers and Kriebernegg) the last decades have witnessed the production of institutional ethnographies and socio-gerontological studies that deal with the conditions of living and working in institutional, residential, and community-care spaces (Arber and Ginn; Arber and Evandrou; Diamond, *Making;* Diamond, "Nursing;" Gubrium, *Speaking;* Gubrium, *Living*). A vast body of work has been produced on the nursing home and its relation to aging and identity by sociologists and critical gerontologists (Dyck et al.; Kontos, "Resisting;" Kontos, "Rethinking"), as well as by cultural gerontologists and cultural geographers (McHugh, "Generational;" Andrews). Health geographer Gavin Andrews maintains that "[r]esearch interest in residential homes has occurred across a number of academic subdisciplines including medical/health geography, medical sociology, environmental psychology, social policy and health economics, as well as across health professional research disciplines including nursing, occupational therapy and social work research" (61). Andrews is particularly interested in the spatial aspects of aging and how space shapes the experience of later life, considering, for example, how the built environment, institutional organization, and social relationships within care homes influence older adults' sense of identity, autonomy, and belonging. Andrews's review notably omits the humanities, despite the growing body of work examining how literature and film engage with aging, space, and institutional care. This gap underscores the need for an interdisciplinary approach that integrates literary analysis into discussions of the spatial dimensions of aging. Building on this need, my book examines how contemporary anglophone literature and film narrate the care home as a complex and often contested space, demonstrating how fiction both reflects and reshapes cultural understandings of old age and institutional care.

The spatiality of identity, particularly in its intersections with time and experience, serves as a productive starting point for analyzing care home narratives. Cultural geographer Glenda Laws, referencing Edward Soja's concept of the "socio-spatial dialectic," maintains that space and place not only reflect but also actively shape social practices and identities, including aging and care. She emphasizes that "places, like retirement communities or nursing homes, are obviously created by social practices. For example, once nursing homes were created, attitudes about the appropriate locus of care for certain categories of older people changed" ("Spatiality" 92). Her work illustrates how institutionalized spaces influence both individual and collective perceptions of aging. Age is defined by place, and *where* one is old matters: "Identities are spatialized, in

that where we are says a lot about who we are," Laws comments (93). At the same time, older adults also constitute spaces and places, as she points out (93).

Will Carleton's poem highlights the binary construction of youth and old age by connecting spatial practices to social exclusion. The old woman perceives herself as an inconvenience to her children, no longer belonging, and is thus relegated to the poorhouse—pushed to society's periphery. Carleton's notion of making space for the younger generation aligns with Ralph Waldo Emerson's "Old Age" (1870) in which he observes,

> Youth is everywhere in place. Age, like women, requires fit surroundings. Age is comely in coaches, in churches, in chairs of state and ceremony, in council-chambers, in courts of justice and historical societies. Age is becoming in the country […]. In short, the creed of the street is, Old Age is not disgraceful, but immensely disadvantageous. Life is well enough, but we shall all be glad to get out of it, and they will all be glad to have us. (285)

Emerson's dire conclusion underscores the social desire to expel older people from shared spaces, a sentiment that echoes the forced displacement dramatized in Carleton's poem. Glenda Laws, who also draws on Emerson's essay, argues that old age is often "peripheralized (its immense disadvantage) into discrete locations" ("Spatiality" 91). She observes that as we age, our place in society, both materially and metaphorically, changes: "The material spaces and places in which we live, work and engage in leisure activities are age-graded and, in turn, age is associated with particular places and spaces" (90). Laws develops the idea of the spatiality of age relations by connecting recent developments in social theory that concern the construction of identities and subjects to an examination of how "aged identities are reflected in and constituted by both materially and discursively constructed built environments" (91). She suggests that "the seeming simultaneous persistence and transformation of these relationships requires gerontologists to pay greater attention to the reciprocal relations between the social and the spatial if they are to understand the (re)construction of aged identities" (91).

My specific objectives in this chapter are to develop an idea of the spatiality of age relations in care home literature and film, demonstrating that the theories developed within the framework of the Spatial Turn can be useful for the construction of subjects and identities. I examine, in the words of Laws, "how aged identities are reflected in and constituted by both materially and discursively constructed built environments" (91). Care homes are not exempt

from this observation: the space and place allocated to housing old age contributes to discourses on the aging body and individual. As Gubrium and Holstein put it, the home serves as a "discursive anchor for the aging body […]. We age bodily, in other words, as much because our bodies are discursively anchored by a particular institution, as because our bodies grow old" ("Nursing" 537). The home shapes its residents' identities by providing a framework of signification and description (533). In this sense, the institutional space of the care home not only reflects societal attitudes toward aging but actively participates in constructing what it means to grow old. As long as aging bodies are spatially and metaphorically relegated to the margins, the exclusion of older adults from dominant cultural narratives will persist. As Sarah Harper aptly observes with regard to frail, aging bodies on the margins of society,

> Only when we are able to accept the changing and declining body as part of the normal experience of humanity, one that is crucial for defining human life and (while recognising the extreme diversity of the human ageing experience), return it spatially and metaphorically to centre-stage within human experience, will the inclusion of all older adults within the mainstream occur. (191)

Recognizing this interconnectedness between space, identity, and cultural perceptions of aging is essential for challenging stereotypes and fostering alternative, more inclusive representations of later life, as well as reimagining spaces and places of care for older adults. This, in fact, needs a conscious rethinking of the metaphorical language used in the narratives we tell about long-term care.

The Spatiality of Care Relations

Like age, care as a social practice must also be understood through the lens of spatiality, as it is deeply embedded in the physical and social environments in which it takes place (Lin et al.). Care, as Joan Tronto and Berenice Fisher famously maintain, is "a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Fisher and Tronto 40). This widely cited definition extends beyond the conventional understanding of care as solely care work, instead emphasizing its broader, relational nature and its connection with space and place.

The built environment of care homes—ranging from their architectural design to their spatial organization—plays a crucial role in shaping the experiences of both caregivers and care recipients. Institutional cultures within these settings evolve in response to broader political and economic shifts, particularly in times of neoliberal privatization presenting us with, in Emma Dowling's words, a "toxic cocktail of recession and austerity" (1) which often leads to cost-cutting measures, staff shortages, and increased workloads. These changes, in turn, have profound effects on the nature and quality of care relationships, influencing how care work is delivered, received, and experienced on an everyday basis. In such challenging conditions, care work becomes reframed as a task-oriented labor, strictly adhering to standardized institutional protocols, guidelines, and regulations. Emma Dowling captures the severity of these shifts by describing them as a "crisis of care," a concept that underscores the widening gap between growing care needs and the diminishing resources allocated to meet them:

> To speak of a crisis of care is to point to the growing gap between care needs and the resources made available to meet them. […] In an unequal world, no crisis affects everyone equally. To speak of crisis is thus to ask the question, a crisis for whom? It means to highlight class and inequality in the way the crisis is experienced, and in the way that care is organised to entrench division and pit us against one another. It means asking: who is cared for and who is not? (Dowling 6)

In her book, Dowling addresses intersectional perspectives and discusses how care and care work are increasingly structured through transnational care arrangements and migration, which are fundamental components of what Arlie Hochschild calls global care chains (Dowling 12). The movement of care workers across borders, often from lower-income to higher-income countries, reflects larger economic disparities, geopolitical inequalities, and moral conflict (von Kutzleben et al.; Dowling; Armstrong and Braedley, "Care;" Owusu et al.). These global care chains—wherein care responsibilities are transferred across different geographic and social spaces—also highlight the spatialized nature of care and care work, as they reshape family structures, labor markets, and social policies.

Within this context, neoliberal policy frameworks have increasingly redefined care not as a shared social responsibility but as a private transaction, a commodity to be purchased in the marketplace. As public infrastructures re-

cede, the care home itself becomes a spatial manifestation of these market logics, reframed through ruling metaphors of the hospital, hotel, and home—and, more darkly, the prison. Such metaphors underscore how institutional spaces are shaped by economic rationalities, where the quality of support, the degree of autonomy, and even the possibility of "aging well" are contingent on financial resources.

The COVID-19 pandemic has further underlined the significance of spatial dimensions in care work. Nursing home residents have been disproportionately affected by COVID-19, experiencing higher rates of infection, hospitalization, and mortality (H. Armstrong 19). Lockdowns, social distancing measures, and restrictions on mobility not only altered the logistics of caregiving but also exacerbated existing vulnerabilities within care systems, as Margaret Gullette discusses in *American Eldercide*. The crisis exposed and intensified the fragility of institutional care structures, the precarious conditions of migrant care workers, and the emotional and physical toll on both caregivers and those receiving care, as well as their families and friends. Care homes were making headlines due to the devastating conditions and became labelled the pandemic's "ground zero" (Barnett and Grabowski 1), which significantly contributed to the nursing home specter.

1.1 From Almshouse to Nursing Home

"Modern long-term care cannot escape its history," Martha Holstein and Thomas R. Cole write in their thorough overview of the evolution of long-term care in America (21). For most of American history, they maintain, caring for older relatives and people with disabilities was predominantly the task of families, primarily women (19). As Joe Gaugler points out, care in old age was primarily ensured either by having multiple children who could provide support for parents experiencing chronic or age-related disabilities, or through accumulated wealth (422). From the founding of the United States until the early nineteenth century, he observes, American society was mostly rural and relatively younger compared to later periods. After the colonial period, beginning with 1820, care began to be institutionalized: the period from 1820 to 1865, Holstein and Cole note, "marked a deliberate turn to institutional poor relief" while medical care, except for the poorest, took place in domestic settings (19). From 1865 onwards, "institutional poor relief became

harsher, hospitals increasingly biased toward acute care, and older people the dominant populations of the almshouse" (Holstein and Cole, "Evolution" 20).

In *Disciplining Old Age*, Stephen Katz analyzes the discursive construction of old age from a Foucauldian perspective, and traces the development of care-giving facilities back to its origins with the Elizabethan Poor Law (1601). The contradictory discourse of reform that emerged in the seventeenth century, as well as the complex structures of the almshouse and the poorhouse, contributed to a definition of old people as a separate group that has up until today been framed as burdensome. This is significant, because statistically only a relatively small number of persons have relied on public support (Katz, *Disciplining* 57–58). Since the 1830s, middle-class American culture has responded to the anxieties of growing old with a psychologically primitive strategy of splitting images of a "good" old age of health, virtue, self-reliance, and salvation from a "bad" old age of sickness, sin, dependency, premature death, and damnation (Cole, *Journey* 230). Katz explains this splitting as he writes with reference to Brian Gratton (*Urban Elders*, 123):

> In 1880, 10 out of 1000 persons 65 and over lived in almshouses while in 1923 it was 9 out of 1000. The number of elderly almshouse inmates in relation to the total elderly population was quite small. […] Nevertheless, popular and negative definitions of the elderly as a problem population abounded and were linked to their being left behind in the deteriorating almshouse system. (*Disciplining* 57–58)

Katz goes on to explain how old people became the butt of finger-pointing, emphasizing the belief that an improvident old age was the result of a misspent or dissolute life. "Thus, their care continued to be premised on the almshouse ethos of punitive reform and minimal charity," he writes (*Disciplining* 58). During this period, it became evident that almshouses could not meet the special needs of old people, which led to the enactment of the 1935 Social Security Act and the establishment of the modern long-term care system (Holstein and Cole 20).

The discourse of old age as a problem and the parallel development of institutional eldercare are closely linked to the establishment of geriatric

medicine[3] which, as Stephen Katz notes, "was born in the hospitals and hospices of nineteenth-century Europe, especially in France, because confined within their walls were the elderly subjects upon whose bodies clinical researchers tested their ideas about senescence" (*Disciplining* 47). A key figure in this process was the physician Jean-Martin Charcot, whose observations on old age at the *Hôpital de la Salpêtrière* in Paris were compiled in *Clinical Lectures on the Diseases of Old Age* (1881). His work played a pivotal role in shaping the medical discourse on senescence by establishing, as Heike Hartung observes, "a clinical perspective on the aged body as a distinct system of meanings and problems" (*Narrating* 80). These developments contributed to the emergence of a burden narrative of old age, which, according to Katz, can be traced back "to a profound shift in the physiological and cultural conceptions of old age" (*Disciplining* 47). At the same time, the almshouse evolved into one of the "strongest institutional bases for the subjective homogeneity attributed to the elderly in general" (58), further reinforcing the association between aging, dependency, and institutionalization. Katz explains the institutional impact as follows:

> By the late nineteenth century, they [the old] constituted the majority of its residents and justified its continued existence. In return, the institutions made visible the social presence of the elderly as a poor, dependent, infirm, incapacitated, unproductive, unreformable, and differentiated population. The public got to know the elderly through a custodial gaze that uncharitably framed them as a subjected population who had been means-tested and classified as deserving of the state's welfare. Furthermore, […] advocates for social reform embellished the symbolic significance of the dreaded almshouse in order to highlight the poverty of old age (Haber 1993). Given the dramatic increase in elderly occupants relative to the graduate removal of other groups, almshouses eventually became public old age homes. (*Disciplining* 58)

In the late nineteenth and early twentieth century, similar trends could be observed in Great Britain, the United States, and Canada, although in Canada, the process of transformation from a work house system to a network of old age homes took much longer than it did in the United States (59). Katz reports

3 For a detailed overview of the development of geriatric medicine, see Katz, *Disciplining*, and Cole, *Journey*. Cole also points to Mary Wilkins Freeman's text *A Mistaken Charity* (1887), which illustrates the discourse and conditions (*Journey* 204).

that it was not until 1947, with the passing of the *Homes for the Aged Act* in Ontario, "that the term *house of refuge* was changed to *home for the aged*, and the term *inmate* was replaced by *resident*" (59). People still slept in large dormitories, were separated according to sex, and were not allowed to leave the premises without permission (Blaikie, *Ageing* 49), and "the poorhouse became a symbol of brutality and corruption" (Cole, 1992, qtd. in Holstein and Cole, 28). Almshouses and related institutions of geriatric care, Katz states, "have been considered as a technology of differentiation, however gruesome or humane their conditions may have been. Their practices of relief and ethos of reform eventually became reserved for the elderly, mapping out their differentiated status and unifying their subjective attributes" (59).

Katz's observations are critical when considering the development of discourses about old age and its spatial differentiation. He shows how, in the United States, old age came to be defined as a "social problem," a narrative which is also reflected in the *Social Security Act* that was signed into law by President Franklin D. Roosevelt in 1935, and granted money to "aged needy individuals" (Title I, *Social Security Act*, qtd. in Achenbaum, "Risk" 69). Together, Title I, which inaugurated a federal-state program of old-age assistance, and Title II, an old-age insurance program, helped older Americans gain new rights, but also significantly contributed to the definition of old age as risk, especially for those who were not eligible for the program. This was because the right to old-age insurance was narrowly defined (Achenbaum, "Risk" 69), and offered little help for marginalized groups among the old.

This discourse on old age as a time of impoverishment, helplessness, and dependency is also described in Richard M. Garvin and Robert E. Burger's 1968 much-cited review of American nursing home care, *Where They Go to Die: The Tragedy of America's Aged*. It can be read as a vehement reaction against the commercialization of care homes in the early 1970s, reflecting the protests that arose and the demands for radical reform. Calling nursing homes "pre-funeral homes" or "death traps," Garvin and Burger argue that "[t]he nursing home today holds a terror for the aged that Bedlam once held for the insane, that chain gangs once held for convicts, and that sweatshops once held for children" (22). They emphasize the maltreatment of elders in such institutions and compare terrible situations to those of inmates of jails and asylums, reminding readers of what Erving Goffman calls a "total institution" (xiii). Goffman introduced this concept in his seminal 1961 work, *Asylums: Studies on the Social Condition of Mental Patients and Other Inmates*, in which he examines life within enclosed, regimented spaces such as hospitals, mental asylums, prisons, military bar-

racks, monasteries, and nursing homes: "A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (xiii). By situating nursing homes within this framework, Garvin and Burger reinforce the idea that such institutions systematically strip older adults of autonomy and dignity. In their epilogue, they issue a forceful plea for urgent political intervention, concluding their analysis with the call to "save Granny from her dungeon" (186). They contend that their work should not be regarded merely as a social study but as an impassioned appeal to recognize and empathize with the plight of nursing home residents, or rather inmates: "To present the facts about homes for the aged, it is necessary to recreate the feeling of desperation in dilapidated rooms, the terror of fire" (11). *Where They Go to Die* encapsulates the dominant discourse of the late 1960s and early 1970s, which framed nursing homes as punitive and dehumanizing institutions, at a time when care home reform was still in its infancy. In many ways, these critiques of inhumane conditions in nursing homes echoed the earlier twentieth-century protests against the almshouse, underscoring a persistent historical pattern of institutional neglect and marginalization of older adults.

In *Old Age and the Search for Security: An American Social History*, Carole Haber and Brian Gratton describe a simultaneous development—the rise of the nursing home industry: "Between 1960 and 1976, the number of homes increased by 140 percent, the number of nursing beds by 302 percent, and most significantly, the revenues received by the industry by 2.000 [!] percent" (141). While in the 1960s, most of the homes were small, privately run facilities, private investors began to see old age as a new business: Holiday Inn and Sheraton Hotels were among the first to plan nursing home chains (Burger 15). This development indicates a shift in the culture of care-giving, which—as I will elaborate on later—was subsequently reflected in fiction and film. This shift contributed to discourses on changes in eldercare that began to take root in Canada and the US in the 1970s, leading to significant nursing home reform. That nursing home reform was widely discussed is reflected not only by the fact that Simone de Beauvoir added Robert E. Burger's full-length article "Who Cares for the Aged" as an appendix to *The Coming of Age (La Vieillesse)*, but also, and most importantly, through the implementation of Medicare and Medicaid in

the framework of the 1965 amendments to the *Social Security Act.*[4] Together with the new quality control mechanisms that were implemented in the early 1970s, Medicare and Medicaid promoted discussions in both the United States and Canada, and facilitated the creation of new facilities that no longer resembled the dreaded Victorian poorhouse.

Canadian institutions also underwent radical changes in the latter half of the twentieth century. Discussions about Canadian eldercare are complicated by the lack of agreement on common language in terms of the names of long-term care facilities. Albert Banerjee observes that long-term care has different developmental histories in each province and territory, and that few pan-Canadian analyses of long-term care exist (3). Institutionalized eldercare, he writes, is "practically invisible at the federal level" (5). Megan Davies maintains in her excellent review of the development of nursing home care in Canada, *Into the House of Old: A History of Residential Care in British Columbia,* that just as in the U.S., institutional care can be traced back to the British legacy of the English Poor Law of 1601, a legacy that was "transmitted from one generation to another and reconfigured in various state and institutional policies and practices" (*Into* 4). The welfare state created in the 1950s and 1960s, Davies argues, "was laid on top of older poor law institutions and programs" (4), and led to developments in the second half of the twentieth century that were shaped by discourses highly similar to those prevailing in the United States, which framed the care home "as a place quite separate from the community, rather than a community institution" (Davies, "Renovating" 175). This development has fueled imaginations of the populace of these countries with images of gloom and horror.

From 1970 onwards, policymakers in the U.S. reacted to inspectors' allegations of poor standards and elder abuse in homes. Beginning in 1971, government regulations were put in place that attempted to ensure quality control, and the newly founded Office of Nursing Home Affairs within the Department for Health, Education, and Welfare provided a structure to reinforce these new measures (D. B. Smith 22). Even though in the nineteenth and early twentieth century the "dread of the poorhouse" had never relied on any statistical probability, because only an average of two percent of old people have lived in institutions, the fact that the poorhouse was considered a forerunner of today's nursing home played a decisive role in the history of American older adults (Haber and Gratton 116). "As part myth and part reality, institutionalization […]

4 "Congress passed legislation in 1965 establishing the Medicare and Medicaid programs as Title XVIII and Title XIX, respectively, of the *Social Security Act*" (Klees et al. 3).

possessed a symbolic meaning," they contend (117): "The isolation and predominance of the aged in almshouses and private old-age homes became a broadly accepted symbol of the declining status of the old. […] The elderly's longstanding fear that their days would end in the almshouse has a clear parallel in the contemporary belief that the nursing home might be their fate" (142).

Today, especially after the COVID-19 pandemic, nursing homes still represent a focal point for society's fear of aging. They are commonly described as terminal places from which there is no exit but death. In recent years, however, the question of how and where to live in old age has become more relevant than ever due to changing demographics:

> In 2011, the first of the baby boom generation reached what used to be known as retirement age. And for the next 18 years, boomers will be turning 65 at a rate of about 8,000 a day. As this unique cohort grows older, it will likely transform the institutions of aging—just as it has done to other aspects of American life. Will boomers redefine this life stage, or will it redefine them? (AARP)

As the website of the American Association of Retired Persons (AARP) informs us, new forms of eldercare are emerging, and the image of a hospital- or prison-like institution that focused primarily on the management of the old body in terms of a medical model is gradually being replaced by images of modern and comfortable homes that put personalized care and individual needs first. New housing schemes are being conceptualized where "leisure and consumption play an important symbolic role in affirming personal identities" (Blaikie, *Ageing* 175). As Andrew Blaikie comments, the "land of old age" is being redeveloped in such a way that congregated housing units emulate the appearance of grand-deco hotels and explicitly offer a "hotel lifestyle," while traditional homes for old people serve a population of frail elders who are largely excluded from the new construction of the life course and become "marginalized relics" (176). Which type of care-giving is suitable, affordable, and accessible for an individual depends on a plethora of parameters that are to a large extent related to aspects of the traditional matrix of "race, class, gender, age, and able-bodiedness."[5]

5 For an excellent analysis of how the material environments of retirement and assisted living communities "frame" their residents in ways that have deep implications for elder identities, identity management, and cultural citizenship (10) especially with regard to class, see Green Kuhn, *The Eye of Beauty: Creating a Place for Elite and Aging Elders.*

Only slightly more than 5% of the 65+ population in North America live in long-term care facilities, and about 70% of these people are women (Harris-Kojetin et al. 40). Holstein and Cole emphasize that the story of long-term care has mostly been told from the perspective of "white, middle-class [and I should add, male] reformers, providers, and administrators" (20), largely ignoring the care work accomplished by families, mostly women, and their informal networks. They are aware of the need of addressing more diverse stories of long-term care, "refracted through the prisms of gender, race, class, age, ethnicity, and geographical region" (20) but found ways to give voice to ethnic and racial minorities in their article (20).

Invisible Care

The novels, short stories, plays, poems, and films I have analyzed in my research mirror this demographic data not only with regard to gender, but also in terms of race and class[6] because they almost exclusively depict relatively privileged white residents as recipients of care. Changing demographics[7] show that as an increasing proportion of the population ages, an ever-increasing number of persons will be in need of professional care. This will also affect demographics within care-giving institutions, and culturally competent care-giving may become even more important in the coming years than it has been in the past (Kunow, "Aging").

This matter is closely linked to issues of globalization because care of old people, as Kathleen Woodward observes, "increasingly becomes a matter of the global market in our neoliberal economies" (17). Care-giving is perceived

6 "Non-Hispanic white persons accounted for at least three-quarters of users in all long-term care services sectors, except adult day services centers" (Harris-Kojetin et al. 34). According to Feng et al., more than 80% of American nursing home residents are White, whereas only ten percent are Black, three percent are Hispanic, and two percent are Asian (Feng et al. 1364). Likewise, Canadian nursing homes are populated by a majority of White, female customers (Mehrotra et al. 227).

7 The United States' National Center for Health Statistics' 2013 report *Long-Term Care Services in the United States* says that "recent projections estimate that over two-thirds of individuals who reach age 65 will need long-term care services during their lifetime. Largely due to aging baby boomers, the population is expected to become much older, with the number of Americans over age 65 projected to more than double, from 40.2 million in 2010 to 88.5 million in 2050. […] The oldest old [those aged 85 and over] are projected to almost triple, from 6.3 million in 2015 to 17.9 million in 2050, accounting for 4.5% of the total population (U.S. Census Bureau, 2012)" (Harris-Kojetin et al. 3).

to be a relatively low-skilled job, and, as such, is a job usually performed by women. According to Farrell, almost 90 percent of the front-line workers in both institutional and home- and community-based settings are women, 56% of them from minority groups and many of those who work as nursing aides or UAPs (unlicensed assistive personnel) in North American care homes, an under-regulated and underpaid profession, have insufficient training, and need to work more than one job in order to earn a livable wage. Caregiver migration in the framework of the global care chain from the "Global South" to the "Global North" has critical implications for older members of society in the caregiver's countries of origin, leading to a "care crisis" (Calasanti 145; Dowling) in the "Global South" where children and old people are left without a primary caretaker. This dynamic not only exposes deep-seated gender and labor inequalities but also underscores the ethical and social consequences of a globalized care economy that prioritizes profit over the well-being of both caregivers and those they care for.

Kathleen Woodward addresses the invisibility of caregivers in her essay "A Public Secret: Assisted Living, Caregivers, Globalization," arguing that they are "shamefully unacknowledged by our society" (21). She renders this "scandalous public secret" visible by exploring the representation of caregivers and old people together, suggesting that "one of the most effective modes of advocating for changes in public policy is engaging in people's understanding through stories and images" (17). Woodward advocates for a new way of representing care-giving—a way that focuses on both the care-giver and old person: "Isolated and separate, caregivers and elders are vulnerable. Together, caregivers and elders are strong. […] We need scholars without borders in age studies, scholars who understand that it is important not just to think globally and act locally but also to think locally and act globally—and who will call attention to the public secret of the caregivers of frail elders" (46). By reframing caregiving as a shared experience rather than an isolated burden, Woodward calls for a more inclusive and ethical discourse—one that not only acknowledges the labor of caregivers but also fosters a collective responsibility for aging and care in a globalized world.

The public secret Woodward identifies is, in fact, brought to light in several fictional and filmic accounts, challenging the notion that the caregiver's voice is universally silenced. As my analysis in the following chapters demonstrates, these representations occur more frequently than one might assume, offering multifaceted portrayals of both caregivers and the elders they assist. In the last year, 2024, several films appeared, addressing this topic. Two of them deserve to be mentioned here as they were shown in my hometown Graz's film festi-

val "Diagonale" and won several awards. The first is *Tomorrow I leave* (Mâine Mă Duc), an Austrian/Romanian movie directed by Maria Lisa Pichler and Lukas Schöffel. The film highlights the invisibility of transnational carers through Maria's endless cycle of sacrifice. Every four weeks, she leaves her Romanian village to care for frail, old clients in Austria, while her own aging parents and family manage without her. Her work sustains others, yet she remains in constant transit, dreaming of one day settling down and opening a small bed and breakfast. The second film I would like to mention is the documentary film *24 Stunden* (24 Hours) that reveals the unseen daily reality of caregiving. Harald Friedl's film follows Sadina Lungu, a Romanian live-in caregiver in Lower Austria, uncovering a system of exploitation. Despite these harsh conditions, Sadina emerges as a compassionate, dedicated, and deeply caring individual. She provides Elisabeth, a bedridden woman living with dementia, with dignity and unwavering respect. In an interview, Friedl explains why he needed to address the "public secret:" "The final push to make this documentary came when Romanian caregivers were flown in during the COVID lockdown. The borders were closed, and they were quarantined in Schwechat [Vienna's airport]. That's when I realized how essential they are. And suddenly, everyone else did too. […] They are never recognized as key contributors—but they are" (Bachmann, my transl.).

I contend that such literary and cinematic depictions, when critically examined alongside the systemic issues Woodward highlights, have the potential to shift societal perceptions of aging and care. By fostering a deeper awareness of both the vulnerabilities of frail elders and the precarious conditions faced by their caregivers, these narratives can serve as catalysts for meaningful change in both public consciousness and care practices.

1.2 Age Studies and the Spatial Turn

In "Of Other Spaces," an essay that is based on a lecture given in 1967 (first translated into English in 1986), Michel Foucault writes that while "the great obsession of the nineteenth century […] was history […], [t]he present epoch will perhaps be above all the epoch of space. We are in the epoch of simultaneity" (22). In *Mappings: Feminism and the Cultural Geographies of Encounter*, Susan Stanford Friedman argues that spatial thinking needs to complement temporal analysis (130) and urges us in response to Fredric Jameson's famous "Always historicize!" (9), to "Always spatialize!—that is, always ask how locational and

geographical specifics particularize any given phenomenon or interpretation of it" (Friedman 130). The issue of space as an analytical category of the production of meaning and the question what it "does" and how it is "produced" has received increasing amounts of attention from members of various academic disciplines. Cultural geographer Edward Soja, who is said to have coined the term "Spatial Turn" in his book *Postmodern Geographies* (1989) (Döring and Thielmann 33), maintained in 1996 that the scholarly debate about the spatiality of human life "will eventually be considered one of the most important intellectual and political developments of the late 20th century" (*Thirdspace* 2).

Soja's objective is to encourage us "to think differently about the meanings and significance of space and those related concepts that compose and comprise the inherent spatiality of human life: place, location, locality, landscape, environment, home, city, region, territory, and geography" (1). He argues that the Spatial Turn contemporary Critical Studies has experienced since the 1990s signifies a development in which "scholars have begun to interpret space and the spatiality of human life with the same critical insight and emphasis that has traditionally been given to time and history on the one hand, and to social relations and society on the other" (verso).

The works of Doreen Massey, Susan Stanford Friedman, Edward Soja, but also of Mikhail Bakhtin, Michel de Certeau, Michel Foucault, Henri Lefebvre, and John Urry have shaped the Spatial Turn. These works have brought about a critical reevaluation of space and place from a background of primarily two traditions: cultural materialism on the one hand, which is influential primarily in the English-speaking world, and phenomenology on the other, which is influential particularly in German and French speaking contexts (Ganser, *Roads* 61). A strictly phenomenological approach that focuses on the experience of built space was represented most famously by Gaston Bachelard in *The Poetics of Space*, first published in 1958, or the abovementioned Yi-Fu Tuan's *Space and Place*, whereas American Cultural Studies mainly approach discussions of space and place from the perspective of cultural materialism, which is interested in space and place as a site and means of power (61).

In connection with the study of aging, aspects of social relations and space have been brought to the fore, especially by geographical gerontology, a discipline that since the 1970s has significantly influenced the development of critical and cultural gerontology (Andrews and Phillips 8). Although the Spatial Turn has not yet touched the mainstream of Age Studies, critical gerontologists have been interested in aspects of space and place particularly with regard to questions of the body, the home, residential care settings, and more general-

ized landscapes of aging (Kearns and Andrews 15). Before I develop a working hypothesis for the spatiality of aging in care home narratives, it is important to provide an (admittedly limited) overview of theoretical approaches to space relevant for the analysis to follow.

The terms "space" and "place" have so far been used interchangeably in this book. Scholars from various disciplines have, in the context of the Spatial Turn, elaborated on the difference between the two concepts. Depending on their approaches (phenomenological, social, political, geographical, aesthetic), their explanations highlight different aspects. American geographer and phenomenologist Yi-Fu Tuan in *Space and Place* (1977), for instance, focuses on "The Perspective of Experience," as the subtitle reads. He is interested in exploring the ways in which we feel and think about space, how people develop attachment to specific places such as "home," and how our sense of time affects our sense of space and place. He differentiates the two concepts as follows:

> "Space" is more abstract than "place." What begins as undifferentiated space becomes place as we get to know it better and endow it with value. Architects talk about the spatial qualities of place; they can equally well speak of the locational (place) qualities of space. The ideas "space" and "place" require each other for definition. From the security and stability of place we are aware of the openness, freedom, and threat of space, and vice versa. Furthermore, if we think of space as that which allows movement, then place is pause; each pause in movement makes it possible for location to be transformed into place. (Tuan, *Space* 6)

In *Environmental Gerontology: Making Meaningful Places in Old Age* (2013), editors Graham D. Rowles and Miriam Bernard define spaces similarly as "locations within a Cartesian world that, in and of themselves, have no meaning" (xii) and places as "those same locations transformed through processes of habitation and life experience into sites of great meaning that reinforce individual and group identity" (xii). They assert that space matters, but place matters even more, framing the care home as a place that threatens identity: Place "captures the essence of meaning in life" (20). "To be placeless," they write, "is to be alienated in the world and is a threat to identity. It is a fate that in our contemporary society confronts many people as their residential circumstances change toward the end of life" (20).

Co-Presence and Coerced Immobility

For the concrete analysis of my primary texts, I draw on John Urry's work on mobility which highlights the significance of physical travel in shaping social life, questioning why individuals persist in corporeal movement despite its challenges. He argues that social citizenship entails active participation in society, which requires spatial access and opportunities for co-presence. Restrictions on movement, such as those found in institutional settings like care homes, contribute to social exclusion by limiting both physical and social engagement. Urry envisions a "good society" as one that minimizes "coerced immobility" (270) and maximizes conditions for co-presence, ensuring that all members can participate meaningfully in social life. In this context, escape narratives (see Chapter Four) challenge these spatial constraints, resisting the institutional limitations that confine individuals and restrict their agency.

The Chronotope

Another theorist that is important for my analysis is Mikhail Bakhtin, especially his idea of the "chronotope," which refers to the "intrinsic connectedness of temporal and spatial relationships that are artistically expressed" (Bakhtin, *Dialogic* 84). "What counts for us," he writes, "is the fact that it expresses the inseparability of space and time […]. In the literary artistic chronotope, spatial and temporal indicators are fused into one carefully thought-out, concrete whole. Time, as it were, thickens, takes on flesh, becomes artistically visible; likewise, space becomes charged and responsive to the movements of time, plot and history" (84). Ganser et al. explain the concept as a "means of measuring how, in a particular age, genre, or text, real historical time and space as well as fictional time and space are articulated in relation to one another. […] The chronotope operates on two important levels: first, as the means by which a text represents history; and second, as the relation between images of time and space in the text, out of which any representation of history must be constructed" (Ganser et al. 2). Bakhtin exemplifies this by means of the road in adventure narratives: "Of special importance is the close link between the motif of meeting and the chronotope of the road ("the open road"), and of various types of meetings on the road. In the chronotope of the road, the unity of time and space markers is exhibited with exceptional precision and clarity" (Bakhtin, *Dialogic* 98). I will use this concept in Chapter Four, where Bakhtin's "idyllic chronotope" and the chronotope of stagnation will also play a role. I find it also enlightening in other contexts, for instance to explain aging in relation to the body, which, I will argue, can also be read as a chronotope.

The Spatial Triad

While Mikhail Bakhtin explores how the chronotope structures the relationship between time and space in narratives, Henri Lefebvre maintains that space itself is socially produced, shaped by ideological, economic, and political forces that regulate and control human activity. A key figure in spatial theory, Lefebvre's book *The Production of Space* (1974, first English translation in 1991) is considered "the most important book ever written about the social and historical significance of human spatiality and the particular power of the spatial imagination" (Soja, *Thirdspace* 8). Known for "spatialising Marxist theory" (Shields 8083), he observes that "space is never empty: it always embodies a meaning" (Lefebvre 154). He posits space as a product of power struggles writing that "(Social) space is a (social) product. […] [S]pace has taken on, within the present mode of production, within society as it actually is, a sort of reality of its own. […] [T]he space thus produced also serves as a tool of thought and of action; […] in addition to being a means of production it is also a means of control, and hence of domination, of power" (26). He implies that "empty space," in the sense of an absolute space, cannot exist: "Natural space was soon populated by political forces" he notes (48) because once it is appropriated or colonized through social activity, it becomes "relativized and *historical*" (48). In other words, space is "the product of ideological, economic, and political forces (the domain of power) that seek to delimit, regulate and control the activities that occur within and through it" (Zieleniec 61).

Although, as Edward Soja rightly observes, *The Production of Space* is not easily approachable, it was through Lefebvre's work, and especially his "trialectics of spatiality," conceived space, lived space, and perceived space,[8] that a new way of theorizing space has evolved (*Thirdspace* 11). As Stanka Radović argues, "Lefebvre's three-dimensional analysis of space [is] based on the continuous interplay between material production, the production of knowledge, and the production of meaning" (11). I look at care homes as shaped by the interplay of (a) *perceived space* (spatial practice; the material space, social practice, and functional aspects of the institution), (b) *conceived space* (representations of space; the ideological and administrative frameworks that govern care, the knowledge production linked to it), and (c) *lived space* (representational spaces; the personal, affective experiences of those who reside there, i.e., the production of meaning). There is a dynamic interplay between material spatial practice

8 For an excellent overview of Henri Lefebvre's "trialectics of spatiality" (Soja, *Thirdspace* 10), see Elden; Shields; Radović; Soja; Ganser (*Roads*).

and its imaginative appropriations, marked by both interdependence and contradiction (Radović 11). In other words, these frameworks shape not only how care institutions are designed and managed but also how aging individuals are cared for—and, crucially, how their bodies are imagined, categorized, and regulated within cultural narratives of aging. A 2017 study by Christine Buse et al., "Imagined Bodies: Architects and Their Constructions of Later Life," illustrates this point, taking a similar approach and examining how architects conceptualize the aging body when designing residential care homes. The study found that architects' "conceptions of bodies were also permeated by prevailing ideologies of caring: although we found that they sought to resist dominant discourses of ageing, they nevertheless reproduced these discourses" (Buse et al. 1435).

Although Radović develops her theory in the context of Caribbean fiction, her insights, which include caregiving spaces, are equally relevant to this study. I align with her argument that "Lefebvre's *lived space* of daily human experience is reconceived through fiction into new forms of knowledge (*conceived space*), which in turn seek to critique and transform the material social practice (*perceived space*)" (11). Radović further draws on Christian Schmid's observation that, for Lefebvre, materiality in itself or material practice per se has no social existence without the thought that directs and represents it, and without the lived experience—the emotions and meanings invested in it (Schmidt 41, qtd. in Radović 11). Space, therefore, is not a fixed entity but emerges through the continuous interaction of all three dimensions (Radović 11). I also agree with her reasoning that, despite the primary challenge of applying Lefebvre's framework to literary analysis—namely, its foundation in material spatial practice—his approach remains valuable and relevant (12). As she explains, literature's engagement with spatiality is inherently indirect, yet it possesses a unique capacity to influence how space is perceived and understood:

> As an art of representation, literature is already at a remove from this concrete spatial practice. Yet literature's imaginative engagement with daily reality has a transformative potential, and, instead of understanding it as a passive formulation of utopian fantasy or ideological acquiescence, we may also think of its undeniable capacity to reshape the very terms of our engagement with the real. My use of Lefebvre's theory should therefore be understood as a frame of reference for a particular kind of literary reading, which seeks to preserve the continuous dialectical correlation between materiality, its conceptualization, and its symbolic meanings. (Radović 12)

This dialectical relationship between materiality, representation, and meaning is particularly relevant in the context of care homes, which are not just physical spaces but sites where aging is socially, culturally, and discursively constructed. As institutions that mediate the experience of old age, care homes embody both the material constraints of institutional life and the symbolic meanings attached to aging, dependency, and autonomy. Lefebvre's theory will thus be mainly a guiding theory for my understanding of the spatiality of aging in institutions.

Space, Place, and Gender

Doreen Massey adds the perspective of gender to the analysis of space and place. As a Marxist scholar, she has a high degree of awareness of class-based injustice and is certainly right when she contends that factors such as gender and ethnicity significantly shape how individuals engage with and experience space and place. Like Lefebvre, she emphasizes that these identities intersect with broader social and economic forces, influencing one's position within the dynamics of time-space compression: "Social relations always have a spatial form and spatial content. They exist, necessarily, both in space (i.e., in a locational relation to other social phenomena) and across space" (Massey 168). She describes social space as the intricate network of interwoven and dynamic relationships. From this perspective, a place emerges through the unique set of social interactions occurring within it. The distinctiveness of any given place is shaped both by the specific combination of interactions present—one that is not replicated elsewhere—and by the new social dynamics that arise from these converging relationships (168).

Apart from her focus on gender, Massey's work is also crucial to my study because it reveals how care home stories are shaped by social inequalities, often centering white, middle-class residents while marginalizing others. Her insights into intersectional power dynamics demonstrate that these spaces are not neutral but are deeply shaped by historical and social structures. This insight is particularly relevant as a backdrop to my analysis of narratives of colonialism, displacement, and queerness in *Cereus Blooms at Night*, which I analyze in Chapter Two. Massey critiques the dominant narratives of globalization, suggesting that fears of instability and uprootedness characterizing different kinds of postmodern identities often reflect the perspectives of a relatively privileged elite. She argues that feelings of disorientation and loss of control stem from a prior sense of stability and dominance—one that is not universally shared. She questions whose experiences of displacement and place-

lessness are being centered in these debates, asking, "To what extent, for instance, is this a predominantly white/First World take on things?" (165). Massey suggests that analyses of globalization have often, perhaps paradoxically, been shaped by a Western, white, and globalized perspective, overlooking the historical and ongoing displacements experienced by marginalized communities (166). She references bell hooks, who argues that "the very meaning of the term 'home', in terms of a sense of place, has been very different for those who have been colonized, and that it can change with the experiences of decolonization and of radicalization" (165). She also includes Toni Morrison's work, particularly *Beloved*, that challenges the romanticized notion that everyone once had a stable, unquestioned home—a place of belonging and ownership where identity could be securely rooted. "Yet some 'Others' of the dominant definers in First World society have always been there – women," she writes (Massey 166). For my work, it is Massey's focus on the spatial aspects of gender that helps me explore the role of female protagonists in shaping and navigating the care home spaces they inhabit—and escape from—as I will show in Chapter Four. If women have long been marginalized in these narratives, what happens when we turn our attention to older women?

Power Relations: Heterotopias and the Panopticon

A key shift in spatial thinking emerged through the work of Michel Foucault. Edward Soja observes that the reimagining of spatiality, as developed by Foucault and Henri Lefebvre, challenges and deconstructs all conventional modes of spatial thinking" (*Thirdspace* 163). Foucault's approach to spatiality, particularly his analyses of power, discipline, and institutions, redefines space as an active force in shaping social relations, making his work central to contemporary spatial theory. Like Lefebvre and Massey, although not from a Marxist point of view, and without a particular focus on gender, Foucault also argues that space is a "historico-political problem," linking issues of space to questions of power and knowledge:

> A whole history remains to be written of *spaces*—which would at the same time be the history of *powers* (both these terms in the plural)—from the great strategies of geo-politics to the little tactics of the habitat, institutional architecture from the classroom to the design of hospitals, passing via economic and political installations. It is surprising how long the problem of space took to emerge as a historico-political problem. (*Power* 149)

Here, Foucault stresses modern reconfigurations of knowledge and the organization of new institutions such as asylums, clinics, and hospitals in the eighteenth and nineteenth century. Already in his texts *Madness and Civilization* (1973), *The Birth of the Clinic* (1975), and *Discipline and Punish* (1979), the spatiality of power and knowledge played a role for Foucault who, although never explicitly mentioning old age, illustrated how "vagabond and 'unproductive' people were identified as political problems in seventeenth and eighteenth century European societies" (Katz, *Disciplining* 19). Divided by the state into mad, poor, or delinquent, these people were disciplined in institutions: asylums, hospitals, prisons, and schools (19), places Foucault calls "heterotopias" ("Of" 24). Every society, Foucault notes, needs and creates such spaces of "otherness" to deal with crisis and deviation so as to maintain its structured, rational order.

My analysis of the spatiality of old age is guided by the concept of "heterotopia," which—even though Edward Soja dismisses it as "[f]rustratingly incomplete, inconsistent, incoherent" (162)—serves as a useful concept to open up a discussion on the marginalization of old age. Foucault briefly mentions "heterotopia" in the preface to *Les Mots et Les Choses* (1966, Engl. *The Order of Things*) and develops it further in "Of Other Spaces." He focuses on the spatiality of power relations, and on the way cultural norms and social practices are revealed through space. In this brief text, he talks about those spaces "which have the curious property of being in relation with all the other sites, but in such a way as to suspect, neutralize, or invert the set of relations that they happen to designate, mirror, or reflect" (24). These spaces, he observes, "are linked with all the others," but at the same time "contradict all the other sites" (24). They are, he argues, utopias, imagined perfections or inversions of society *without* real space, or heterotopias (literally: "the other space"), spaces that in a way simulate reality. Heterotopic spaces are defined in dependence on and in contrast to utopias. While utopias are emplacements that have no real spatial existence, heterotopias are real places, "effectively enacted utopia[s]" (24)—or, in the case of involuntary confinement as in prisons or nursing homes, dystopias:

> There are also, probably in every culture, in every civilization, real places—places that do exist and that are formed in the very founding of society—which are something like counter-sites, a kind of effectively enacted utopia in which the real sites, all the other real sites that can be found within the culture, are simultaneously represented, contested, and inverted. Places of this kind are outside of all places, even though it may be possible to indi-

> cate their location in reality. Because these places are absolutely different from all the sites that they reflect and speak about, I shall call them, by way of contrast to utopias, heterotopias. ("Of Other Spaces" 24)

Foucault begins his essay by historicizing heterotopia, arguing that every society constitutes its own heterotopic sites that can take various forms. Like Soja and Lefebvre, he also observes that space is not neutral: "We do not live in a kind of void, inside of which we could place individuals and things. We do not live inside a void that could be colored with diverse shades of light, we live inside a set of relations that delineates sites which are irreducible to one another and absolutely not superimposable on one another" (23). As one central example, he determines the "crisis heterotopias" of "so-called primitive societies," sites which are "privileged or sacred or forbidden places, reserved for individuals who are, in relation to society and to the human environment in which they live, in a state of crisis: adolescents, menstruating women, pregnant women, the elderly […]" (24). In modern societies, crisis heterotopias have increasingly been replaced by heterotopias of deviation (25). Such places can be brothels, colonies, or cemeteries, but also psychiatric wards, prisons, hospitals, or rest homes (25). With regard to the latter, Foucault writes that these are places where "individuals whose behavior is deviant in relation to the required mean or norm are placed" (25). He notes that old age is a deviant "since in our society where leisure is the rule, idleness is a sort of deviation" (25). This assumption and juxtaposition of leisure and idleness already emphasizes a particular image of old age, which is very often one of decline and physical decrepitude. The nursing home specter gains its potency precisely through such ageist discursive practices of marginalization and objectification in a dystopic space. Admitting, however, that in his earlier work he had overemphasized "technologies of domination," which render the body "docile" (135), Foucault corrected his own theory in later writings, ascribing agency and self-determination to the subject according to the subject positions that are obtainable. Such "technologies of the self" ("Technologies") are employed by individuals as power strategies through their recognition and instrumentalization of the subject positions available, thereby allowing them to actively participate in the creation of discursive formations. This agency not only opens up possibilities of resistance and subversion, but also enables individuals "to change history" (Olssen 32). With regard to the nursing home, this could mean that resisting and subverting everyday practices may eventually trigger change in institutional routines

(Harnett; Ryvicker). Stanka Radović sees the potential to challenge as inscribed even in heterotopia:

> Nevertheless, although heterotopias function by exclusion and serve to order and segment social space, they also hold the opposite potential: challenging the order they have helped establish, providing, as Foucault puts it, "a kind of contestation, both mythical and real, of the space in which we live" ("DS," 179). In other words, as soon as a space is created to uphold imaginary social barriers and keep the deviant at the margins of social life, that same space also offers a vantage point from which centrality and order can themselves be perceived and challenged. (196–97)

Even as institutions like care homes function to segregate aging bodies from the rest of society, they also provide a vantage point from which dominant norms about aging, dependency, and institutionalization can be questioned and reimagined. This means that care homes, often viewed as sites of confinement, can also become spaces of subversion—whether through small acts of resistance, communal bonds that defy institutional expectations, or narratives that reframe aging beyond the limitations imposed by institutional structures.

Another way of thinking the spatiality of institutional control is illustrated by Foucault in his examination of "Bentham's Panopticon" (*Discipline* 205). According to Foucault, power is exercised through institutions which facilitate self-regulation through the internalization of norms ("normalization," *Security* 56). The panoptical structure, consisting of a tower surrounded by a circular structure of light-flooded cells in which the inmates can easily be watched and controlled, is an "important mechanism, for it automatizes and disindividualizes power" (202). It makes inmates feel as if they are being observed all the time without knowing whether they are being watched or not, which creates paranoia—they are "caught up in a power situation of which they are themselves the bearers" (Foucault, *Discipline* 201). This system of internalized control held by wielding invisible modes of power is, according to Foucault, inherent in institutions like hospitals, infirmaries, the military, universities, or schools (*Discipline* 159):

> The Panopticon […] is a type of location of bodies in space, of distribution of individuals in relation to one another, of hierarchical organization, of disposition of centres and channels of power, of definition of the instruments and modes of intervention of power, which can be implemented in hospitals, workshops, schools, prisons. Whenever one is dealing with a multiplic-

> ity of individuals on whom a task or a particular form of behavior must be imposed, the panoptic schema may be used. (*Discipline* 205)

Although many nursing homes have adapted their floor plans during the last decades and are, therefore, usually no longer structured like a panopticon, there is a notable exception that is worth mentioning in this context because it illustrates the abovementioned ideas by means of a Foucauldian work of art. When the German-Dutch artist Hartmut Wilkening was asked to design a sculpture for a newly built nursing home called *De Burcht* ("fortress") in Hoogezand, Netherlands in 2009, its floor plans inspired the artist to create a sculpture of Michel Foucault's head. In an article describing the design process of his project entitled *Vrij Geestig* ("Quite Witty," see fig. 1), he explains:

> The building of the De Burcht residential nursing home has the form of a panopticon. From the open well on the first floor there is an all-round view of the galleries on the upper floors where the entrance doors of the apartments are located. Inspired by the idea of a central point in the building from which everything can be seen in a single glance, and which can itself be seen from all angles, Hartmut Wilkening proposed to make a large sculpture depicting the head of Michel Foucault, the theoretician of panopticism. The concrete portrait of the French philosopher sports a broad smile, his arm emerges from the floor and his hand is resting on his bald head. (Wilkening, "Foucault")

Michel Foucault, Wilkening notes, was supposed to be the first inhabitant of the new building: "Before the placing of the roof, the sculpture was hoisted in with a crane, under the watchful eyes of the future residents and other invited guests" (*Foucault*). The head with its weight of seven tons cannot be removed anymore without destroying it. The artist's interpretation clearly links the care home's floorplans to Foucault's theory of the panopticon (Wilkening, "Michel" 83–88). Wilkening states that the head has received attention and popularity in artists' circles mainly because of the fact it has been moved into the home like a Trojan horse. He never meant this to be a cynical comment on residential care in any way, Wilkening says, and continues, "But the true potential for subversion lies not—neither in my view nor in Foucault's—in a possible uprising of the panopticon's inmates breaking free from their confinement. Rather, it emerges when the institution's content overflows, dissipating into endless details, ultimately rendering all forms of registration, measurement, treatment,

and surveillance insignificant"[9] (Wilkening, "Frage" 1). In this sense, the sculpture not only invokes Foucault's panoptic gaze but also gestures toward the possibility that institutional control, when stretched to its limits, may unravel under the weight of its own rigidity, leaving space for new and unpredictable forms of agency to emerge.

Fig. 1: Hartmut Wilkening, "Vrij Geestig" ("Quite Witty").

Photo credit: John Stoel. Photo collage assembled by the author from material obtained from the artist.

The Spatiality of the Care Home

While I agree with Hartmut Wilkening's interpretation of Foucauldian subversion in the context of care homes, I also find Glenda Laws's perspective compelling. She notes that the physical environment of a care home shapes

9 In the original text, Wilkening writes, "Aber das eigentliche Potential der Subversion liegt nicht – nach meiner Meinung und auch nicht nach der Überlegung von Foucault – in einem möglichen Aufstand der Insassen des Panopticons, die ihre Einschliessung durchbrechen, sondern eher darin, dass der Inhalt der Anstalt ausufert, sich in unendlichen Details verliert und so jede Form von Registration, Vermessung, Behandlung und Überwachung unbedeutend werden lässt" (Frage 1).

identity and social dynamics, noting that space "might place limits on the type of community that can develop in a particular place and thereby limit potential social interactions" ("Spatiality" 92). Once nursing homes were established, she explains, perceptions of where certain individuals should receive care shifted. "The webs of social relations in which we are enmeshed are constituted by space," she writes, reinforcing the idea that social relations are deeply tied to spatial structures (92). At the same time, she emphasizes that space not only shapes but also constrains these relationships (92). If we view social relations as influencing personal life narratives, then institutional settings can both enable and constrain individual identity development.

One of the most important readings of the panopticon in the context of theorizing the nursing home that focuses on the limits of identity development has been presented by the critical gerontologists Jaber Gubrium and James Holstein, who argue that "[o]rganizations establish general parameters for how narratives may be produced and who is authorized to produce them" (*Analyzing* 174). In their article "The Nursing Home as a Discursive Anchor for the Ageing Body," they maintain that "as populations age, the nursing home becomes a kind of 'panopticon' for discursive embodiment (Foucault 1979). While the nursing home applies healing, palliative, and custodial technologies, it also provides a framework for signification and description" (533). The nursing home does so as a physical entity, but unfolds its potency at a distance through the medical gaze:

> Staff, residents, and family members inspect and, in turn, are incited to describe bodies served and cared for in accordance with institutional categories, in the language of decay, decrepitude, or surprising fitness. […] The panopticon even works in the opposite direction, providing the scrutiny and discourse of the healthy body with a source of comparison and the resulting gratitude that "it hasn't come to this", meaning the need to be placed in a nursing home because of frailty. ("Nursing" 533)

The fear of becoming frail, a "bag of bones," or a "vegetable" (522) after undergoing institutionalization is rooted in the discursive anchoring of the care home that focuses only on the body. This fear plays a constitutive role with regard to the decline narrative inherent in the cultural construction of old age—the fourth age, because it guides body talk relevant to disease, care-giving, and death. Together with the term "nursing home," it discursively encourages the appropriation of aging characteristics while talking about the body rather than

about other matters (521). While the "third age" is commonly thought of as a time of independence, the "fourth age" is "marked by the arrival of major health problems" (Twigg, *Body* 50). Twigg notes that the distinction made between the third and fourth ages is not chronological, but qualitative: "In this the body is key, for it is the onset of serious infirmity that marks the point of transition. As a result, the fourth age can seem to be not just about the body, but nothing but the body. It dominates subjective experience, to the extent that it swamps all other factors in determining matters like morale or wellbeing" (*Body* 64). The fourth age, defined by its focus on bodily decline, is often equated with disease and deterioration—standing in stark contrast to the ideals of "successful" or "active" aging. Chris Gilleard and Paul Higgs further explore this divide and the marginalization of the oldest old:

> The fourth age emerges from the institutionalization of the infirmities of old age set against the appearance of a third-age culture that negates past representations of old age. […] The fourth age is important as a cultural and structural component of aging but it is not constructed around the same co-ordinates as those of the third age. It is not simply the terminus of the third age, nor some kind of third-age anti-matter—the unsuccessful but necessary counterpart to successful aging. One way of approaching this issue is to consider the fourth age as a kind of social or cultural "black hole" that exercises a powerful gravitational pull upon the surrounding field of aging. ("Aging" 121–22)

Gilleard and Higgs address the difficulty of representing oldest old age by explaining it as a "black hole," a metaphor that signifies a place, or rather a space-time, where gravity is so intense that nothing can escape. This powerful metaphor evokes a sense of existential erasure and the end of signification, and those who enter risk vanishing from cultural recognition altogether. This concept, sociologist Amanda Grenier explains, "confronts the invisibility of the fourth age and the void of cultural space allocated to this group" (174). The use of the metaphor of a black hole, interpreted as a place of atemporality, highlights the sense of threat emanating from this phenomenon and seeks to explain the cultural "othering," reinforcing the ways in which society pushes the oldest old into the margins, rendering them almost untouchable, both literally and figuratively.

As a final example in my discussion of the Spatial Turn and critical gerontology, I include Haim Hazan's theory of the fourth age as "a-temporal

territory of the fourth space" ("Beyond" 91). Like Gilleard and Higgs as well as Grenier, Hazan interprets the fourth age as a space/place beyond dialogue, a realm without language. He highlights the difficulty of representing this stage through language or any other form of cultural expression. Building on this idea, Heike Hartung contends that, unlike the "third space," the fourth age is defined by "a refusal of narrative continuity and closure" and becomes a space of "incommunicable oldest age" (21). It is beyond common cultural codes, as Hazan puts it: "[T]here exists no common experiential ground" ("Beyond" 94) in this "twilight zone of another human existence, a buffer separating the living from the dead" (96). In his essay "The Home Over the Hill: Towards a Modern Cosmology of Institutionalization," Hazan notes that the othering of old age "reflects the fundamental discord between human mortality and modernity. In a society where death is conceived of as being ahead of a person rather than alongside him, terminality is culturally unaccounted for, death becomes a taboo area, and the dying are rendered untouchable" (327). He sees the care home in modern societies as a holding space for the transition between life and death, shaped by modernity. As secularization and social fragmentation weaken traditional beliefs in an afterlife, what remains is the stark contrast between life and an "inconceivable nonlife." In this context, care homes step in to symbolize the blurred boundary between the two (328). Hazan echoes Gilleard and Higgs in maintaining, as Hartung summarizes, that the "third age," shaped by midlife norms, has taken control of the oldest age through management and surveillance (Hartung, *Ageing* 17).

As Gilleard and Higgs note, "[p]art of the definition of the third age is its active exclusion of 'old age' and 'agedness'. In that sense the cultural and structural boundaries of the third age may provide, through a process of antagonistic reciprocity, the structural boundaries for the 'fourth age'" ("Aging" 122). The "fourth age," they assert, does not so much represent a particular age cohort or stage of life as it "functions as a social imaginary" because it represents "a kind of terminal destination—a location stripped of the social and cultural capital that is most valued and which allows for the articulation of choice, autonomy, self-expression, and pleasure in later life" (123). Once in a care home, older individuals are refused any kind of futurity as they are not expected to develop in terms of a progress narrative anymore. It is commonly understood that any change signifies decline in the "waiting room for death." Hazan describes old age metaphorically in spatial terms: "The separation of the aged from society, the identification of ageing with ugliness, evil, and horror, and the reluctance

to engage in physical contact with the aged all indicate that ageing is perceived as a dangerous area located, as it were, between life and death" (Old 68).

To further explore how the fourth age is shaped through spatial and cultural exclusion, it is useful to consider Gilleard and Higgs's argument on the structural boundaries between the third and fourth ages. Their perspective aligns with Hazan's notion of the fourth age as a realm beyond cultural representation, reinforcing the idea that old age is not only marginalized but fundamentally othered through spatial, social, and narrative separation. This interplay between exclusion, representation, and identity formation leads directly to a discussion of how cultural texts—particularly film and fiction—shape and challenge dominant portrayals of long-term care and aging. Concerning questions that address old age, identity, and long-term care, I argue that the Spatial Turn has put space and place on the agenda of researchers engaged in the interdisciplinary field of cultural gerontology. While many of them position the care home as a place "over the hill" where the old, as W.H. Auden writes, are "stowed out of conscience / as unpopular luggage," I will describe in the next section that the question of cultural representation of long-term care is also a central theme. In the next section, I will explore how film and fiction actively construct and deconstruct old age as "other," shaping societal perceptions and challenging dominant narratives.

1.3 The Care Home in Film and Fiction

In literature and film, the care home often serves as a symbol, a spatial metaphor for the experience, fears, and uncertainties associated with old age. Used as a setting or spatial frame, the care home illustrates the marginalized social position of old age ("over the hill" being one such position). The threat of ending up as inmates of the "'halfway houses' between society as we know it and the cemetery" (Garvin and Burger 11) has been mirrored in literary texts since the late 1960s and has become increasingly common up until today. Since then, the number of novels, plays, short stories, and films grappling with the complexities of housing the oldest old has grown significantly and shape our cultural understanding of long-term care. As Grist and Jennings write in their analysis of care and caregiving, "When care homes are visible in screen and in print their depictions as, at best, a badly run hotel staffed by ineffectual fools or, at worst, a ruthlessly run prison camp staffed by sadistic caretakers fuels the popular cultural imagination. These depictions undermine and un-

dervalue the work done by real carers in real homes" (Grist and Jennings 2–3). I largely agree with their assessment—fiction and film frequently reinforce negative stereotypes of long-term care, emphasizing neglect, loss of agency, and institutional confinement. While such sensationalized and dystopian portrayals remain dominant, there has been a gradual shift toward more nuanced representations. Some recent narratives acknowledge the varied realities of eldercare, depicting settings that range from restrictive and infantilizing institutions to supportive, well-run communities with compassionate caregivers and even high-end amenities. Nonetheless, the "horrible home" trope—often drawing on Gothic elements and the sublime—continues to prevail. Although more balanced portrayals have started to emerge, they remain in the minority. The dominant cultural narrative still positions care homes as spaces of confinement and decline, reinforcing long-standing anxieties about aging and institutionalization. This ongoing tension between entrenched stereotypes and evolving representations underscores the complexity of how eldercare is imagined in contemporary literature and film.

Since the emergence of public old age homes in the early 20th century, both theories of aging and concepts of caregiving have evolved. Yet, the "nursing home specter" continues to loom large in the collective memory of aging societies on both sides of the Atlantic. This lingering fear has been both reinforced and challenged through a growing body of literature and film. One of the earliest literary explorations of the care home as a fraught space is *The Hearing Trumpet* (1974).[10] Written by Leonora Carrington, a British-born surrealist writer and artist who fled to Mexico during World War Two, this surreal and darkly humorous novel critiques institutionalization and the treatment of older women. Blending elements of detective fiction, the prison narrative, and the escape story, it also engages with climate change, caregiving, utopian feminism, queerness, and even anticipates posthumanism. As Helen Byatt observes in her excellent introduction to the 1996 edition, "It spans past, present, and future" (Carrington, *Hearing 1996* vi), while Ali Smith, in her introduction

10 Although this book focuses on North American novels, *The Hearing Trumpet* deserves a mention because of its significant influence on the genre. If one considers Leonora Carrington a British author, the novel does not strictly fit within the scope of this study. However, its pioneering depiction of the care home, along with its exploration of themes that later became central to North American narratives on aging and institutional care, makes it too important to ignore. While not part of the North American canon, its impact extends beyond national boundaries, making it a key reference in discussions of care home fiction.

to the 2003 edition, describes it as a "post-war, post nuclear vision, and one with ramifications in the global-warming era. Its reprint could not be more timely (Carrington, *Hearing 2003* x). The novel's fantastic and visionary narrative, centered on the empowerment of an old woman with a hearing disability, aligns with Mariana Cruz's characterization of it as a "geriatric and ecofeminist utopia" (Cruz 1) rich in social critique. In many ways, I argue, *The Hearing Trumpet* not only encompasses, but also anticipates many of the key themes that would come to define care home narratives over the following fifty years.

The category comprises a large variety of texts including comedy, drama, crime stories, slap stick "geezer lit mystery"/"geezer noir" stories, and novels that Barbara Frey Waxman calls *Reifungsromane*, novels of ripening, in which the authors portray their heroes and heroines "as forging new identities or reintegrating fragmented old ones and as acquiring the self-confidence, self-respect, and courage to live the remainder of their lives fully and joyously" ("From" 320). Recently, a wave of graphic novels has emerged, often focusing on adult children navigating the emotional and logistical challenges of caring for their aging parents and debating moving them into long-term care (Dalmer and Cedeira Serantes; Venema; DeFalco). A prime example is Roz Chast's *Can't We Talk About Something More Pleasant?*, whose title itself captures the discomfort and avoidance surrounding the topic.

In *Figurenmodelle des Alters in der deutschsprachigen Gegenwartsliteratur* (2010), Miriam Seidler asks whether the nursing home novel[11] ("Pflegeheimroman"), a type of novel which is primarily associated with places of physical and mental decline, would ever spark any interest in readers (316). Today, the answer is clear: authors who use the care home as a setting or theme have struck a chord. Fiction and films about long-term care institutions have grown increasingly popular, reflecting the public's rising interest in aging and old age. In Germany, Miriam Seidler was the first to explicitly define the care home novel as a distinct and emerging genre. While her classification of "closed" and "open" care home novels—those set entirely within care facilities versus those that only partially take place in them—offers a helpful framework, it provides only a limited perspective on how these narratives construct old age. Her work still delivers a valuable overview of the genre in German literature, and the questions she raises are equally relevant for analyzing North American literature. Why is

11 Peter Simonsen refers to the genre of the care home novel in the context of Scandinavian literature in his book *Livslange liv: Plejehjemsromaner og pensionsfortællinger fra velfærdsstaten* (2014).

this new genre gaining traction so rapidly? What discourses shape these narratives?

In the North American context, Sally Chivers was among the first to analyze literary representations of care homes. In *From Old Woman to Older Women* (2003), she explores this theme in her chapter "'Here, Every Minute Is Ninety Seconds': Fictional Perspectives on Nursing Home Care," where she implicitly identifies the emergence of the care home novel as a distinct genre (59). By juxtaposing multiple North American novels set in long-term care institutions, her work laid the foundation for further studies in this field. Chivers later expanded on these insights through her involvement in a Canadian research project led by Pat Armstrong and funded by the Social Sciences and Humanities Research Council Canada (SSHRC), which deepened her understanding of aging, caregiving, and institutional care. Her contributions have been invaluable to the field, and I am deeply indebted to her analysis.

In her PhD thesis from 2015 entitled *Long-Term Caring: Canadian Literary Narratives of Personal Agency and Identity in Late Life*, Patricia Life also argues that the genre has recently been emerging in anglophone Canadian literature (4). Analyzing several Canadian twenty-first century texts, Life, too, acknowledges that nursing-home narratives have become "a recognizable genre, under the general umbrella of age narratives" (4):

> [It is a genre] that begins with realism flavoured by the gothic, evolves into mystery edged by black humour, and finally transforms into fantasy with an undercurrent of grim awareness. I compare the image of the dreaded nursing home of mid-twentieth-century texts to its metamorphosed images in late twentieth- and early twenty-first-century texts, and I argue that authors are now beginning to combine narratives of fear of the nursing home, aging, and death with narratives of positive-aging and late-life agency. This mixture has culminated in the birth of new fantasy stories featuring successful escape from nursing homes and aging, although awareness of reality's grim truths also still lurks within them. (Life 4)

In my analysis of the genre's development, which I began in 2011, I have reached similar conclusions but diverge slightly from Patricia Life regarding the chronological shifts she outlines. Life rightly observes that earlier novels—particularly those from the mid-20th century—often depicted care homes as dreadful places, a pattern evident in both Canadian and U.S. literature, as seen in Margaret Laurence's *The Stone Angel* (1964) and May Sarton's

As We Are Now (1973) as respective examples, but I am not entirely convinced that this portrayal has disappeared in more recent works. John Mighton's 2005 play *Half Life,* for instance, still presents a care home setting that evokes confinement and loss rather than comfort or agency. Life argues that the shift in representation—from hospital- or prison-like institutions to more hotel-like facilities—mirrors a broader narrative transformation: from stories of decline to those emphasizing late-life agency:

> While in the past nursing-care institutions epitomised decline, I will argue that now they are often presented as sites where late-life individuals exert agency over their surroundings, further enrich and expand their personal identities, and avoid application of the decline narrative to their own lives. I will also show that early twenty-first-century texts have begun to add a surprising new narrative where residents have acquired so much agency that they are able to walk away from the nursing home and even from old age itself. (Life 4)

While this trend is certainly visible in some texts, I question whether it fully encapsulates contemporary representations of care homes. It is certainly true that care-giving institutions have traditionally been linked to a cultural imaginary of old age as a state of decline, but Life's claim rests upon the assumption that novels which present the care home as a prison-like institution do not allow for or transport narratives of late-life agency. As the following analysis shows, this assumption cannot be confirmed. Whereas on the surface, narratives set in homes that are presented as "total institutions," to use Goffman's term (14), may at first seem to symbolize decline, they often subvert and challenge ageist stereotypes and decline narratives fervently. They do so by offering striking individual narratives of self-determination and agency, representing escape stories or novels set in luxurious retirement lodges. Read as *Reifungsromane* (Waxman, *From* 2) or *Vollendungsromane* (Rooke 244–245), they narrate resistance, and sometimes even progress, despite adverse conditions.

Care Home Story Typologies

When characters walk away from the care home—the escape narrative being a recently emerged sub-genre, as Life rightly observes—this can definitely be interpreted as a sign of self-determination and agency. While newspaper reports sometimes cover incidents of residents who live with dementia and walk away unintentionally and accidentally, the escapes narrated in such literary texts are

always well planned. Examples of such escape narratives are Gail Radley's *The Golden Days* (1991), Clyde Edgerton's *Lunch at the Piccadilly* (2004), Sara Gruen's *Water for Elephants* (2007), as well as two novels which will be discussed in Chapter Four, Oscar Casares's *Amigoland* (2009) and Janet Hepburn's *Flee, Fly, Flown* (2013). Interestingly, the specific nature of the institution—whether it is depicted as a humiliating prison, a deindividualizing hospital, or a luxurious, hotel-like facility—matters little to those who seek to escape. What truly drives their desire to run away is the feeling that they do not belong, that they do not feel "at home" in their respective institutions, or that they have one final mission to fulfill. The reasons behind this impulse vary. Genre conventions, such as the prison narrative, escape story, or quest, significantly shape the level of agency and self-determination afforded to the protagonists. The common thread in all these works is the implicit belief that somewhere beyond the institution, there exists a place where they truly belong—a space they can call *home*.

The care home novel borrows elements and themes from several other genres. The previously mentioned escape narratives, for instance, are often modeled after road movies. Comedy and romance offer other templates, for instance in Joyce Magnin's *Blame It on the Mistletoe* (2011). Another popular genre is detective fiction, in which older residents often slip into the role of the investigator. A prime example is the "geezer-lit mystery"[12] series invented by Mike Befeler, the author of six books featuring "Paul Jacobson, a crotchety octogenarian amateur sleuth" (*Retirement Homes Are Murder*) three of which involve long term care institutions, *Retirement Homes Are Murder* (2007), *Care Homes Are Murder* (2013), and *Nursing Homes Are Murder* (2014). Resident-detectives also play a central role in M. Scott Peck's *A Bed by the Window: A Novel Of Mystery And Redemption* (1991), James Moore's *They Should Live So Long* (2001) and Al Stevens's *Nursing Home Ninjas* (2013), suspense stories in which a band of vigorous seniors take it upon themselves to find out who is behind the sudden and unusually high death rate in patients and employees.

12 The "geezer-lit mystery" series includes Mike Befeler's books *Retirement Homes Are Murder* (2007), *Living With Your Kids Is Murder* (2009), *Senior Moments Are Murder* (2011), *Cruising In Your Eighties Is Murder* (2012), *Care Homes Are Murder* (2013) and *Nursing Homes Are Murder* (2014). Furthermore, he is the author of *The Back Wing* (2013), another novel set in a care home that is the "first book in a new paranormal geezer-lit mystery series" (http://www.mikebefeler.com/index.html).

Horror narratives are almost as popular as "care-home whodunits." The fourth age as an expression of the uncanny is presented in stories where the oldest old are featured as the "living dead," existing as zombies in a timeless limbo state. This horror setting corresponds to the realm Hazan terms the "twilight zone of human existence" ("Beyond" 96) when he talks about the final stages of life in old age. In such horror novels, the "fourth age" is represented as a time of suffering, and is the true horror that haunts newly arrived inmates, who have not yet been initiated into the terrors of the nursing home. The mysteries driving the plot in such novels are usually resolved with recourse to slapstick and comic relief, as in Joe R. Lansdale's short story and movie "Bubba Ho-Tep" in which Elvis Presley meets John F. Kennedy in a nursing home where they have to defeat a "redneck mummy" (Lansdale 7). Other novels containing horror elements are *The Tides* by Melanie Tem (1999), winner of the Bram Stoker Award, or *The Nursing Home* by James J. Murphy III. (2009), books whose covers feature creepy images of haunted castles, the grim reaper, and the undead. Here, the "nursing home specter" looms large as an expression of the threatening forces associated with old age that need to be kept at bay. Eudora Welty's short story "A Visit of Charity" (1941/1992) is an early example that "borrows repeatedly from the arsenal of the gothic," as Rüdiger Kunow argues ("Coming" 300), representing the aged "as alien, as totally *Other*" (301).

One of the predominating themes in the care home novel is that of the home as a prison. In general, it can be said that care home narratives tackle questions of life-course identity and old age, and that a movement to or within the space of the care home is often used to signify transition, change, or crisis. As in the boarding school novel, a character's loneliness and their difficulty to cope with a new phase of life away from "home" is placed in the foreground. The care home, like the boarding school, is often depicted as a microcosm of society—a disciplinary institution that is often run by overbearing and despotic administrators who rule what is often depicted as a panoptical institution by using discipline and punishment. In addition to being subject to the institution's regulations, the inmate is also subject to the dynamics of a small social group whose rules have yet to be understood by the newcomer.

The care home, positioned at the intersection of public and private life, rarely provides genuine privacy. For characters who feel lonely and powerless, carving out counter-spaces—places of agency where they can assert self-determination or cultivate a sense of home—is particularly difficult. Many care home narratives engage with this dilemma, centering on one fundamental question: what does it mean to be "at home"? The care home is often

portrayed as a trivialized simulacrum of home, a professionally constructed environment that mimics domesticity but rarely fulfills the deeper emotional and existential dimensions of being at home. This tension highlights the complexity of defining what *home* truly means, especially in later life. Since moving into a care home is frequently depicted as a character's final relocation, these narratives foreground the existential weight of this transition, exploring the loss, adaptation, and redefinition of home in institutionalized settings.

Against this backdrop, older protagonists have to challenge and fight against, sometimes subvert, institutional constraints in order to maintain or renegotiate their sense of self, and regain their independence and agency. In some novels, this struggle may go hand in hand with the need to transgress borders and defy rules and regulations in order to resist becoming a "patient." Tim Sandlin's *Jimi Hendrix Turns Eighty* (2007), or Paul Quarrington's *King Leary* (1987) are excellent examples of such narratives. As opposed to boarding school novels where the transitional age of adolescence is highlighted, an age that leads to maturity and adulthood, care home narratives often deal with protagonists' struggle against the transition from adulthood into the culturally constructed state of senescence, and highlight the difficulty of remaining "adult" in the sense of maintaining self-determination and independence. Residents are often victimized and infantilized in such narratives, and the grade of senescence is very often expressed through space; moving to the next floor in a care home often signifies moving further away from adult life, and eventually into oblivion. The space of the home can be experienced as limiting and confining, but also serves as a space of protection and redefinition of a protagonist's self, such as in Todd Johnson's *The Sweet By and By* (2005), Lola Lemire Tostevin's *The Other Sister* (2008), Joan Barfoot's *Exit Lines* (2008), or Shani Mootoo's *Cereus Blooms at Night* (1996).

Whereas the previously mentioned texts center around protagonists who are themselves residents/patients in care homes, the last decades have also witnessed the production of texts written from the perspective of adult children or other care-givers, who struggle with decisions of putting loved ones into nursing homes. Some of them are fictional, such as Michael Ignatieff's *Scar Tissue* (1993), and some are autofictional or autobiographical, such as Dudley Clendinen's *A Place Called Canterbury* (2008). Autobiographical/creative nonfiction accounts also include those of nurses' aides and nurses, for instance *Harvest Moon* by Sallie Tisdale (1987) or *Endnotes* (2008) by Ruth Ray. In addition, a vast number of advice columns, manuals, how-to-guides and self-help books

such as *Planning Long-Term Care for Dummies* (Levine), and specialist reports, as well as a large number of care home ethnographies, are available.

During the past three decades, and especially the last few years, movies have also begun to play an important role, adding to the genre of the care home narrative.[13] Most of them have been based on novels, plays, or short stories, such as Kari Skogland's *The Stone Angel* (2007), which is based on Margaret Laurence's 1964 novel of the same title; Sarah Polley's film *Away From Her* (Canada/USA/UK 2007), which is adapted from Alice Munro's famous short story "The Bear Came Over The Mountain" (1999/2003); or Nicholas Sparks's novel *The Notebook* (1996), which was made into a movie by the same name by Nick Cassavetes (2003). *Away From Her* and *The Notebook* are dementia narratives that deal with the meaning of true love in old age while *The Stone Angel*, a family saga, portrays the struggle of a woman at the end of her life to reconcile herself to her past. It tells the life story of 90-year-old Hagar Shipley who runs away when her son wants to assign her to a nursing home. Other movies that center on efforts to keep characters out of long-term care include *Iris*,[14] *Cloudburst*,[15] *Up*,[16] *Robot and Frank*,[17] and *The Savages*.[18]

Two recent and very popular British movies that address the question of where to spend the last years of one's life are John Madden's *The Best Exotic*

13 Two notable European examples of animated films are Paco Roca's *Arrugas* ("Wrinkles," Spain 2012), which is based on the graphic novel with the same title (2007, the English version was published in 2015), and the Flemish short film *Memee* by Evelyn Verschoore (2010).

14 Richard Eyre's movie *Iris* is based on John Bayley's memoires of his wife, *Iris: A Memoir of Iris Murdoch* (1998) and *Elegy for Iris: A Memoir* (1999).

15 *Cloudburst* premiered as a stage play in 2010 and was adapted by its author, Thom Fitzgerald, for the screen in 2011.

16 "Shady Oaks Retirement Village" is the care home featured in the animation films *Up* and *George & A.J.*, the bonus film narrating what happens to the two retirement home workers after witnessing Carl Fredricksen's house flying off in *Up*.

17 *Robot and Frank* (2012) tells the story of an ex-jewel thief whose increasing dementia causes his children to buy him a care robot that becomes his friend—and partner in crime. In the end, Frank moves to a nursing home in which all care-givers are robots.

18 *The Savages* (2008) is a film by Tamara Jenkins in which the central characters are a brother and sister who have to take care of their old father after his girlfriend passes away in Sun City, Arizona. They decide to relocate him to a care home in Buffalo, where he dies.

Marigold Hotel,[19] based on Debora Moggach's novel *These Foolish Things* (2004), and *Quartet*[20] based on a play with the same title by Ronald Harwood (1999). A variety of short films (*Rhonda's Party; The Greyed Escape*) also deal with the topic of long-term residential care. Furthermore, a number of "cinema verité" documentaries have come out that portray life in the care home, including the award-winning movie *Room 335* (2006) by Andrew Jenks, who decides as a young college student to move to a Florida senior residence for one summer; Brad Lichtenstein and Lisa Gildehaus's *Almost Home* (2006), which chronicles the daily lives of staff and residents at Saint John's On The Lake, a retirement community in Milwaukee, Wisconsin, documenting the "Culture Change" movement that strives to improve quality of life for residents and staff; Jared Scheib's award-winning film *The Mayor* (2011), which tells the stories of several octogenarian long-term care facility residents in Texas; and *Gen Silent* (2010) by Stu Maddux, a documentary that focuses on LGBT elders in care homes.[21] The 2014 film *Penelope: The Documentary* deserves special mention because it is the capstone of the groundbreaking "Penelope Project," (Basting et al.) with an aim to "dramatically raise the bar on activities in long term care." The film shows how residents, some with severe dementia or who are wheel-chair bound, collaborate with playwright Anne Basting and the Sojourn Theater to create "Finding Penelope," a play reinterpreting Homer's Odyssey to recount it from Penelope's point of view (371 Productions).

Who and What is (Not) Represented?

An additional analytical aspect of my research is the question of who gains visibility in cultural representations of care homes, and who does not. The set-

19 *The Best Exotic Marigold Hotel* (2012) tells the story of a group of British retirees who move to India, lured by promises of luxury at the Marigold Hotel. As Sally Chivers writes about the "The Best Exotic Marigold Hotel cinema franchise (2011 and 2015, UK)," "These star-studded comedies – *The Best Exotic Marigold Hotel* and *The Second Best Exotic Marigold Hotel* – feature a set of white British seniors not quite able to finance their mature years while living in the UK, who decide to outsource their retirement to India, thereby transforming from excess into consumers and even producers yet again" ("What" 85–86).

20 The 2012 movie *Quartet,* Dustin Hoffman's debut as director, is set in a luxurious retirement residence for talented musicians where four singers plan to raise funds for the home by putting on a revival concert.

21 A comprehensive overview of further documentaries and other films can be found on the website programforelderly.org which has a special section on "nursing films."

tings of care-home films and novels range from retirement lodges and assisted living facilities to nursing homes (a true categorization is difficult due to the lack of standardized terminology), and also include places where around-the-clock care is standard. While "illness narratives," including dementia narratives, have gained popularity as a genre in the second half of the twentieth century (Hartung, *Narrating* 282), and include pathographies that end with the death of the narrator, the sick and dying oldest old are, interestingly, rarely represented in nursing home narratives. Although a few exceptions exist, such as in Canadian writer Edna Alford's short story cycle *A Sleep Full of Dreams*, protagonists who are frail, sick, in pain, or bedridden rarely are given a voice or position from which the action is narrated. Unlike in illness narratives, such characters are often only referred to as "the other" living in the "black hole" of an inaccessible closed ward, such as on the "second floor" in Alice Munro's short story "The Bear Came Over the Mountain" (309), or the "Advanced Living" wing in Margaret Atwood's tale "Torching the Dusties" where, the narrator assumes, "things are different. She hasn't wished to imagine exactly how different" (232).

Although statistics indicate that many care-home residents require full-time care due to dementia, frailty, or illness, literary and filmic representations of care homes often focus on older characters who are relatively healthy. This discrepancy raises the question of why such protagonists are depicted as living in long-term care facilities at all. In some cases—particularly in care home detective stories—the residents are still firmly in the third age, portrayed as pensioners without significant physical or cognitive impairments.

While several dementia narratives have actually been written from an agent position, which aims to represent what is going on in the brain as memory slowly disintegrates (e.g., Lisa Genova's *Still Alice*, 2009), the "representational dilemma" (Hartung, *Narrating* 15) of depicting the frail and sick oldest old living in nursing homes has so far barely been tackled, and the oldest old are usually not developed into full-fledged characters. Heike Hartung approaches the difficulties related to representing frail old age from a narratological perspective and points to the "problem of narrating the unnarratable" (Rimmon-Kenan qtd. in Hartung, *Narrating*, 15) in dementia and illness narratives.

The absence of the oldest old in care home narratives may reflect the taboo of death, an unspoken presence that lingers in the background. Margaret Atwood's protagonist in "Alphinland" refers to it as the "D-word," an unavoidable truth that looms like "a huge advertising blimp, but to mention it would have been like breaking a spell" (15). Julia Twigg offers a possible explanation for this

omission: she argues that old age itself is a cultural taboo because of its proximity to death. She asserts that since death empties old age of meaning, the stage that precedes it—extreme old age—becomes something society prefers to ignore: "It is hard to invest the body in old age with a stronger sense of subjectivity, when old age itself is avoided as a topic, seen as having no meaning, or at least no meaning other than decay, decline and final absence" (Twigg, *Body* 50). The reluctance to confront oldest age, decline, and ultimately death is evident in most care home narratives, despite the fact that the space of the care home itself inevitably evokes such associations. Drawing on Ernesto Laclau and Teresa de Lauretis, Rüdiger Kunow explains: "To call age an impossible object means that it is something which established discourses or hegemonic representational practices promise to describe, yet cannot do so" (306). In this sense, oldest age remains a gap in cultural representation, a presence that is both acknowledged and erased at the same time.

As a literary studies scholar working in the field of Age Studies, I fully agree with Anne Wyatt-Brown who describes it as "a daunting task" for scholars to "study gerontological issues and theories, master an unfamiliar social science vocabulary, and attract an interdisciplinary audience capable of responding intelligently and critically to their insights" (299–300). Wyatt-Brown admires those "pioneers" among literature scholars who have, since the mid-1980s, "mastered gerontological theory, thereby bridging the gap between the two fields and creating a legitimate sub-specialty in literary studies" (300). At the same time, it is crucial to recognize that literary gerontology must also remain rooted in a deep understanding of literature itself; rather than relying solely on traditional gerontological methods, this field benefits from examining what literature is and how it works as a mode of inquiry ("American" 256).

In this context, Hannah Zeilig raises two essential questions: "Is it feasible to extrapolate from literature in order to gain insight into other fields of inquiry? If so, what can be gained from literature, what is the type of information which it can yield?" (40). A response to Zeilig's questions can be found in Barbara Frey-Waxman's book when she argues that literature "can take us out of ourselves and our usual settings, making us more conscious of our unexamined beliefs and assumptions and giving us new food for thought" (83). The power of fiction lies in its ability to render the inner worlds of older individuals and "affirm the contradictions, complexity, and uncertainty that lie at the heart of the experience of aging" (Yahnke 86). Expanding on this idea, Sally Chivers emphasizes that "a humanities-based approach to aging can consistently maintain the crucial complexity of growing old because works of art,

such as literature, can comfortably encompass contradictions and even gain their aesthetic strength from doing so" (*From*, x). In this way, literature not only represents aging but also reflects its paradoxes and ambiguities, offering a depth of understanding that more rigid scientific approaches might struggle to capture. While striving to understand fictional characters, we acknowledge them as being different from, but also similar to, ourselves at the same time; we recognize ourselves in them through a personal and a political act of understanding, as literary philosopher Martha Nussbaum asserts:

> It is for this reason that literature is so urgently important for the citizen, as an expansion of sympathies that real life cannot cultivate sufficiently. It is the political promise of literature that it can transport us, while remaining ourselves, into the life of another, revealing similarities but also profound differences between the life and thought if that other and myself and making them comprehensible, or at least more nearly comprehensible. (111)

This is what the texts analyzed in this book accomplish, as is shown in the following chapters. They all draw, in one way or another, readers into the world of the care home, permitting them to identify with their protagonists in their struggles against institutionalization, or in their attempts to redefine themselves in a way that makes sense for them in a new environment. While it is clearly not the task nor the focus of sociological, gerontological, or medical texts to facilitate identification on the reader's part, understanding the "visceral prose" (Waxman, *From* 18) and aesthetics of literary texts can enable readers to identify with a literary character, and experience aging by proxy. This argument resonates with Nussbaum's claim that we as readers gain a better understanding of the world by "learning both to see the world, for a time, through their eyes and then reflecting as spectators on the meaning of what we have seen" (*Poetic* 93). As literary gerontologists, we can take the matter one step further, as Waxman observes. Literary texts, she maintains,

> can affect whole societies and do important work for social betterment, even when they are presenting sexist or ageist notions in their characters and plots, precisely because resisting literary critics will interrogate and undermine these sexist or ageist notions in the texts and raise general readers' awareness of how these damaging notions operate both in texts and in society. (Waxman, "Literary" 88)

Here, Waxman refers to the concept of the "resisting reader" that has been developed by Judith Fetterley in her book *The Resisting Reader: A Feminist Approach to American Fiction* (1978). Fetterley's concept is very useful when applied as an approach to challenge and deconstruct patriarchal hegemonic and colonial power structures, and has also already been applied by Maierhofer:

> Readers who resist the imposition of traditional interpretations, question the overt meaning of the text, and challenge the codification of meaning and received opinions about specific texts, perform political acts that transcend the realm of literary studies. When, for example, the subject of aging in literary texts is merely treated as a point of reference for the young protagonists or when older people are portrayed as playing inspirational or redemptive roles by rescuing young protagonists from indecision or desperation, this calls for a resisting reader who claims aging characters in their own rights as portrayals of human existence incorporating all stages of life. ("Desperately" 130)

In recent decades, not only the different types of care facilities have been increasing in North America, which are also mirrored in fictional works, but also the representation of old characters in film and fiction has significantly changed, as Anne Wyatt-Brown points out:

> In 1992, Canadian gerontologist Constance Rooke pointed out that 'fiction concerned with old age' was growing "for both literary and sociological reasons" (1992, 242). As the aging population increased, writers and readers, she argued, were eager to explore what it felt like to be old. As a result, elderly characters were less likely to be what the English novelist E.M. Forster (1927) called "flat characters" and instead became fully round. (57)

Cultural representations have the capacity, as Wyatt-Brown claims, "to create a picture of aging, one that most readers can easily understand and appreciate. Without literary gerontology, however, the representation might be one-sided, the view of the author and few others. Only by combining research with novels and memoirs can we begin to comprehend the varieties of aging experience in our time" (57). In a similar fashion, Mike Hepworth emphasizes the importance of literature when he states:

> Fiction evidently adds a further dimension to our understanding of the quality of the ageing experience. Because fiction is a creative mental activity re-

> quiring author and reader to extend her or himself imaginatively into the minds of other characters, novels are in the advantageous position of admitting readers to a variety of different perspectives on the situation of an ageing individual. (5)

Now, at the onset of the twenty-first century, the nursing home seems to have been firmly established as a setting, and its residents have been developed into central characters. These developments add weight to the argument that narratives that represent older protagonists living in long-term care institutions need to be addressed from the perspective of literary studies and Age Studies. One notable exception mentioned earlier is Sally Chivers's insightful book *From Old Woman to Older Women* in which she refers to novels depicting institutional care:

> These depictions of institutional care, more than commenting on the possibilities of such facilities to provide improved care, demonstrate the complicated process of forming attitudes toward the frail old and help to counter the impetus to think of age as either positive or negative. They provide examples of how narrative fiction can offer a perspective on the individuality of elderly residents that differs from clinical interaction. (Chivers, *From* xlvi)

As Chivers shows, it is important to re-imagine old age in order to reimagine structures of institutional care. In order to develop convincing arguments for such a paradigm change, however, it is also important to analyze why the nursing home specter still looms so large in our minds. Where does the deep-rooted cultural fear of care homes for old people come from, and why is it so deeply engrained in our minds? Defining old age as an uncanny and dangerous space inherently frames the care home as an uncanny site as well. To counteract ageism, it is essential to reimagine care homes as spaces that support meaningful identity development in later life. Literary representations play a key role in this process, as they encourage readers to engage in alternative narratives of aging. Many texts depict protagonists who undergo transformative experiences in the final stages of their lives—experiences that allow them to re-narrate their pasts and arrive at meaningful conclusions, despite, or perhaps even because of, their physical frailty. By offering new ways of conceptualizing eldercare, film and fiction have the potential to challenge and ultimately dismantle the "nursing home specter," shifting cultural perceptions of long-term care. "[T]he figure of the 'nursing home,' typically as a symbol of cultural failure and

a fate worse than death, haunts representations of older adults across the popular culture spectrum, in television, magazines, cinema and newspaper coverage," (Chivers, "Blind" 134). Care home novels and films add to these kinds of cultural representations of old age, and in most cases fuel rather than calm the fears of ending up in such an institution.

In contrast to ethnographic research on residential care facilities in which old people can easily be objectified and unintentionally rendered passive (Kearns and Andrews 20), I claim that especially through the mediums of art, literature, and film as well as the criticism thereof, this passivity can be counteracted, and a voice can be given to all—care-givers, family members, and old people. Fiction has already been functionalized as a resource that can be used by researchers from disciplines ranging from sociology to anthropology, from geography to critical gerontology to better understand aging and old age. The methods and approaches of literary criticism, however, have not been incorporated into the analysis of spatial aspects of institutional care as represented in care-home novels or films. The focus of my analysis, therefore, is on the fictional representation of the space of such institutions, and the way in which it determines or contributes to the cultural "othering" of old age, as well as to the definition of the self-identity of "patients," "residents," or "clients."

American novelist May Sarton also offers an explanation for difficulties encountered when writing about old age, and employs a spatial metaphor to emphasize the binary opposition of young and old when she writes, "[t]he trouble is that old age is not interesting until one gets there, a foreign country with an unknown language to the young, and even to the middle-aged" (23). The strangeness of the other country, which is of no importance until one enters it, is additionally reinforced by the fact that the old are not intelligible to the young. Sarton describes the problem of the binary construction of young and old in her novel, set in the Twin Elms nursing home, a space that houses those who are perceived as "other." The journal Caro Spencer, an old resident, keeps is, as Barbara Frey-Waxman puts it, "a vehicle that transports us to the foreign country of dependent senescence and translates its language into terms that adult readers, regardless of age, can comprehend" (140). In *As We Are Now*, Sarton expresses the inability to communicate the experience of old age to those who have not yet reached the "fourth age," an "era of final dependence, decrepitude, and death" (Laslett 4). The experience of old age, she implies, cannot be passed on via a common language. Sarton uses a spatial metaphor, the "foreign country," to describe this wordless realm.

The metaphorical language employed when speaking about aging and old age has been investigated by numerous scholars from various disciplines (Cole, *Journey;* Blaikie, *Ageing;* Blaikie, "Imagined"; Dekkers; Krasner, "Accumulated"; Krasner, *Home;* Kunow, "Chronologically"; Vincent). The metaphors, particularly in terms of cultural representations of institutional long-term care still need to be examined in more detail though. Sarton uses the prison as a *pars pro toto* to express what it means for her to live in the foreign country of old age: "Old age, they say, is a gradual giving up, […] a real test of character, a kind of solitary confinement," as she puts it (14). As one of the first books in the history of the genre of the care home novel, *As We Are Now* invites, or rather urges, readers of all ages to enter and explore this "uncharted terrain," and contest its boundaries and borders. With this book, I accept Sarton's invitation.