Creating New Spheres of Experience in the Transition to a Nursing Home

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Abstract

Drawing on sociocultural psychology, we sketch out a new approach to the development of persons in old age, especially when they enter a nursing home and start a new life there. Based on the results of a qualitative case study of a nursing home in Switzerland, we examine both the social and material conditions of living in a nursing home, and look at how they are linked to residents' subjective experience and sense of self-continuity (Erikson & Erikson, 1998).

Data collection includes, first, documentation of the institutional and organizational background of the nursing home; second, observations of the institutional life and interviews with the manager, staff, and some of the residents' family members, in order to find out how the nursing home operated on a daily basis; third, interviews with the residents themselves, in order to understand their subjective experience and their use of time and space. Analysis showed that the residents displayed creativity in transforming the given environment into new personal spheres of experience. They also created distal spheres of experience, through the use of various symbolic resources and objects. In so doing, they called up vivid memories of their past, as well as imaginary explorations of alternative presents and possible futures. These imaginary explorations supported their personal continuity, as well as their engagement and imagination. We highlight the theoretical and practical implications of our findings.

Keywords: Nursing home; transition; learning; creativity; materiality; symbolic resources

Introduction

The increase in life expectancy and the ageing of the population in both industrial and emerging societies have given rise to abundant research on ageing and quality of life. In recent studies of ageing, a growing effort has been made to consider ageing as just another stage of development across the lifecourse, which needs to be set against its social, cultural and historical contexts (Bengtson, 2016; Spini, Jopp, Pin, & Stringhini, 2016; Valsiner, 2017). Among the various conceptualizations of developmental processes in ageing, two research strands in particular seek to avoid age being reduced to decline.

The first research strand came out of the lifespan and lifecourse approaches honed in the 1960s, and focuses on *successful ageing*. Criticizing long held representations of ageing as a decline in cognitive and physical functions, as well as in social engagement, it denounces negative social representations leading to *ageism*, and associated with fear of ageing or social isolation in extreme old age (Angus & Reeve, 2006; Bengtson, 2016; Cumming & Henry, 1961). Although it considers the historical and social conditions of ageing, it tends to emphasize that it is the responsibility of individuals to age well, notably by adopting a healthy lifestyle (Schaie, 2016).

The second research strand focuses on the experience and meaning of ageing for the person, rather than on the causes of successful ageing (Coleman, Ivani-Chalian, & Robinson, 2015; Gergen & Gergen, 2010). Within this research strand, narrative gerontology addresses people's narrative or storytelling about their past and present experiences (Gubrium, 2011; Randall, 2013; Terrill & Gullifer, 2010), and shows that these are always open to new interpretations. More generally, these studies emphasize how creativity, imagination and improvisation open up new possibilities for development in old age.

Despite their central contribution to research into ageing, these two research strands have three main pitfalls in our view. First, and this mainly concerns studies of "successful

ageing", they tend to adopt a normative view of what ageing *should* or *should not* be, thus creating a new norm for "success" or positive ageing, as opposed to "unsuccessful" ageing (Chapman, 2005). By so doing, they fail to probe negative societal representations of ageing and may even have a pernicious effect on ageing people, making them feel guilty if they are "failing" to achieve such success (Lamont, Swift, & Abrams, 2015; Stenner, McFarquhar, & Bowling, 2011). Second, they tend to focus on the individual's ability to cope with ageing, and to consider the context and social environment as mere variables that influence the way in which the person copes with ageing, without considering the processes at work in ageing in a given environment. Third, and this mainly concerns the second research strand, by putting the emphasis on language in the elaboration of personal narratives, they tend to overlook the fact that human actions take place in and are framed by a material world, and that the objective characteristics of the environment are part of personal experience.

Given the flaws inherent to these two research strands, there is clearly a need for an alternative pathway. Sociocultural psychology, a domain that is just starting to address ageing (Boll, Ferring, & Valsiner, 2018; Zittoun & Baucal, 2020), may offer precisely this pathway. Accordingly, after describing how sociocultural psychology can be applied to the experience of entering and living in a nursing home, we describe an in-depth case study examining the links between the social and material conditions of a nursing home and residents' subjective experience and sense of self-continuity. We conclude by highlighting some of the theoretical and practical implications of our findings.

1   A Sociocultural Approach to the Study of Development in Ageing Persons

Sociocultural psychology considers development to be a lifelong process that occurs through constant interactions with others (individuals and groups), social and material situations, objects and values, in places and times that are culturally organized (Cole, 2007; Rosa & Valsiner, 2018). Culture, historically built by humans over generations, provides

cultural and institutional matrices or formats that shape mind (Bruner, 1990) and provide the material tools and semiotic mediations that persons need to interpret their world and act upon it. By emphasizing the role of culture and social interactions in the construction of knowledge, sociocultural psychology tries to account for both the intersubjective dimension of human beings, and their singularity. Each person internalizes cultural guidance in a unique way (Valsiner, 2012), interprets situations in a specific manner, and externalizes meaning and positions through discourse, action or other modalities. Hence, a sociocultural approach to the lifecourse considers both the *commonality* —processes whereby humans and culture mutually constitute each other and the *singularity* of each person, hence his or her margin of freedom, creativity and imagination (Brinkmann, 2014; Zittoun & Gillespie, 2016).

Assuming that development is a lifelong process, research has emphasized the relevance of studying particular periods, or rather, dynamics of increased change in the lifecourse: the bifurcations, crises and ruptures that generate the dynamics of transition (Levy, Ghisletta, Le Goff, Spini, & Widmer, 2005). These transitions can thus be viewed as an entry point to the study of developmental dynamics. In sociocultural psychology, the focus has been on the early periods of life: transitions during childhood (e.g., Hviid, 2008; Salmi & Kumpulainen, 2017), adolescence or young adulthood (e.g., Zittoun, 2006), or professional life (e.g., Märtsin, 2018). However, it seems relevant to expand the study of transitions to lifelong development and learning, including in older age. Consequently, we drew on previous studies examining transitions as processes of change triggered by the *experience* of a rupture (Zittoun, 2006; Zittoun & Gillespie, 2015) to consider the transition associated with entering a nursing home. We set out to show how material objects can serve as resources, and how creativity and imagination are involved in the processes of transition.

1.1 Transitions and the Reconfiguration of Spheres of Experience

Research on the transition to a nursing home has shown that entering institutions is not always fully accepted by the persons themselves (e.g., Wahl & Oswald, 2016). Indeed, people generally fear the transition to a nursing home, as it implies leaving home, losing autonomy (Alaphilippe, 2007) and, in several respects, severing social relationships (with family members and/or neighbours) (e.g., Mallon, 2007). Hence, leaving one's previous life behind and entering an institution with its imposed settings, places, organization, social group and planned activities (Froggatt, 2001; Rioux, 2008), is liable to be experienced as a period of rupture and transition.

To examine how persons experience these transitions, we refer to the notion of *sphere of experience* (Zittoun & Gillespie, 2016). This notion was put forward as an alternative to sociological descriptions of settings or social frames (Goffman, 1961), which focus on the social and material situation independently of the person's experience, as well as to the more phenomenological account of people's "life space" (Lewin, 2000) or "lifeworld" (Schuetz, 1945), which focuses on a person's ever changing experience. A "sphere of experience" lies at the intersection between the person and the world: it designates a pattern of activities, modes of engagement, feelings, relations, and so on, that is sufficiently recurrent for a person to feel *the same* across time and space. Hence, "having a drink with friends" involves certain activities, modes of being or relating, affective tones, and so on. It may occur with different friends, in different cafés or homes, and involve different conversations and even drinks. However, it may not occur, say, in a library, or if the drinks are missing. Hence, spheres of experience are partly given and constrained by social and material settings, but are not limited to them. In their everyday lives, persons move from one sphere of experience to another, and may experience these moves as either mild and almost irrelevant or, on the contrary, highly noticeable. During the lifecourse, some spheres of experience may disappear (e.g., work-

related spheres of experience for someone who has retired), while new ones may appear when the person engages in new activities (e.g., those related to grandparenthood). Thus, the creation of a new sphere of experience results from a transition process, and usually involves learning, the development of new aspects of identity, and sense-making (Joerchel & Dreher, 2015; Zittoun, 2006). Sense-making is a semiotic process that relates present experiences to past and possible future ones. It requires individuals to distance themselves and elaborate their emotional and embodied experience. It is part of the person's experience of continuity and integrity across time and experiences. In addition, some spheres of experience are "proximal", (i.e., anchored in the social and material here-and-now), while others are "distal", (e.g., in remembering, daydreaming or engaging in a fictional experience), as they require disengagement from the present reality. Thus, formerly proximal spheres of experience may become distal ones (e.g., related to the memory of one's working life), and the constitution of these distal spheres may thus contribute to the person's sense of continuity.

Considering the transition to a nursing home as a reconfiguration of a person's sphere of experience, we will show how residents create new spheres of experience that lead to new learning, and how they maintain a sense of continuity while engaging in these transformations.

1.2 Creativity, Imagination and Self-Continuity

Based on previous research, we assumed that imagination is one of the elements that enable residents to make sense of their new environment and retain a sense of self-continuity. *Imagination* refers here to the ability to disengage from the here-and-now material situation in order to psychologically explore past, future or alternative lives, as well as the ability to play, daydream or simply imbue daily experiences with poetic density; imagination enables us to engage in distal experiences (Zittoun & Gillespie, 2016). It suggests that the persons' ability to engage in meaningful activities depends not only on material conditions and social

activities, but also on a commitment to situations that have some existential relevance (Hviid, 2020). Moreover, previous research suggests that meaningful experiences are based on the exploration of distal spheres of experience through both reminiscing and memory, and the exploration of alternatives and possible futures, either for oneself or for others (Zittoun & Gillespie, 2015). This exploration can be greatly supported by the use of various cultural artefacts (e.g., pictures, objects, songs) as symbolic resources (Zittoun, 2006). For example, a picture (a semiotic element) that enables a person to think about "that extraordinary Christmas" becomes a symbolic resource for her, in that it helps her link different spheres of experience, to reminisce about this memory with others, and to imagine possible future experiences. We regarded these uses as part of a person's everyday creativity.

1.3   Problematizing the transition to a nursing home

Drawing on our previous work, we hypothesized that self-continuity after the transition to a nursing home can be supported by the materiality of the life environment (use of spaces and objects), especially when some of its semiotic elements can be used as symbolic resources. Accordingly, we drew a distinction between the "given environment", (i.e., objective environment with its times, places, rules and affordances) and the residents' reconfiguration of their spheres of experience and their actual and creative use of elements in their new environment.

2   Living in a Nursing Home: A Case Study

In line with this theoretical framework, we conducted a one-year case study in a nursing home. After describing this nursing home, we set out the research questions and the procedure.

2.1   The Blue Mountain Nursing Home

"The Blue Mountain" (pseudonym) is a council-run nursing home located in a French-speaking and predominantly Catholic village in the Swiss mountains. It was built in 1990 as a retirement home providing accommodation, social contacts and activities to same-age persons living alone, and was therefore located in the centre of the village. Over time, the population's needs changed, and it was converted into what is called in French an "Etablissement Médico-Social" (EMS), and hosting older persons who, for the most part, can no longer live alone in their own home.

At the time of the study, "The Blue Mountain" housed about 65 residents, mostly women aged 65-95 years, and all single, divorced or widowed, except for one couple. Most residents had been diagnosed with minor cognitive disabilities, such as early Alzheimer disease. Most of them had resided in the village or surrounding area, and had relatives living quite close by and/or already knew each other. The staff comprised 109 employees, some working part-time.

The choice of this EMS was partly based on opportunity, as the third author, Fabienne Tarrago Salamin, had worked there as a part time psychologist since 2013, and we therefore decided to take advantage of her in-depth knowledge of the institution and her good relationships with the residents. The goal of the study was fully explained to the residents, who gave their informed consent. They were told that on some days of the week, Fabienne would work as a researcher and not a psychologist.

2.2   Research Questions

The study aimed at answering three related research questions: 1) What were the characteristics and affordances of the residents' given environment, and how did it frame, orient and support their transition process? 2) How did the residents use this given environment and create new proximal spheres of experience? 3) Did they use artefacts or

semiotic elements available in the nursing home as symbolic resources to support their self-continuity and create distal spheres of experience?

2.3 Procedure

Extensive ethnographic fieldwork was carried out by the third author from November 2014 to October 2015. After completing extensive documentation of the nursing home's cultural and political context, as well as the main values underpinning its organization and professional practices (Salamin, 2015c), we observed the residents' daily activities in the home's public spaces and interviewed some of them about their experience in the institution. We selected 12 residents (two men and 10 women, aged 65-94 years, referred to by pseudonyms) according to four main criteria: 1) their willingness to take part; 2) their ability to understand instructions and hold a discussion; 3) the fact that they were not patients of the third author in her role as psychologist; 4) the year of their admission to the EMS (i.e., mostly between 2013 and 2015), so that they were close enough to the transition to remember the changes it brought to their lives[1].

We used two different methods 1) *Walking interviews* were carried out on an exploratory basis and consisted of a walk with a resident through the home's public spaces. The researcher provided each of the residents with a camera and asked them to take pictures of places that, for any reason, meant something to them. In most cases, however, the residents were not able to operate the camera, and the researcher therefore took the pictures according to their instructions. This walking interview was carried out with eight residents, who were then asked to comment on their pictures. In three cases, these interviews were conducted in dyads, in order to trigger an informative discussion. In the case of two residents, the camera

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[1] Two residents (Elise and Isabelle) entered in 2013, five residents (Béatrice, Clara, Dorothée, Francine and Marcelle) entered in 2014, and three residents (Hélène, Gaston and Leon) entered in 2015. There were two exceptions: Amélie had been living in this institution since 1991, and Jacqueline since 2007.

was not used at all, and face-to-face interviews were carried out while walking through the

building with them; 2) *interviews* with six residents took place in their rooms. We asked them

to describe their room and the objects that meant something to them, either there or elsewhere.

Thus, the data we collected consisted of material documenting the given environment

and material documenting the residents' first-person perspective, such as phenomenological

accounts (e.g., "I go out and smoke"). As this second type of material was elicited in a

dialogical context (formal and informal interviews), it consisted not just of descriptions of the

residents' experience, but also of narratives addressed to a specific audience.

Table 1 provides a general overview of the collected data.

Table 1

Overview of the collected data in the third step of the procedure

	Walk-in Interviews			Narrative Interviews (NI)
	Taking pictures	Comments on pictures of public settings (WI-PICT)	Interviews on public settings (WI)	Private settings
Dorothée	1	1		
Elise	1	1		
Amélie	1	1 *together*		1
Francine	1	1		
Hélène		1 *together**		
Gaston		1		
Isabelle		1 *together**		1
Jacqueline		1		1
Clara			1	1
Béatrice			1	
Marcelle				1
Leon				1

* In these two dyads, the residents commented on pictures taken by other residents.

All the interviews were audiotaped and fully transcribed. The data were analysed to identify the values of the institution (Salamin, 2015c), along with the spaces and places in the institution that were available to residents (Salamin, 2015a), as well as to collect the residents' experiences and their uses of the given environment (Salamin, 2015b). The different sources

of information were then analysed jointly through data triangulation, and in dialogue with our evolving theoretical frame; it was thus a reiterative procedure based on abduction (Reichertz, 214, Zittoun, 2017, Valsiner 2019).

Section 3 provides a brief description of the Blue Mountain's given environment, Section 4 shows how the residents reorganized this environment and created proximal spheres of experience within it, and Section 5 reports how some the residents used the materiality of their environment as symbolic resources, and relied on their imagination to create distal spheres of experience. These results are illustrated with excerpts chosen for their typicality.

3   The Given Environment of the Nursing Home

The residents' given environment could be divided into four types of settings: (1) *Distant settings* were places where the residents went on trips in the nursing home bus (typically to have a drink in a restaurant); 2) *Collective settings* were meant to be used by all, and/or to encourage social activities, such as patios, a pathway around the building ("Snail Trail"), a small oratory dedicated to Notre-Dame de Lourdes, and a vegetable garden. Indoors, there was a Catholic chapel in the basement for weekly Mass, a cafeteria located at the building's main entrance, a living room, a so-called "relaxing room", a dining room, a hairdressing salon, and a small space with a sofa, some chairs, and a coffee table with magazines; (3) *Private settings* were in principle defined as spaces for individual use, and mainly included the residents' single or double rooms located on the first and second floors[2]. Each floor and its bedroom doors had a different colour. Each door bore a picture of the occupant. The residents' rooms were initially furnished with a closet, a medical bed, a bedside table, a chair and a telephone. Other items of furniture could be added by the residents. However, since the residents' rooms were often shared and needed to be accessible to staff,

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[2] Our description excludes the third floor of the building, which housed a psychogeriatric department that was not part of the study.

the boundary between public and private settings was somewhat blurred; (4) *Interstitial settings* were places of passage, and included, among others, the parking lot near the main entrance, the entrance hall, and the very long corridors fitted with handrails and dotted with chairs.

Some of these settings were designed to support the residents' specific needs: physical needs (e.g., handrails along the corridors), cognitive needs (e.g., different colour for each floor, occupant's picture on each bedroom door), leisure needs (outdoor trips, etc.), sociability needs (cafeteria), cultural and religious needs (e.g., chapel), and privacy needs (possibility of bringing one's own furniture and objects).

The material and organizational environment of the nursing home was also heavily oriented toward the residents' safety. Like most nursing homes, the Blue Mountain had strict safety guidelines (e.g., to avoid falls) that underpinned the organization of time and space, as well as the activities of the staff and other professionals. For example, the residents could only bring items of furniture that would not impede free movement in the room, bed rails might be installed by the staff, and some residents were also supposed to call a staff member when they needed to go to the toilet, and were asked to take their naps in the relaxing room. The building's main entrance door could be easily opened from the outside, but not from the inside, in order to prevent disoriented residents from going out and becoming lost. At the same time, however, staff members tried to protect and support the residents' autonomy (Salamin Tarrago, 2015c).

There were also organizational rules that meant, for example, that the door of the dining room was not locked but could not be used outside mealtimes. In the relaxing room, residents were not allowed to chat, while mealtimes and evening bedtimes were fixed.

This description suggests that the organization of the residents' everyday lives was underpinned by two series of tensions: (1) a tension between *preserving the residents'*

autonomy vs. *ensuring their safety*; and (2) a tension between *recognizing the residents'*

singularity vs. *organizing collective life*. How did residents appropriate this given

environment and, more specifically, deal with these tensions? And how did they create new

proximal spheres of experience?

4   Reorganizing and Creating Proximal Spheres of Experience

In this section, we report three series of observations. The first concerns the way in

which the residents dealt with the reduction of their spheres of experience. The second and

third regard the transformation of their spheres of experience, as they dealt with the tensions

between autonomy and safety, and between singularity and collective life.

4.1   Dealing with the reduction of spheres of experience

Our first observation was that for all the residents we interviewed, the transition to the

nursing home brought with it a radical reduction of their spheres of experience. For instance,

Beatrice contrasted her life before and after her move to the nursing home:

[1] Beatrice, WI[3]

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[…] I used to work a lot' […] I used to look after the church […] I
washed sheets and everything […] down there from village A we went
down, I had livestock I had to carry the milk to the dairy […] I
walked / to go down to village B below by the vineyards, and went
back up, three and half hours walk [...] ((explains the hard life she
had)) we become less complicated' (laughs) one has to take ((life))
as it comes, and then and then keep still, you can't do otherwise,
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Beatrice used to be mobile, and actively and autonomously engaged in a wide range of

spheres of experience that were distributed across a broad geographical space (villages,

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[3] Excerpts were originally in French (see Appendix B for transcription norms). The number after the name refers

to our data files.

valley). In the nursing home, however, she was immobile ("still"), in a situation she perceived of as "less complicated". For her, the transition to the nursing home had resulted in a radical reduction of her spheres of experience, partly owing to her lack of mobility, which she seemed to accept, using sayings as semiotic resources ("tak[ing] life as it comes", "keep[ing] still", "you can't do otherwise") in order to make sense of that reduction.

Similarly, many other residents seemed to have reduced their daily proximal spheres of experience to just one or two, which took place in the private or public settings of the institution. Others, like Hélène and Gaston, a married couple, reported creating their own shared sphere of experience:

[2] Gaston, WI-PICT, 50

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[…] we go out almost everyday in the corridor here before and we sit
on our machines there (shows the rollators) and we look outside. we
see people on the terrace having a drink / it's a nice place I think
/ the tree over there is magnificent
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In these examples, the residents had chosen one or two settings as their main daily sphere of experience (resting, observing life, sharing time with their partner) - a reduction they seemed to accept.

4.2   Dealing with tensions between autonomy and safety

The tension between autonomy and safety observed in the institutional organization was a recurring theme in the residents' discourse. The safety constraints were not always compatible with the residents' own priorities. Consequently, they had to learn to deal with these constraints, and transform their spheres of experience accordingly:

[3] Isabelle, WI-PICT, 60

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[…] usually I have no right either to get up alone or to go to the
bathroom alone for example. but actually sometimes we ring and nobody
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comes so I try to make it alone, but now I can't even do it because
they've installed rails ((to her bed)).
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In Isabelle's experience, retaining her autonomy and being able to get to the toilet on time were more important than her safety. And if she eventually agreed to bed rails being fitted, it was not so much to ensure her safety as to reassure her daughter, as she said later on. Accepting these shared concerns for her safety, she had to transform her intimate spheres of experience and learn new ways of acting and relating to others.

Things were different for Clara, who did not dare venture too far out of the building, not only for fear that they would "yell at me if something happens to me" (W1, 16) but also because she was afraid. In her case, safety took precedence over autonomy, and led her to suppress one of her spheres of experience, as she no longer went for a walk on her own.

Other residents stressed the importance of autonomy and considered that the staff members put too much emphasis on safety. For example, Dorothée reported that a staff member stopped her from encouraging another resident to walk without a rollator. Clara's attempt to develop a new sphere of experience by supporting the autonomy of another resident was curtailed by institutional safety constraints, and Clara criticized this reaction in the name of autonomy.

4.3 Dealing with tensions between singularity and collective life

Entering a nursing home implies participating in a collective mode of living, which requires residents both to learn to live in a group and to preserve their singularity. This aspect of everyday life was often mentioned by the residents. For example, Beatrice reported an episode in which a resident became angry because he did not have enough room at the dining table, and concluded that "we have to understand that we are not ALONE in these homes" (WI, 10). This episode was presented as an example of the learning that had to take place in order to adjust their spheres of experience to these new conditions.

In the same vein, while commenting on a picture of the living room, Francine underlined the difficulty of satisfying the tastes of all the residents:

[4] Francine, WI-PICT, 43

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[…] you see we cannot like everything' everybody cannot like the same
things'/ it's FINE like that. but then you must have something for
everybody. it's not always easy to please everybody. but here it's
still fine there is something for everybody for all the tastes.
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Francine's discourse echoes rules pertaining to collective life ("you must have something for everybody"). Like the other residents, she seemed to have accepted that the demands of collective life might prevail over her own needs, tastes or expectations. In other words, these residents seemed to have learned to deal with them by transforming their own spheres of experience.

The residents also reported creative ways of dealing with the tension between singularity and collective life. We identified three different creative modes of dealing with these constraints, which all imply the creation or transformation of a proximal spheres of experience. The first mode consisted in *transforming the assigned function of a collective setting*, as exemplified by Amélie, who liked to be on her own in the relaxing room:

[5] Amélie, NI

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134 Amélie      I rest, I rest a little bit […]

138 Amélie      there are enough- there is the chair there (shows a
                chair at the other end of the room) a little chair
                there, […]

152 Amélie      I like being alone. yeah// I like being alone

153 Researcher  you like being alone

154 Amélie      loneliness I like that much […] oh yes' // I like being
                alone I like being / quiet. My corner I like my little
                quiet corner' that's what I want it's that
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Amélie had developed a new sphere of experience by turning a chair in this public setting into a private space (her "little quiet corner"). As she recounted later on, she also did this by always sitting on the same chair next to André in the dining room. Amélie and André seemed to use this public setting to create a private place where they could share intimacy. Clara also had her usual place in the living room, where she developed a private sphere of experience. Moreover, by remaining seated on her wheelchair in order to leave the room whenever she wanted, she demonstrated a creative way of preserving her autonomy.

Interstitial spaces were also used in creative ways. For instance, we observed that a resident (none of those we interviewed) left her room daily with hat and coat, and went to the end of the same corridor, sat on a chair facing the window and knitted for hours; she created (or recreated) her own sphere of experience in a space devoid of institutional assignation. Clara and Elise regularly smoked in a non-dedicated place that, through the residents' practices, had become the "smokers' corner" (as everybody called it). Similarly, many residents went for walks around the parking lot rather than along the Snail Trail. Used for meeting other persons, these interstitial settings turned into public spaces (e.g., smoking by the door, receiving family and visitors in a corridor or in the parking lot under a tree).

A second mode of dealing with the tensions between singularity and collective life consisted in *making a personal interpretation of collective rules*. For example, one resident systematically arrived a little late to meals —a habit that the staff members interpreted as a need for freedom and self-affirmation. By dealing with the institutional routines in their own way, the residents constructed new spheres of experience that represented a compromise between the constraints imposed by collective life and their need for autonomy.The residents also created personal routines within or alongside institutional time and space regulations. For example, by smoking regularly in the smokers' corner, Clara set a personal rhythm to her day. Leon punctuated his day with one nap in the morning and another in the afternoon. Jacqueline

read the local newspaper in the morning and watched TV in the afternoon. Marcelle, whose husband passed away when they were already living in the home, recreated daily routines by going for regular walks and sitting to read a newspaper. Regular visits by family members or friends also contributed to the creation of new spheres of experience. For example, Isabelle's daughter came every Tuesday, and Jacqueline's daughters took it in turns to visit her almost every day.

A third mode of dealing with the tensions between singularity and collective life consisted in *connecting their present spheres of experience with distal, past spheres of experience.* Typically, the residents often compared their former home with their present life. Questioned on this point, Jacqueline answered:

[6] Jacqueline, NI, 106

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well I stay in my room a lot so it's kind of being at home, I stay at
home, I watch TV or read the newspaper. but those who go down in the
living room, it's not like home.
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By comparing these proximal (the room) and distal (her former house) spheres of experience, Jacqueline succeeded in reconstructing a sense of being at home within the restricted space of her room, and recreated her "home" in a new setting. Similarly, when asked to comment on a picture of the cafeteria, Gaston emphasized that it looked like a "real bar" and evoked the "the general atmosphere" of a bar. By so doing, he imbued this present and proximal sphere of experience with his past and distal personal experiences of bars.

In short, results showed that the residents built new proximal spheres of experience and recreated others, thus preserving a sense of singularity in an environment that was regimented by collective rules. This transformation, which involved learning, allowed the residents to preserve a sense of self-continuity through time and space, and therefore supported their processes of transition.

5   Using Symbolic Resources: Creating Distal Spheres of Experience

As the above excerpts incidentally show, the use of various cultural artefacts (cigarettes, paintings) seemed to be involved in these sense-making and learning processes.

In the interviews carried out in their rooms, all the residents pointed to objects that meant something to them. For instance, Isabelle indicated a framed picture of her family:

[7] Isabelle, NI, 79

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I look at them and I think of them / I think of good memories / I
wonder what they are doing / I hope they are well, and that they'll
have a beautiful life // I live in these pictures / it's hard to
explain / my children, grandchildren and family, it's my life
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In these cases, pictures were used as symbolic resources to explore past, distal spheres of experience, as were other objects. For example, Marcelle explained how she chose which objects and furniture to bring with her:

[8] Marcelle, NI, 113

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Marcelle        I took things that pleased me. the objects and the
                furniture I prefer / I wanted to make / to feel a bit
                like at home
Researcher      recreate a home'
Marcelle        yes. and it's pretty good, isn't it'
Researcher      what do you think'
Marcelle        it's very good. it's really my room. it also feels like
                a small living room
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Her furniture enabled her to recreate her previous home in this new room, and supported the maintenance of a distal sphere, now turned into a proximal one imbued with the resonance of the past.

Objects could also be used to regulate emotions:

[9] Jacqueline, NI, 101

```
((commenting on her pictures)) (…) when I don't feel too well I look
at them and I think that THEY are well they have all they need. it's
reassuring
```

Used as symbolic resources, objects and pictures enabled the residents to trigger imaginary explorations of what had happened in the past, might be happening outside of the institution, or would happen in different times and spaces, for instance, when they imagined their children's or grandchildren's future lives. Isabelle's utterance "I live in these pictures" (Excerpt 7) suggests that, in this context, the pictures allowed her to maintain and create distal spheres of experience that were emotionally loaded, thus contributing to a sense of self-continuity with her past. Objects also enabled the residents to explore and generate possible futures, as illustrated by Clara's comments about a small statue of a Black Virgin:

[10]   Clara, NI

```
The Virgin, I like it very much yes. I also often think of Lourdes
when I pray. it is the most BEAUTIFUL pilgrimage you can possibly do
/ I'd love to go back there before I die. this year I couldn't go but
next year I will go
```

Thanks to this little statue, Clara was able to evoke past spheres of experiences (her pilgrimage to Lourdes) and imagine future ones (a future pilgrimage). This symbolic resource created a continuity between her present and past spheres of experience and possible futures.

Material objects and symbolic resources can thus be used to support imagination, which itself expands the person's spheres of experience beyond a proximal sphere, and beyond the constraints of a given setting.

6   Conclusion: Imagination and Materiality in Ageing

Our study was based on a distinction between, on the one hand, the settings offered by the nursing home, the rules regulating everyday life and organizing time, space and, more

generally, the residents' activities, and on the other hand, the residents' accounts of the ways in which they managed to develop their own spheres of experience. Results showed the various creative ways in which the residents had come through the transition to the nursing home. First, and most obviously, the residents had to reduce the diversity of their previous spheres of experience and make them fit the institutional settings. Whereas some residents said that they accepted it, others reported practices showing that they had learned to adjust their past practices to these new settings by creating or recreating spheres of experience in the given environment. Second, residents were confronted with rules and procedures that were meant to protect them and regulate collective life. Some of them developed new modes of acting, that is, they learned to act according to these rules, while others developed compromises that supported their autonomy or that of others, or created personal spheres of experience in spite of the demands of the given environment. Whether by complying or by finding compromises, these active and creative modes of appropriation played an important role in the transition processes. Third, the residents used a variety of material and symbolic resources to activate and explore distal spheres of experience, and expand their experiences in time and space. These resources seemed especially important in the lives of these older people living in an institution, as they supported self-continuity, explored alternative presents, and imagined possible futures. Researchers have documented the risk of "narrative foreclosure" (Freeman, 2011) in institutions, that is, a loss of future thinking and engagement in life, possibly leading to depression and rapid decline. Accordingly, the use of objects and symbolic resources to support imagination seem to be related to sense-making, orientation to the future, and therefore creativity. There is therefore space for the development of persons residing in nursing homes.

These results demonstrate the need for theories of development that can account for such changes. More specifically, our study encourages sociocultural psychologists

specializing in ageing to pay particular attention to two aspects: the importance of creativity and imagination, and the role of spatiotemporal, architectural and material arrangements. While these two aspects are always important in the study of development, they may play a specific and vital role in learning and sense-making in older people.

Our study also has empirical implications. First, in line with studies of home and domestic spaces (Percival, 2002), it draws attention to the residents' need to preserve their singularity and recreate their own spheres of experience within the institution. It also invites us to examine the residents' margin of freedom in institutional arrangements that are temporally and spatially routinized. Second, it shows the importance of objects that are meaningful for the residents, both in their material and semiotic dimensions: leaving one's home is challenging, and choosing which objects may be taken to the nursing home, or even revising this choice after some time, may make an important contribution to the residents' sense of self-continuity, integrity and imagination.

Last, in order to develop a more general understanding of the dynamics involved and to bypass the limitations of a single case study, we encourage further research on older people's living arrangements, whether in a nursing home, in their own home, or in any of the new modes of housing currently being developed in Europe and elsewhere, in order to better understand how these material arrangements support people's long-term creativity and development.

References

Alaphilippe, D. (2007). La dynamique de l'autonomie [The dynamics of autonomy]. *Pratiques Gérontologiques*, 81–115.

Angus, J. & Reeve, P. (2006). Ageism: A threat to 'aging well' in the 21st century. *Journal of Applied Gerontology*, *25*(29), 137–152. doi.org/10.1177/0733464805285745

Barker, R. G. (1968). *Ecological psychology: Concepts and methods for studying the environment of human behavior*. Stanford, CA: Stanford University Press.

Bengtson, V. L. (2016). How theories of aging became social: Emergence of the sociology of aging. In V. L. Bengtson & R. A. J. Settersten (Eds.), *Handbook of theories of aging* (3rd ed., pp. 67-86). New York, NY: Springer.

Boll, T., Ferring, D., & Valsiner, J. (Eds.). (2018). *Cultures of care in aging*. Charlotte, NC: Information Age Publishing.

Brinkmann, S. (2014). Getting in touch with the world: Meaning and presence in social science. In M. H. Jacobsen, M. S. Drake, K. Keohane, & A. Petersen (Eds.), *Imaginative methodologies in the social sciences. Creativity, poetics and rhetoric in social research* (pp. 133-154). Farnham, England: Ashgate.

Bruner, J. (1990). *Acts of meaning*. Cambridge, MA: Harvard University Press.

Chapman, S. A. (2005). Theorizing about aging well: Constructing a narrative. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *24*(01), 9–18. doi.org/10.1353/cja.2005.0004

Cole, M. (2007). Phylogeny and cultural history in ontogeny. *Journal of Physiology-Paris*, *101*(4–6), 236–246. doi.org/10.1016/j.jphysparis.2007.11.007

Coleman, P. G. (2000). Aging and the satisfaction of psychological needs. *Psychological Inquiry*, *11*(4), 291–293.

Coleman, P. G., Ivani-Chalian, C., & Robinson, M. (2015). *Self and meaning in the lives of older people*. Cambridge, MA: Cambridge University Press,

Cumming, E. & Henry, W. E. (1961). *Growing old: The process of disengagement.* New York, NY: Basic Books.

Erikson, E. H., & Erikson, J. M. (1998). *The life cycle completed (extended version)*. London, England & New York, NY: W. W. Norton.

Freeman, M. (2011). Narrative foreclosure in later life: Possibilities and limits. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 3–19). Oxford, England: Oxford University Press.

Froggatt, K. (2001). Life and death in English nursing homes: Sequestration or transition? *Ageing & Society*, *21*(03), 319–332. https://doi.org/10.1017/S0144686X0100825X

Fustier, P. (2012). L'intersticiel et la fabrique de l'équipe [Interstitial spaces and the construction of a team]. *Nouvelle Revue de Psychosociologie, 14*, 85-96. doi:10.3917/nrp.014.0085

Gergen, K. J. & Gergen, M. M. (2010). The new aging: Self-construction and social values. In K.W. Schaie (Ed.), *Social structures and aging*. New York, NY: Springer.

Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York, NY: Anchor Books.

Gubrium, J. F. (2011). Narrative events and biographical construction in old age. In G. Kenyon, E. Bohlmeijer, & W. L. Randall (Eds.), *Storying later life: Issues, investigations, and interventions in narrative gerontology* (pp. 39–50). Oxford, England: Oxford University Press.

Hviid, P. (2008). "Next year we are small, right?" Different times in children's development. *European Journal of Psychology of Education*, *2*(23), 183–198.

Hviid, P. (2020). Aged experience – A cultural developmental investigation. *Learning, Culture and Social Interaction*, 100386.

https://doi.org/10.1016/j.lcsi.2020.100386Joerchel, A. C., & Dreher, E. (2015). Adolescence and transitions in developmental psychology. In A. C. Joerchel & G. Benetka (Eds.), *Biographical ruptures and their repairs: Cultural transitions in development* (pp. 3-29). Charlotte, NC: Information Age Publishing.

Lamont, R. A., Swift, H. J. & Abrams, D. (2015). A review and meta-analysis of age-based stereotype threat: Negative stereotypes, not facts, do the damage. *Psychology and Aging*, *30*(1), 180–193. doi.org/10.1037/a0038586

Levy, R., Ghisletta, P., Le Goff, J.-M., Spini, D., & Widmer, E. (Eds.) (2005). *Towards an interdisciplinary perspective on the life course*. Amsterdam, The Netherlands: Elsevier.

Lewin, K. (2000). *Resolving social conflicts and field theory in social science* (Original publication 1948 & 1951). Washington, DC: American Psychological Association.

Mallon, I. (2007). Entrer en maison de retraite : Rupture ou tournant biographique? [Entering a nursing home : Rupture or biographic turning point?] *Gérontologie et Société*, *121*(2), 251–264.

Märtsin, M. (2018). Beyond verbal narratives: Using timeline images in the semiotic cultural study of meaning making. *Integrative Psychological and Behavioral Science*, *52*(1), 116–128. doi.org/10.1007/s12124-017-9409-3

Milligan, C., & Wiles, J. (2010). Landscapes of care. *Progress in Human Geography*, *34*(6), 736–754. https://doi.org/10.1177/0309132510364556

Percival, J. (2002). Domestic spaces: Uses and meanings in the daily lives of older people. *Ageing & Society*, *22*(6), 729–749. doi.org/10.1017/S0144686X02008917

Randall, W. L. (2013). Aging, irony, and wisdom: On the narrative psychology of later life. *Theory & Psychology*, *23*(2), 164–183. doi.org/10.1177/0959354312470754

Reichertz, J. (2014). Induction, deduction, abduction. In U. Flick (Ed.), *The Sage Handbook of Qualitative Research* (pp. 123–135). London: Sage.

Rioux, L. (2008). L'entrée en maison de retraite: Étude de l'adaptation spatio-territoriale des résidents [The entrance into a nursing home : Study of the spatio-territorial adaptation of residents]. *Pratiques Psychologiques*, *14*(1), 89–99. doi.org/10.1016/j.prps.2007.09.006

Rosa, A., & Valsiner, J. (Eds.). (2018). *The Cambridge handbook of sociocultural psychology* (2nd edition). Cambridge, England: Cambridge University Press.

Salamin, F. (2015a). *Relation des résidents à l'architecture et aux objets dans les espaces publics et privés d'un EMS* [Residents' experience with architecture and objects in the public and private spaces of a nursing home] (Research report No. 2). Lausanne and Neuchâtel, Switzerland: University of Neuchâtel, University of Lausanne.

Salamin, F. (2015b). *Transition en EMS : Rôle des objets dans le maintien et la transformation de l'identité des personnes âgées* [Transition in a nursing home: The role of objects in the continuity and transformation of elderly people's identity] (Research report No. 4). Lausanne and Neuchâtel, Switzerland: University of Neuchâtel, University of Lausanne.

Salamin, F. (2015c). *Valeurs socio-politiques, institutionnelles et personnelles dans un EMS* [Socio-political, institutional and personal values in a nursing home] (Research report No. 1). Lausanne and Neuchâtel, Switzerland: University of Neuchâtel, University of Lausanne.

Salmi, S., & Kumpulainen, K. (2017). Children's experiencing of their transition from preschool to first grade: A visual narrative study. *Learning, Culture and Social Interaction*. https://doi.org/10.1016/j.lcsi.2017.10.007

Schaie, K. W. (2016). Theoretical perspectives for the psychology of aging in a lifespan context. In J. E. Birren, K. W. Schaie, R. P. Abeles, M. Gatz, & T. A. Salthouse (Eds.), *Handbook of the psychology of aging* (8th ed., pp. 3-13). San Diego, CA: Academic Press. Retrieved from http://www.sciencedirect.com/science/article/pii/B9780124114692000017

Schütz, A. (1945). On multiple realities. *Philosophy and Phenomenological Research*, *5*(4), 533–576. https://doi.org/10.2307/2102818

Spini, D., Jopp, D. S., Pin, S., & Stringhini, S. (2016). The multiplicity of aging: Lessons for theory and conceptual development from longitudinal studies. In V. L. Bengtson & R. A. J. Settersten (Eds.), *Handbook of theories of aging* (3rd ed., pp. 669-690). New York, NY: Springer.

Stenner, P., McFarquhar, T., & Bowling, A. (2011). Older people and "active ageing": Subjective aspects of ageing actively. *Journal of Health Psychology*, *16*(3), 467–477. doi.org/10.1177/1359105310384298

Terrill, L., & Gullifer, J. (2010). Growing older: A qualitative inquiry into the textured narratives of older, rural women. *Journal of Health Psychology*, *15*(5), 707–715. doi.org/10.1177/1359105310368180

Valsiner, J. (2017). From cultural psychology to geropsychology. *Journal of Gerontopsychology and Geriatric Psychiatry*. Retrieved from http://econtent.hogrefe.com/doi/abs/10.1024/1662-9647/a000174?journalCode=gro

Valsiner, J. (2019). Generalization in science: Abstracting from unique events. In C. Højholt & E. Schraube (Eds.), *Subjectivity and knowledge: Generalization in the*

psychological study of everyday life (pp. 79–97). New York, NY: Springer
International Publishing. https://doi.org/10.1007/978-3-030-29977-4_5

Valsiner, J. (Ed.). (2012). *The Oxford handbook of culture and psychology*. Oxford, England:
Oxford University Press.

Wahl, H.-W., & Oswald, F. (2016). Theories of environmental gerontology: Old and new
avenues for person-environment views of aging. In V. L. Bengtson & R. A. J.
Settersten (Eds.), *Handbook of theories of aging* (3rd ed., pp. 621–641). New York,
NY: Springer.

Zittoun, T. (2006). *Transitions. Development through symbolic resources*. Charlotte, NC:
Information Age Publishing.

Zittoun, T. (2017). Modalities of generalization through single case studies. *Integrative
Psychological and Behavioral Science*, *51*(2), 171–194.
https://doi.org/10.1007/s12124-016-9367-1Zittoun, T., & Baucal, A. (2020). The
relevance of a sociocultural perspective for understanding learning and development
in older age. *Learning, Culture and Social Interaction*.

Zittoun, T., & Gillespie, A. (2015). Integrating experiences: Body and mind moving between
contexts. In B. Wagoner, N. Chaudhary, & P. Hviid (Eds.), *Integrating experiences:
Body and mind moving between contexts* (pp. 3–49). Charlotte, NC: Information Age
Publishing.

Zittoun, T., & Gillespie, A. (2016). *Imagination in human and cultural development*. London,
England: Routledge.

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Appendix A: Transcription Norms

\-   sudden interruption

<…> uncertain transcription

(…)   transcriber's comment

((….)) explanatory comments

CAPITALS   louder syllable

::   stretching of a syllable. The number of : indicates the duration of the stretching

.   falling intonation

,   slightly falling intonation

/   pause of half a second

[…]   cut in the excerpt