

Lynne Gouliquer
St. Thomas University, Canada

Carmen Poulin, Maryani Lesmana
University of New Brunswick, Canada

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

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

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

Dr. Lynne Gouliquer is a part-time faculty member and an adjunct professor at St. Thomas University, Canada. She conducts research on marginalization (e.g., 90+ year older adults, seniors living in rural contexts, female firefighters, lesbian and gay soldiers). She recently completed a Banting Post-Doctoral Program at ACQRA. She also is a retired Canadian soldier.

email address: lynne.gouliquer@mail.mcgill.ca

Dr. Carmen Poulin is a professor in Psychology and Gender and Women Studies at the University of New Brunswick, Canada. Her main research focus is on the psychological impact of institutional and social practices on marginalized groups, particularly women working in

male-dominated institutions. She is also interested in sexualities, women and reproduction, and the role of women in the history of psychology.

email address: carmen@unb.ca

Maryani Lesmana is an MA/PhD student in Social Psychology at the University of New Brunswick, Canada. Her research interests lie in disadvantaged populations, such as older people and visible minorities. Her present focus is on psychosocial dynamics (self-perception, relationships with others) and institutions (schools, government agencies) in the lives of visible minority Canadians, and how these influence their attitudes and well-being.

email address: maryani.lesmana@unb.ca

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

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

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

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

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

Background

Neoliberalism

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

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

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

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

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

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

Mobility

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

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

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

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

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

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

Methodology

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

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

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

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

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

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

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

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

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

Sample Characteristics and Method

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

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

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

Table 1. Participant Demographics.

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

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

Source: Self-elaboration.

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

Findings and Analysis

Organizational Moment: Current Public Transportation Infrastructure

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

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

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

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

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

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

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

Source: *Self-elaboration*.

Complications for the Exceptionally Old

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

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

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

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

Physiological Abilities

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

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

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

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

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

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

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

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

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

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

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

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

Private Transportation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Transportation

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

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

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

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

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

Complications for Participants

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

Reduced Control

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

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

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

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

Decreased Social Participation in Their Community

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

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

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

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

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

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

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

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

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

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

Boredom and Loneliness

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

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

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

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

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

Complications for Participants Who Drove

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

Dependence on Cars

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

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

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

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

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

Feeling Worried

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

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

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

Schematic Analysis

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

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

Family

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

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

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

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

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

Car Is Freedom and Independence

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

Coping Strategies

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

Altering Lifelong Patterns to Match Available Resources

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

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

Bringing the Community Into the Home

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

I get a pedicure once every month and a half. She's coming in. (Doreen, 91)

My hairdresser comes here once every six weeks and cuts my hair. And the next six weeks she comes and gives me a perm. (Lynne, 92)

Natalie and Candy's ministers visited them occasionally at home to accommodate their religious needs.

The minister is coming this Tuesday afternoon ... He's coming and gives me communion ... He comes every month or so. (Natalie, 89)

She [minister] does drop-ins. She drops in. (Candy, 90)

Sometimes participants had other individuals to help them with meeting some of their needs in the community without leaving their home. In the following quotes, we can see how Larry's privately paid homecare worker and granddaughter, and Nancy's daughter ran errands for them:

And Scott [homecare worker] and Erin [granddaughter] will, if they know I need something, they will do the running around ... I used to go [to do grocery shopping] every time. I did it up until about six weeks ago. Now he [Scott] does it, I just give him the list or we make it up between us and he goes and does it. (Larry, 95)

I just let myself know that I could not have this. If I saw something, or I asked one of the girls [daughters] for something, and they had not gotten it; God! I wish I had been able to go. They said, "Well, we'll do it," but I said, "No," 'cause the gas is so expensive now and that bothers me. They are working hard for their money, and I say, "No, never mind, I won't go." And I'm used to it now, that if I want anything, I write a note on the table for my daughter. (Nancy, 90)

Replacing Community Activities With Solitary Ones

As a result of making fewer trips and participating less so in the community, participants had more time on their hands. To fill in the extra time, they replaced social activities with home-based solitary ones. For example, most of the older adults spoke of spending more time reading every day.

Well, I spend more time reading now ... Well, I'll read most anything. Charlene's [daughter-in-law] sister brings me down books all the time ... I read in the afternoon and then I read when I go to bed at night. (Lorraine, 92)

Oh, I have to have my books! (Beatrice, 91)

I do a lot of reading right now ... I get interesting information off the Internet. I spend a lot of time on the computer. (Eddy, 92)

Additionally, they engaged in other leisurely pastimes such as baking, as we already saw with Betty earlier, as well as doing puzzles, and some were writing books or their memoirs.

Whenever I have a minute, I sit down and read, and I do the Sudoku puzzles every day, they are in the paper. (Amber, 92)

[After breakfast] I may go up to the garden and I may tend my vegetables. I may write because I'm starting [to write] this section of my life when the kids and I did things together ... I write quite often, but, um, not every day. Depends, um, well, there's a lot I do just to keep busy. (Doreen, 91)

Benefits to the Institution

Current Public Transportation Infrastructure is an Organizational Moment because its availability, flexibility, and accessibility complicated participants' lives while benefitting the government (e.g., federal, provincial, and municipal). In the context of this study, the Government of New Brunswick is the institution in charge of public transportation at the provincial level. One obvious benefit is that the governments do not spend money to support or build a public transit system to address the needs of older individuals beyond what is presently in place, as described earlier; four urban transit systems and a limited railway network for passenger service. While all transit systems are supposed to be financially self-sustainable, if an established transit system is in a deficit situation, it can receive funding from the next level of government. As of 2012, all four transit systems were operating at a deficit (City of Miramichi 2012; City of Moncton 2012; City of Saint John 2012; City of Fredericton 2013), and thus each respective city subsidized them. For the urban buses, the financial burden is the responsibility of the municipality. These lower levels of government can receive support from the next level of government; in this case, the New Brunswick provincial government. Accordingly, supporting new or expanded transit systems represents additional costs for all levels of government. Moreover, within the present Canadian economic/political neoliberal austerity context, all levels of government seek to reduce debts and balance budgets through cuts to public services or selling public institutions (see: Braedley and Luxton 2010; McDonough, Reich, and Kotz 2010 for

theoretical discussions of neoliberal privatization, and Brown and Baron Cadloff 2015; MacDonald 2015 for recent New Brunswick austerity budget measures). For example, over the last five years, the Canadian government has reduced the funding for the only nationally owned passenger train system (Via Rail) in Canada (Power 2012). Due to the rural nature of northern New Brunswick, the passenger rail service is viewed as a profit making venture rather than providing a public service to Canadian citizens. As a result, Via Rail's corporate managers targeted the eastern Canadian section of the passenger railway line for closure (see: <https://www.facebook.com/SaveOurTrainsIn-NorthernNb>). Via Rail is the only rail passenger transportation system that crosses the province of New Brunswick and the only remaining passenger train that joins all of Canada.

Neoliberalism is an ideology that currently underpins the socio-political economic agendas of countries around the world (Harvey 2007; Crawshaw and Whitehead 2012). It has a for-profit goal and emphasizes the privatization of state assets and programs (Kotz and McDonough 2010). Under neoliberal ideology, the privatization of state assets results in citizens being individually responsible to pay for the services in a free market-based economy rather than sharing the costs with state lead and financed programs and institutions (Armstrong 2010). This notion is called the privatization of responsibility. Neoliberal principles shape the present transportation reality of older adults in New Brunswick. Participants assumed full responsibilities to arrange and pay for their transportation. As the data illustrate, given that public

transportation services are essentially non-existent in most of New Brunswick, the older adults were forced to depend on others, predominantly their children, for transportation. Living in a context that glorifies independence, the discomfort of relying on others led them to develop coping strategies filled with resignation, and the removal of unessential activities such as outings related to leisure and socializing. The devolution of responsibility from the public (collectively sharing the cost) to the private (individually responsible to pay the full cost) sector, however, disproportionately benefits particular individuals, social classes, and types of families, while negatively influencing other groups such as the lower classes, single parents, and older adults.

In summary, by not building and supporting public transportation as a means to meet the needs of marginalized and vulnerable segments of the population, the government reduces its investments, and therefore its expenses. As this study shows, those with limited transportation options are faced with difficulties and forced to reduce participating in their community. While the complications are detrimental for the individuals affected, they also constitute a loss of their potential contributions to our society.

Discussion

The purpose of this study was to gain a greater understanding of the experiences of exceptionally old adults regarding their mobility and the socially constructed boundaries influencing their lives in New Brunswick, Canada. While research on old-

er people is growing due to the increasing ageing population, most studies focus on a narrow aspect of their lives, such as health diagnoses and quality of life. The present paper builds on this knowledge by incorporating an interdisciplinary qualitative approach across sociological and psychological lenses. From the participants' perspective, this study also broadens our understanding of the context in which exceptionally old individuals in New Brunswick experience their lifeworlds.

Findings and Their Implications

We gained an in-depth understanding of the New Brunswick older adults' lifeworlds and their mobility issues. Similar to other research (see: Fiori, Smith, and Antonucci 2007; Berlau et al. 2012), the older adults spoke of physical challenges due to ageing, such as walking difficulties, chronic geriatric conditions, such as incontinence, and the death of loved ones. The rich narratives and field notes we obtained provided us with a detailed description of how their reduced personal and community mobility influenced their social boundaries, which included their relationships with their children. Examining public transportation from their somewhat disparate perspectives provided insights into how their lifeworld was generally organized and how they navigated shifting social boundaries. These shifts have far reaching implications in terms of the physical, psychological, and social health of our older adult population. As the means and resources related to all levels of mobility decrease for older individuals, so does the opportunities for social interactions and a meaningful existence.

The limited access to alternative and meaningful transportation seems endemic in New Brunswick. Moreover, if the exodus of the younger New Brunswick population in search of work continues (McHardie 2014), the next older adult population will be left without their typical support system—their family. Already, contemporary family composition tells us that this source of flexible support is a fast decreasing one. The current New Brunswick government's financial state and neoliberal ideology of austerity suggest only one avenue for its citizens—privatization of responsibility. However, this direction will only enhance, not stop, the negative repercussions. At this time when interest rates are at their all-time low, it may be necessary to reconsider what investment strategies need to be embraced so that New Brunswick becomes a more progressive and attractive location to age in place.

In spite of the changes in their mobility and a paucity of transportation alternatives, the older adults in this study showed resilience and a continued effort to be active both at home and in their community. Reflecting Dyer and McGuinness' (1996:276) definition of resilience as "a process whereby people bounce back from adversity and go on with their lives," our participants provided ample evidence of their resourcefulness and robustness. This is in stark contrast to the ageist sets of assumptions underlying the common schema that portrays older people as incompetent and a burden (Cuddy and Fiske 2002).

Using the P-SEC analysis, we were able to tease apart the shaping influence of the lack of public

transportation on the social, physical, and psychological experience of the exceptionally old adults living in New Brunswick. The absence of public transportation complicated the lives of exceptionally old adults differently, depending on whether they were or were not driving. The reliance on their vehicles (as asserted in the schema *Car Is Freedom and Independence*) coupled with the lack of accessible alternative public transportation was a source of worry for participants who were still able to drive. For participants who did not drive, they evoked the schema of *Family*, as they became more dependent on their children for transportation and other needs. This dependency also might produce different complications for the future generations of exceptionally old Canadians due to the reduced birth rate in younger cohorts (Statistics Canada 2009). This would further complicate an already problematic situation where the privatization of responsibility and the lack of public transportation are coupled with greater geographical distances between older individuals and their children caused by the exodus of New Brunswick younger population and their increased mobility rate due to globalization (International Organization for Migration 2011).

The dependency on others for transportation also resulted in the older adults losing control over when and where things would happen, which resulted in a loss of freedom and independence. Without access to reliable transportation alternatives, older adults experience a reduction in social participation in their community events. This is a significant loss given that a reduction in community participation can have a negative impact on

older people's quality of life (Hilleras et al. 2001; Lantz, Marcusson, and Wressle 2012; Rosso et al. 2013) and the various dimensions of health, as mentioned above. Participants also described experiences of boredom and loneliness due to the lack of social activities in their daily routines. One should keep in mind the results of a longitudinal study of 4,004 people between the age of 65 and 84 (Holwerda et al. 2008), which suggests that loneliness is a risk factor of depression and a predictor of mortality.

To deal with these complications and limitations on their mobility, participants utilized the following behavioral coping strategies: (1) they adjusted their needs to meet the availability of transportation, (2) they rearranged activities so that they did not have to leave their home, for example, having others to do their grocery shopping and having hairdressers come to them, and (3) they replaced community activities with more solitary ones at home, such as watching TV instead of going to the mall, bowling, or dancing. Again, these various ways to cope and their desire to stay active illustrate the resiliency of exceptionally old adults.

At a substantive level, this paper illustrates how social boundaries shift and are negotiated by the exceptionally old in the context of Canadian society (i.e., in New Brunswick). At a theoretical level, this paper indicates that boundaries are socially constructed invisible ideological structures. The earlier discussion, for example, surrounding the meaning attached to one's car, in addition to signifying freedom and independence, epitomizes fierce individualism. Unfortunately, because the

loss of access to this means of transportation leads to an increased dependence on others, it represents a troubling reality. This must be understood in the context of neoliberalism; where individualism rather than collectivism is celebrated; and where independence and a healthy mobile body is the only option to maintaining boundaries. In this context, the shift the older adults experienced from not driving to relying on their family is constructed in terms of a burden and impending catastrophe (e.g., the gray tsunamis). A social collectivist and shared conceptualization of responsibility towards our ageing population is non-existent (Armstrong 2010). Under neoliberalism, the shift in responsibility is privatized and remains within the realm of the individual and their family. The past decades of neoliberal reform have transformed the state from a protector of the collective rights and responsibilities of its citizens to one that obliges its citizens to rely on themselves, their families, volunteer organizations, and for-profit services (Lutton 2010).

Public Transportation Recommendations

While public support (government infrastructure funding and operational planning) is an obvious recommendation, two innovative transit systems are discussed below as means of evoking and developing ideas regarding more accessible alternative public transportation networks for the older New Brunswick population. A singular approach will not be sufficient given the differing needs of individuals and the diverse community realities in New Brunswick. Taking a closer look at how the issue is addressed abroad suggests that there

is potential for change. In Sweden, for instance, the local school bus system for transporting children to school was transformed and used in the off times to transport other commuters, including older adult passengers in rural communities (Hanson 2008). While the buses were primarily used for school children at certain hours, other schedules and destinations were developed to accommodate the needs of older people and other commuters in the rural areas. Although significant program coordination was required, this transit system tapped into and expanded a current transport system albeit a specialized one. It was successful at providing an alternative means of transportation for the older population.

Another valuable example, much closer to home, would be Victoriaville, a city of over 40,000 people located in the province of Quebec. Its public transportation system, called "Taxi Bus," provides hundreds of stops around the city (Victoriaville n.d.). To use the service, a passenger contacts a dispatcher to arrange a time for a pick-up within a predetermined schedule. Other passengers might be picked up along the way if they have booked a ride on the same route. Using this system, there is no need for people to wait at a stop as in the case of a regular bus service. This would benefit people with lower or limited mobility, such as the exceptionally old in this study. This system also benefits the city in that there is no need to run any vehicle when there is no passenger in need of transportation. These two systems are just two examples of different and innovative ways to respond to transportation needs in a province, like New Brunswick, with many rural communities.

Conclusions

Living in the current Canadian, neoliberal era has an impact on the mobility boundaries of the exceptionally old in New Brunswick—both ideologically and structurally. Under the current economic system, governments operate using a neoliberal business model with privatization, individualism, and for-profit goals rather than a collectivist, shared, citizen, and services-oriented model. The neoliberal model is problematic as the voices of the older adults are disregarded and marginalized, whereas those who benefit from the current organization are increasingly privileged and unquestioned. For example, the data illustrate that older adults require alternative public transportation. While all levels of Canadian government (federal, provincial, and municipal) espouse ageing-in-place for as long as possible for its older population, this study illustrates that we lack adequately funded public transit systems to enable them to do so. In contrast, Canadian governments continue to heavily invest in and maintain the current system of roads, a service that industries depend upon, to move their goods to market more efficiently. Yet, without their cars or their ability to drive, older adults are unable to use this publicly-funded service.

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During the course of this paper, we provided examples of innovative and creative public transit solutions already in use elsewhere. However, their implementation requires the current governments to alter their neoliberal ideological position of reducing or ceasing investments in the public transportation systems not used by industry. Governments' investment in alternative kinds of public transportation to facilitate ageing-in-place would enhance social involvement, well-being, and community mobility, and thus help eliminate boundaries.

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