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## Meanings and feelings of (Im)mobility in later life: Case study insights from a 'New Mobilities' perspective<sup>☆</sup>

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### ABSTRACT

Understandings of mobility and immobility shape research and responses to late life. Yet, the underlying assumptions about mobility often remain fixed on ideas of function and physical ability. The 'new mobilities' paradigm shifts this analysis by focusing on the importance and experience of mobility as a thing in itself rather than a means to an end, and to the complex enactments that operate across a range of relationships, settings, sites, and contexts. This paper provides insight from an embedded case study method comprised of fifteen exploratory interviews with older people at three social locations, including 5 individuals considered 'frail', 5 people who are aging with a disability, and 5 older people who self-identify as 'active'. Considered together and in contrast, the findings from these three distinct but related embedded case sites, viewed from a 'new mobilities' perspective, can help to understand (im)mobility as an embodied experience that is situated within and across social and political contexts, and can explicate how relations of power enhance the mobility of some, and the immobility of others. We conclude that the 'new mobilities' approach introduces ideas to overcome limitations of distance, movement, and place, and in doing so, serves to redefine what it means to be mobile while aging.

### Introduction

The concepts of mobility and immobility are central to contemporary responses to aging and later life. Mobility is deemed central to 'aging well' and to the achievement of healthy aging—with the ability to move considered to have a positive impact on health and well-being (Chappell & Hollander, 2011; Keating, Swindle, & Fletcher, 2011; Mercado, Páez, & Newbold, 2010; Public Health Agency of Canada, 2010). Conversely, a lack of mobility and movement (i.e., immobility)—whether defined as individual ability, function, or movement across space—are viewed as negatively impacting health and well-being (Koutsavlis & Wolfson, 2000; Rockwood et al., 2004). Mobility is thus at the centre of understandings of well-being and the aging body, and heavily shapes health and social responses to older people through policy initiatives, frameworks and organisational practices.

However, the concept of mobility often operates as a taken-for-granted notion.

Drawing on larger trends in the study of mobility, social gerontology tends to define mobility in relation to ability or function of the body (e.g., engineering or applied disciplinary understandings), movement from point A to point B (transport geography), or movement across contexts or settings. That is, understandings focus on the extent to which a particular individual older body is able to move (or not), how older people move across places and spaces (Age Friendly Cities), and how older people may move between settings such as the home, cities, neighbourhoods, or sites of care (home to residential care).

Such understandings are implicit in policy and programming focused for example on assessment of eligibility for programs and services, public health and care initiatives such as reducing falls, and addressing social isolation. Yet, an emerging line of thinking encapsulated

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by what is often referred to as a ‘new mobilities’ perspective challenges existing understandings by drawing attention to the complexities and specificities of ‘mobile lives’ and the inherent power relations of movement (Adey, Bissell, Hannam, Merriman, & Sheller, 2014; Cresswell, 2010, 2011, 2012; Cresswell & Merriman, 2011; Elliott & Urry, 2010; Merriman, 2012, 2014, 2015, 2016). However, while promising approaches focused on fluidity, movement and embodiment exist, they have not yet fully made their way into social gerontology and the frameworks that guide aging and late life.

This paper draws on the ‘new mobilities’ perspective in order to reconsider meanings and feelings of mobility and immobility in late life. In particular, it employs an embedded case study method that explores insights of older people at three differential and ‘typified’ locations that are often used to position older people and their mobility: that of disability, frailty, and activity. Although the literature on these three social locations tends to be located in distinct sub-fields in social gerontology, we intentionally bring them together as a strategic and purposeful means of exploring (im)mobility as it relates to aging and later life.

First, we present a broad sketch of the literature on mobility and aging. We then outline the ‘new mobilities’ perspective as the theoretical framework that informs our research. Next, we outline the exploratory method used to better understand (im)mobility in aging and late life, namely an embedded case study method. We then present combined insights from older people at three locations – that of activity, frailty and living with a disability. Finally, the paper outlines the potential relevance of the ‘new mobilities’ framework to the study of late life and concludes with a call to reconsider movement and stillness in later life.

#### Literature review: Studies of mobility and the application to late life

Prior to presenting the ‘new mobilities’ perspective and analysis of the results of the case study method, we situate the study of mobility in general, and as it relates to older people. Mobility is a ubiquitous feature of everyday life and is considered to make up the core identities, experiences and opportunities of humans (Haddington, Mondada, & Neville, 2013; Imrie, 2000). Mobility has been most prominently studied in transport, migration, population, and health research, though there is an increasing fascination with mobility in the social sciences, the humanities, and gerontology (Cresswell & Merriman, 2011). In a traditional sense, mobility involves the movement of people’s bodies (in part or whole) from one location or position to another (Haddington et al., 2013). That is, mobility tends to refer strictly to geographic dimensions and occurs between an origin and one or several destinations (Canzler, Kaufmann, & Kesselring, 2008). Put simply, mobility is conventionally synonymous with movement, the transition from point A to B, and accelerated or intensified through the introduction of the automobile, planes, trains and other common transport features of our world (Cresswell, 2010; Gergen & Gergen, 2018).

Understandings of mobility in relation to aging draw together insights from applied health sciences and geography. Mobility is considered to be a strong determinant of wellbeing in older age, with wellbeing for older adults defined in relation to optimizing opportunities for physical, mental and social wellness, independence, and access to essential services and supports (Chappell & Hollander, 2011). A large focus in aging and mobility research is the idea of “aging and deterioration” and the related interventions of physical activity, and fitness to increase longevity and quality of life (MacLean, 1982). In gerontology, a sub-focus of this inter-disciplinary field related to mobility outlines the role of the environment in achieving aging and wellbeing (Wall & Weisman, 2003), with scholars such as Keating et al. (2011) outlining how mobility, associated with the functional ability to move, contributes to increased social relationships and supports. The ability to move is therefore connected to social participation and wellbeing (Meijering & Weitkamp, 2016).

The challenges of reduced mobility are also widely established. A number of gerontologists identify poor mobility as a determining factor for survival, and highlight the increased likelihood of falls and secondary diseases (Koutsalvis and Wolfson, 2000). Immobility is most often defined and understood in direct opposition to that of mobility (Ciobanu & Hunter, 2017). In the article “*Mobility in Old Age*” by Walsh, Roberts, and Bennett (1999), the most common causes of immobility among older people are issues associated with joints, osteoporosis (decline in bone mass), and hip fractures. Immobility can occur as a steady deterioration caused by a progressive illness such as Parkinson’s disease or it can be induced immediately from a sudden event such as a fall leading to a hip fracture (Walsh et al., 1999). Clinicians tend to test mobility through physical exertion and movement assessments such as the “get up and go test” which involves asking a patient to complete tasks such as sitting in a chair, standing, walking, and sitting down again, to test performance and create a score defining mobility status (Walsh et al., 1999). Assessments of mobility are also interlinked with the measure of functional impairment, and more generally, frailty (Grenier, 2007, 2019). Some suggest that fitness and frailty form a continuum which predicts survival based on a combination of aging, disease and functional ability that make people vulnerable to adverse health effects (Rockwood et al., 2004).

A further discussion with regards to mobility is the ability to operate or access a mode of transportation such as a car which offers convenience, autonomy and access to not only health services but community life (Mercado et al., 2010). In studies of aging, transport research tends to focus on the challenges of driving cessation and how the functional incapacity to operate a motor vehicle can impact mobility, the associated independence and wellbeing (Mercado et al., 2010). This includes a focus on mobility as ability and function, getting between point A and B, and moving across settings. Yet, Schwanen and Ziegler (2011) draw attention to the ways older people connect and travel beyond their material selves through electronic, social and psychological spaces. Similarly, research conducted by Musselwhite and Haddad (2010) suggests that there is a symbolic component to driving, whereby drivers control impressions of themselves through their cars, by displaying visual proof of mobility. Further, they suggest travel by car in later life is a sort of “movement of the mind” whereby the quality of life associated with transport shifts from the completion of instrumental everyday tasks to ‘spontaneous discretionary travel’ where one can see the world and nature more thoughtfully (Musselwhite, 2017; Musselwhite & Haddad, 2010).

Understanding the complexities of mobility among older people thus requires research questions and methods that extend to the how and the why, as a means to provide a more in-depth picture into the experiences of mobility and being (im)mobile while aging in a globalized world (see Adey et al., 2014; Mansvelt, 2014). Here, there is a need for a more holistic approach that extends beyond corporeal movement to include constructions related to virtual, imaginative, aspirational and emotive mobility (see Musselwhite, Holland, & Walker, 2015; Parkhurst et al., 2014). We now turn to the ‘new mobilities approach’ as a means to reconsider existing approaches and expand understandings of mobility in late life.

#### Theoretical perspective: ‘New Mobilities’ approach

The ‘new mobilities’ approach considers the importance and experience of mobility as a thing in itself rather than a means to an end, and can be used to bridge ideas about the meanings and feelings of (im) mobility with regards to aging and late life. The ‘new mobilities’ paradigm emerged in the discipline of geography in the mid-2000s (Urry, 2000; Hannam, Sheller, & Urry, 2006; Sheller & Urry, 2006). It emphasizes movement, physical and sensory processes and experiences, and the ways in which human bodies and material objects act, influence and are experienced together. Proponents of the ‘new mobilities’ perspective outline intersecting mobilities across time and space, in

relation to materiality, socio-technological systems, spatiality, embodiment, and social networks (Cresswell & Merriman, 2011; Sheller & Urry, 2006). Cresswell (2010), for example, suggests that mobility scholarship combines the focus on the ‘facts’ of movement that were prevalent in transport geography, with an interest in representation, as well as the practices and embodied experiences of movement. He says:

“Human mobility is practiced mobility that is enacted and experienced through the body. Sometimes we are tired and moving is painful. Sometimes we move with hope and a spring in our step ... In the end, it is at the level of the body that human mobility is produced, reproduced, and, occasionally, transformed” (Cresswell, 2010; P. 20).

Articulated as such, the ‘new mobilities’ perspective represents a transdisciplinary hub, and a creative yet ‘applied’, empirical convergence of humanism and posthumanism (see Andrews & Duff, 2019). That is, it provides a space where humanist concepts are extended to bring on more-than-human processes. The ‘new mobilities’ approach can be used to think about key ideas in critical and cultural approaches to gerontology, extending understandings from taken for granted or clearly articulated and known feelings, to the physical and sensory processes that create conditions for these conscious attributions (i.e. the idea being that social constructions are always based on ever constructing states). ‘New mobilities’ offers understandings of the categories through which disadvantage is felt – such as gender, ethnicity, class, age, also drawing attention to how experiences are physically performed by human bodies with certain aesthetics, patterns and capacities, and in relation to other bodies. In this perspective, *agency* is no longer thought of in terms of only conscious human actions, but also behaviors acted in ways that are not always fully realised or articulated, such as compulsions and habits. The perspective also frames uses or relationships with objects and materials, such as technology, as always being co-constituted, including ideas of ‘distributed agency’ where human bodies and material objects act, influence and are experienced together.

While a significant body of research has emerged in human geography and sociology that examines mobility as variable, fluid, multi-scalar, context-sensitive, and political, very little research has explicitly applied this theoretical approach to aging or older people. Applications that developed from ideas of ‘new mobilities’ ranged from discussions of cities and spaces the personal commute, global financial flows, from refugees to the global business elite, and from walking to driving to flying (Bowering, 2019; Burnett & Lucas, 2010). The authors stress the “compounded” (Hannam et al., 2006, p. 8) nature of these wide-ranging modes and scales of movement and warn against isolationist approaches to the topic. In the field of aging, there is an emerging body of research in the ‘new mobilities’ paradigm (e.g. Gish, Grenier, & Vrkljan, 2018; Lulle & King, 2016; Phoenix & Bell, 2019; Phoenix & Orr, 2014; Rosso, Auchincloss, & Michael, 2011; Schwanen, Banister, & Bowling, 2012; Schwanen & Páez, 2010; Schwanen & Ziegler, 2011; Stjernborg, Wretstrand, & Tesfahuney, 2015; Ziegler, 2012). These authors examine how everyday experiences of mobility vary across the life-course and how other identity features (e.g. ethnicity and class) mediate those variations. It is precisely this contribution that is our focus—considering the conceptual and methodological base for studies of the (im) mobilities of aging.

Our research on (im)mobility and aging is situated at the theoretical intersection of social gerontology and emerging debates on ‘new mobilities’. The funded project on which this paper is based was the result of an inter-departmental and inter-disciplinary call for one-year collaboration on the topic of mobility. Our inter-disciplinary group (led by social scientists) saw this as an opportunity to engage with the dominance of functional and/or spatial understandings of mobility, and explore how the ‘new mobilities’ paradigm may connect to or depart from existing work. Consistent with a ‘new mobilities’ approach, we employ language that combines ideas about mobility and immobility as

a means of questioning taken for granted assumptions of mobility as static or fixed. We frame the concept of (im)mobility as a means to bracket the taken for granted assumptions of mobility, and the assumed binary between mobility and immobility. Our use of (im)mobilities is intended to suggest and open possibilities whereby any older person who occupies a particular body may be at the same time, both mobile and immobile. In doing so, (im)mobility is thus, individual and/or personal, social/contextual, and spatial. Moreover, different forms, degrees and experiences of movement and stillness shape, and are shaped by, multiple power relations that organize everyday life (Cresswell, 2010).

### An exploratory embedded case study methodology

An exploratory embedded case study method was selected as the most appropriate means to understand the phenomenon of aging and (im)mobility (see Stake, 1995, 2008; Yin, 2003). Our rationale was that if we were to remain consistent with the tenets of the ‘new mobilities’ approach’ we would need a method that would allow for the exploration of different locations and/or differential/‘typical’ classifications as part of the same phenomenon, rather than distinct groups. Inspired by the idea of interrogating the boundaries of the concept, meaning, and feeling of mobility, we sought an exploratory method that would permit qualitative insight from a variety of angles.<sup>1</sup> We selected an embedded case study design (Mills, Durepos, & Wiebe, 2010; Stake, 1995, 2008) to explore the meanings of (im)mobilities at contrasting locations (Clandinin, 2006; Phoenix, Smith, & Sparkes, 2010) and gain a deep appreciation of understandings and experiences. In this exploratory project, we wanted to use the ‘typified’ locations of activity, disability, and frailty as contrasting cases to understand mobility. While the notion of a case study is often misunderstood as referring to a single case design or to a clinical case, our work draws on and elaborates the interpretation of Yin (2003) who proposes that multiple related embedded cases can be used to test one larger case (see Fig. 1).

The research questions guiding our research project were: *How is mobility understood and defined (within and across our disciplinary traditions and fields)? What insight does a ‘new mobilities’ perspective offer the study and responses to aging and late life?* Our sampling frame included three differentially situated and contrasting embedded cases that were purposely selected in order to understand the variations that may (or may not) exist between mobility and immobility. We aimed to explore the experiences of three particular groups of older people who are classified for the purposes of programming, and as a result, tend to be defined by particular assumptions about their mobility (i.e., that activity needs to be maintained; that environments need to be accessible; and that decline is inevitable and programs should maintain as much mobility as possible). That is, we were sampling around dominant ideas and practices which operate according to functional assessments, and whereby activity is the leading paradigm for ‘aging well’. Although most approaches to assessing eligibility operate in relation to the binary of activity or decline (i.e., frailty), we added the position of people with disabilities (whom are also subject to measurements of function/ability) as a means to open the dialogue on (im)mobility. Often taken for granted as unique or static positions, we wanted to know more about the relationship between locations of activity, disability, and frailty. Ethical approval for the project was received from the McMaster University Research Ethics Board (MREB).

<sup>1</sup> An example of this is would be that individuals in acute care or clinical settings may score an Short Physical Performance Battery (SPPB) of 3/10 in clinic, which indicates a very high risk for falls, they may manage in their home environment through actions such as “furniture walking”.

Thirteen of the fifteen participants were living with spouses, families or friends. One person lived alone in a private apartment and one person lived alone in an assisted living facility in the community (i.e. not long-term care)

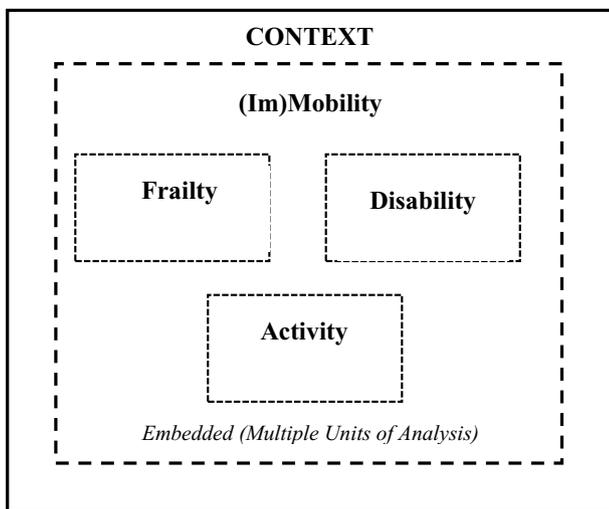


Fig. 1. Adapted from (Yin, 2003). Yin, R. K. (2003). Case study research: Design and methods (Vol. 5).

A total of 15 community-residing participants were interviewed at the following three social locations: older people considered active (exemplar of mobility) (5 persons), people aging with disabilities (exemplar of impairment/immobility contrast) (5 persons), and frail seniors (illustrative of immobility) (5 persons).<sup>2</sup> Participants in each category were recruited through our long-standing community networks in our respective areas of study. Participants were referred as follows: active seniors were recruited via self-selection by means of announcements in recreation centres and activity groups; organisations for people with disabilities were used in the case of participants with a disability, with people self-selecting into the study<sup>3</sup>; and older people in the sub-group of frailty were self-selected upon being notified by members of a community-based clinical team offering referrals to social programs on fall prevention or dance.<sup>4</sup>

This study was exploratory and did not include persons with cognitive impairment nor particular chronic illnesses. Participants in each embedded group took part in open ended conversational type interviews (Riessman, 2003). They were asked to discuss their experiences of mobility and immobility, with questions inspired by, and grounded in the 'new mobilities' approach. Interview questions and probes focused on interpretations of mobility, individual reasons, rhythms and ways of moving; routes and feelings of moving across spaces (cities, housing, and networks); moving and stillness; and experiences with technology and social networks. This open ended structure allowed us to identify individual variations, to identify similarities and points of

<sup>2</sup> Thirteen of the fifteen participants were living with spouses, families or friends. One person lived alone in a private apartment and one person lived alone in an assisted living facility in the community (i.e. not long-term care).

<sup>3</sup> The sub-group of people with disabilities was not intended to be representative. The boundaries for inclusion were drawn around having a life-long disability (ie throughout life) rather than an impairment acquired after age 50 (which would be more typical of those in the frail category). Participants in the disability sub-group had a range of conditions or circumstances such as Cerebral Palsy, Multiple Sclerosis, and paralysis as a result of a car accident before late life, and pool injury accident before late life.

<sup>4</sup> The second author recruited the active group as per area of expertise. The first author recruited older people with disabilities and frailty older people as per area of expertise. In the case of frailty, the recruitment was facilitated by the geriatric team of author X blinded. By means of their involvement in community programs, participants had already been assessed using the Short Physical Performance Battery Test (SPPB), and all five participants had low (10–12) to moderate risk (7–9) on the SPPB score, indicating their risk of frailty. All fifteen participants were community based (rather than hospital or long-term care).

disjuncture, and to explore fluidity and flexibility across three traditional locations of mobility and (im)mobility. Interviews were audio-recorded, transcribed, and cleaned for accuracy. Transcripts from each embedded subset were analysed to identify key codes, themes, and contributions, followed by an analysis across the three cases. The following themes represent our analytic insights based on the interviews of older people from three differentially located positions on (im)mobility (Table 1).

### Findings: Study insights from three differentially situated social locations

When analysed within the three embedded cases, and across the fifteen interviews, a number of interpretations emerged. This section outlines understandings of (im)mobility that were based on the insights of fifteen older people differentially located with regards to mobility. Our analysis resulted in four ways of rethinking mobility. First, insights reveal how older people's understandings differ from existing approaches to mobility and immobility. Second, older people reveal how their experiences of (im)mobility are subjectively situated and relational—that is how meanings and feelings of (im)mobility are connected to people and places. Third, the interviews with older people highlighted how (im)mobility is embodied, and experienced through differentially situated bodies. Fourth, the results highlight how (im)mobility is fluid, contextual, and ever-changing over time, and across space. Material is presented according to these analytic insights, accompanied by verbatim quotations of older people from three differentially located positions, as indicated in the brackets following the quotation.

*(Im)mobility is not necessarily point A to B or movement between contexts*

Insights from across the interviews revealed how older people themselves did not present their accounts in line with the static existing definitions of mobility/immobility, revealing differences between traditional understandings and their own interpretations. Understandings of (im)mobility offered by the older people in our research did not focus solely on the function of the body, the ability to 'get around' a city or community, or relocation across contexts or settings. When asked "How do you define mobility and what does it mean to you?" participants often described their mobility as a form of movement rather than activity/impairment/decline. Many participants identified mobility as freedom and unrestricted movement. They spoke about the freedom to go places, visit friends and family, and travel as a way to experience and/or exhibit mobility. Where for some, mobility was about the absence of pain, for others it was a broadly defined idea of involvement in everyday lives. While traditional interpretations of mobility may focus on independence and the acceptance of limitations, the older people that we interviewed seemed to stress the possibility of movement (and the absence of restrictions), the affective feelings of movement, and a virtual feeling of movement, that although appears to be confined, may be experienced as otherwise, at particular moments or in particular contexts:

"When you first say 'movement,' I think of dance. I think of flow. I picture something very modern dance or ballet when you say 'movement' but in actual fact, movement to me is hugely important. I feel I have complete mobility. I'm not really failing in any way. I feel incredibly lucky to wake up without pain and to be able to move every part of my body." (#8, Female, 61–70, Active Subgroup).

"My mobility as far as getting around this building, for instance, is totally dependent on my wheelchair. I go everywhere in my wheelchair. That's just the way my life is now..." (#13, Female, 63, Disability Subgroup).

The quotes above exemplify the complexity involved in

**Table 1**  
Demographic details.

Interview ID	Age	Subgroup	Lives with/in	Education	Marital Status	Language	Indigenous	Minority	Disability	Gender	LGBTQ +	Geographic Context
#1, Female, 70+, Active	70+	Active	Spouse	Some university courses	Married	English	N	N	N	Woman	N	Urban
#2, Male, 70+, Active	70+	Active	Spouse	Graduate Degree	Married	English	N	N	N	Man	N	Urban
#3, Female, 70, Frail	70	Frail	Spouse	Some University Courses	Married	English & German	N	N	N	Woman	N	Urban
#4, Female, 60, Frail	60	Frail	Spouse	Completed Bachelor's Degree	Married	English	N	Y	N	Woman	N	Urban
#5, Male, 88, Frail	88	Frail	Spouse	Elementary School	Married	English	N	N	N	Man	N	Urban
#6, Male, 74, Frail	74	Frail	Spouse	High School	Married	English	N	N	Y	Man	N	Urban
#7, Female, 79, Frail	79	Frail	Family	Some community College	Widow	English & Dutch	N	N	N	Woman	N	Urban
#8, Female, 61-70, Active	61-70	Active	Alone	Some Community Collage	Divorce	English	N	N	N	Woman	N	Urban
#9, Male, 61-70, Active	61-70	Active	Spouse	Graduate Degree	Married	English	N	N	N	Man	N	Urban
#10, Female, 61-70, Active	61-70	Active	Spouse	Some community Collage	Married	English	N	N	N	Woman	N	Urban
#11, Female, 56, Disability	56	Disability	Spouse	Graduate Degree	Married	English	N	N	Y	Woman	N	Urban
#12, Male, 69, Disability	69	Disability	Assisted Facility	Elementary School	Single	English	N	N	Y	Man	N	Urban
#13, Female, 63, Disability	63	Disability	Friend	Bachelor's Degree	Single	English	N	N	Y	Woman	N	Urban
#14, Male, 59, Disability	59	Disability	Family	Graduate Degree	Married	English & French	Y	Y	Y	Man	N	Urban
#15, Male, 58, Disability	58	Disability	Family	Community collage	Married	English	N	N	Y	Man	N	Urban

understanding and situating mobility. Older people described their movement across spaces, transitions within spaces, the completion of everyday tasks, and meaningful activities and hobbies. Within these examples, older people alluded to the emotional aspects of mobility and the relative positioning of mobility in their lives. For example, many discussed the feeling of being fortunate, the social aspects associated with mobility, as well as the dependency they felt as a result of the limitations of their bodies, environments and/or resources. Structured as open ended conversations, the interviews often began with older people defining what mobility means to them, including discussions of motion, movement and physical function, and then extended to larger conversations of the social, emotional, mental and environmental aspects of their (im)mobility.

*(Im)mobility is subjectively situated and relational*

A number of older people focused on the subjectivity of movement, how movement and (im)mobility differ for particular bodies, and how ideas of movement can vary between individuals, and across settings. Some participants made explicit reference to how subjective positions influence understandings of mobility (see below). That is, they positioned their mobility in relation to that of the interviewer, as an illustration. In many cases, older people outlined how their bodily impairments altered their (im)mobility over time, they also drew attention to how rehabilitative devices could change their mobility in positive ways (see further below). Consider both the subjective experience of (im) mobility in the following quote, and the relationality between the body and the rehabilitative device as factors that alter meanings and interpretations of (im)mobility:

“Movement to me is obviously very, very different than what movement would be to you. Turning from one side to the other in bed or something - which fortunately I'm still able to do on my own - that's movement.” (#13, Female, 63, Disability Subgroup).

“It depends on what your interpretation of active is. Like if getting out and going to - [downtown -at James street north] for Friday night, if that's being active, then yes I would do that but I would be in my chair.” (#6, Male, 74, Frail Subgroup).

Throughout the interviews, participants positioned their (im)mobility in relation to the interviewers as younger and able bodied, but also in relation to cultural constructs of age. There was often an underlying implication that changes to mobility were to be expected with age, corresponding with interpretations of aging as decline (see Goins et al., 2014). However, as recognized in the literature, differences in the types of restrictions, limitations, or the onset of changes (lifelong or acquired), and how these affected their (im)mobility, were noted between people with lifelong disabilities and older people (Grenier, Griffin, & McGrath, 2016). Yet, despite this, the contrasting cases revealed how (im)mobility was intricately intertwined with realities, feelings, movements, and embodied selves across the life course and into late life.

Where the content of the conversations sometimes mirrored those that would have occurred in interactions with health care professionals, such as outlining what they could (or could not do) due to frailty or impairment, discussions also included a subjective positioning that tends to be overlooked in traditional assumptions about mobility. Particularly relevant was how regardless of their classification as active, ‘disabled’, or ‘frail’, participants in our study continued to identify themselves as ‘mobile beings’. This differs substantially from the way they may have been positioned or classified as ‘immobile’ by health care professionals. The older people we interviewed also associated their mobility with the capacity to participate socially which they described as giving them a sense of fulfillment, self-importance and value. Such understandings demonstrate how (im)mobility is more broadly defined than a transition from point A to B, ‘getting around’ or moving

between settings: it is also carried out through the body, over time, and in co-existence with other people, social environments, devices such as rehabilitative equipment, and notions of inclusion/exclusion.

*(Im)mobility is embodied, felt and experienced through particular bodies*

The older people from the three embedded case studies of activity, frailty and disability outlined how the meanings and feelings of (im) mobility were embodied. That is, how (im)mobilities were experienced through particular bodies, often mediated by rehabilitative devices, and in relation to practicalities and discourses of risk. This contribution builds on the idea of situated bodies that is outlined in the previous theme, noting how (im)mobility may mean different things to differ people. The interviews demonstrated how in many cases, the embodied experiences of (im)mobility were mediated through relationships, and through technological devices such as the electric wheelchair. In these examples, devices such as the wheelchair, were viewed not only as an indication of functional impairment, or as something to enhance mobility, but more broadly as a means of facilitating meaningful movement within particular embodied locations (also see [Schwanen & Ziegler, 2011](#)). The following quotes highlight the relationship between embodied experiences and the devices with which older people understand and experience their mobility:

*“Just trying to go places, however that is. Luckily, with this chair [speaking about a motorized mobility device], I can drive it anywhere. You have way more freedom.” (#11, Female, 56, Disability Subgroup).*

*“Yes. No, right now I'm using a walker. If I go out of the apartment, I use a walker. I am in the process of getting myself a wheelchair. My walking ability is limited. ...I can only walk 160 meters in six minutes so that's not very far.” (#6, Male, 74, Frail Subgroup).*

*“There's just lots of places and things that I can - I will - a lot of doors that will open to have the chair. That's my thinking” (#6, Male, 74, Frail Subgroup).*

*“Well, it's limited, but I've always been of the mind that there's always somebody worse than me, so - and I see that down at the gym, right, where you almost had the same injury but not the same result”. (#15, Male, 58, Disability Subgroup).*

The quotes from our exploratory research outline the prominence of discourses of independence and freedom. Some older people noted how technological mobility aids or devices impacted their independence or freedom in negative ways, where others outlined how it changed or facilitated their movement. Here, mobility, can be seen to extend beyond tasks or activities or daily living, into the more discretionary understandings of mobility where one may spontaneously undergo non-vital movement in order to see, feel, or experience something simply for their own pleasure (see [Andrews and Grenier, 2018](#); [Musselwhite, 2017](#); [Parkhurst et al., 2014](#)). Further, older people in this research highlighted how differences could exist based on whether one opted not to move or remain 'still', or whether one was restricted to 'staying put' as a result of their body, technology, or social resources. As such, these relative interpretations of mobility as restriction, movement, freedom and stillness differ greatly from existing understandings of mobility in aging, and especially from guiding frameworks and classifications focused on function.

Interviews with older people across three locations highlighted the complex everyday encounters and relationships between people, movement, and space, that come to shape (im)mobility. For example, positioned from the perspective of 'moving through space', older people deemed the placement of features such as railings, drawers and ovens as important in order to maintain balance, avoid bending, and increase the possible 'usability' of that space. Yet, it was not only the physical use or usability of these environments, but the feelings that such features

evoked, and the resulting mobility/immobility (both practical and subjective) that made such features important. Reflections on (im)mobility revealed how feelings about (im)mobility were mediated by subjective assessments of whether something (their body, a space, or a technological development) held the potential to facilitate their movement, or whether it would restrict their lives and experiences. Many older people discussed the fears of experiencing restricted movement, and the impact this might have on their lives or desired lives. Such feelings were most prevalent in the active subgroup, where participants spoke about their mobility in opposition to the fear of immobility (and dependence). Many participants in the active subgroup described an intense fear of losing mobility and used words such as “devastating” and “frightening” to anticipate feelings associated with this loss. Such accounts reflected the fear of impairment, revealing parallels with the tragedy and decline narratives that accompany disability and frailty respectively (see [Grenier et al., 2016](#)). For example, participant #8 says *“To lose that mobility would be devastating to me” (#8, Female, 61-70, Active Subgroup).*

Throughout, regardless of location, but more pronounced among those in the active group, was how feelings of (im)mobility were inter-related with considerations of risk, caution and judgement, which impacted their lives and wellbeing. Older people's discussions included themes of risk-analysis and avoidance of certain places and movements due to a fear of falling, getting hurt, or doing anything which could negatively impact their independence and mobility—discourses that are perfectly aligned with the ‘fear of falling’ that motivates programming for older people. For example, participants discussed how winter weather (and failure to clear sidewalks) could hinder their ability to negotiate their environment, and participate in communities and social lives (see also [Finlay, 2018](#); [Skinner, Yantzi, & Rosenberg, 2009](#)). Further, some participants discussed how they avoided driving at night, or were extra cautious of ice, and stairs. The following quotes highlight intricate assessments of risk that are telling where the feelings of (im) mobility in aging and late life are concerned:

*“So I think, as active as I think I am, at the same time, I am aware of the fact that you're kind of almost one step away from a disaster, and the trick is how to avoid the disasters... If anything, I'm probably more careful than I've ever been even though I did manage to fall off the roof just not too long ago. I don't climb ladders now. There are things that you just simply say, “Okay, that's it. I'm not doing that anymore... it's a risk analysis that you're constantly doing, and I don't think we did that when we were younger” (#2, Male, 70+, Active Subgroup).*

*“Another thing that comes with movement is the care that I have to take. I have to, if I'm turning from one side to the other, I'll use the handrails on my bed, but I have to hold my arms in a certain way that I won't dislocate my shoulders or something. Movement means the care that I have to take to prevent a fall or something like that, which could be a pretty serious problem.” (#13, Female, 63, Disability Subgroup).*

*(Im)mobility is subtle, fluid, contextual, and ever-changing*

Interviews with older people at three differently situated locations stressed how (im)mobility is subtle, fluid, contextual, and ever-changing. This includes, as outlined in the above-mentioned quotes, change over time, seasons, and environments, as well as how experiences and feelings of (im)mobility may become meaningful in different forms than were previously experienced or enacted. Such examples are clear in the discussions of the changes brought about by the use of the wheelchair, but also in the following example of an older person who had engaged in travel throughout their life. In this case, the older person now exhibits mobility and the associated pleasurable feelings experienced while traveling through encounters with objects like photographs.

Consider the movement and change within the following quote:

*“I have made a couple of scrap books up. Like in the winter time, I have packages of pictures and pictures and pictures over all those years and my wife said, “What are you going to do with it?” So, I took them out of the closet and put them on the dining room table and I started going through, “Oh, gee, I’ve got a lot of these. I got a lot of that.” (#5, Male, 88, Frail Subgroup).*

Yet, it is the embodied experiences of people from locations of disability and frailty that convey a different point of view. Older people living with disability or frailty told stories from within locations of impairment, thereby redefining mobility from the context of what would often be considered as immobility. Older people with disabilities discussed meanings and feelings of dependence on others, as well as how technology and services shaped what they were able to do, and when they were able to do it. Here, older people tended to frame their discussions in terms of things that facilitated or blocked/hindered their movement. Unlike the insights from older people in the active group, the discussions were not about the fear of impairment, but of immobility as a form of restricted movement or limited freedom to engage in activities, to have meaningful lives, and/or access well-being. (Im) mobility, as per the participants in our research, was about the problems of ‘missing out’ on the feelings of movement, and/or the threat that the positive feelings of movement would not be fulfilled. For example, discussing the linkages between practical issues and subjective impacts, older people from the disability subgroup outlined how realities such as the permanent use of a wheel chair created other health issues which could further affect (im)mobility and isolation. The first quote speaks about how practical health implications of wheelchair use could affect mobility, where the second, demonstrates the social implications of limited mobility, and the external resources which contributed to mobility. Together, they showcase the varying scale of circumstances where mobility is possible (going across the street) and more challenging (getting ready for work).

*“I have to miss some events when I wish I would be there. Sometimes I have to miss important event because I have a severe bladder infection.” (#14, Male, 59, Disability Subgroup).*

*“Luckily, we have a grocery store across the street so I can run over there any time we need to. Going to work is a bit more challenging because I have to get a coat, and I can’t do that myself. So, I have to wait until somebody is here and time my going out so that someone’s here to dress me up. When I get home, that’s a challenge because I have to wait for somebody like I’ll get a neighbor. On either side, we have good neighbors that will help me get undressed.” (#11, Female, 56, Disability Subgroup).*

Insights from our exploratory study revealed the nuances of mobility, how everyday tasks and activities of daily life could pose a variety of challenges for those living with a disability and/or frailty, and how (im)mobility is enacted through bodies, in environments and in relation to others. A major issue was that of dependency – either real or subjective—linked with discussions of support, good health, transportation, or social/physical environments. On a micro everyday level, limitations to physical movement, function, and pain are experienced in and through the body and self, but on a macro level, the ability to work, socialize, and undergo ‘discretionary spontaneous mobility’ are impacted by the environment within which one lives, and the social relationships and supports one has (Musselwhite, 2017). It is this fluidity and relativity of moment that brings opportunities and challenges, results in disappointment, health issues, as well as emotional and social barriers to being mobile in an ever-changing globalized society.

Consistent with a ‘new mobilities’ approach, technology was discussed as something that had the potential to alter or impact (im)mobility, albeit in different ways. Although often considered to offer solutions to the challenges of mobility, technological solutions may not

take older people’s needs into account. Participants described their use of technology, uses, and rationale for use. For some, such as one participant in the frailty subgroup quoted above, upgrading from a walker to an electric wheelchair was described as “opening doors” of opportunity that would not have otherwise been possible. A similar example given by a participant in the frailty subgroup, was how the electronic scooters in Walmart made grocery shopping possible. Further, discussions of public transportation were intertwined with (im)mobility, particularly from participants in the disability group, as one of the major factors which could reduce mobility. Where mobility scooters could be helpful to permit movement across spaces, the broader lack of suitable public transportation caused (im)mobility in others. This was particularly the case where affordability and unequal access were considered, such as low income. For others, technology helped to overcome distance, cost, physical and social barriers, such as keeping in touch with family over Facebook. These examples highlighted how mobility was not always about movement (body or geographic), but social involvement and virtual connections (see Schwanen & Ziegler, 2011).

A consistent discussion across interviews was how factors, barriers and enhancers of one’s mobility extended beyond individual physical limitations and functional abilities. Older people distinguished between practical aspects of access and the everyday impacts of reduced mobility. Echoing a longstanding discussion from people with disabilities, environmental factors and the lack of suitable transportation were identified as an obstacle to social involvement, participation, and mobility. One prominent issue was how the built environment affected experiences of mobility within the home, public buildings, streets, and spaces such as bathrooms, cars, and parking lots.<sup>5</sup> Often times, stories focused on taken-for-granted assumptions about access, how this could differ depending on need, and produce a range of other implications. For example, participants stated that a lack of accessibility could result in altered plans and/or a complete avoidance of spaces, such as an example where a participant became physically stuck in what was labelled an accessible bathroom (see below). Although the stories recounted are diverse, each was told by a material actor enacting agency in the mobility-making process as they age, through encounters and relationships with spaces, places, actors, and social networks.

*“Just because you put a sign on the door that says you’re wheelchair-accessible, I assure you, does not mean that they are. We went out for dinner. We had been told that this place was wheelchair-accessible, including the bathrooms, and I go to try and get into the restroom, and I got stuck...The grocery store is another one. Of course, everything you want is up on the top shelf”. (#13, Female, 63, Disability Subgroup).*

*“Sometimes they say it’s accessible but you know most would say it’s accessible. You can go in, but you cannot go to the bathroom. So go and find a tree or something” (#14, Male, 59, Disability Subgroup).*

The above quotations highlight how the social and political context in which one lives can impact (im)mobility, and the ease with which one negotiates everyday life, community and environments. Physical accessibility was highlighted as a major theme that hindered mobility. However, this was often linked with how such limitations intersected with social involvement and meaningful participation. This included how other people would stare, make rude comments, as well as how some older people felt that they did not belong in a particular space. In response, participants chose locations and/or familiar routes, and outlined how they would research places ahead of time in order to avoid

<sup>5</sup> Bathrooms in particular were described by participants living with a disability as challenging and it was communicated that bathrooms must be flat, large areas which allow for a good turning ratio (especially for those using assistive devices).

situations of reduced mobility.

### Discussion: Contributions from a ‘New Mobilities’ perspective

Returning to our theoretical foundation in ‘new mobilities’, the results of the exploratory interviews with older people at three differential and ‘typified’ locations of (im)mobility suggest merit in developing linkages between the ‘new mobilities’ framework and the insights of older people at a range of social locations (see Goins et al., 2014). The variable politics of mobility applies fruitfully to discussions of aging and late life. Similar to the research on disability, gender, and race, mentioned above, age is a complex feature of identity that while fixed in some ways, exists within broader social structures and remains open to negotiation and contestation across the life course. Age has contingent meanings for specific individuals in specific places at specific times, but also shapes and is shaped by narrative tropes and societal norms.

In this section, we offer three potential jumping off points with regards to rethinking (im)mobility and aging from a ‘new mobilities’ perspective: First, the ‘new mobilities’ perspective may allow for further explorations into how movement is fluid, and changes over time. Second, the ‘new mobilities’ perspective suggests that mobility is generative and revealing of age rather than only an outcome of age. Third, the ‘new mobilities’ perspective, paired with insights from older people suggests the need for research methods attuned to both experiences of movement and those of stillness within the same person, across settings and over time. And together, the perspective reveals that there is a need for methods that recognize and account for fluidity rather than fixed ideas of mobility and immobility with regards to aging and later life.

First, the ‘new mobilities’ perspective and the insights from older people at three differentially situated social locations reveals how lived experiences of *movement* change over time and are radically diverse and varied. Extending understandings of (im)mobility to be more in line with older people’s experiences and feelings will require a recognition of movement as more than an overly-simplistic or depoliticized understanding of ability or function (something that happens or doesn’t), more than moving from point A to point B, and more than a transition between particular settings or contexts, such as those of care. This is especially the case given that older people experience mobility and (im)mobility in wide-ranging ways and in relation to broader social relations and institutional structures. Such understandings of mobility as fluid, experienced, and felt, challenge traditional ideas of mobility that are used in guiding frameworks such as healthy and successful aging, or program level interventions focused on physical access to transport or social events. In doing so, the insights from older people in our study expose the cracks in practices of assessment that are almost uniquely focused on functional impairment. They render visible the privilege that exists between the potential to be an active healthy older person, and how patterns of mobility are fashioned across the life course and into late life, most obviously in the contrast between activity in privilege and frailty as a result of disadvantage. Further, they reveal the importance of extending solutions beyond accessibility into how access can shape social relations, interactions, emotional needs, and quality of life (see Musselwhite & Haddad, 2010).

This new approach to understanding mobility serves to broaden the existing focus on ‘function and impairment’ through attention to movement, virtual and non-human encounters, global contexts, and stillness among older people. It emphasizes movement itself, in all its variability and at the widest possible range of scales (Cresswell, 2010, 2011; Hannam et al., 2006; Sheller & Urry, 2006). This includes how variations in (im)mobility are socially produced, including through diverse social locations, over time, as well as how older people may be differentially positioned in their access to mobility. Here, examples from geography may be helpful in rethinking (im)mobility among older people. Getting beyond utilitarian “point-A-to-point-B” analyses (Shaw & Hesse, 2010) and uncovering the neutral “black box” of local and

global travel (Sheller & Urry, 2006) for example, highlight the politics of mobility. While the globe may seem small for some, due to the increasing speed and ease of plane travel (Dodge & Kitchin, 2004) or rail transit (Urry, 2007), it is overwhelmingly large for others (Adey, 2006; Cresswell, 2010; Hannam et al., 2006). Further, while mobility may be a matter of choice and desire for some, such as the luxurious travel of the global elite (Thurlow & Jaworski, 2012), it is for others, compulsory, and/or forced, as in the case of forced migrants or refugees (Hannam et al., 2006; Mason, 2011) as well as a feature of everyday life. Many researchers have studied the ways in which marginalized groups experience mobility differently from more privileged ones, especially in cities, ranging from disability (e.g. Pyer & Tucker, 2017) to gender (e.g. Sayer, 2005) to race (e.g. Pesses, 2017). Our analysis adds the location of age as an intersectional and embodied experience, as it relates to (im)mobility to this analysis.

Second, the “new mobility” paradigm, when explored through the insights of older people, reveals how mobility is not only an outcome of aging, but is also generative and revealing of age. The contrast for example between those in the active group and the ‘frail’ group are case in point, with the impairments of aging, and the challenges of (im)mobility potentially increasing with age. In our case, the participants in the active group were roughly ten years younger than the participants in the ‘frail’ case study—offering a potential narrative timeline of (im)mobility in the past, present and future. From this narrative frame, differences in mobility seemed to emerge around the practicalities related to driving (or not), the use of mobility devices such as wheelchairs and walkers, and general levels of health and wellness. Here, discussions reflect larger debates in critical and cultural gerontology that are organised around notions of frailty and the fourth age. The idea of the fourth age, a ‘cultural construct’ considered to be brought about through the onset of frailty/impairment, is particularly relevant. It is indeed the location of impairment that is considered to ‘tip’ one into the narrative of decline and the negative assumptions of frailty and age (Gilleard & Higgs, 2010, 2013; Grenier, 2012). The idea of mobility as revelatory of age also points to the importance of highlighting that people over age 70 are more likely to have difficulties with regards to mobility, either as a result of health issues, physical access to spaces, or declining supports and resources, and in doing so, underscores the importance of addressing these concerns in the context of population aging and longevity (see Musselwhite et al., 2015). The ‘new mobilities’ perspective can in this sense, be considered a different angle from which to view debates and responses, and a theoretical and conceptual means to extend discussions beyond age classifications and cultures of aging, to the relationship between bodies, movement, and society.

At the same time, the contrast between the understandings of (im)mobility at the three differential locations of activity, disability and frailty, and in particular the contrast between participants with disability or impairment (frailty) and the active group, provide further opportunities to reflect on the taken-for-granted assumptions that underlie current approaches. For those with some limitations, (im)mobility revolved around understandings of activities of daily living, and more fluid interpretations of movement, participation and well-being. For those in the active group, the discussions about (im)mobility were grounded in present activities, future projections and most notably a fear of impairment. Such illustrations spur existing debates around distinctions of age through impairment and the binary of mobility/immobility. Although to date these debates have led to investigations of the causal link between mobility and aging, approaching the questions of (im)mobility from a ‘new mobilities’ perspective calls for further reflection, reconsideration and reformulation. A ‘new mobilities’ approach prompts us to ask, what does it mean to say that “mobility shapes age” rather than only that “age shapes mobility”? Framed as such, the two questions lend themselves to different understandings of aging and identity, as well as a range of methodologies from which to study (im)mobility as one ages and moves into later life. They also lead to solutions that are not utilitarian or instrumental, but social,

emotional and relational, and contribute to fostering meaningful lives (also see Adey et al., 2014; Musselwhite et al., 2015; Phoenix & Bell, 2019).

Third, the insights from older people at three situated locations suggests the need for more fluid and dynamic approaches to understanding representations and embodied experiences of movement. The interviews with older people reveal: varying scales, types and understandings of movement; different ways of representing movement (both by participants and by others who rely on stereotypical representations); and ideas of movement as micro-level reflections, feelings and enjoyable moments. Understanding mobility among older people must also include ideas of rhythm, pace, friction, stillness and meaning (see Andrews & Duff, 2019; Cresswell, 2010; Phoenix & Bell, 2019). As such, the accounts reveal that there is not only a need to incorporate qualitative approaches that capture diverse experiences of movement and stillness more fully than traditional quantitative methods, but also for approaches that explore mobility and movement in greater diversity (see Hannam et al., 2006). Here, the ideas of better understanding the dynamic means of adjustment through technological/mundane resources, meaningful encounters (Schwanen & Ziegler, 2011) and the concept of friction seem particularly relevant to the three typified case studies in our research (see Cresswell, 2010).

Our suggestion is not that the existing or 'older' approaches to mobility, such as migration studies, tourism studies, and transport geography, be, as Cresswell (2010) notes "unceremoniously tipped into the junk heap of academic history" (p. 18). Earlier approaches to mobility, especially in the context of an aging population, still have indispensable empirical value. This is especially the case, because such ideas are deeply engrained in public policies, institutional practices, and responses to older people. Our suggestion is that researchers in the field of gerontology and aging studies simply not take the ideas of mobility for granted, nor the binary positions of mobility or immobility as fixed truths. We encourage social gerontologists to adapt a critical and dynamic stance on (im)mobility and movement, whether it be of the body, across space, or locations for care and support. The suggestion being made is that researchers draw on lessons and insights from the 'new mobilities' paradigm to open possibilities for dialogue, subjective interpretations, and alternate understandings of movement and involvement.

## Conclusion

This paper proposes the relevance of the 'new mobilities' perspective as a way to extend existing understandings of mobility in later life based on fifteen exploratory interviews with older people at three differentially situated locations. In exploring these locations as embedded cases that were part of the same phenomenon of (im)mobility, insights from older people challenged the traditional understandings of mobility as solely related to function, physical ability and impairment or activity, movement from point A to B, or a means to an end. Drawing on the 'new mobilities' perspective, the accounts of older people demonstrate the importance of embodied experiences of (im)mobility—revealing connections between movement, feelings, and stillness as part of mobility. They also reveal how barriers to mobility are not only physical, but also about ongoing and changing appraisals, relationships and encounters.

Adopting a 'new mobilities' approach to draws attention to the diverse relationships with mobility, including the complex power relations and privileges of mobility that operate across a range of relationships, settings, sites, and contexts. Considered together, and in contrast, the findings from these three distinct but related embedded case studies challenge the often-held dichotomy between mobility and immobility in later life. Yet, notable differences and trends that are worthy of further exploration did surface between the three embedded cases. The interviews with people with disabilities tended to take longer and occur in the privacy of their homes. At the same time, we were

surprised that the sample identified at risk of frailty would have been considered as such. The group seemed more 'traditionally' mobile, and did not have the level of impairment that would have previously characterised a frail sample, suggesting a downward creep of the application of the construct of frailty as a gerontological classification of risk (see Grenier, 2019). Yet, across all groups, the participants of our study all seemed to be more civically engaged than would be expected in the general population.

Proposed as exploratory, there are a number of aspects that could have had an impact on the results. The age ranges of the different groups, the mainly urban sample, and the variety of devices used by older people, could have impacted the themes which were discussed across the interviews. Further, while the group considered 'frail' were at risk, our sample did not include groups who were in the very frail category, nor did it include people with cognitive impairment. Despite these limitations, when viewed together, we believe initial results from this exploratory study suggest that there is merit in pursuing a 'new mobilities' perspective with regards to aging and late life. In particular, rethinking (im)mobility through a 'new mobilities' perspective may allow researchers on aging to overcome limited views of mobility as ability, function or distance, and in doing so, redefine and better reflect 'what it means to be mobile in contemporary society'.

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