Belongingness: How Neighbourhood Gets Under the Skin

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Thesis Abstract

A challenge facing researchers is to understand how neighbourhood ‘gets under the skin’, influencing the health and wellbeing of those who live there. There is mixed evidence, and increasingly sophisticated theoretical explanations, concerning the health effects of neighbourhood characteristics. However, there is an empirical gap created by the emphasis on neighbourhood characteristics or experiences at a single point in time, with comparatively little attention given to the biographical accumulation of experiences in the varying residential contexts encountered throughout the lifecourse.

My research explored if and how experiences of neighbourhood are carried forward as people move from place to place; and if and how those experiences influence everyday habits that enable or undermine personal health and wellbeing.

Through a life-story narrative inquiry, including structural analysis and both within-case and cross-case thematic analyses, the recollections and reflections of sixteen women living in Wellington, New Zealand, were explored to see how childhood experiences inform present-day perceptions, preferences, and practices towards their residential area and their attentiveness to health and wellbeing through active living and food.

Health and wellbeing were found to be enabled by the childhood experience of a sense of neighbourhood belonging. Participants’ narratively reconstructed recollections suggest that their childhood experiences of neighbourhood belonging came about through an everyday practice of unsupervised, unstructured play with nearby peers in public and private neighbourhood spaces. Their narratives suggest such spaces to be ‘third places’ of the children’s making, with as much relevance to their young lives as is claimed of third places in the lives of adults. A childhood
engagement with third places of the local children’s making is shown to be related to the development and embodiment of knowledge about trustworthiness, resulting in an ability to form mutually beneficial social relations with children living nearby. As adults, participants who had experienced a sense of neighbourhood belonging in childhood consciously worked toward developing neighbourly reciprocal social relations in adulthood, in the expectation of convivial camaraderie that sometimes extended to practical support. The study suggests that belonging to such informal social networks is positively associated with everyday practices of self-care that benefit health and wellbeing. My research suggests the third places of childhood to be an important mechanism for the embodiment of neighbourhood that has hitherto been overlooked in the quest to understand how place gets under the skin, having enduring implications for health and wellbeing across the lifecourse.
Acknowledgements

Thank you to the Neighbourhoods and Health team for giving me the opportunity to ‘do’ a PhD. The day I got that phone call was and will remain a highlight of my life. I would like to say the following four years were similarly filled with joy, but everyone who has ever ‘done’ a doctoral thesis will know that to be false. It has been hard; damned hard.

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Chapter 1: Introduction

When seeking to shed light on the ‘black box’ of place effects (Macintyre, Ellaway, & Cummins, 2002), one of the chains of causation to be examined is the question of how neighbourhood ‘gets under the skin’, influencing health and wellbeing. The specific problem addressed by this research is doubly concerned with matters of ‘how’: the mechanisms behind the associations. Firstly, how does the process of embodiment occur in relation to experiences of neighbourhood? Secondly, how is it that this embodied experience influences health and wellbeing?

Using an interpretive approach and methods of thematic analysis suited to narrative inquiry, I explore the experiences of neighbourhood life through the life-stories of 16 women living in Wellington, New Zealand. A life-story approach takes into account that people often live in many neighbourhoods throughout their lives, interacting with and experiencing different characteristics in multiple neighbourhood settings.

The thesis relies upon narrative analysis methods and techniques to analyse the ‘inner life’ stories (Gubrium & Holstein, 2009) of 16 women interviewed expressly for the purpose of gathering a located life-story: her experience(s) of neighbourhood life, throughout her life. Each story is a version of that which the participant has tacitly composed, edited, and revised throughout her life in response to her experiences and her reinterpretation of her experiences (McAdams, 1993). This story, or a version of it, is a story she tells to others so that they too can come to know who she is in relation to the world as she experiences and interprets it (McAdams, 1993). As such, these stories provide a particular, interpreted, point of view. A point of view that has been shaped, goes on being shaped, and itself shapes, the lived reality of its central character: the participant. Conducting research in this mode is saturated in subjectivity, firstly
drawing on that of the participant, and secondly analysing the data
conscious that my own subjectivity also influences my interpretations.

The purpose of this interpretive study is to examine past experiences
of neighbourhood through narrative accounts, in order to see how these
experiences are carried forward, continuing to influence the present
experience of neighbourhood and having an ongoing influence on personal
health and wellbeing. Talking about what it is (or was) like to live in a
particular area, participants recall and reflect upon their experiences,
talking about what mattered to them in shaping their perceptions of the
area as a good or not-so-good place to live. Through the analysis of
participants’ life-stories I identify key aspects of the neighbourhood that are
suggested in these narratives to be important to the development of an
embodied personal schema which guides behaviours that enhance health
and wellbeing. The alternative scenario is also highlighted through the
analysis, when the absence of particular experiences of neighbourhood life
is followed by behaviours that undermine health and wellbeing. By
considering these life-stories individually (within case) and also collectively
(cross-case), the goal of the research is to develop an understanding of one
way in which neighbourhood gets under the skin, influencing health and
wellbeing. Identifying aspects of the neighbourhood which contribute to the
development of an embodied schema that guides health-enhancing
practices will deepen the public health understanding of the relationship
between neighbourhoods and health, enabling a broader view of the role
played by the residential area in the health and wellbeing of its residents.

**Conceptual Clarifications**

The problem at the core of this thesis is the need to better understand
the mechanisms behind the observation of Popay, Thomas, Williams,
Bennett, Gatrell and Bostock (2003) that it is health-enhancing to live in a
place where one feels oneself to belong, and a hindrance to health to live in a place where one lacks a sense of belonging. Developing such an understanding is important if such mechanisms are to be recognised and enabled, bringing a general benefit to people’s health and wellbeing. There are three principal parts to the problem of how neighbourhood ‘gets under the skin’, influencing health and wellbeing. First, there is the matter of how things outside of the body come to ‘get under the skin’ or become embodied. Second, there is the multidimensional concept of ‘neighbourhood’, with some dimensions more implicated than others in embodiment. Third, there is the matter of ‘health’, which is also multidimensional; raising the possibility that embodied dimensions of neighbourhood may have more influence over some aspects of health than others. Each of these three principal concepts is introduced below, before a brief overview of the thesis structure.

**Embodiment: externalities that ‘get under the skin’**

In the vernacular, saying that something or someone has ‘gotten under the skin’ implies a degree of irritation or annoyance that is difficult to put aside. For example, automated answering systems get under my skin, especially when I navigate my way through several questions and then end up ‘on hold’! However, Cole Porter had something else in mind in 1936 when he wrote the lyrics that were made famous by Frank Sinatra 30 years later:

> I’ve got you under my skin.
> I’ve got you deep in the heart of me.
> So deep in my heart that you’re really a part of me.
> I’ve got you under my skin.

In this latter sense, getting under the skin, or embodiment, is not necessarily an unwelcome annoyance. Also, the depth of affect is not always
close to the surface, diverting one’s attention. Once that which has gotten under the skin becomes ‘a part of me’, becoming embodied, there may be little need to give it much conscious thought: it is simply carried within, taken-for-granted, belonging there as if it is a natural, normal, aspect of the self. To draw upon Bourdieu’s analogy, embodied aspects of one’s personal environment become “like a ‘fish in water’: it does not feel the weight of the water, and it takes the world about itself for granted” (1992, p. 127). Unless circumstances are encountered which conflict with or contradict one’s normalcy, ‘normal’ is unproblematic. To return to the telephone etiquette example above, that which is ‘under my skin’ or embodied is an expectation that my telephone call will result in a dialogue with someone who can knowledgeably handle my request. My irritation arises from the problem of this expectation not being met.

The embodiment of the environment has been described as “the ways environmental characteristics … influence individual characteristics or behaviours” (Taylor, Repetti, & Seeman, 1997, p. 413). The environment of interest to my thesis is the residential area; a complex setting that Kearns and Moon (2002) described as a ‘landscape’ comprising multiple dimensions, including the physical dimension in its built and natural forms, and the social dimension. That the social dimension of the residential area is performed in relation to the physical dimension adds a further degree of complexity to the residential landscape. To understand how characteristics of these dimensions can influence the characteristics or behaviours of residents, I draw upon Bourdieu’s concept of habitus1 (Bourdieu, 1983/1986, 1980/1990, 1979/2000, 2002; Bourdieu & Wacquant, 1992; Bouveresse, 1999; Maton, 2008). At its most fundamental level, habitus can be understood as

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1 Bourdieu’s name is highly associated with this concept in sociology, but he was not the first sociologist to utilise it. Marcel Maus (1872-1950) and Maurice Merleau-Ponty (1908-1961) are both associated with the conceptual development, which is understood to arise first in the work of Aristotle.
the embodiment of the social environment as it is personally experienced (Bourdieu & Wacquant).

As illustrated in Figure 1, I considered Bourdieu’s description alongside that of Taylor and colleagues’ explanation that environmental characteristics influence behaviour (1997), keeping in mind also that Bourdieu’s description of habitus particularly draws attention to the social dimension of the landscape that makes up the residential area (Kearns & Moon, 2002). Bourdieu’s explanation of how habitus develops is a useful means for understanding the process by which the multiple dimensions of the residential landscape become embodied.

![Figure 1: Embodiment of the neighbourhood](image)

According to Bourdieu (1992) the development of habitus is initiated within the subtle work of enculturation, particularly through repeat experiences, and continues throughout life. As experiences accumulate and cognition develops, habitus enables increasingly complex interpretations, or possibilities for making sense of and acting in one’s world. As Bourdieu elaborates, “Habitus being the social embodied, it is ‘at home’ in the field it

The importance of early childhood to the foundations of habitus is emphasised by Bourdieu, suggesting that the social environment of one’s enculturation is especially important (1992). Much of early life – infancy and preschool – is dedicated to socialisation. Socialisation begins within family or household life, increasing in breadth as the toddler becomes engaged with the world beyond the household, perhaps at a local area scale, or with the introduction of childcare or preschool education, on to school and the increasingly wider and larger scales of life beyond the household and the residential area throughout life. Nevertheless, the characteristics of the environment in which the foundational structures of habitus are formed through one’s earliest socialisation, which is generally the family home, remain at the core of the on-going development of habitus (Bourdieu & Wacquant, 1992).

The wider, public, context of the residential area and its multitude of interrelated dimensions provide a step beyond the private sphere of the family home where the development of habitus begins. Translating Bourdieu’s concept of embodiment to the neighbourhood environment leads to the possibility that repeated experiences of the neighbourhood landscape, in all its complexity, provide the means through which ‘neighbourhood’ becomes embodied. If so, in response to these experiences, characteristics of the residential area will be interpreted according to habitus, and embodied as perceptions and preferences that guide behaviour.
Through experience, especially repeated experience, people come to ‘know’ the inherent nature of the residential area in which they live. Through repeated experiences people learn what to expect and how to act in the context of their residential area as a social field (Bourdieu & Wacquant, 1992) or semiautonomous social space occupied by social agents who typically share norms and logics about how ‘neighbourhood’ operates (Thomson, 2008). For example, residents do not have to think about whether to not to greet someone encountered in a nearby public place, because there will be an established, embodied guide that informs their (seemingly consciously chosen) action to greet everyone they encounter, or to greet everyone of a particular age or gender, or only those who are recognised, or to offer no greetings to anyone. ‘Knowing’ how to behave in the residential area is not innate however. It is learned, and it is learned principally through subtle observation and experience.

This is not to suggest that residential areas and neighbourhoods are static entities. On the contrary, and as Appadurai (1996) insists, these are settings of potential social reproduction, developing in response to inter-household social interactions. The constant possibility for development means that “hard and regular work” (p. 180) is necessary if the residential area is to be experienced as a neighbourhood, being reproduced “as a property of social life” (p. 182). The necessity for reproduction also makes neighbourhood life particularly vulnerable or fragile: to be sustained, those living there must develop a feeling of belonging, of connectedness, of fitting in.

**Feeling ‘at home’ in the neighbourhood**

The second part to the problem of how neighbourhood gets under the skin, influencing health and wellbeing, is the matter of ‘neighbourhood’. Specifically, which dimensions of the residential area matter most for feeling normal or natural, or that one ‘fits in’, rather than feeling out of
place. On the basis of Bourdieu’s theory concerning the ongoing development of habitus as the embodiment of social experience (1992), the social dimension of the residential area is of considerable importance. It is acted out in the physical dimensions of the residential area, and so a research focus that targets the social dimension also captures something of the built and natural environments of neighbourhood.

It is possible to reside in a place without feeling ‘at home’ there; without feeling that one ‘fits in’. In such a place, the practices and everyday actions of one’s fellow residents may be interpreted as abnormal or even unnatural. This was the experience at the core of research carried out by Popay and colleagues (2003), where some participants perceived their residential areas to be ‘improper places’ to live. On the other hand, when a resident feels that they ‘fit in’ or are ‘at home’ in their residential area, they experience a sense of neighbourhood belonging.2 The experience of feeling ‘at home’ or having a sense of neighbourhood belonging is both complex and also taken for granted, seemingly being more apparent in its absence than its presence. As noted by McCreanor, Penney, Jensen, Witten and Barnes (2006), “the experience of home involves far more than the currently occupied physical building” (p. 197). The phenomenon of ‘at-homeness’ has been explained by Seamon (1979) who identified five themes:

- Rootedness: the body’s intimate knowledge of the space it inhabits. A knowledge that accumulates over time, through repeated exposure of the body to the place, developing a fluidity of movement within the space. There is a freedom to inhabit the space without conscious thought.

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2 Throughout this thesis I the use of the term ‘neighbourhood’ to describe such settings, and I use the term ‘residential area’ to refer to the setting more generally as well as to describe situations where there is an absence of neighbourhood belonging.
- Appropriation: there is a ‘taken-for-granted’ right to be present in the space which contrasts with the degree of discomfort experienced when a space is inhabited by someone unexpected or uninvited.

- Regeneration: rest, restoration, and revival occur in places where one feels ‘at home’.

- At-ease: the taken-for-granted ability to be oneself, enabling the expression of vulnerabilities as well as competencies and accomplishments.

- Warmth: harmony, friendliness, companionship, and support, which develop over time and through ongoing contact that enables people to know each another well.

This typology of at-homeness was developed through empirical research focusing on the experience of household attachment (Seamon, 1979). More recently, the five themes identified by Seamon have been used by Oldenburg (1999) to explore the inherent character of places that provide a similar sense of attachment, provoking the interpretation that one can feel ‘at home’ in settings that are manifestly not ‘home’. Oldenburg considered Seamon’s work particularly useful because the typology arose in relation to the experience of at-homeness experienced in the private dwelling place, whilst Oldenburg’s interest, and also my own, is in the experience of feeling ‘at home’ in places beyond one’s abode. After accounting for the scale and public nature of the residential area as opposed to the comparatively intimate and private setting of the household, it seems to me, as it did to Oldenburg, that Seamon’s work can be applied to the wider context of the residential area, providing a useful articulation of what is understood by the notion of feeling ‘at home’ beyond the actual dwelling.
Having a ‘sense of belonging’ is another term used by theorists and researchers to describe this kind of experience of place attachment. Antonsich (2010) proposed a framework for exploring what he refers to as a taken-for-granted, “vaguely defined and ill-theorized” notion of belonging (p. 644). Antonsich drew upon hooks\(^3\) (2009) to connect a ‘sense of belonging’ to feeling ‘at home’, where ‘home’ is “a symbolic place of familiarity, comfort, security, and emotional attachment” (p. 646).

The descriptors of concepts such as ‘belonging’, ‘fitting in’ or being ‘at home’ used by Seamon (1979), Antonsich (2010), hooks (2009) and Popay and colleagues (2003) suggest that the social dimension of the residential area is particularly important to understanding how experiences of belongingness can both positively and negatively influence health and wellbeing. Nevertheless, the social dimension of the residential area is interwoven with the built and the natural dimensions of the residential area, in public and private settings. Consequently, my research focuses particularly on the social dimension of the residential area, but in the context of and through its articulation with aspects of the local physical dimension.

As I analysed the interview data collected for this thesis, themes of rootedness, appropriation, regeneration, at-easeness, warmth, familiarity, comfort, security and emotional attachment, were interpreted to signal the presence of neighbourhood belonging. The absence of such themes was suggestive of the opposite, but did not describe a contrasting experience. Finally, the presence of contrasting themes, such as tension, coldness, discomfort, and trauma signalled the experience of an absence of belonging, through an incompatibility between one’s personal, embodied,

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\(^{3}\) Glory Jean Watkins uses the pen-name ‘bell hooks’, which she intentionally presents in the lower case format to differentiate herself from her ancestor, Bell Hooks.
understanding of what qualifies as a proper place to live and one’s perceived living circumstances.

**Health and wellbeing**

Following from ‘embodiment’ and ‘neighbourhood’, each described above, a third important concept central to this thesis is that of ‘health’. Health is a broad concept, covering social, mental, and physical domains. It is measured in numerous ways including objective and subjective measures of health outcomes, as well as incorporating health behaviours such as diet and physical activity. This raises the question of which domains of health might be most influenced by the experience of neighbourhood belongingness.

Within Public Health research there has been considerable attention to physical health through the presence or absence of communicable and non-communicable disease. In recent decades this focus has been accentuated by the ‘obesity epidemic’, which has bloated the populations of developed nations and threatens the health of populations in developing nations as well (World Health Organization, 2000). The increasing prevalence of obesity was the health concern that anchored the collaborative programme of work between the *Neighbourhoods and Health* research programme, and *Understanding the Relationship Between Activity and Neighbourhood* (URBAN). The work for this thesis contributes to the wider body of work undertaken by the *Neighbourhoods and Health* research project on a range of neighbourhood characteristics and health outcomes. Most recently, the *Neighbourhoods and Health* project joined with the URBAN project to look more specifically at the relationship between physical activity and the built environment. The participants of my thesis research are a subset of those who participated in an extensive survey carried out

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4 The Neighbourhoods and Health project funded this thesis research through a grant from the Health Research Council.
through the URBAN study. The URBAN study sought “to inform decision-makers of the built environment variables with the greatest potential for improving PA [physical activity] and obesity outcomes,” (Badland et al., 2009). Thus, the domain of health that formatively drove my research design was health outcomes arising from obesity. Nevertheless, my data gathering focus toward health was not constrained by the physical health problem of obesity-related disease.

Alongside ‘health’, I consider ‘wellbeing’: a concept that has been described as “slippery” (Gatrell, 2013). Gatrell describes three versions of ‘wellbeing’, ranging from an emphasis on personal growth, purposefulness, and high-quality relationships; having access to resources and skills that enable the individual to flourish; to positive affect, such as having pleasure and happiness through an energetic engagement with one’s world. It is this third version of ‘wellbeing’ that best describes how I sought evidence of ‘wellbeing’ in the analytic work of this thesis.

I sought narratively-presented evidence of attentiveness to health and wellbeing through the domains of food and active living as these are preferred, perceived, and practiced in the everyday lives of participants. The domains of food and physical activity are aspects of everyday life and as such can be anticipated to be influenced by habitus: the embodied everyday experience of the social actor (Bourdieu & Wacquant, 1992). Food and activity also influence the presence and experience of obesity – a matter not coincidental to my choice to focus on these aspects of everyday life as indicators of attentiveness to health and wellbeing. Yet a focus on physical activity and food practices alone was unlikely to capture the complexity of the relationship between where one lives, sense of belonging, and one’s health and wellbeing. As has been argued by Bolam, Murphy and Gleeson (2006):
In short, it is not just the physical characteristics of the spaces in which people live, but also how they feel about, identify with and act in their place of residence that affects their health (p. 400).

Thus, a broader focus on attentiveness to health and wellbeing is explored in this thesis in the revealed context of everyday life, especially everyday life in the residential area, where participants have experienced either the presence or absence of belongingness.

Three concepts that are of particular importance to my thesis have now been introduced. These are embedded in the chapters that follow, which are outlined below.

**Thesis Outline**

**Setting up the thesis**

**Chapter 2: Literature Review**

I examine neighbourhoods and health literature from New Zealand and abroad through two strands: firstly in relation to obesity-related diseases, and secondly in relation to the social dimension of the neighbourhood. I then explore the literature on neighbourhood belongingness, first as a theoretical conception and then focusing on literature that suggests how belongingness comes about, and the health advantages associated with having a sense of neighbourhood belonging. I also examine the literature on food and active living, focusing on research that has explored barriers to engaging in health-enhancing practices as well as intervention studies that have sought to increase such engagement.

**Chapter 3: Method: Designing and Performing a Narrative Inquiry**

I detail the research planning, commencing with my choice to conduct a narrative inquiry. I explain the recruitment strategy, describing the derived attributes I created for this purpose, and discussing my assumptions and choices for recruitment criteria drawn directly from the URBAN dataset. The study site of Wellington city is introduced, giving
some context to the place in which the participants presently live. I explain my approach to carrying out the interviews and describe the interview process, including the core questions that guided the data gathering. I discuss the methods of transcription and analysis, including examples drawn from the interviews. I explain how I established that sufficient data had been collected to achieve theoretical saturation, and finally, methodological assumptions are addressed.

**The findings from my research**

In this middle section of the thesis I present four chapters of findings emerging from my analysis. The first two, Chapters 4 and 5, are concerned with what the narratives revealed about belongingness, especially the sense of neighbourhood belonging. The second two are concerned with attentiveness to health and wellbeing, first, in Chapter 6, through active living; and then, in Chapter 7, in relation to food.

**Chapter 4: Recognising Belongingness**

This chapter describes the findings from cross-case comparative analyses at two points in the lifecourse: childhood, and nowadays. Narratively reconstructed recollections of the childhood relationship with neighbourhood highlight themes of belonging and of longing to belong. Contrasting experiences are illustrated with extracts from the life-stories. The latter part of the chapter repeats this process, but this time in relation to reflections on the present neighbourhood. Participant reflections on the places they live nowadays draw upon three dimensions of neighbourhood, which participants prioritise differently as they describe their relationship with their residential area. A tacit assumption of neighbourliness is illustrated through the absence of conviviality being remarked upon by participants whilst its presence is generally overlooked in their description of the places they live.
Chapter 5: Trajectories of Belongingness

The work of this chapter is to connect the two cross-sectional ‘snap-shots’ created in the previous chapter, thereby illustrating the pathways from childhood to the present traversed by participants with regard to the residential area as a setting for belongingness. The life-stories of five participants are extensively drawn upon in this chapter, illustrating varying experiences of neighbourhood belonging. Each of the five life-stories is individually presented in temporal order, and I make extensive use of interview extracts to illustrate the discussion. I use narrative structural analysis to focus on the meaning-making elements within the episodic chapters embedded within each life-story.

Chapter 6: Talking About Active Living

In this chapter the focus shifts to the participants’ attentiveness to their health and wellbeing. As well as focusing on active living practices, I focus on participants’ reasoning for the inclusion or avoidance of active living practices as an indicator of personal attention to health and wellbeing. I begin with a cross-case analysis of childhood experiences of active living, and then repeat this analysis in relation to nowadays. Again, I use interview extracts to illustrate the themes that emerged through the analysis. A comparative within-case analysis concludes the chapter.

Chapter 7: Talking About Food

Following on from my analysis of participants’ talk about active living is the companion analysis where the focus is food. My findings here emerge from cross-case analyses, first at childhood and then nowadays. An interesting similarity emerges, connecting food habits nowadays with the food environment of childhood, but unlike the previous chapter where such a connection was meaningful at a neighbourhood level, this time the meaningful experiences occur at household level. I then bring my findings from this chapter alongside those from the previous chapter to form a
continuum of attentiveness to health and wellbeing. The participants’ described experiences suggest their attentiveness to be clustered at three points along the continuum: attentive, comparatively inattentive, and mixed.

**Contextualising my findings**

*Chapter 8: A typology of belonging and health*

This chapter brings together overall attentiveness to health and wellbeing and my findings from the previous chapters that focused on belongingness, discussing the findings in relation to the existing literature. Through a cross-case comparison, I group the life-stories according to similarities in their storylines in relation to belongingness and attentiveness to health and wellbeing. Three classifications emerge: one anchoring each end of a continuum, and one with mixed characteristics in between. The shared experiences anchored at each end of the continuum speak of the importance of the childhood experience of neighbourhood, which is carried forward to adulthood, influencing not only practices that enhance or undermine health and wellbeing, but also the strategies that guide those practices.

*Chapter 9: ‘Third places’ and the residential area*

The discussion turns to an aspect of the residential area that has emerged through the research as especially important to neighbourhood getting under the skin in a way that enables health and wellbeing. The narratives suggest the mechanisms for the embodiment of neighbourhood is through an everyday engagement with local places that have the inherent characteristics of ‘third places’, being local settings where people feel themselves to be ‘at home’ in the sense described by Seamon (1979) and drawn upon by Oldenburg (1999), as introduced above. I discuss my findings in this respect as these relate to the empirical work of others, with
my work adding new insights to how children use third places, with long-term implications for their health and wellbeing.

**Chapter 10: Conclusion**

The conclusion chapter begins by summarising the work of this thesis, addressing the questions of how embodiment occurs in relation to experiences of the residential area; and how this embodiment influences health and wellbeing. The limitations of my research are then discussed, followed by the study implications and suggestions for further research.
Chapter 2: Literature Review

There is an extensive literature about the relationship between the places people live and their health, especially from developed nations with health systems experiencing the effects of obesity-related disease such as Australia, Canada, New Zealand, the United Kingdom (UK), and United States of America (US). My focus is the residential area in the New Zealand context, which I show below to be somewhat different to other countries in terms of understanding the attributes and characteristics of residential locations that influence health habits. A large proportion of the literature about place and health has focused on locational access to resources considered to influence health in one way or another. However, some research methods overlook the complexity of the residential area as a landscape comprising multiple overlapping dimensions which influence health habits. This chapter demonstrates through the literature the implied importance but relatively less explored social dimension of residential areas as an influencer of habits that enhance or threaten the health of residents. Drawing upon the literature, I shape my research aim of examining how the experience of neighbourhood belongingness influences behaviours that impact health and wellbeing.

Neighbourhoods and Health

There are two strands to the international literature about the relationship between where people live and their health outcomes that are particularly relevant to my thesis. One is concerned with identifying the determinants of obesity-related disease. The second focuses more specifically on the social dimension of the residential area as a mechanism that may influence behaviour, including obesity-related practices such as diet and physical activity.
In New Zealand and abroad, much of the neighbourhoods and health research to date has arisen in association with the global concern about increasing rates of obesity. The health risks and treatment costs of obesity-related diseases have been emphasised in recent years by the World Health Organisation (World Health Organization, 2000, 2004, 2006a, 2006b). Obesity-related research experienced a paradigmatic shift through the notion of ‘obesogenic environments’ (Swinburn, Egger, & Raza, 1999). The new paradigm moved research emphasis away from the greed and laziness of individuals (Prentice & Jebb, 1995), toward characteristics of the environment that may normalise practices that promote illness rather than wellness. Residential areas have been of particular interest to this endeavour because one way that the places people live are thought to influence health is through locational access to resources.

One example, which was influential in shaping this thesis, is the recent consideration of the ‘walkability’ of residential areas. The URBAN study focused on the relationship between residential areas and active living practices, (Badland, Keam, Witten, & Kearns, 2010; Badland, et al., 2009; Ivory, Woodham, & Blakely, 2011; Witten et al., 2012). In these studies neighbourhood ‘walkability’ was calculated by taking into account aspects of the built environment that correspond to Galster’s structural and infrastructural dimensions (2001): street connectivity, dwelling density, land-use mix, and the ratio of retail floor-space to car-parking (Badland, et al., 2009). The resulting ‘walkability index’ was used to ensure the study included a variety of residential areas with differing walkability in addition to characteristics such as area deprivation and ethnic mix. By including walkability as a characteristic for selecting which spatial areas to investigate, researchers hoped to develop a better understanding of associations between variations of the built environment, body size, and physical activity. My thesis emerged from a programme of work within this
strand of the literature, with my focus being mechanisms through which health-enhancing behaviours and behaviours that are damaging to health and wellbeing come about: in particular, mechanisms associated with the social dimension of neighbourhood.

The social dimension of the neighbourhood is the focus of a second strand of research pertinent to my thesis which explores how neighbourhood gets under the skin, influencing health. Of interest to my thesis is the experience of social relations with nearby others that are characterised by either the presence or absence of indicators such as interpersonal trust, norms of reciprocity, social engagement that fosters a sense of community, and social participation. While some theorists, such as Putnam (1993, 1995, 2000) (following Coleman (1988)) refer to such indicators as aspects of ‘social capital’, others such as Carpiano (2006, 2007) (following Bourdieu (1983/1986)) use the term ‘social cohesion’ to group these indicators of sociality together. I tend not to use either term, preferring to think more broadly about the social dimension of life as located in a material and physical context.

These two strands of literature concerning the determinants of obesity-related disease and the role of the social dimension of place intersect where unsatisfactory social relations are associated with behaviours that are detrimental to health, including obesity-related diseases. Below, I address these bodies of literature first in the international context, where I focus on nations that are socially and materially similar to New Zealand: Australia, Canada, England (which sometimes extends to the UK), and the US. Then I narrow my focus to the literature emanating from New Zealand-based research.
Neighbourhoods and health research in ‘the affluent west of material abundance’

The problem of unequal distribution of material resources has received considerable international research attention at the residential area scale. Indices of area deprivation and household poverty have been used to compare more affluent areas with those that are relatively deprived, for example to see if comparing residential proximity to health resources varies by deprivation (Pearce, Witten, & Bartie, 2006). The obesity strand of neighbourhoods and health research has applied this approach to studies exploring access to health enhancing or health threatening food sources (Ball, Timperio, & Crawford, 2009; Black, Carpiano, Fleming, & Lauster, 2011; Bovell-Benjamin, Hathorn, Ibrahim, Gichuhi, & Bromfield, 2009; Inglis, Ball, & Crawford, 2008; Latham & Moffat, 2007); access to resources considered to enhance health through physical activity (Coulson, Fox, Lawlor, & Trayers, 2011; Riva, Gauvin, Apparicio, & Brodeur, 2009); and access to both food and physical activity resources that influence health (Black, Macinko, Dixon, & Fryer, 2010; Macintyre, 2007; Stafford et al., 2007). Similarly, particularly from the US, associations have been found between the racial compositions of residential areas and the access of residents to health enhancing and health-damaging food and active living resources, finding that areas with greater proportions of ethnic minority residents had poorer access to resources that promote health (Fleischhacker, Evenson, Rodriguez, & Ammerman, 2011; Kwate, 2008). A systematic review concerned with both food and physical activity environments (Sallis & Glanz, 2009) noted that areas with few retailers of healthful foods and with few opportunities for recreational physical activity tend to be those populated by racial minorities and lower-income households.

Correspondingly, the same review noted that people living in areas that

5 My section title draws upon the writing of Anthony Giddens.
have nearby recreational facilities tend to be more physically active; and those living in areas with nearby retailers selling healthy foods tend to eat more healthfully.

The impact of deprivation and other stressors on the social dimension of the residential area has also been studied. Increased levels of income inequality have been associated with reduced civic participation, trust, reciprocity, and engagement in community volunteering (Kawachi, Kennedy, Lochner, & Prothrow-Stith, 1997). The stigmatising effect of living in poorer areas has been explored (Warr, 2005), highlighting that residents in poorer areas use supportive local networks but have only weak access to network connections beyond the immediate area. Collective efficacy and urban decay have been considered in relation to health (Cohen, Farley, & Mason, 2003), and again the effects of stigma arose, this time in relation to the tolerance of deviance and as a barrier to acting cooperatively for the common good of fellow residents. Similarly, it has also been noted that neighbourhood social networks may not always be protective of health (where illness results in hospitalisation); with dense social networks being apparent in areas where there is higher crime and violence coupled with low socio-economic status (Wen, Cagney, & Christakis, 2005). On the other hand, an in-depth qualitative inquiry has highlighted an unanticipated resilience amongst people receiving welfare benefits who live in deprived areas (Canvin, Marttila, Burstrom, & Whitehead, 2009). Residents’ perceptions of neighbourhood cohesion and especially safety have been shown to be positively associated with self-rated health (Baum, Ziersch, Zhang, & Osborne, 2009). The different ways that social networks are utilised in neighbourhoods of varying affluence has been made apparent, with trust and reciprocity bringing about ‘luxuries’ in more affluent neighbourhoods, whilst being used to achieve ‘necessities’ in more deprived areas (Altschuler, Somkin, & Adler, 2004). The social dimension of the
residential area has also been linked to health-impacting habits that are not related to obesity, such as smoking (Carpiano, 2007, 2008).

The social dimension of residential areas has also been explored in relation to self-rated health through the analysis of large surveys such as national health surveys, citizenship surveys, and health and social needs surveys. Pampalon, Hamel, De Koninck and Disant (2007) drew upon General Health Survey data for Quebec, Canada, showing a positive association between perceived neighbourhood social cohesion and self-rated health, where a sense of powerlessness in the experience of social dysfunction was a strong predictor of poor self-rated health. More recently, researchers have quantitatively explored the relationship between self-rated health and social indicators such as neighbourhood relations characterised by trust (Chappell & Funk, 2010), or having a sense of community belonging (Carpiano & Hystad, 2011), both of which will be discussed further later in this chapter. Poortinga (2012) used data from a Citizenship Survey carried out in England to show social cohesion to be significantly associated with self-rated health and area deprivation, but nevertheless noted that that no amount of cohesion buffered the effects of living in deprivation.

The availability and use of health-enhancing local services and amenities such as community gardens (Austin, Johnston, & Morgan, 2006; DeMattia & Denney, 2008; King, 2008; Saldivar-tanaka & Krasny, 2004; Twiss, Dickinson, Duma, & Kleinman, 2003; Wakefield, Yeudall, Taron, Reynolds, & Skinner, 2007) and access to and use of open, public spaces (Barton & Pretty, 2010; Cattell, Dines, Gesler, & Curtis, 2008; Frumkin, 2003; Kessel et al., 2009) have also been explored. Such research brings attention to the interaction between proximity to such places and their social dimensions that bring about health-promoting behaviours. Again, the
findings and implication of these topics will be discussed further later in the chapter.

Neighbourhoods and health research in New Zealand.
Since the mid-1990s New Zealand-based researchers have focused on a range of neighbourhood and health issues, reflecting the complexity of the relationship between place and health. Studies range from concerns such as environmental contamination (Kingham, Pearce, & Zawar-Reza, 2007; Pearce & Kingham, 2008; Salmond, K., Howden-Chapman, Woodward, & Salmond, 1999); locational access to gambling facilities (Pearce, Mason, Hiscock, & Day, 2008), tobacco retailing (Pearce, Hiscock, Moon, & Barnett, 2009), and alcohol retailing (Pearce, Day, & Witten, 2008); the health effects of low quality housing (Chapman, Howden-Chapman, Viggers, O'Dea, & Kennedy, 2009); locational access to health-care providers, (Brabyn & Barnett, 2004; Haynes, Pearce, & Barnett, 2008); to the provision of free food in low-decile⁶ schools (Ashfield-Watt, Stewart, & Scheffer, 2009).

Of particular relevance to my research, there has been considerable emphasis on the residential area as a setting that influences health behaviours which contribute to obesity-related diseases, and to a lesser extent, on the neighbourhood as a socially relevant community that influences personal wellbeing. New Zealand based research has explored residential proximity to health-promoting foods (Pearce, Hiscock, Blakely, & Witten, 2008) and health-hindering foods (Pearce, Blakely, Witten, & Bartie, 2007; Pearce, Hiscock, Blakely, & Witten, 2009). Measures of locational access to health promoting retailers such as supermarkets was not found to be associated with obesity indicators such as body mass index after

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⁶ New Zealand school decile ratings are based upon the General Population Census data pertaining to household income, occupational classification, household crowding, educational qualifications, and income support (Ministry of Education, 1999).
adjusting for deprivation and individual factors. A national study that focused on locational access to public recreational areas such as parks and beaches found little evidence that physical actively was associated with the distance between home and such areas (Witten, Hiscock, Pearce, & Blakely, 2008). Moving on from proximity-based measures, more recent studies have explored the density of local amenities and resources as possible contributors to changing lifestyle practices that discourage active transportation (Witten, Pearce, & Day, 2011), for example the walkability of the residential area has been explored as an influence on everyday transportation practices (Witten, et al., 2012). That study found multiple measures of walkability, including destination density, to be positively associated with physical activity, with residents living in highly walkable neighbourhoods having higher levels of physical activity.

Many of the above studies have been enhanced by technological advances such as Geographical Information Systems (GIS). Studies deploying GIS have analysed the whole of New Zealand at meshblock level, accounting for residential proximity to health-related resources (Pearce, et al., 2006). In addition to those mentioned above, such studies have also included locational access to ‘community’ resources such as recreational facilities, supermarkets and other retailers, education and health services (Pearce, Witten, Hiscock, & Blakely, 2007); comparing location access to resources between urban and rural locations (Pearce, Mason, et al., 2008); and locational access to open public spaces such as beaches and parks (Witten, et al., 2008).

The social dimension of residential areas has also been studied in the New Zealand context, under the guise of ‘social capital’, ‘social cohesion’

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7 A ‘meshblock’ is the smallest geographic unit used by Statistics New Zealand. Urban meshblocks have a population of about 110 people, living in somewhere between 10 and 50 dwellings (Statistics New Zealand, 2013).
and ‘social fragmentation’. Some studies have examined the relationship between the social properties of neighbourhoods and individual health, with mixed findings (Ivory, 2008; Ivory, Collings, Blakely, & Dew, 2011; Ivory et al., 2012; McCreanor, et al., 2006; Witten, Kearns, McCreanor, Penney, & Faalau, 2009; Witten, McCreanor, & Kearns, 2003), whilst others have looked at social mechanisms within neighbourhoods or communities (Adams, Witten, & Conway, 2009; Stephens, 2008).

When ‘social capital’ was operationalized as volunteering, analysis of population census data linked to mortality records showed there to be no association between overall mortality and levels of volunteering (Blakely et al., 2006). The social connections utilised by individuals were shown through a qualitative study based in a provincial city to be broader-based than the neighbourhood scale in which Putnam’s conception of ‘social capital’ is situated (Stephens, 2008). On the other hand, social networks as the nexus for neighbourly relations of trust and reciprocity were in focus in an Auckland-based study that reviewed the implementation of a community health programme targeted at children, youth and families living in a low-income area (Adams, et al., 2009). The reviewers noted that many of the projects included in the programme developed social capital networks within the area. Social cohesion as evidenced through place attachment and enabled through community-based resources has been in focus through studies based in the Auckland region, within a single area of mixed deprivation (Witten, et al., 2003), and also in a comparative study including areas with differing degrees of area deprivation (McCreanor, et al., 2006; Witten, et al., 2009). Each of these studies showed how local settings of the built environment and sometimes the natural environment were perceived by residents to provide opportunities for “serendipitous contact” (Witten, et al., 2003) or for “incidental meetings” (McCreanor, et al., 2006) with nearby others, contributing to community social cohesion and a
sense of belonging. Area deprivation and social fragmentation have also been shown to be associated with self-rated mental health, where fragmentation is calculated according to characteristics of the social dimension of the neighbourhood that present barriers to integration and neighbourly social support (Ivory, 2008; Ivory, Collings, et al., 2011; Ivory, et al., 2012).

Neighbourhoods and health research in New Zealand and elsewhere has been considerably enabled by access to high quality secondary data such as general population census data and data from national health surveys, which describe characteristics of individuals and of households according to residential area. New Zealand-based national-scale studies have been considered to have produced an understanding of the neighbourhoods and health field in the New Zealand context that is “better developed than in most other countries” (Stevenson, Pearce, Blakely, Ivory, & Witten, 2009, p. 218). In their review of New Zealand neighbourhoods and health literature, Stevenson and colleagues further made the point that the problem of poor locational access to resources identified in studies abroad, especially in the US, was not apparent in the New Zealand context:

Many of the New Zealand findings are inconsistent with the international literature. For example, in contrast to work in the United Kingdom, Australia, the United States and Canada, community resources (whether they be beneficial or detrimental to health) are consistently and disproportionately located in more socially deprived neighbourhoods across the country, (Stevenson, et al., 2009, p. 219). New Zealand researchers had previously reached similar conclusions in respect of their particular research focus. For example, Pearce and colleagues (2007) noted a pro-equity distribution of community-based resources in New Zealand, suggesting such policies shield those living in disadvantaged areas from greater extremes of negative health effects.
Such conclusions highlight the complexity of associations within domains such as food, showing how an intense consideration of one aspect, such as locational access, lifts that aspect from its context. Without context, findings take on different shapes and meanings. Food choices may be limited by locational access, but they are also constrained by social norms and meanings that guide or sometimes mandate the social practices of eating, which also encompass the ‘pre-swallowing’ aspects of the food domain rather than simply focusing upon the nutritional aspects of eating (Delormier, Frohlich, & Potvin, 2009). In this respect, Bava, Jaeger and Park (2008) have addressed the problem of food coping strategies amongst New Zealand women. They identified three constraints in their participants’ talk about food: limited cooking skills, time scarcity, and a high need for flexibility to meet the differing needs of household members not only in terms of the foods eaten but also concerning the timing of meals in ‘busy’ households.

In another New Zealand study, the effects of budgetary constraints and nutrition education have been explored, bringing together aspects of the ‘pre-swallowing’ behavioural dimension of the food domain and the concern for the ‘post-swallowing’ dimension of nutrition (Blakely et al., 2011). The intervention aimed to determine if the nutritional value of the household grocery shopping was improved through either targeted discounts on selected foods, or education about the nutritional value of food, or both. The ethnically tailored educational leaflets periodically mailed to randomly selected participants had no effect on purchases of either saturated fats or healthier foods, but a significant positive effect was apparent when healthier foods were offered at discounted prices. This effect, however, did not carry evenly across the participants groups when considered on the basis of ethnicity. Those who self-identified as ethnic minorities were not persuaded to buy healthier foods despite pricing
reductions. The finding suggests that budget restrictions are not the only constraint influencing observable behaviours regarding food provisioning, bringing to mind the question raised by Cockerham (2005):

*When applied to health lifestyles, the question is whether the decisions people make with respect to diet, exercise, smoking, and the like are largely a matter of individual choice or are principally shaped by structural variables such as social class position and gender? (p. 51).*

Adding to Cockerham by drawing upon Bourdieu (1983/1986, 1979/2000, 2002), it would seem that the embodied experience of one’s social world, the habitus, is where such ‘shaping’ occurs, and although perceptions, preferences, and practices may seem ‘individual’ whilst correspondingly seeming ‘natural’, the forces at work in such ‘shaping’ are learned. Further, I suggest these shaping forces to be available for interpretive exploration through a narrative lifecourse study.

If within-domain complexity creates the possibilities for such differing interpretations, the complexity arising from interactions between domains and dimensions of neighbourhood seemingly accumulates like a snowball. It is the meanings that guide action in relation to food and active living that are of particular interest to my research, as these meanings are developed within and emerge from the embodied habitus that reflects the lived social experience of the individual.

**Everyday Life in the Neighbourhood**

My research interest moves beyond locational access to resources and area deprivation to focus on the located lifecourse; that is, the everyday lives of people in the succession of residential areas they have experienced over their lifecourse. Their recollections and reflections of neighbourhood life provide a means of exploring how neighbourly social relations in the present and the past are related to everyday practices – behaviours and habits – that enhance or threaten personal health and wellbeing. Such health
habits (Taylor, et al., 1997) influence and are influenced by the landscape within which one’s life has been lived. For example, health habits may influence choices about where to live (Badland et al., 2012). Thus, a person who enjoys surfing might choose to live by the sea. On the other hand, health habits may be influenced when aspects of the residential area become adopted into one’s everyday life, as seen by Witten and colleagues (2012) who found that even when taking into account people’s built environment preferences, people living in more walkable neighbourhoods were more likely to be active. Each of these examples has a social dimension as well as the more overt connection to the local physical environment. The everyday practices of interest to me include things that one does with health-effects in mind – which may be health-enhancing or health-threatening effects, and also things one does without conscious thought that also have a health effect.

Exploring actions and behaviours such as the level or type of physical activity or food consumption can provide valuable insights into everyday habits that impact health. But also interesting are the perceptions and preferences that guide those practices (Bourdieu, 1979/2000; Cockerham, Rütten, & Abel, 1997). An analysis of perceptions and preferences is useful for making sense of why people incorporate particular practices into their lives, regardless of those practices being health-enhancing or health-threatening. To understand how perceptions and preferences influence practices, I drew on Bourdieu’s description of the development of habitus (1983/1986, 1980/1990, 1979/2000, 2002).

Habitus is highly integrated with everyday life. Everyday practices occur in the context of dispositions, perceptions and preferences formed through observation and experience (Bourdieu, 1979/2000). Perceptions and preferences are gathered together, forming a system or frame of reference for conscious and unconscious behaviour, prompting Bourdieu to refer to
habitus as a “system of structured and structuring dispositions … which is always oriented towards practical functions” (Bourdieu, 1980/1990, p. 52). The preferences and perceptions that constitute habitus are brought to bear on conscious and seemingly unconscious ‘choices’ in one’s ‘practical functions’ or behaviours, regardless of these having or not having a health impact. Perceptions, dispositions, preferences and tendencies are not innate but learned, principally through the normalisation of everyday life through enculturation. Such aspects of everyday life are thus said to become embodied and their subtle influence underlies behaviours that have health effects. This is why everyday life in the neighbourhood is a useful focus for the task of finding out how neighbourhood gets under the skin and therefore how neighbourhoods might influence health.

The development of habitus continues throughout one’s lifetime. It is “an open system of dispositions that is constantly subjected to experiences, and therefore constantly affected by them in a way that either reinforces or modifies its structure” (Bourdieu & Wacquant, 1992, p. 133). The incorporation of new experiences does not replace history but adds to it. New perspectives are enabled, potentially altering one’s perceptions and preferences, bringing about different interpretations and understandings of the present and the past, and ultimately influencing practices, some of which matter to health. In this way, “well-being is influenced by experiences that stretch right across the lifecourse,” (Bartley, 2012, p. 2).

Avtar Brah (1996) likened these processes of accumulation and reinterpretation to a kaleidoscope that gradually collects additional colourful chips, enabling reflective adjustments that provide new perspectives. Just like the kaleidoscope, new experiences and observations do not replace older ones: they add complexity. That which is ‘in view’ now may seem to have little resemblance to that which was ‘in view’ as a child, but the experiences of childhood are nevertheless present, retaining the
potential to lend their hue to interpretation and thus influence practice. This thesis recognises the complexity of life and the on-going formation of habitus, and so it explores not just the present experiences but also those chips in the kaleidoscope from childhood forward that guide present-day experiences. Through a life-story approach, my thesis explores the influences on health and wellbeing that arise from the lifetime of experiences of the embodiment of neighbourhood.

Attentiveness to health
In much of the literature, concepts such as ‘health habits’, ‘looking after yourself’, ‘health consciousness’, or a focus on the mundane activities of ‘daily living’ are considered in the context of the presence of disease or recovery from disease conditions.\(^8\) The presence of healthfulness and health-promoting factors is relatively overlooked. A recent Australian study (Kozica, Deeks, Gibson-Helm, Teede, & Moran, 2012) provides an interesting exception to the emphasis on illness-promoting factors. While the study of Kozica and colleagues was focused on health-related behaviours of women experiencing diagnosed lifestyle-related diseases, they included in their sample (n=187) a control group of ‘healthy’ women\(^9\) (n=50). ‘Health habits’ were defined and measured using the Multidimensional Health Profile – Health Functioning questionnaire (MHP-H), classifying health habits as positive (meal patterns, frequency of exercise, monitoring of weight and cholesterol, sleep patterns, dental hygiene, and reading health-related material) or negative (poor diet, caffeine, salt, alcohol, smoking, substance use, not wearing a seatbelt, and driving over the speed limit). Participants’ ‘attentiveness to health’ would seem to be more or less healthful according to practices of inclusion and

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\(^8\) A novel exception is a quote from Plato: “Attention to health is life’s greatest hindrance,” – a sentiment I have shared, not the least whilst working on this thesis.

\(^9\) Being healthy was defined as not being pregnant, and with no diagnosed lifestyle-related disease conditions.
avoidance as these relate to the domains of food and active living. Taking a Bourdieusian perspective, the practices of study participants at any one time may be more meaningfully interpreted when perceptions and preferences that guide their practices are known and understood in context of their lifecourse. In this way experiences from earlier in the lifecourse may help explain the ‘how come’ or ‘why’ aspects of behaviours nowadays.

**Nearness, Belongingness, and Health Advantage**

Areas where people live are commonly referred to in the literature and in everyday life as ‘neighbourhoods’. Indeed, some of the studies mentioned above use the term to refer to the spatially defined meshblocks from which deprivation indices are calculated. Such use is sometimes caveated as convenient if imprecise. Further to this point, for Appadurai (1996) notes that sometimes the term ‘neighbourhood’ “carries the burden of co-opting a colloquial term for technical use” (p. 204). I agree with Witten and colleagues (2009) that “defining neighbourhood in this way captures the locational but not the affective meanings of neighbourhood to residents” (p. 2895). The convenient but imprecise use of ‘neighbourhood’ takes for granted inherent assumptions about what a neighbourhood does for those who live in it. There is a need to further explore the meaning of ‘neighbourhood’.

Taking a Bourdieusian perspective on habitus, the interactions between nearby households that continually reproduce the ‘neighbourhood’ of Appadurai (1996), and the ‘affective meanings of neighbourhood’ referred to by Witten and colleagues (2009), are understood to be filtered through deeply-held perceptions and preferences that have developed in response to a lifetime of experiences of living alongside households of others. These perceptions and preferences inform one’s ‘knowing’ of what needs to be present, what must not be present, and how
porous the line between those necessities can be in order to consider oneself to ‘fit in’ or ‘belong’ in the landscape of complexities commonly called a neighbourhood.

To explore the inherent understandings of ‘what neighbourhood does’ I drew upon an understanding that focuses on the social aspects of neighbourhood. Over 50 years ago Heidegger (1959/1982) commented upon ‘neighbourhood’ as a phenomenological experience. Neighbourly relations come about between people who “dwell in nearness” (1959/1982, p. 93). But this ‘nearness’ is not defined spatially. ‘Dwelling in nearness’ suggests inter-household relationships characterised by experiences of amicability, congeniality, harmony and pleasantness, as Heidegger illustrates:

Two isolated farmsteads - if any such are left - separated by an hour’s walk across the fields, can be best of neighbours, while two townhouses, facing each other across the street or even sharing a common wall, know no neighbourhood, (1959/1982, p. 103).

The affective meanings of neighbourhood, overlooked or taken for granted through an emphasis on spatial areas and the distribution of health-influencing resources, are brought to the surface by Heidegger. To experience ‘neighbourhood’ is to experience a warm and welcome affective connection with others living nearby. In this way, people feel themselves to belong, to fit in, or to be ‘at home’ in their residential area. To bring Bourdieusian thought alongside Heidegger, the experience of ‘neighbourhood’ arises when the residential area (as a specific social field within a wider social world (Bourdieu, 1979/2000; Thomson, 2008)) is populated by resident social agents or actors who share an understanding of how ‘neighbouring’ ought to be enacted. A shared understanding of the ‘rules’ of the game generates a Bourdieusian social capital of networks and affiliations that bring about the conditions in which one feels oneself to be ‘at home’.
Matters of proximity and proximal access to resources are not intended as a means of finding out about extent of the neighbourly relations that exist between those living in the residential area. The routine use of ‘neighbourhood’ as a convenience term, however, subtly assumes that residential areas have the nature of neighbourhoods. Such a taken for granted assumption suggests that this is a normative experience, setting up the expectation of ‘neighbourhood’ within residential areas, and only coming to attention when it is unexpectedly absent.

Neighbourhoods as socially relevant communities

It has been said that the term ‘neighbourhood’ is much like pornography, being “hard to define precisely, but everyone knows it when they see it” (Galster, 2001). For Appadurai (1996), three important properties of neighbourhoods are sociality, immediacy, and reproducibility. Brought together, these bring about a “complex phenomenological quality” (p. 178) of feeling ‘connected’ to one’s neighbourhood. Similarly emphasising the complexity of this concept, Kearns and Moon (2002) described ‘neighbourhood’ as a ‘metaphorical landscape’ comprising the social, natural, and built dimensions of the residential environment. Galster used a more granular breakdown of characteristics to arrive at ten dimensions of neighbourhood: structural, infrastructural, demographic, class, public services, environmental, proximal, political, social-interactive, and sentimental. Some of these dimensions are closely aligned with the typology described by Kearns and Moon whilst other dimensions relate to multiple environments, calling attention to the complexity of characteristics that can influence the subjective experience of one’s residential area as a good or not-so-good place to live. Rather than attempting to operationalise the concept in its entirety, Galster suggested focusing on the particular dimension(s) of neighbourhood that incorporate the characteristics appropriate to the question (p. 2114). Many studies exploring the
relationship between place and health have focused on structural and proximal characteristics of neighbourhood, relating these to the dimensions of demographics and class – through deprivation indices, for example. In contrast, of principal (but not exclusive) relevance to my investigation into the health influences arising from of the embodiment of neighbourhood are the characteristics Galster associated with the social-interactive dimension of neighbourhood:

*Local friend and kin networks, degree of inter-household familiarity, type and quality of interpersonal associations, residents’ perceived commonality, participation in locally based voluntary association, strength of socialisation and social control forces, etc* (p. 2112).

The experience of ‘fitting in’ in one’s residential area requires fellow residents to have a degree of compatibility or as Galster (2001, p. 2112) put it, “commonality” between fellow residents. One way that compatibility becomes apparent to people who live alongside each other is through observed everyday practices – actions that people habitually perform that can be observed beyond the privacy of the dwelling. Taking a Bourdieusian perspective, everyday practices are understood to arise from inculcated experience, whereby seemingly personal preferences and perceptions are formed through shared observation and experience, which then guide (but do not mandate) practice (Bourdieu, 1979/2000). In this sense, practices have been described as “a reflection of internalised ideas,” (Bava, et al., 2008, p. 488). When the observed everyday practices of others living nearby are similar, or at least when differences are perceived to be inconsequential, there is a possibility for the development of neighbourly relations. Such practices are ‘everyday’ things that people do, seemingly without much deliberation, such as how one dresses, comports oneself, interacts with others, disposes of refuse, or regards the domestic animals that live nearby. Everyday practices are integral to personal identity (Ricoeur, 1990/1992),
with wellbeing or “feeling comfortable in one’s world” (Cattell, et al., 2008, p. 547) being founded upon the routines of everyday life. Consequently, self-identity is important to neighbourhood belongingness, and the development of neighbourly social relations can be hindered by personal practices that are problematic for nearby residents.

When everyday practices are poorly aligned between nearby households, those whose practices do not conform to local norms sometimes respond with health-damaging behaviours that attempt to alleviate or mask distress (Popay, et al., 2003). In other situations relative social isolation leads to unhappiness and a sense that one does not ‘fit in’ or ‘belong’ which has been associated with “mental and physical illness … and a broad range of behavioural problems … [suggesting that] a lack of belongingness is a primary cause of multiple and diverse problems” (Baumeister & Leary, 1995, p. 511). Through a focus on the domains of everyday living which are bound with taken for granted aspects of life that contribute to the fundamental understanding of oneself in relation to others, my research explores how the experience of belongingness in the residential area influences behaviours that can impact health.

The claim of Heidegger (1959/1982) that neighbourhoods are characterised by social nearness aligns with the work of others who have pointed to the importance of having a sense of belonging. Baumeister and Leary (1995) have claimed that the pleasant and supportive social relationships synonymous with the perception of belonging are advantageous to health. Conversely, they found an absence of belonging to be associated with negative effects for the immune system, reduced mental health, and increased stress. The findings of Popay and colleagues (2003) support those of Baumeister and Leary, with participants living in places where they did not feel themselves to belong experiencing health threats such as weight gain, increased cigarette smoking, and increased stress. The
participants considered these health threatening behaviours to be a response to living in places where they did not feel themselves to fit in. Residential areas can be fragmented, with residents facing barriers to forming cohesive networks (Ivory, Collings, et al., 2011). Thus, the phenomenon identified by Popay and colleagues describes the experience of living in a residential area where one perceives there to be an insurmountable barrier to forming efficacious neighbourly networks: one’s social identity is insufficiently aligned with that perceived of those living nearby. Social networks of a bonding nature, characterised by trust and co-operative relations (Szreter & Woolcock, 2004), remain elusive in the absence of a mutually acceptable degree of shared social identity; despite others living nearby reaping the benefits of such neighbourly social relations.

**Being seen, out and about, walking around in the neighbourhood**

One theorist whose conceptualisation of neighbourhood subtly incorporates the social dimension of neighbouring with structural and infrastructural dimensions of the built environment is Von Eckardt (1978). A pioneer of the modern liveable cities movement, Von Eckardt reflected in the 1970s that there are characteristics of the built environment that make some locations better to live in than others. The parameters of his conceptual neighbourhood were defined by the walking distance from home to basic food supplies, educational facilities for young children, recreational facilities, and to a convivial site suited to adults, such as a café or bar. Von Eckardt’s emphasis on ‘walking distance’ is not centred on a concern for spatial proximity or locational access to aspects of the physical environment as is the focus of the recent URBAN research (Badland, et al., 2012). Rather, for Von Eckardt, walking distance is about sociality: “It is awfully difficult to relate to others and feel neighbourly while driving an
automobile," (p. 203). Von Eckardt provides a bridge from the structural, infrastructural, and proximal dimensions of neighbourhood that have received considerable research attention, to the less-studied social dimension. Walking from place to place within the residential area is Von Eckardt’s conduit for neighbourly social relations.

The point of Von Eckardt (1978) is picked up by Witten, McCreanor, and Kearns (2003), who note that children and their caregivers spend more time in the neighbourhood, with those living in places with walkable access to local facilities being more exposed to the influence of social cohesion, which the author’s refer to as the “social glue” of the neighbourhood (p. 323). Cattell, Dines, Gesler and Curtis (2008) emphasised the importance of mundane, open, public spaces, as settings where people feel “comfortable to mingle, observe and linger” (p. 557). They suggest such places enhance wellbeing through restorative experiences that alleviate stress, echoing the emphasis of Gesler (1992) that particular places provide therapeutic benefits for those who frequent them. Cattell and colleagues note that whilst some people seek pleasant solitude, many other participants were restored through the mixing and mingling of a buoyant ethnic food market. Participants described pleasant encounters with people from different lifestyles who are brought together by the mutual enjoyment of the market, which is presented by Cattell and colleagues as a symbolic representation of community diversity.

In the qualitative arm of the URBAN study introduced above as the source of my study participants, the Neighbourhoods and Health team used focus groups to investigate how and why walkability factors mattered for residents and the role they played in the association between physical activity and the built environment (Ivory, Woodham, et al., 2011). Through their thematic, qualitative approach, Ivory and colleagues found that being active in public settings such as streets, parks, recreation facilities, and the
natural environment were described in focus group discussions as important to neighbourhood sociality rather than being perceived by participants as amenities that provide possibilities for health-enhancing active living practices:

*A consistent theme across neighbourhoods was that local destinations and public places were seen as opportunities to be social - to connect, interact and meet people, (Ivory, Woodham, et al., 2011, p. A190).*

Interestingly, just as proposed by Popay, Williams, Thomas and Gatrell (1998), lay knowledge revealed through focus group discussions added depth to the academic understanding of the relevance of neighbourhood walkability. Participants’ interpretations guided the focus of researchers beyond the physical health benefits of active living in public places to also acknowledge the social-interactive dimension of local public places. More than simply settings for health-enhancing physical activity, the findings of Ivory and colleagues (2011) and of Cattell and colleagues (2008) suggest that local public spaces facilitate neighbourhood belonging, which Baumeister and Leary have shown to have positive implications for health behaviours (1995). Local public spaces, therefore, appear important to the embodiment of the social dimension of neighbourhood.

**Getting to know the neighbours**

The idea that local public spaces are important to establishing belonging has been further developed. Grannis (2009) argued that neighbourly relations develop in a four-stage process, which is illustrated below in Figure 2. The first stage of the process relies on geographic availability or living nearby. The second stage requires an overlap in routines that result in chance encounters, or people coming to recognise each other as a familiar presence in the area. Grannis found that such chance encounters occur in both formal and informal public spaces of the local area, simply through “being seen around the neighbourhood” (p. 19).
The findings of Grannis suggest that mundane infrastructural dimensions of the residential area identified by Galster (2001), such as footpaths and bus stops, are facilitators of the social dimension of neighbourhood. Examples of interpersonal connections arising through recognition are also apparent in the findings of Ivory and colleagues (2011) who described a need to connect and interact; and Cattell and colleagues (2008) who emphasised mingling and lingering in local public spaces. These findings suggest to me that the participants have expressed an inherent understanding of local public spaces as enablers of such encounters, with awareness of nearby others being essential to the possibility of developing neighbourliness. Such early stage social relations can act as precursors to the development of ‘bonding’ connections (Gittell & Vidal, 1998; Szreter & Woolcock, 2004). Being inwardly focused, bonding connections are useful for “getting by” (Weller & Bruegel, 2009). Having neighbourly connections that enable everyday matters for ‘getting by’, such as being able to leave a key or have one’s mailbox cleared, have been shown to matter to self-rated health (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012).

Figure 2: Grannis’ Stages of Neighbouring Relations

Beyond these early stages of awareness and passive contact, the process as it is explained by Grannis (2009) continues through two further

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10 The diagram in this figure is of my own devising, drawing on Grannis (2009), and including illustrative quotes and examples drawn from my research data.
stages, potentially developing into situations where households engage in activities that indicate trust and reciprocity. Examples of trusting neighbourly relations amongst the participants of Grannis’ study included leaving a spare key, and feeling one could unexpectedly leave a child at the home of another for a short period, knowing they will be cared for appropriate to one’s own values. Whilst trusting others cannot be equated with being personally trustworthy, perceptions of neighbourhood trustworthiness have been found to be a precursor to the trustworthiness of the local children (Rotenberg, Betts, Eisner, & Ribeaud, 2012). This relationship is suggested to come about through positive role modelling at the neighbourhood level, with trustworthiness being a valued aspect of neighbourhood social networks. Developing personal trustworthiness, it seems, goes hand in hand with developing a sense of the trustworthiness of others. It has been noted that children’s relationships to their neighbourhoods has been relatively overlooked (Weller & Bruegel, 2009). In their study exploring how children develop and use neighbourhood social capital, Weller and Bruegel argued that children are not necessarily “passive beneficiaries” (p. 631) of their parents social capital. Given the opportunities, they become active creators of social networks within their communities.

While Grannis (2009) made the point that neighbourly relations arise out of chance encounters with nearby others when daily lives overlap, Oldenburg (1999; Oldenburg & Brissett, 1982) explored how people use mundane local sites, referred to as ‘third places’,\(^{11}\) to create social ties. Third places are described as neutral, public settings in which informal acquaintances and friendships that sit beyond private life can be fostered. Sites such as parks, playgrounds, public halls and theatres, cafes and bars

\(^{11}\) Home being the ‘first’ place, and work being the ‘second’.
are examples of specific interest to Oldenburg, but more recently Gardner (2011) has identified ‘transitory zones’ such as bus stops, rest stops, and the places people pass through in the course of their everyday lives as also having the characteristics of third places.

The characteristics of third places within the built environment that were relevant to the adult residents of urban settings have been identified by Mehta and Bosson (2010). Their interviews with local residents highlighted four characteristics. Most importantly, for settings to be classified as third places they must provide a sense of rest or respite, enticing people to linger. Secondly, the setting needed to be comfortable, providing shelter from the elements for example. Next, a degree of personalisation was necessary, being able to stake a claim, appropriating the space for a use beyond its overt purpose. Fourthly, permeability or transparency was important, allowing people to see what was going on both within and beyond the setting.

The nature and characteristics of settings described by Oldenburg (1999) and also by Mehta and Bosson (2010) as third places suggests these to be likely sites for unintentional encounters, as described by Grannis (2009). Such settings are precisely the sorts of places described by Cattell and colleagues (2008), and Ivory and colleagues (2011), where residents enjoy mingling and lingering with others who are similarly like-minded that apparent differences are put aside. In his review of the literature about healthy places, Frumkin (2003) suggests that having a ‘sense of place’ may have real benefits for health and wellbeing, making it an important task to understand how to design places that optimise the possibilities for its development. He further notes, however, that little attention has been directed to understanding the social functioning of public places, with researchers observing only that sense of community increases in areas that
are more walkable, and when public places near to residential areas are well maintained.

These theories of neighbourhood, from Heidegger to Grannis, are focused on the social dimension of neighbourhood, characterised by the presence or absence of social relations that are beneficial in a reciprocal and practical sense. They do not, however, focus on the health implications of the social dimension of neighbourhood. For this aspect of the research question, I return to the belongingness hypothesis discussed by Baumeister and Leary (1995), that perceptions of belonging are important to health, because an absence of belonging is detrimental to health. The affective bonds that can emerge from the social dimension of neighbourhood can fulfil the requirement they identify for non-aversive, ongoing, relational bonds with nearby others who are frequently encountered. Beyond Baumeister and Leary, however, there is a more recent accumulation of literature that suggests perceived health is enhanced through neighbourly social connections.

**Finding belonging … in large datasets**

Three large-scale studies have found an association between having a sense of neighbourhood belonging and self-rated health (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012). Each highlights the importance of social relations with people who live nearby, or social capital of a ‘bonding’ nature (Gittell & Vidal, 1998), to having a sense of neighbourhood belonging. These studies all involved analysis of large-scale surveys that were in part or wholly directed at finding out more about aspects of social capital that have been suggested to influence health. Of particular relevance to my study, each found that feeling confident that one could trust someone living nearby to carry out a small domestic favour, such as asking someone living nearby to clear one’s mailbox, was associated
with better self-rated health. For example, Carpiano and Hystad found that having such a relationship with ten or more fellow residents was very advantageous to self-rated health when compared to those whose neighbourly relations were insufficiently developed to ask a small domestic favour of anyone living nearby (2011).

Not finding belonging ... in the field
Unpleasant social relations, especially living in places where one feels unsafe, has been described as damaging to health (Taylor, et al., 1997). Taylor and colleague’s review of psychology, public health and epidemiological literature, titled Health Psychology: What is an Unhealthy Environment, and How Does It Get Under The Skin?, focused upon the embodiment of the environment: “the ways environmental characteristics ... influence individual characteristics or behaviours that pose risks for health,” (p. 413). Four aspects of the social environment were considered to impact health: family, work, peer groups/schools, and community. The findings relating to community are of principal interest to my focus on the residential area. The review highlighted the consistency with which adverse health outcomes have been shown to be related to community environments “that threaten personal safety; that limit the ability to develop social ties; or that are characterised by conflictual, violent, or abusive interpersonal relationships” (p439). Taylor and colleagues usefully sign-post health threatening characteristics, but their study does not extend to sign-posting health enhancing characteristics of the social dimension of the residential area. On the other hand, the review noted the relevance of the lifecourse to exploring the embodiment of environment and its potential for

12 ‘Health’ was measured differently in each of the studies. Poortinga used a single question “How is your health in general?” addressed through a 5-point Likert Scale. Similarly, Carpiano and Hystad used the same format but asked two questions: one directed at health in general, and the other in relation to mental health. Chappell and Funk assessed general perceived health, mental health, and physical function through the SF – 36 health survey.
influencing health behaviours. From early in life, “cascading relationships” (p. 415) between dispositions and the environment in which one lives make some people more susceptible than others to poor health associated with distress. This connection with the lifecourse sits tidily alongside the inferences from Bourdieu (1983/1986) that the conditions of early childhood matter to the embodiment of place.

The study that initially most influenced my research question was one that suggested characteristics of the present residential area might be fruitfully considered alongside the characteristics of neighbourhoods experienced in one’s past (Popay, et al., 2003). In the north of England, Popay and colleagues explored the relationship between the dominant social norms of residential areas and the health-impacting behaviours of residents. Four residential areas were studied, with two being more affluent, and two comparatively disadvantaged. The study included surveys (n= 777) and follow-up in-depth interviews (n=51) which produced life-story episodes and biographic accounts in which participants explained their relationship with their present neighbourhood. Such stories explained barriers to forging a place in their residential area, limiting the development of a sense of neighbourhood belonging.

Through a biographical approach, the analysis of Popay and colleagues (2003) accounted not only for the present, but the pathway leading to the present. Bearing in mind the accumulative nature of habitus, the findings of Popay and colleagues suggest more may be learned about the relationship between health and neighbourhood belongingness by exploring the experiences of neighbouring across the lifecourse, through autobiographical accounts. An absence of a sense of neighbourhood belonging in the present may become more meaningful when the present is understood in the context of past experience.
A lifecourse approach is also indirectly suggested by a recent report that discussed health-enhancing changes in behaviour described as “escape routes” (Bartley, 2012, p. 3). Bartley claimed the effects of disadvantage and adversity to be carried forward into the lifecourse unless such an ‘escape route’ comes into play, such as greater educational attainment or more efficacious social relations. The report lends support to the value of focusing on the domains of everyday life as indicators of attentiveness to health through a lifecourse approach.

**Finding belonging ... in New Zealand**

In the New Zealand context, the sense of place and belonging has been studied qualitatively through a cross-cultural focus, with participants grouped by ethnicity as Māori, New Zealand European/Pakeha, or Samoan (McCreanor, et al., 2006). Interviews were held with 32 people who care for young children in the suburb of Beachhaven, Auckland. The transcript analysis highlighted five themes relating to belongingness: natural environments, social relations, continuity of residence, facilities and organisations, and place transformation. The findings subtly present a pattern of culturally specific ways in which the three ethnic groups differently interpreted the ‘project’ or ‘task’ of establishing one’s degree of attachment or belonging to the area. Māori participants tended to establish their degree of belongingness through the extent to which the area met culturally specific needs for connection with whanau (extended family), in culturally enriching settings\(^\text{13}\) which may be aspects of the built or natural environment. Pakeha participants determined their sense of belonging through local child-centric settings that enabled culturally desirable practices, particularly toward the health and education of children. Samoan

\(^{13}\) Such settings could include marae, traditional food gathering areas, sites of historical importance such as battle grounds or burial grounds, or places of importance to whakapapa (roughly translated as a form of genealogy that incorporates features of the natural environment).
participants gauged their belongingness in relation to the ability of the area to meet their needs for belief-based practices. Nevertheless, all three groups used local public spaces as venues for “incidental meetings” with nearby others (p. 205), thereby enabling the possibilities for developing mutually beneficial social relations that enhance the feeling of belonging in a place, and amongst one’s fellow residents as discussed above.

In another New Zealand study, Witten and colleagues (2009) explored aspects of social cohesion in six neighbourhoods of varying affluence and ethnic composition in Auckland. In particular, the study focused on the relationship between local resources, social practices, and parenting experiences. Participants described how a sense of familiarity that they equated to feeling ‘accepted’ arose from recognising fellow residents as locals, and being recognised by others as a local. However, it required greater effort to form more intense social relationships, such as those characterised by trust. Participants who lived in residential areas with nearby resources which meet their everyday needs used those resources as a conduit for social interaction that fostered a sense of belonging. Further, nearby accessible public meeting spaces are suggested by Witten and colleagues to enable or support the formation of local networks through which residents developed a sense of neighbourhood belonging. These variations in belongingness evoke the stages of neighbourly relations described by Grannis (2009), where the ‘recognition’ experiences that prompt a feeling of acceptance match with the earlier stages of Grannis’ model, and the work necessary to create neighbourly relations of trust indicate the most developed stage of that model. Indeed, Witten and colleagues note the desirability of one of the very examples Grannis provides as an indicator of this stage of neighbouring: impromptu child-minding:
Knowing and trusting a local person who could be called upon to care for a young child at short notice was a highly valued neighbourhood resource, particularly to parents without local family ties, (Witten, et al., 2009, p. 2903).

**Health habits and the social dimension of the residential area**

Alongside the abundance of studies that focus on food and physical activity in terms of locational access discussed above, there is a body of literature that situates health habits in the social context of the residential area. These studies contribute to my research by informing my research design and providing examples of how other researchers have applied theory to interpret participant experiences and explanations. In recent years the social dimension of neighbourhoods appears to have received more research attention in relation to active living, with relatively less attention directed to the food domain. This contrasts with and possibly responds to the observation a decade ago that there was less information about the role of neighbourhood social interactions than about proximity to health-enhancing resources, despite studies suggesting there to be a greater sense of community in areas that are highly walkable (Frumkin, 2003). It also contrasts with the literature focusing on the built environment, especially locational access, where much of the emphasis was on food. Nevertheless, the research article discussed below takes a novel approach to the problem of locational access, which was studied through the perspective of households without access to a private motor vehicle.

**Food**

The ‘tyranny of distance’ was explored in Adelaide, South Australia, by Coveney and O’Dwyer (2009) through the grocery shopping coping strategies of carless households in places where car ownership is the norm. In-depth interviews were held with 16 participants, six of whom lived in ‘food deserts’, defined as being more than 2.5 kilometres from the nearest
supermarket. An important finding from the study as this relates to my research is that participants resisted calling on friends and neighbours for grocery shopping transportation assistance, citing their “need for self-reliance and independence” (p. 50). This finding demonstrates the complexity of perceptions and preferences when neighbourly relations enter the food domain of everyday health habits.

Asking for regular assistance with an activity such as grocery shopping is likely to create considerable social indebtedness: a never-ending favour that juxtaposes awkwardly with the model of neighbourly relations described by Grannis (2009), which depends upon reciprocity. Such a favour steps beyond that of having one’s mail box cleared whilst on vacation, which is an example used by Grannis to illustrate the third stage of neighbourly relations, and also by both Carpiano and Hystad (2011) and Chappell and Funk (2010) to illustrate the extent of neighbourhood belonging sufficient to positively influence self-rated health. Indeed, the ongoing nature of an arrangement such as grocery shopping transportation may be perceived as more onerous than the impromptu child-minding which illustrates the most developed form of neighbourly relations in Grannis’ model and the specific “highly valued” resource described by participants in the study of Witten and colleagues (2009, p. 2903).

In their analysis Coveney and O’Dwyer (2009) extract from the interview transcripts the meaning-making going on in the participants’ interpretive narratives about the implications of the practice of living without access to a private motor vehicle. They get to the nub of the matter as experienced by the participants: preferences for a self-identity that demonstrated self-reliance and independence and avoided social indebtedness shaped the practices of their participants. This finding

highlights the importance of paying attention to how individuals prioritise their preferences and perceptions as indicators of identity that guide routine practices. As other researchers have noted, people who are reliant upon others make conscious choices to avoid asking too many favours, “saving up” for times of greatest need (Bostock, 2001). With Bostock in mind then, grocery shopping is not the only aspect of everyday life that requires an approach that differs to the norm when one does not have a car. Further, the absence of a car is just one of several barriers to food provisioning described in the literature that explores the domain from the perspective of practice rather than access.

Other barriers to food provisioning include time pressures, a lack of culinary knowledge, and the need for flexibility (Bava, et al., 2008). These constraints were revealed in a multiple-methods study of food provisioning in Auckland, New Zealand. The study included multiple semi-structured interviews, diaries, and participant observation with 11 women aged in their 20s to 50s, some of whom lived with dependents. Bava and colleagues drew upon Bourdieu’s theoretical concepts of cultural capital, habitus, and field. Through cultural capital, they considered food provisioning practices to be “a reflection of internalised ideas” (p. 488) that have accumulated throughout the lifecourse, particularly through exposure to education. The first of two semi-structured interviews sought participants’ food provisioning values and ideals, which were understood to have developed over time. Through habitus, food provisioning behaviours were thought to “derive from values and perceptions which are embodied through repeat observations … often subconscious and rarely reflected upon” (p. 488). Finally, food provisioning encompassed the settings of food procurement, preparation, and consumption. Such settings include more than the physical environment, accounting also for what else is happening in the context of food provisioning, such as people needing to eat at different times, or
particular dietary needs, or there is an unanticipated absence of crucial ingredients, to suggest just a few of the ‘happenings’ that might be encountered in the field of food provisioning.

Time constraints, a lack of culinary skills, and the needs of flexibility resulted in participants making compromises, or “trade-offs” (Bava, et al., 2008, p. 495). Preferences were put aside in order to meet the most pressing demands, with convenience being prioritised by participants, and food rationalised as good, bad, or not as bad as other possibilities. These constraints generated practices that the authors considered to “reflect embodied values which comprise dispositions deriving from the internalised habitus and cultural capital” (p. 496) that were not necessarily considered by the participants to be preferred practise: reversing Milio (1981), the easy choice was not always the healthy choice. This study is particularly interesting as a demonstration of the value of the approach, which is methodologically and epistemologically similar to the research at the core of my thesis.

Another way of thinking about the domain of food and food provisioning is for its contribution to attentiveness to health. From a Bourdieusian perspective, observable food provisioning behaviours, practices, or actions are guided by embodied perceptions and preferences that are not readily observable despite their influence on health outcomes. Consequently, the lifecourse context for attentiveness to health and wellbeing is a useful conduit for developing an understanding of why food-related behaviours do not always focus on the most efficacious outcome for physical health. The same can be said of physical activity, and it is to this second domain of health habits that my attention now turns.

**Active Living**

A ‘review of reviews’ carried out by Bauman and Bull (2007) included 11 physical activity review papers. Most of the literature came
from the US or Australia and was often based upon self-reported leisure-time activities within the residential neighbourhood. Bauman and Bull found these review papers to collectively reveal reasonably consistent associations between access to physical activity facilities, the walkability of the residential area, and self-reported activity, but also noted that these associations arose from a relatively small and homogenous evidence base. Especially important to my study, their critique notes as a “clear issue” that the studies and reviews “almost always ignored” the social environment despite this seemingly being “strongly correlated with physical activity in the primary source studies that measured them” (p. 33). Two intervention studies, discussed below, which were reviewed subsequent to Bauman and Bull, suggest that this situation has continued. However, the evidence base is expanded by these studies, with both interventions taking place in the UK.

Infrastructural projects which aimed to increase the health of residents through the introduction of walkways and cycleways have been less successful than hoped at promoting increased physical activity amongst residents, at least in part due to unresolved social issues. An urban renewal project that introduced a new cycleway to a south-west England neighbourhood described as ‘deprived’ was evaluated by Coulson, Fox, Lawlor and Trayers (2011). Through five focus groups with residents, Coulson and colleagues found that locals had no sense of ownership of the cycleway, perceiving it to have been deposited, uninvited, upon the local landscape. Residents felt the cycleway negatively impacted already troubled social relations by encouraging outsiders to use the area as a thoroughfare. With this in mind, the report conclusion is unsurprising: there were “no substantial changes in physical activity” (p. 309).

A similar project from Ireland was reviewed post-implementation by Burgoyne, Coleman and Perry (2007). A new walkway was expected to
create a more nurturing environment in which people would be more inclined to be physically active. Through six focus groups with residents, the researchers revealed comparable sentiments to those above. Residents were concerned by unresolved issues relating to the social and physical environment. Social issues raised by focus group participants included troublesome dealings with fellow residents and disrespect for the physical environment of the area. It was as a result of such actions, participants reported, that some residents “isolate themselves insofar as possible from interacting in the locality or with other residents,” (p. 225). Burgoyne and colleagues concluded that the new walkway had only a marginal impact on the health of residents.

The negative influence of perceived threats to personal safety also arose in participant perspectives in relation to another intervention, this one in the US, which aimed to increase physical activity as a means of reducing health risks. This intensive year-long intervention study included 46 overweight or obese women with a low income who lived in a deprived neighbourhood (Miles & Panton, 2006). The study monitored factors that advanced the research aim as well as those that impeded it. Most of the increased walking achieved by participants occurred within their local area; and of particular relevance to my thesis, increased walking was influenced by having nearby friends and relatives. The authors note that these social connections acted in two ways. Firstly, providing nearby destinations such as the homes of friends and relatives, which encouraged active transport; and secondly, friends and relatives acted as companions with whom to walk, encouraging recreational walking. On the other hand, the main impediment to increased walking was fear for one’s personal safety, either because of the presence of undesirable others (people or animals – principally dogs), or because of a perception there may be no one to assist them should they need help.
The findings of Burgoyne and colleagues (2007), Coulson and colleagues (2011), and Miles and Paton (2006) all point to the need to address residents’ concerns about anti-social behaviours in conjunction with interventions aimed at increasing physical activity in the neighbourhood. The failure to do so, as pointed out by Bauman and Bull (2007), overlooks the importance of the social dimension of the residential area and consequently fails to capitalise upon the strong connection between physical activity participation and the social environment.

Common to these findings from post-implementation evaluations is that in such neighbourhoods the ‘problem’ might be less one of a lack of places to walk than avoidance of walking in places that are not perceived to be safe. Shortcomings of the social dimension of the residential area prompt behaviours of avoidance amongst residents, with the flow-on effects of decreased physical activity and the associated health risks. The adage of ‘build it and they will come’ does not appear to stack up in such circumstances. Instead, as the study from Miles and Paton (2006) found, social connections enhance the establishment and ongoing experience of being physically active in one’s neighbourhood. This viewpoint is supported by the findings of a systematic review (Wendel-Vos, Droomers, Kremers, Brug, & van Lenthe, 2007) which concluded that “social support and having a companion for physical activity were identified as likely important determinants for various physical activity types and intensities” (p. 432), and this was especially noticeable for walking in the residential area. Similarly, but introducing a more overt focus on the health benefits of being physically active in local public places, Baum, Ziersch, Zhang, and Osborne (2009) concluded from a mixed-methods study including four contrasting study areas in Adelaide, Australia, that efforts to improve the health status of people living in more deprived areas “could usefully focus on reducing social and physical disorder” (p. 934). Collectively, these
studies strongly suggest that the social dimension of the residential area matters to residents’ choices to be more or less physically active in nearby public spaces.

There are other reasons why some people are more inclined toward active living practices than others: being ‘active’ has differing meanings for some people than for others. The challenge of persuading people to increase their walking as a means of reducing the health risks of obesity has been examined (Green, 2009). Green points out that “sharp class and ethnic divides” (p. 28) separate recreational walkers from those whose walking is not a matter of pleasure. From her analysis of the United Kingdom General Household Survey of 2002, Green found almost half the respondents from the highest social group reported leisure walking in the previous month. In comparison, leisure walking was reported by just a quarter of those from the lowest social group. Green explained this phenomenon with reference to what ‘walking’ symbolises. Walking can signify a romanticised and even spiritual activity in settings such as the English countryside or the New Zealand bush – the two sites compared in Green’s study. However, in other settings it is a signifier of hardship and even health-risk, placing a “disproportionate burden on those from poorer neighbourhoods” (p. 25). Green notes that what is done for necessity may be less appealing as a form of recreation: “hardship has to be chosen, rather than imposed” (p. 33).

Green’s observation aligns with that of Coveney and O’Dwyer (2009), who noted that people without a private motor vehicle regarded “walking as something that had to be endured” (p. 48), and with Bostock (2001) who noted “the contradictory health effects” when hardship results in the absence of access to a private motor vehicle, making walking a matter of necessity. Walking, then, has different social meanings, and Green argues that the meaning implied by public health, which positions walking as a health-promoting and pleasurable activity, draws on the perceptions of an
affluent lifestyle rather than on the meanings of those experiencing hardship. Green’s study again suggests the relevance of taking into account not just practice but also perceptions and preferences that guide practice.

Researchers exploring the connections between the natural environment and health have referred to such environmental features as ‘green space’ (land) and ‘blue space’ (water) respectively (for example see (Coombes, Jones, & Hillsdon, 2010; Kessel, et al., 2009; Mitchell, Richard & Popham, 2008)). Active living habits that incorporate the natural environment are particularly interesting to my study because of a specific link to sociality. One of the benefits of green exercise is that it is understood to foster social bonds (Barton & Pretty, 2010; Frumkin, 2003); and the provision of quality green spaces has also been proposed as a driver of physical activity in the residential area:

*By providing highly accessible, good quality green space which is perceived as safe to use at the neighbourhood level this should lead to an increase in the propensity of people to undertake exercise, either through active transportation or recreation (Townshend & Lake, 2009, pp. 910-911).*

However, Green’s critique suggests that such activities are not universally appealing despite the apparent ease with which ‘walking’ is thought to be attainable. Local natural settings are not always accessible to all despite apparent proximity. Access may be mediated by social mores that direct who uses and who does not use green space, and the purposes to which such green spaces can be put. This point is raised in a study by Kessel, Green, Pinder, Wilkinson, Grundy and Lachowycz (2009), where public access to a forested area in the north-east out-skirts of London was increased over a ten year period, with access and use by the local community then re-evaluated. Respondents noted the local authority constructed a particular image of the forest that legitimised certain
behaviours and purposes, limiting the ways local residents could imagine themselves in relation to the forest. For example, some considered themselves excluded on the basis of ethnicity, others due to disability, but more subtle was the discussion on the ‘proper’ uses of such places, for example it was frowned upon to use one’s laptop in the forest, or for groups visiting the forest to create noise. Gateways are not always as open as they may seem.

Calling on the locational access research about public open spaces in which green exercise might occur, a New Zealand study also suggests differing access to natural settings where the benefits of enhanced social bonds might be developed. Badland, Keam, Witten and Kearns (2010) considered both area walkability and neighbourhood deprivation in their study of public open spaces located within a 10-minute walk of specified neighbourhoods. Seeking attributes of ‘pleasantness’ in public open spaces, they compared the types, quantities, and qualities of amenities, activities, safety features, and the environmental features, of 69 open spaces within 12 residential areas. They found that sites in more affluent areas that were also considered positive for walkability had more features of pleasantness, such as waterways, trees and gardens, paths and shade; and less graffiti and litter. This suggests public open spaces in more affluent residential areas are likely to provide more pleasant experiences for active living, which in turn suggests such residential areas to also be more likely settings for the development of neighbourly social bonds.

Collectively, these reviews, reports, and research suggest that the role of the social dimension of residential areas has been underestimated as an influencer of health habits, positive or negative. The pathways between health habits and the social dimension of residential areas interact with the local built and natural environments, creating a landscape that is complex and often subjective.
The Research Aim

The theoretical underpinnings and the literature have suggested that experiences of neighbourhood result in embodiment: “the ways environmental characteristics … influence individual characteristics or behaviours that pose risks for health” (Taylor, et al., 1997, p. 413) or are health-promoting, bringing about not just illness but also wellness (Frumkin, 2003). Of particular interest are the characteristics of the social dimension of the residential area, which is played out in local public settings (Oldenburg, 1999), providing opportunities for chance encounters with others who live nearby (Grannis, 2009). Such encounters are important building blocks in the development of health enhancing social relations (Baumeister & Leary, 1995) described by Heidegger as relations of “nearness” (1959/1982) and which characterise the notion of feeling ‘at home’ in one’s neighbourhood (Antonsich, 2010; Seamon, 1979).

The literature indirectly suggests a lifecourse approach for this research. A lifecourse approach will extend the neighbourhoods and health literature by providing a deeper understanding of how different experiences of neighbourhood belonging take varying embodied forms, prompting behaviours that have differing health effects. A lifecourse approach brings historical context to the present, incorporating multiple experiences of neighbourhood within cases and across cases, giving a broader context for understanding the role of neighbourhood embodiment in health habits such as food and physical activity. People draw upon their pasts to make sense of the present (Popay, et al., 2003; Riessman, 2008; Yuval-Davis, 2006), and therefore biographical accounts open the possibility for capturing that which is carried forward as well as the use of escape routes (Bartley, 2012), suggesting that a narrative approach is appropriate for this research. By including participants from a range of present-day
circumstances, my research moves beyond the confines of a single social role, such as caregivers, to examine the experience of the social dimension of the neighbourhood more generally. Finally, I focus on food and active living as aspects of everyday life that are sensitive to the environment of the residential area, and which have also been considered fundamental to the problem of obesity-related disease.

In order to identify the mechanisms at work when the embodied experience of neighbourhood influences attentiveness to health and wellbeing, this thesis explores the experiences of neighbourhood across the lifecourse. Participants were recruited from a diverse range of circumstances, and the research focused particularly on the everyday domains of food and active living as indicators of attentiveness to personal health and wellbeing.

In the following chapter I introduce the methods used for the research, from determining a recruitment strategy to the carrying out of lifecourse interviewing, to the analytic methods deployed for this narrative inquiry.
Chapter 3: Methodology: Designing and Performing a Narrative Inquiry

A biographical narrative approach for this research has been implicitly suggested through the theoretical literature addressing embodiment, habitus, and identity (Bourdieu, 1979/2000; Ricoeur, 1990/1992; Riessman, 2008; Somers, 1994). People contextualise their interpretations of experiences, using stories to convey self-identity as it arises through and adapts in response to accumulated experiences. In this chapter I discuss my choice of a narrative inquiry, positioning my study as suited to an interpretive, qualitative inquiry. The second section describes the study design. I explain why and how particular attributes were included in the recruitment criteria, and the extent to which the design plan was achieved. The rationale and approach of my recruitment process are discussed, and then I describe the process of data gathering through interview occasions. Finally, I introduce the methods I used to turn oral personal narratives into analysable data.

Act One: Choosing Narrative Inquiry

While quantitative research makes claims about relationships between variables, qualitative research makes claims about understanding human experience (Polkinghorne, 2007). Whilst quantitative approaches focus on breadth, through amount, intensity and frequency; qualitative approaches such as a narrative inquiry focus on depth by observing the qualities of entities, processes and meanings (Denzin & Lincoln, 2005b). People’s perspectives and opinions are made personally meaningful through the conscious linking of experiences (Gubrium & Holstein, 2009). The active process of relational meaning-making is appropriate to study how neighbourhood gets under the skin. Meaning-making arises through both mundane and challenging experiences that are considered relationally
– at the personal scale of the domestic setting, or in the context of world events, or within the expanse of possibilities in between. Meaningful perspectives and lay knowledge will be interwoven with personal narratives that explain the self to the self as well as to others including myself as the researcher (Mishler, 1991; Ricoeur, 1990/1992; Riessman, 2008).

A link between neighbourhood belonging and self-rated health has been established (for example see Carpiano & Hystad, 2011; Chappell & Funk, 2010). My thesis complements and builds upon such work, navigating beyond the knowledge of a link between neighbourhood belongingness and health to a less-explored territory of knowledge about that link. Numerous research methods could be used to explore people’s health practices, but it is more complex to find out how people’s experiences inform those practices. Drawing upon researchers and theorists such as Mishler (1991, 1999), Riessman (2008), Yuval-Davis (2006), Ricoeur (1990/1992), and Somers (1994), it seemed to me that one way to access this territory was by analysing an individual’s recollections of experiences that have seemingly shaped perceptions and preferences for belongingness and also for everyday practices that influence health. From the baseline understanding set up in the previous chapter, which established theoretical links between neighbourhood belongingness and personal identity, it is apparent that the data necessary to address my research question can be derived from people’s stories: stories about experiences that influence how people think about themselves and about the residential locations in which they have lived. One way to gather this data was to get people to tell me their stories: “telling stories is one of the significant ways individuals construct and express meaning,” (Mishler, 1991, p. 67).

Through a research framework that is epistemologically constructionist, taking an interpretive theoretical perspective through an inductive, qualitative approach, this research sets out with the viewpoint
that people make sense of their lives by contextualising their experiences: “meanings are constructed by human beings as they engage with the world they are interpreting,” (Crotty, M., 1998, p. 43). The data that undergirds this thesis emerges from participants’ interpretations of their own lives: they are the experts concerning their own experience. My analysis of that data is in turn an interpretation; an interpretation that is informed by my own life-story.

I am an educated, middle-aged, middle-class Pākehā wife, mother, and grandmother. I am a fourth-generation New Zealander: a descendant of immigrants. My paternal great-grandfather arrived as a young child, leaving behind the London slum of Bethnal Green that had been ‘home’. The shipping records suggest his older sister died on the voyage. My mother’s forebears left Pomerania for New Zealand as the German Kaiser was expanding his territory eastward, incorporating the men of newly acquired territories into the front line of his army.

I was born in 1961, the third of six children. My father worked on the production line in a grimy, noisy factory, and my mother ran the household. Unlike most of the houses in our suburban Christchurch neighbourhood, ours stood out to me for its state of disrepair and the absence of a motor vehicle. At home, physical prowess was valued considerably more than educational achievement, and unsupervised outdoor play and eating what one was given were requirements rather than options. Our household was not unusual in its composition: other nearby families were even larger, providing me an abundance of neighbourhood-based friendships.

I moved to Wellington directly from secondary school and I married two years later, having three children in the following six years. I have worked in childcare, as the administrator at an Art school, and in IT. I have lived in the same suburban Wellington house, with the same husband, and
the same next-door neighbour, for over 30 years. When I enrolled at university, in July 2003, doing a PhD was the furthest thing from my mind. I planned to enrol for a vocational training course that commenced the following semester and ‘doing a few papers’ was a way of both filling in time and getting a bit of practice at being back in a learning environment. The realisation that I might be capable of completing a degree dawned about six weeks later when my first batch of essays were all graded in the ‘A’ range: perhaps those dreaded school reports that claimed ‘Carolyn could do better’ might have had a point? Cultural Anthropology and Religious Studies anchored my BA, with a good dose of Sociology and Māori Studies on the side. I followed up with Honours in Anthropology and an MA (Applied) in Social Science Research. The journey has continued with this thesis. These experiences from my located life-story as well as my academic journey undoubtedly influence my interpretation of the data I gathered from my study participants.

**Act Two: Designing the Inquiry**

I needed to collect biographical life-stories that focused on the personal experiences of the residential area in order to answer my research question. A life-story approach offered the possibilities of reflexive recollections about childhood. Such stories can provide insight into experiences that influence the early emergence of habitus, which Bourdieu (1983/1986) considered innately and unconsciously influential to practice. Participants’ health practices were also important to the research, but accessing the meaning-making work that supports mundane or everyday practices for food and for active living was of more relevance to my study than, for example, determining a current health status or acquiring a medical history. Of most importance was the rationale behind participants’ practices: *why* they do the things they do. Seeking to understand ‘*why*’ takes
my exploration to a deeper level than directly observable practices, by paying attention to the perceptions and preferences aspects of habitus posited to guide practice (Bourdieu, 1980/1990). Both Bourdieu (1980/1990) and Ricoeur (1990/1992) and those who have incorporated and developed their theories of habitus and identity (for example see Riessman (2008) and Somers (1994)) tacitly suggest the interpretative meaning-making that guides action can be explored by examining the context of the actor’s perceptions and preferences. Through this approach my research is able to provide a broader understanding of how health and wellbeing can be influenced by neighbourhood belongingness.

The Choice to Interview

Narratives can be collected in several ways. Stories may be purposefully written by participants, for example Hänninen and Koski-Jännnes (1999) exploration of personal experiences of behaviour change amongst people seeking to manage substance addictions. Visual media such as video diaries and photo elicitation have been used for narrative analysis, such as the exploration of patient’s perspectives on living with disease (Rich & Patashnick, 2002). Diaries and letters from the 19th century were studied by Tamboukou (1999) to “examine the subjectivities of women teachers regarding space and place,” (Riessman, 2008, p. 63). More commonly, interviewing has been the means for collecting narratives, as advocated by Mishler (1991) and Riessman (2008). Riessman’s illness narratives depend upon interview-based case-studies, including an exploration of the lives of childless women living amidst a culture where childbearing is normative and necessary (2000), and also the emasculating experiences of men living with multiple sclerosis (2004). Others have used interviews to explore how people adjust self-identity amidst illness experiences (Frank, A. W., 2000, 2007), perceptions of body image (Paquette & Raine, 2004), and the effects of habitus amongst migrants (Marshall, J. & Foster, 2002).
Interviewing was a practical choice for my research. Interviews require a smaller amount of the participant’s time compared to writing one’s life-story. This is an important consideration for many potential participants, with a time deficit being a major reason for declining to participate. The writing process also eliminates the paralinguistic aspects of conversation that provide additional layers of meaning-making (Jackob, Roessing, & Petersen, 2011; Jessen & Kotz, 2011; Kessous, Castellano, & Caridakis, 2010). For many people the depth of feeling portrayed in spoken form can be challenging to convey in written form.

Following Mishler (1999), I scheduled multiple interviews with each participant in the expectation that increasing rapport and familiarity between the participant and myself-as-interviewer would enable greater depth to the storied data:

Second interviews, separated by relatively brief intervals of time in studies focused on specific life events or bounded domains of interest, turn out to be particularly rich. Responses to the first interview may be clarified, elaborated, and sometimes changed in important ways” (Mishler, 1999, p. 150)

Recruitment Criteria

Being able to recruit from a population about whom I already knew an extensive amount was an advantage to my research, enabling the development of a considered, purposive sampling framework. The attributes of that framework are the focus of this section of the chapter.

Over 2000 participants from the URBAN project had agreed to be re-contacted for related research. About one quarter of participants resided in the city of Wellington where I also live. Thus, it was practical to select the ‘Wellington’ subset of the URBAN survey participants as the research participants.

15 Access to the survey data was approved by the Auckland University of Technology Ethics Committee (AUTEC 07/126), and this enabled a recruitment strategy that focused on particular attributes, as approved by the University of Otago Human Ethics Committee (HEC 09177). See Appendix B.
population. The research design was substantially enabled through access to anonymized survey responses and the accompanying demographic profiles. The design ensured a range of residential areas of differing characteristics, and a range of experiences suggested by other attributes, providing considerable diversity.

I choose to focus exclusively on the experiences of women for several reasons. Firstly, men are considered to experience ‘neighbourhood’ somewhat differently to women. Self-reported health tends to be more closely associated with the residential environment of women than for men, for whom the occupational environment seems more relevant to health perceptions (Stafford, Cummins, Macintyre, Ellaway, & Marmot, 2005). Further, stronger associations have been observed between mental health and neighbourhood fragmentation for women than for men (Ivory, Collings, et al., 2011). Given the importance of the experience of the residential area to my study, recruiting women but not men offered the opportunity to study the experiences of women more deeply than would have been possible had I chosen to do a gendered comparison. My choice to recruit only women halved the list of potential participants in the city of Wellington from about 500 to about 250.

Further limiting the list of potential participants were two attributes that I calculated from the URBAN dataset, discussed below. One suggests a degree of contentment or otherwise with one’s residential area at the time of the URBAN survey. The second is a proxy indicator for attention to personal health. The net effect of my use of these attributes, which are explained in detail below, was to create a sample population of 94 women from which to recruit.

**Contentedness**
Living in a residential area where one does not feel ‘at home’ may be detrimental to personal health (Popay, et al., 2003). The experience of feeling
'at home' was not explored through the URBAN survey. However, what was signalled in the URBAN dataset was contentedness with the built environment, which was addressed through questions exploring perceptions about one’s residential area. I considered that ‘contentedness’ was a reasonable proxy indicator for at-homeness, assuming that those who were discontent with the built environment of their residential area probably also felt less ‘at home’ than those who were more contented. By recruiting a sample that had an even balance of people from each state (contented and discontented), I hoped to also have access to a range of experiences of at-homeness in the present residential area.

In the URBAN survey, different questions explored preferences between hypothetical residential areas. Whilst these two series of questions did not directly refer to neighbourhood belongingness, when considered alongside each other they went some way to identifying people’s differing relations with the built environment of their residential area. While this does not equate to the social relations implied in the notion of feeling ‘at home’, the comparison suggested that some potential participants live in places which seem closely matched to their preferences, whilst others do not.

People’s perceptions of where they live were explored through three aspects of the local built environment: access to public transport, housing options, and walkability, drawing upon Frank, Saelens, Powell and Chapman (2007). On the other hand, preferences, or preferred characteristics of residential areas, were assessed through a descriptive passage presenting two residential areas with differing housing options, public transport, and walkability. As well as selecting a preferred scenario, survey participants indicated the strength of their preference on a 5-point scale ranging from Very Slight to Very Strong.
The strength of preference was important to my calculation of contentedness. For example, someone living in an area they perceived in a particular way whilst having a very strong preference for a contrasting scenario was classified as seemingly discontent with the built environment in which they lived. A flow diagram of the assessment process I devised for residential area perceptions and preferences is included in Appendix C.

The rationale and assumptions inherent in this process were tested amongst colleagues, having them work through the perceptions and preferences questions from the URBAN survey, with their responses subjected to the formula devised to calculate dissonance. There was general acceptance of the formula and assumptions.

Within the dataset there were relatively few instances of the highly discontent classification. To increase the chances of including contrasting experiences I amalgamated the categories discontent and highly discontent, labelling these as ‘Discontent’, and recruited evenly from this amalgamated group and from those categorised as highly content, putting aside those cases categorised as neutral or content.

Attention to personal health and wellbeing
I wished to include in my study a range of people with differing health and wellbeing experiences. The URBAN survey did not directly ask about health, although weight, and height, waist and hip measurements were collected. I used this data to create a bio-medically-inspired proxy indicator for attention to personal health. Using these measurements, I calculated the risk of obesity-related disease for each potential participant. The dominant discourse around obesity (for example, see Giskes, van Lenthe, Avendano-Pabon, & Brug, 2011) has simplified both the cause and presence of obesity: when energy intake is greater than energy output, the result is stored energy (fat reserves). While my research focused on personal attention to health and wellbeing rather than obesity-related diseases, the
anthropometric data enabled me to derive an attribute that stood as a proxy for personal attention to health through food (energy in) and active living (energy out) practices. The attribute provided an effective means for attaining diversity in this respect. Potential participants at risk of obesity-related disease were assumed to have everyday practices for food and active living that received relatively little personal attention compared to those categorised as low risk.

I drew upon multiple indices, taking into account the thresholds appropriate to varying ethnicities (Lear, James, Ko, & Kumanyika, 2009; Park, Choi, Lee, & Park, 2009; World Health Organization, 2006a). As a result a targeted approach to recruitment was enabled, with equal numbers of participants recruited from each of the attribute classifications: those with indictors suggesting they may be at risk and those with indicators suggesting a low risk. The calculation process is fully explained in Appendix D.

**Creating the case-types**

Bringing together the derived attributes for contentedness (content: C; discontent: D) and for attention to personal health through the risk of obesity-related diseases (low risk: LR; at risk: AR), four case-types were generated, as shown in Figure 3. To maximise diversity within the research sample, I aimed to recruit mostly from the two case-types at the extremes of experience: DAR (Discontent and At Risk), and CLR (Content and Low Risk).
**Age cohorts**

The third new data category I derived from the URBAN data was also an attempt to ensure diversity, this time for age. I grouped potential participants into three cohorts according to their age at next birthday: 21 – 34 years, 35 – 49 years, and 50 – 65 years. I aimed to recruit one third of the participants from each cohort in order to include a multi-generational range of experiences, assuming that women raised in different eras may have differing experiences of neighbourhood and belongingness. However, the younger women were unevenly spread across the four case-types (shown in Figure 3). Of the 25 potential ‘younger’ participants, just three were classified as at risk of obesity-related disease. Further, as the recruitment process progressed it became apparent that the younger participants were more mobile than those in the other two cohorts, with several having moved away from Wellington.

**Attributes drawn directly from the URBAN dataset**

A further six attributes contributing to the recruitment criteria were drawn directly from the URBAN dataset. These were selected with an eye to...
recruiting a sample with a range of life experiences. Each is briefly explained below, explaining why it was included, and how it was operationalized.

**Small-area deprivation**

In New Zealand small-area deprivation is calculated following each national population census, most recently in 2006, generating the New Zealand Deprivation Index (NZDep2006). The index is calculated at meshblock level and draws upon variables of material and social deprivation from the population census data (White, et al., 2008, p. 21). Meshblocks with the least deprivation have a rating of NZDep 1, and the most deprived meshblocks are rated NZDep 10 (Salmond, C., Crampton, & Atkinson, 2007). NZDep Index is frequently used in New Zealand-based research that explores inequalities, providing a trusted indicator of deprivation beyond household level. Applied to the URBAN dataset, amalgamations of five contiguous meshblocks were considered to have low, mid, mixed, or high indications of deprivation (Badland, et al., 2009). The research sample I generated included people from each of these four categories.

Because my research was considerably focused on the experience of neighbourhood, I considered NZDep to provide a useful indicator of the settings in which participants presently reside. I considered this to be a more useful than recruiting for diversity of household income, which is an aspect generally included in calculations of socio-economic position.

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16 In order of the descending weighting applied to each variable, NZDep2006 takes into account the proportion of people living in the meshblock who: are aged 18 to 64 and receive a means tested benefit; living in households below a specific income threshold (controlled for household composition); not living in their own home; people aged less than 65 years who are living in a single parent family; those aged 18 to 64 who are unemployed; those aged 18 to 64 without any qualifications; the proportion of people living in households below a bedroom occupancy threshold (controlled for household composition); the proportion of people without access to a telephone; and the proportion of those with no access to a private motor car, (White, Gunston, Salmond, Atkinson, & Crampton, 2008).

17 Low: NZDep 1 – 4; Mid: NZDep 5 – 7; High: NZDep 8 - 10
alongside educational attainment and occupation. It is notable, though, that I visited some participants who live in the worst house in the best street, and others whose addresses belied considerable affluence. Nevertheless, it was their relationship with the area in which they reside that was of primary importance to my research question. By recruiting with NZDep in mind, I attained a degree of diversity within my sample in respect of relative affluence or deprivation at an area level. But it is important to note that this diversity addresses only the present point in the participants’ life-stories. It does not reveal anything about the relative deprivation or otherwise of anywhere else that they have lived. Small area deprivation was of secondary importance in my recruitment strategy, because the research question was significantly oriented to the (usually numerous) places where one had lived rather than emphasising where one now lives.

**Ethnicity**

In New Zealand, issues regarding ‘health’ have generally been explored in accord with Western concerns about body-dysfunction and socio-economic inequalities (Durie, 1985). However, as Durie has pointed out, “health is not a universal concept” (p. 483). The question at the heart of my thesis, though, was not principally concerned with ‘health’. Rather, my principal concern was the process of establishing a sense of neighbourhood belonging: How does neighbourhood get under the skin? Secondly, I sought to find out how one’s health and wellbeing might be influenced by the experience of belonging (or not) to one’s neighbourhood.

Drawing upon my undergraduate degree in cultural anthropology, influenced by thinkers such as Appadurai and Bourdieu, I considered the processes that bring about embodiment were likely to be relatively consistent. How ‘neighbourhood’ gets under the skin seemed to me to be likely to follow predictable and knowable patterns, even though the details differ between cultures. The Trobriand Islanders studied by Malinowski
(1922), the Yanomami studied by Chagnon (1974), and the Wellington residents of my own study have experienced very different neighbourhoods. Despite the differences, what remains applicable are the “links between the sense of social immediacy, the technologies of interactivity, and the relativity of contexts” (Appadurai, 1996, p. 178) that bring about what Appadurai has called a “complex phenomenological quality” which I refer to as neighbourhood belongingness or feeling ‘at home’ in one’s neighbourhood.

While it was not my intention to make comparisons on the basis of either ethnic origin,\textsuperscript{18} or ethnicity,\textsuperscript{19} it is expected that research carried out in New Zealand will be ethnically inclusive by design. Working with the URBAN dataset, I attempted to recruit for ethnic diversity. Further, I arranged for three colleagues (one Māori, one Pacifica, and one Asian) to be available for consultation. The URBAN survey allowed for multiple self-selections from a prompt card listing 16 ethnicity options in response to the question “To what ethnic group(s) do you belong to (you can check more than one option)?” I concatenated these options creating a new attribute grouping multiple ethnicities using categorises from the Level One and Level Two classifications from the \textit{Statistical Standard for Ethnicity} (Statistics New Zealand, 2005) still allowing for multiple selections. The potential participants had drawn upon five ‘ethnicity’ categories, with several drawing upon multiple categories: Asian,\textsuperscript{20} European,\textsuperscript{21} New Zealand

\textsuperscript{18} ‘Ethnic origin’ referring to “a person’s historical relationship to an ethnic group, or a person’s ancestors’ affiliation to an ethnic group” (Statistics New Zealand, 2005).

\textsuperscript{19} ‘Ethnicity’ being “a measure of cultural affiliation ... self-perceived and a cultural concept ... a person’s present-day affiliation” (Statistics New Zealand, 2005).

\textsuperscript{20} ‘Asian’ includes four options from the URBAN survey: Chinese, Korean, Indian, and Other Asian (e.g. Filipino, Japanese)

\textsuperscript{21} ‘European’ includes four options from the URBAN survey: British/European, Australian, South African, and Other [where the manually input response was Canadian or American]
European/Pakeha, New Zealand Māori, and Pacifica. Table 1 provides a breakdown of the potential participants by self-selected ethnicity as recorded in the URBAN dataset. Less directly, the table also shows that I had difficulty recruiting women from ethnic minorities. Although I approached over 70% (12/17) of potential participants who were recorded as belonging to ethnic minorities, less than 20% participated (2/12). This matter that is further discussed in Chapter 10, Limitations.

Of the two participants whose self-selected ethnicity includes ethnic minority groups, both were born in New Zealand and the settings of their childhood neighbourhood experiences were suburban areas of large provincial towns. One of these women specifically sought to separate herself from her ethnic origin, describing active attempts to avoid compliance with taken-for-granted cultural practices. Despite a highly detailed life-story from the second such participant, she made no reference to her ethnicity, constructing her identity through spiritual rather than ethnic connections.

On the other hand, more than half of my sample was born in places other than New Zealand, including Australia and countries in Africa, Europe, and North America. Using the Statistical Standard for Ethnicity (Statistics New Zealand, 2005), all of these women are categorised as ‘European’, concealing the diversity of the sample and threatening the possibility of appearing somewhat mono-cultural rather than rich in life experiences situated in a multitude of settings.

**Educational Attainment**

I introduced this attribute into the recruitment strategy when I realised that three of the first four participants to be recruited and

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22 ‘Pacifica’ includes five options from the URBAN survey: Samoan, Cook Island Māori, Tongan, Niuean, and Other Pacific.

23 On one occasion the recorded ethnicity (which is understood to be self-selected) did not align with the wishes expressed by the participant as she recounted her life-story.
interviewed held a university degree. Monitoring this attribute allowed me to aim for diversity in this respect, which seemed relevant considering that education is often offered as a gateway out of adversity.

**Work-force participation**
Stafford, Cummins, Macintyre, Ellaway and Marmot (2005) have argued that neighbourhood matters more to women’s health than to men’s health. Thus it seemed plausible that women whose occupation does not take them away from their residential areas might have perceptions, preferences, and everyday practices that are different to those who are absent from the area for much of the day. I considered potential participants’ present level of workforce participation, paid and unpaid, recruiting for diversity.

**Children living at home**
The presence of children in the household is considered to influence neighbourliness (Grannis, 2009). Women with and without children living in their households were recruited, with the notion that increased neighbourly sociability might suggest a greater contentment with the neighbourhood in a social sense, in contrast with the contentment or discontentment indicated through the locational dissonance classification, which focused on the built environment.

**Length of tenure at current address**
The length of tenure data was brought into the recruitment strategy for monitoring after it became apparent that numerous potential participants had relocated, and often these women had lived at the address where they were surveyed for just a year or so. Of the 94 potential participants, 57 had lived at their current address for four years or less. I recruited for a variety of experiences of neighbourhood, and so it was desirable to include some women who had lived in the same place for a long time as well as including some whose length of tenure suggests greater
residential mobility. This had the effect of recruiting more women from the older age cohort, skewing the age profile of the sample toward the older cohort.

**Recruiting with Narratives in Mind**

In the months prior to initiating contact with potential participants, each had taken part in the face-to-face survey for the URBAN study. I needed to differentiate my research whilst maintaining a link between the studies. Importantly, I would not be surveying them. I wanted something more intimate: I wanted a version of their life-story. The need to recruit via letters addressed ‘To the householder’ was not an auspicious start but the anonymized contact details left me little choice. Attempting to position the research interaction as convivial, I attached an individually-packaged teabag and requested the reader to “make yourself a cup of tea and read the attached information sheet which explains my research.” I was also overt about my desire to recruit people who like to talk: “I want to spend time with women who like to talk, because I consider we tell a lot about ourselves when we tell stories, especially stories about our past.” The information sheet I sent to potential participants is included as Appendix A.

**Workload Planning**

To manage the workload of the interview, transcription, and coding, I worked with three participants simultaneously, in waves. Mishler (1999) has argued for multiple interviews to the standard of default for interview-based research. In his experience, "second interviews, separated by relatively brief intervals of time in studies focused on specific life events or bounded domains of interest, turn out to be particularly rich. Responses to the first interview may be clarified, elaborated, and sometimes changed in important ways," (p. 150). With this in mind, I arranged multiple interviews with each participant, spaced by about one week. I usually completed transcription of each interview within 48 hours of the interview, and
usually completed coding of the transcript prior to the subsequent interview with that participant. Aspects of the life-story that had been overlooked or seemed fruitful for further exploration were highlighted during transcription and coding, forming the basis for the subsequent interview. Each wave took approximately four weeks, with waves overlapping somewhat as recruitment for the subsequent wave commenced as the earlier wave was concluding. My rolling recruitment approach also allowed me to carefully manage the casebook, ensuring the balance and contrasts within the attributes sought in the planning were attained through a targeted approach to recruitment at each wave.

Whilst my research design aimed for 24 participants, I was recommended by supervisors and advisers to check for data sufficiency once I had interviewed 16 participants. Accordingly, I was particularly conscious in the latter recruitment waves to ensure my goals for balance and diversity remained in reasonable proportion. I was principally guided by the four case-types discussed above. Consequently the eventual decision to conclude the recruitment and interviewing phase with a sample of 16 did not result in one of the four case-types being overlooked, and a reasonable balance was attained within attributes where I had aimed for a diversity of experiences.

The participants
My recruitment strategy included three attributes, all derived from the URBAN dataset, with two being proxy indicators, where I aimed for balanced recruitment: contentedness, attention to personal health through the risk of obesity-related diseases, and age cohort. For a further six attributes I aimed to recruit women with a range of experiences. The sought-after balance is illustrated in the Design column of Table 1. As shown in the column Actual Participants, the sought-after balance was achieved for the first two attributes but not for the age cohort attribute. For the
remaining six attributes, where I sought diversity, the goal was reasonably well attained. To protect the confidentiality of the participants, as both ethically required and personally promised, this information is presented in summary form rather than as a matrix of attributes by participant.
Table 1: Extended casebook summary

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Classifications</th>
<th>Potential Participants (94)</th>
<th>Design (24)</th>
<th>Declined (9)/Delayed (7)</th>
<th>Actual Participants (16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locational Dissonance</td>
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<tr>
<td>Content</td>
<td></td>
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<td>12</td>
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<td>12</td>
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<td>8</td>
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<tr>
<td>Risk of Obesity-Related Disease (derived)</td>
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<tr>
<td>Low Risk</td>
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<td>36</td>
<td>12</td>
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<td>8</td>
</tr>
<tr>
<td>At Risk</td>
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<td>58</td>
<td>12</td>
<td>11</td>
<td>8</td>
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<tr>
<td>Age Cohort (derived)</td>
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<td>7</td>
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<tr>
<td>Middle</td>
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<td>8</td>
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<td>5</td>
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<td>8</td>
<td>6</td>
<td>4</td>
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<td>6</td>
<td>5</td>
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<td>European</td>
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<td>Pacifica</td>
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<tr>
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<td>Work-force Participation</td>
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<td>Homemaker</td>
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<td>1</td>
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<tr>
<td>Student</td>
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<td>5</td>
<td></td>
<td>3</td>
<td>-</td>
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<tr>
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<tr>
<td>Sickness</td>
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<td></td>
<td>-</td>
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<td>Children living at home</td>
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<tr>
<td>Yes</td>
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<td>No</td>
<td></td>
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<td>Years at current address</td>
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<tr>
<td>4 to 9 years</td>
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<td>Less than 4</td>
<td></td>
<td>57</td>
<td></td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

\(^{24}\) Self-selected ethnicity allows for multiple ethnicity selections.

\(^{25}\) Two actual participants who were in full-time paid employment at the time of the URBAN survey had since been made redundant and were seeking work at the time of my study. They are included in the count for 'Full-time paid'.
Non-participants

Data regarding the 16 women I unsuccessfully attempted to recruit is collectively represented in Table 1 within the column Declined/Delayed. Nine women either declined outright, withdrew prior to being interviewed, or they were not able to be contacted. In a further seven instances it was agreed I could contact them again at a later date if I still sought participants, but ultimately they were not interviewed. Several women represented in this column delayed their involvement due to constraints such as returning to the paid work-force or changing jobs, changes in family size or household composition, or caring for dependent relatives. Some women simply said they were too busy to take part. In two instances when I telephoned to follow up the initial letter inviting participation, the woman indicated her interest but changed her mind when an adult voice in the background gave a different message.

It is likely that interviews with any of these sixteen women would have enriched my study in one way or another. However, the characteristics of the sample are generally comparable with those who declined or postponed involvement, with the exception of ethnicity. My sample included just two participants whose self-selected ethnicity does not include ‘European’. This compares with about 20% of the potential participants. Considering the over-representation of ethnic minorities in the statistics about low income and poverty in New Zealand (Imlach Gunasekara & Carter, 2012), it is possible that their life-stories might have brought a different hue to my findings. But not all stories are available for sharing in the research forum, and not all family members have the right to share stories that implicate other family members. This is particularly pertinent

26 One ‘actual’ participant had been in this situation early in the research period and joined the study when I called again, as arranged, some months later.
for non-European peoples. Although no one that I approached offered such a reason for non-participation, this does not make the point irrelevant.

The research site
Flying in to Wellington airport, I am always struck by the ribbons of houses that cling precariously to the hillside roads carved up, down and around, seemingly in search of flatness. As can be seen from Figure 4, Wellington city is surrounded by either water or mountainous terrain rendering useless the grid-pattern street plan, nowadays considered positive for active living practices (Sallis & Glanz, 2009, p. 128) that was drawn up in London before the colonial town was first settled by the English in 1839 (Te Ara: The Encyclopedia of New Zealand, 2009).

The Wellington City Council describes the city as having a temperate marine climate, seldom being cold enough to freeze in the winter, while the water temperature in the harbour averages 15 degrees Celsius in the summer. It rains on nearly as many days as it does not rain; and Wellington is the windiest city in New Zealand (Wellington City Council, 2011). Nevertheless, part way through the interviewing stage of my research the city was declared “Cool with a capital C” (Lonely Planet, 2010).

When Lonely Planet ranked Wellington as fourth on a list of the top ten cities to visit in the coming year (Lonely Planet, 2010), this acclaim received considerable media attention. I was interested in how this might impact on the ways participants talked about where they live. Three participants were interviewed after the announcement, and whilst none of them directly referred to the recent acclaim, one talked of Wellington as “the capital of the country in greenery and the coast.”

The talk of these three participants does not overtly appear to be influenced by the attentions of Lonely Planet’s promotion of the city. However, they and the other thirteen participants live in a city which features an abundance of opportunities for experiences that were highly
appealing to the Lonely Planet writers: formal and informal public spaces, such as cafes, parks, museums and galleries. All but one participant talked of either occasional or frequent experiences of the sorts of things Lonely Planet found so appealing, engaging with those opportunities despite variations in occupation or area deprivation. Perhaps it is this ability of the city to engage a diverse population despite apparent differences in circumstances that contributes to the impression that Wellington is a “cool” place to be.
Figure 4: The approximate locations of study participants
On a global scale, the city of Wellington is small. Indeed, New Zealand is small, with a population of about 4.5 million. While the larger Wellington region\textsuperscript{27} accommodates about 10\% of New Zealand residents, the city is home to just 180,000 people, including the 16 participants and myself (Statistics New Zealand, 2008). In 30 years of personally living in Wellington city there have been many occasions when, upon meeting someone previously unknown, an overlap between our lives becomes apparent, especially through children, occupational settings, and interest groups. In every case when the participants in this study were recruited their identity was unknown to me; and when we met for the first interview, they were all still unknown. What I know of them I know entirely from the interview occasions and from the URBAN survey data. However, their stories frequently included overlaps with my own story and also with the stories of other participants. Such coincidences make the task of ensuring confidentiality particularly important and sometimes this leads to compromises: what gets said, and what remains unsaid; what gets suggested in veiled terms, and what is explicated. I have used pseudonyms for all participants, and my understanding of their stories has been checked by them for accuracy, and for sensitivity to potentially identifying information.

**Act Three: Performing the Inquiry**

It was important to set up the data collection phase to maximise the quality of the narratives available for analysis. As well as scheduling multiple interviews in the quest for depth and rapport through a responsive dialogue (Mishler, 1999; Oakley, 1993), it was important for participants to feel at ease in the interview setting because familiarity is understood to

\textsuperscript{27} The Wellington region encompasses four cities and five districts, extending as far north as the Tararua Ranges on the east coast and Kapiti on the west. The region is home to almost 500,000 people, compared to the city of Wellington, where my study was based, which has about 180,000 residents.
increase the likelihood of participants providing full and reliable data (Bava, et al., 2008). Most interviews were at the home of the participant. At her request, one woman was interviewed twice at the university campus; five interviews were in cafes; and four were at people’s places of employment. With one exception, the location was the suggestion of the participant. I suggested an alternate venue after having met at the participant’s home. Listening to her story, I sensed there might be ‘more to say’ about some things, and that these things might not be ‘sayable’ when other members of the household were in earshot. My feeling re-emerged as I transcribed the interview. I suggested we next meet at a café that I knew to provide a degree of ‘privacy-inPlain-sight’, and this received an enthusiastic response. My feeling was correct: there was ‘more to say’.

The relationship between participant and interviewer influences the context of narrative generation (Riessman, 2008). Narratives are told with the audience in mind, as if the narrator assesses what it is about their story that is of interest or benefit to the audience. Consequently it can be expected that the versions of the stories participants shared with me are likely to be shaped by their varying motives for participating, with participants making their own interpretations of what will be most gratifying for the audience/interviewer. Women with a high educational attainment frequently told me they generally accept invitations to participate in academic research. Others were flattered to be asked and they clearly enjoyed the undivided attention of an interested ‘visitor’. Nevertheless, all of the narratives at my disposal were generated at my request. This highlights an unavoidable and complex power relationship between the interviewer and the participant. As a university-based researcher, I am perceived to be engaged in the quest for esoteric knowledge, especially compared to product-driven market research. For some women participation provided an opportunity to re-engage with an academic world
long since left in their past. One tertiary-educated participant who is not a social scientist declared her pleasure that there is academic support for the ‘soft sciences’. For others, this classified me as ‘knowledgeable’ and possibly ‘important’ person, living a different lifestyle to those of their everyday acquaintance. For such participants my active solicitation of their personal involvement seemingly endowed them with a degree of importance and knowledge. An illustration of this arose after a telephone call was taken by a participant during the interview. Returning to the room, she told me it was a friend, calling to see how her “big day” had been: “I told her it wasn’t finished yet; that we were still talking.” The ‘big day’ was my visit.

On the other hand, participants and potential participants asserted their own controls. Half of those I contacted declined or postponed; people offered differing levels of hospitality in their homes; and participants had multiple opportunities to correct or exclude material with some using those opportunities to do so.

**Responsive/Conversational Interviewing**

A semi-structured approach to interviewing fostered interview occasions that were more akin to conversations than to survey interviewing. But these occasions were not conversations in the usual sense of the word, where norms of turn-taking result in mutual sharing. My part in the dialogue consciously sought storied experiences of what it was like for the participant to live in particular places; about her everyday active living practices, and her everyday food practices; and I prompted and probed for that information within the openings created through the loosely organised interview structure.

Rather than thinking of the interview as conversational, it was useful to think of my role as one of responding to the participant. When supervisors and colleagues asked if I had been out *talking* with a participant, I replied that I had been *listening* rather than *talking*. In this way I
approached the interviews in the spirit of being the audience rather than the performer: for the most part I listened to participants, who tended to talk openly and at length when given opportunities to reminisce on practices from the past and reflect on practices in the present. My responses were largely ‘encouragers’ such as mmm; aha; yeah; ok; with attentive body language through eye contact and head movement; and my intention was to develop rapport through a genuine interest in their stories. I also gave close attention to the body language of the participant, and some of the extracts included in subsequent chapters show parenthesised comments on gesture, which adds to the layers of meaning delivered verbally.

I sometimes responded conversationally, often in situations where an empathetic response was sought by the participant. Occasionally participants brought their stories to a close through a question such as “Have you experienced anything like that?” Such an occurrence expects a conversational reply, and my response was to briefly move to a conversational mode answering honestly and according to the turn-taking mode of conversational sharing, and then move the interview along through a follow-up question or by introducing a new topic. Examples of this are apparent in later chapters.

Interviewing via an interview schedule sometimes anticipates responses of a particular sort, akin to the verbal delivery of a survey. However, by using open-ended questions that invite reflection and reminiscence the researcher is “giving up control of the interview format”

\[28\] In this respect, my performance of the ‘interviewer’ role was considerably guided by previous experiences based on anthropological course work as a fourth-year student. In class, we first observed and then practiced the art of interviewing. As I recall, the transcript from my first interview attempt (carried out in the week prior to the class) resulted in just 30 minutes of participant perspectives: the other 30 minutes was me, talkatively responding! The interviews carried out after the course work focusing on the art of interviewing resulted in transcripts from my one hour interviews containing almost 50 minutes of participant perspectives, providing a lot more data for my analysis (and a lot less of listening to myself on the recording!)
(Riessman, 2008, p. 24), and also giving up the prospects of preconceiving likely responses, ready-made for analytic categories. While the participant is assumed to control how much or little is shared, there is an accompanying assumption about the ability of the participant to resist the prompts and probes of the interviewer. Thus, a power relation persists, albeit somewhat shifted, accentuated by researcher attempts to create opportunities in which participants will tell their stories. Prompts and probes breach some of the norms of conversation whilst invoking others, and in doing so the researcher aims to establish a temporary rapport with the participant, acting as confidant all the while keeping the research aims in sight. Nevertheless, a responsive/conversational form of interviewing was well-suited to my aim of getting people to tell me their stories. It was especially suited to establishing rapport which contributed to narratives rich in meaning-making, providing an insight to the underlying perceptions and preferences, and the foundations for these aspects of habitus in the life-story of the participant.

Guided by Patton (1990) I sought opinions, values, beliefs, judgements and emotional responses of participants regarding their experiences of belongingness. I sought these particularly, but not exclusively, in the social space or field (Bourdieu, 1979/2000; Thomson, 2008) of the residential area in childhood and through to the present. I used additional prompts as conversationally appropriate to take the life-story journey into the areas of food and active living practices, both in childhood and nowadays.

**At the Interviews**

The interviews were digitally recorded, with the recorder positioned unobtrusively to deter any off-putting effect. Each participant read and signed the Consent Form, a blank copy of which is attached as Appendix E.
I devised five core questions to guide the interviews, constructing these to be as open as possible, using the principles of rich data gathering espoused by Charmaz (2006). The questions were piloted through a mock interview carried out with my supervisor. The opening question, “How did you come to live in this neighbourhood?” sought stories covering matters such as neighbourhood preferences and their prioritisation. The second question sought comparison: “So how does this neighbourhood compare to where you grew up?” Sometimes this question was unnecessary as the participant had taken herself there without any prompting. Probing questions sometimes helped determine the make-up of the childhood household and where the participant fitted amongst any siblings. “Where else have you lived?” sought to fill the gaps between the present and childhood, and again this was sometimes unnecessary, with participants filling out the timeline of their life-story without such prompting. “What’s it like, living in this neighbourhood?” and “What might your neighbours tell me about you if I were to ask them?” were questions that brought the interview back into the present, and generally I used one or the other depending what had already been said.

Information about food and active living often arose within the course of the participant talking about the places she had lived. For example, talk about nearby facilities often led to the topic of food through the participant critiquing local grocery shopping facilities. This prompted exploratory questions about food choices and the conversation would lead into the areas of interest.

More often it was necessary to specifically ask about active living practices. Where talk diverted away from active living practices of the participant to those of the household, such as children being encouraged to play sport for example, I prompted for talk about themselves through
conversational means: “And what about yourself? Do you get out there too?”

Similarly, talk about one’s childhood nearly always included talk about food without specific prompting, but deeper information was sought about routine practices for eating. Sometimes it was necessary to prompt women for talk about their own eating rather than having them focus exclusively on the household expectations regarding their children’s eating, and again this was achieved conversationally.

Using a semi-structured approach, my set of five question cards was on hand at the first interview, each with a question and follow-up bullet-points. I intended to consult the relevant card before ‘moving on’ to a new question, allowing a moment to reflect on what had been discussed and deciding about completeness or if there might be some fertile ground to go back to before proceeding with the next question. In practice, toward the end of the interviewing phase, sometimes the cards were not consulted until well into the interview, and all or most of the anticipated ground would have been covered due to my familiarity with the topics.

I usually took a map with me on the second interview occasion, showing the area where the participant grew up. This was useful for checking I had correctly transcribed place names and thus distances from ‘home’ in talk about childhood activities. However, the map was eagerly grasped, sparking recollections with places of importance being pinpointed, and experiences further elaborated. It seems that my bringing the map was interpreted by the participant as an indication of genuine interest in her life and her stories.

Another way that my planned approach to the second interview occasion developed is that I commenced by sharing with the participant a timeline of her ‘life-story’ based on what she had told me on the first occasion. I intended to cooperatively identify errors and omissions in the
timeline; to ensure the participant was comfortable with the degree of anonymity that I had provided; and to identify things she might have told me that she wished to keep private. While all of these things happened, something unanticipated also happened. The participants enthusiastically embraced the timelines, which evolved into life-stories told in the third person, with women asking if they could keep a copy, desirous of sharing it with others. I updated the life-stories at the completion of each participant’s interviews, and for all 16 participants I sent a copy along with a note of thanks and a $50 grocery voucher as a token of appreciation for taking part in the research.

Telling one’s stories to a stranger can seem an odd thing to do; and some participants commented that, in hindsight, they were surprised at the extent of their preparedness to share, recalling and talking of things long since left in their pasts. For example, the second time I met with one participant she told me “After you went I thought ‘Wow! I said all that? To a stranger? A stranger!’” Such comments prompted me to remind participants that if there was anything they wished me not to include in my study I would delete that content from the transcript. Two participants asked that I delete content. On the other hand several participants added that they had enjoyed the opportunity to reflect on their lives in this manner, with one declaring: “I don’t usually talk about way back then, but it’s made me feel real good.”

One further point to address about the interviewing aspect of my research is that of researcher safety. I wished to meet with participants in an environment where their comfort was prioritised. I wanted each woman to feel sufficiently at ease that she could share as much or as little of her story as she desired, without feeling intimidated or obliged. I encouraged each participant to suggest a place to meet, and very often the suggested venue was her home. Other venues included the university (three occasions),
workplaces (three occasions), and on four occasions the interview was carried out at a café. Regardless of the venue, on every interview occasion I ensured either my partner or my supervisor knew my precise whereabouts and my expected time of return. When I was going elsewhere afterwards, I sent a text message advising that the interview was complete. My iPad also has tracking software installed, enabling my whereabouts to be precisely pinpointed – assuming it is with me. At no time did I feel myself to be in an unsafe situation.

**Act Four: Turning Talk into Analysable Data**

Collectively, the 16 participants span 735 years of life experience, and the transcripts generated approximately 4500 extracts coded into an NVivo database. Each participant was given a pseudonym, and I used Microsoft Word to create a verbatim transcript of each audio file, usually within 48 hours. As Figure 5 illustrates, I stylistically differentiated the speaking roles during transcription, using word processing tools.

I imported completed transcripts into NVivo. In most instances I completed coding prior to the next interview occasion with that participant, which was usually the following week. The coding frame, referred to in NVivo as a ‘project’ comprising of ‘node trees’, was iteratively generated, and the addition of nodes was followed by a review and re-coding of previously coded transcripts. The coding frame, including node descriptions, is attached as Appendix F.
There’s one thing that sticks out, like, that I remember, is that we had to go to a prize-giving or something and I was the only one there that didn’t have a pair of jeans [laughing]. All the other kids were wearing jeans. I wore a dress. [...] And on top of it, my sister wore the same dress.

CH: OH MY GOODNESS.

J Yes! The kiss of death! Yeah, and you know how you don’t do things [...] trails off] – I’ve never dressed my kids the same because of that! [laughing] Never bought them the same things. You know. I’d buy them something that’s a different colour, or [...] [laughing]. Because I remember that occasion. That really irked me as a youngster.

CH: BECAUSE YOUR SISTER WAS HOW OLD? WAS YOUR BROTHER IN BETWEEN?

J My sister was four years younger than me and then my brother was two years younger than her.

CH: HOW DEVASTATING! WEARING THE SAME DRESS AS YOUR SISTER, FOUR YEARS YOUNGER!

J [laughing] It was awful! I remember that. Yeah. And um, yes. [sips coffee]

CH: SO WAS THAT WHEN YOU WERE STILL AT THE PRIMARY SCHOOL.

J That was at the intermediate school I think, when you, um, up ‘til about 13.

Methods of Analysis
I analysed the life-stories, individually, collectively, in their entirely, and as collections of coded fragments, with the goal of developing an understanding of how each woman’s experiences of the residential areas she had lived in, from childhood to the present, influence her attentiveness to personal health and wellbeing, either in ways that enhance or undermine.

Of the four narrative methods discussed by Riessman (2008), I drew upon three in my analyses: Dialogic/Performance Analysis; Structural Analysis; and Thematic Analysis. Each method addressed different aspects of narrative complexity, and these were sometimes applied in combination and sometimes in relative isolation depending on the task of the particular analysis. Each method is described below and explained in relation the questions I addressed through the method. None having greater relevance to my study than any other, they are presented alphabetically.
**Dialogic/performance analysis**

Dialogic/Performance Analysis considers the narrative occasion as a setting that influences the exchange (Riessman, 2008). In my study the narrative occasion is the interview, with the dialogue being between two actors: the participant and the researcher. The researcher plays the part of ‘audience’ despite leading the conversation in particular directions; and the participant plays the leading role: it is her stories that are of interest.

Continuing the analogy of the interview occasion as a performance event, the transcript can be seen as a script, consisting of not only words but also descriptions of actions or ‘performative detail’. Performative detail adds a layer of meaning-making beyond that which is spoken, because pauses can speak louder than words, as can dramatic gestures and actions. Such detail is an aspect of ‘how’ things are ‘said’ and is taken into account alongside ‘what’ is said in an analysis that seeks the meaning of the narrative for the story-teller. An example of a dramatic gesture arose in response to my question “*How does this neighbourhood compare to where you grew up?*” The participant visually communicated her response, extending her arms horizontal to her body at shoulder-height before tipping one arm up and the other down to their fullest extent, like a tightly-circling aeroplane. Such a dramatic moment made a strong impression and had a very clear context, being a visual response to a planned question. Consequently this particular moment was easily recalled and included in the transcript. More subtle occasions were also observed and mentally noted. At the conclusion of the interview, when I got to my car, I wrote up my mental notes for later inclusion in the transcript. In practise, responsive interviewing for a narrative inquiry requires a degree of engagement that extends beyond asking planned questions and probing for further details.

I make no claims of completeness in regard to performative detail: the ‘verbatim’ quality of the transcripts relates to the audio aspects alone.
Without a video recording and subsequent transcription of the visual aspects of each interview, clearly the large and more dramatic gestures are more readily observed and more easily recalled for later inclusion. However, the level of attention and detail I incorporated into the transcripts adds to the layers of meaning and interpretation presented by participants as they shared their stories. I incorporated my notes into the transcript using a simple transcription guide I adopted and adapted as shown in Figure 6.

<table>
<thead>
<tr>
<th>Transcription Symbols</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(……..)</td>
<td>Pause. Each dot is one second duration</td>
</tr>
<tr>
<td>w-</td>
<td>Word truncated</td>
</tr>
<tr>
<td>_</td>
<td>Sentence fragment</td>
</tr>
<tr>
<td>(……..)[what happened]</td>
<td>Such as trails off, interrupted</td>
</tr>
<tr>
<td>[what happened]</td>
<td>Action, animation, gesture</td>
</tr>
<tr>
<td>...!</td>
<td>Confidential material removed</td>
</tr>
</tbody>
</table>

Figure 6: Transcription Symbols

The most common performative detail in the transcripts is laughter, indicated as ‘[laughing]’. Laughter was so frequent that I created a keyboard shortcut. To my mind, the amount of laughter indicates that a degree of rapport was established as well as adding a layer of interpretive meaning. Just as words having meaning in context, so to do paralinguistic forms of communication (Gubrium & Holstein, 2009). When they are considered in the context of what was being spoken and what is subsequently spoken, the pause or laughter can be interpreted in context. Laughter can be ironic as well as expressing amusement. Pauses can indicate uncertainty about what one might choose to vocalise next. They can also be a moment of recollection or evaluation. There is no singular, correct way to interpret a pause or laughter, or a truncated word or sentence. Each must be considered in the context of the narrative occasion.
Repetition was frequently used by the participants, and as a rhetorical device this alerts the audience to a perception of importance (Tannen, 1990). This is important to the analytic method and especially to how extracts are presented in this thesis. It is common when using techniques such as thematic analysis to ‘clean’ or ‘tidy’ speech extracts by removing repetitions, sentence fragments, and other parts of speech that are unnecessary for demonstrating the ‘what’ of what is said. Yet these aspects are important to analyses that consider the ‘how’ and ‘why’ of the narrative in addition to ‘what’ is said. Together, these aspects enable a deeper interpretation of the meaning of the narrative for the narrator. And revealing meaning is the work of interpretive social science (Denzin & Lincoln, 2005a). The dialogic/structural elements I included in the transcripts influenced the interpretation of narratives that were subsequently either structurally analysed, or thematically analysed, or both.

\textit{Structural analysis}

Structural analysis is the second of three methods I used. Structural analysis simplified my access to the meaning-making elements of the narratives. I deployed the technique devised by William Labov which has been described as “paradigmatic … a touchstone for narrative inquiry,” (Riessman, 2008, p. 81). The technique involves categorising story elements according to how they function within the story. Six elements are identified (shown in Figure 7), although all six do not need to be present to constitute a story.

Familiarity through previous successful use of the technique prompted the choice to use this form of structural analysis. Its simplicity demystifies the approach, increasing the possibilities that those unfamiliar with the analysis of narrative work will recognise what Lincoln (2002) has referred to as the veracity of the data and the verisimilitude of the findings.
This method of analysis was most useful for determining the meaning-making, interpretive aspects of the stories I was analysing. At the surface, the evaluative element (EV) seems most likely to advance the understanding of meaning-making. However, the evaluative element requires the context of the complicating action from the point of view of the story-teller/participant. Further, the resolution often adds a further layer of understanding about the meaning. Using the same extract that features as Figure 5, a structural analysis of the story within the extract is shown as Figure 8.

As illustrated in Figure 8, the abstract alerts the dialogic partner or audience that the forthcoming story is of importance to the narrator in the context of the discussion, which is not visible in the extract. Joanne provides orientating detail, which helps create the scene for her audience: going to a prize giving. A dramatic pause preludes the complicating action: Joanne and her sister were wearing matching dresses. The audience response provides sufficient empathy to allow the revelation of Joanne’s evaluation and resolution. Joanne’s story ends there: the rest of the extract shows the audience seeking further orienting detail, and whilst providing this, Joanne restates her evaluation, using repetition to bring home her point: “I remember that.” Joanne uses these words, or rearrangements of these

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words, three times in this brief passage, including in the abstract, and from a narrative analysis perspective this is important. This specific recollection has consciously shaped Joanne’s parenting practices, as she specifically states within the passage, classified as her resolution.

<table>
<thead>
<tr>
<th>J</th>
<th>There’s one thing that sticks out, like, that I remember, is that we had to go to a prize-giving or something and I was the only one there that didn’t have a pair of jeans [laughing]. All the other kids were wearing jeans. I wore a dress. [...] And on top of it, my sister wore the same dress.</th>
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<td>SO WAS THAT WHEN YOU WERE STILL AT THE PRIMARY SCHOOL.</td>
</tr>
<tr>
<td>J</td>
<td>That was at the intermediate school I think, when you, um, up ‘til about 13.</td>
</tr>
</tbody>
</table>

Figure 8: Structural analysis example

Other interpretations of this story may differ. Some analysts may classify the absence of jeans as the complicating action, highlighting the possibility that differing interpretations are possible in interpretive research. For the purposes of this example, I classified the absence of jeans as orientation, and the resolution offered within the passage supports this classification. Had the resolution been about jeans, my classification would have been different. This example demonstrates how Labov’s structural
Thematic analysis

The third method I used is thematic analysis. I applied two different forms of thematic analysis. In its narrative form, thematic analysis occurs within the individual case (Riessman, 2008). In my study, the life-story of each participant represents an individual case, and themes or storylines that carry through a life-story and events that act as pivotal moments within that story stand out in the context of that particular case. I used this form of thematic analysis alongside the dialogic and structural methods already introduced for the analysis that is at the core of Chapter 5.

I also used grounded theory thematic analysis as advocated by Charmaz (2006) for the analytic work leading to my findings about everyday practices. This analysis was extensively aided through the use of NVivo software. In addition to using NVivo as a database of coded interview extracts, an individual case was created within the application for each participant. This ‘case’ recorded the classification of attributes from the casebook, as shown in summary form in Table 1. The software querying tools could then be used to bring together selected nodes, sorted by specified attributes.

For example, nodes relating to food could be queried according to the risk of obesity-related diseases. Importantly, I was not looking for prevalence: I was looking for meaning-making that guides action or practice. I was looking for ‘how come?’ rather than ‘how many?’ Consequently, the chapters about everyday practices are not populated with queries and their results. Rather there are extracts illustrating the
circumstances that participant’s narratively suggest to influence their perceptions and preferences, which ultimately guide practices.

The leap from prevalence to meaning-making was extensively aided by thinking relationally and contextually about the extracts grouped together within selected NVivo-based nodes. Such extracts frequently seemed to represent a theme. And this is where the within-case analysis comes to the fore. The NVivo-enabled cross-case query results were made meaningful by my recognition of the contexts through which the underlying perceptions and preferences came about. The deep knowledge I had attained from my intensive work with the life-stories as individual cases made it inevitable that I contextualised the fragments under analysis within the individual case. It seems to me that a cross-case analysis that is not preceded by within-case analysis is less likely to pick up nuances and meaning-making: the fragments subjected to cross-case thematic analysis carry a lot less meaning, divorced as they are from their context.

**Narrative Interpretation**

My interpretation of the findings arising from my various analyses emerged through a process of layering. I analysed the interview extracts for what they described about neighbourhood belongingness and about everyday practices for active living and for food. I then returned to a narrative thematic process of within-case analyses, layering my findings for each participant according to her position along continuums arising from the everyday practices and belongingness analyses. My high level of familiarity with the life-story of each participant allowed me to confidently assess the trustworthiness of the emergent findings, assessing categorisations for coherence and consistency with what I know of the participant through her life-story. This was not always straight-forward. I returned to the transcripts of some interviews many times to explore
apparent inconsistencies, seeking to ensure I had not overlooked or misinterpreted the meaning-making work of the narratives.

I used an iterative analytical process, with findings from each stage generating further questions prompting further analysis. Initial exploratory coding of the transcripts revealed talk about belongingness and attentiveness to health and wellbeing at both childhood and nowadays. This led to within-case analysis of trajectories across the lifecourse and cross-case comparisons of belongingness and attentiveness to health and wellbeing. These findings led to an analysis examining the interplay between belongingness and attentiveness to health.

**Data Sufficiency**

It has said that the ‘saturation’ point of data collection coincides with the point at which “the interviewer starts to become bored: it is less satisfying doing all the pragmatic work required to set up interviews when one learns progressively less from them” (Johnson, 2002, p. 113). While I had not become ‘bored’, by the end of the third wave of interviews when the recollections and reflections of 12 participants were recorded, transcribed and coded, I was no longer adding new nodes to the coding framework, and by the third wave of data gathering, newly collected life-stories were further examples of relatively similar experiences collected from previous participants, suggesting that theoretical saturation may have been reached. At this point, with 12 completed cases, recruitment of a further four participants was consciously directed at achieving a degree of balance and diversity. This necessarily took into account difficulties encountered and already described about the relative scarcity of younger women and of women whose self-selected ethnicity included Māori, Pacifica or both.

Once I had completed the interviews and transcript coding for 16 cases, I assessed the data to determine if further interviews were warranted.
The process was guided by Charmaz (2006) but was also somewhat intuitive, utilising the tools of the NVivo software. While Charmaz specialises in grounded theory research, and my analytic approach was predominantly narrative, her approach seemed well suited for assessing the range and quality of data for interpretive, in-depth, qualitative research more generally. Charmaz suggests making a data sufficiency assessment by focusing on the following points.

- The extent of background information known about participants – enabled initially through my work with the URBAN survey data.
- The diversity of participant experiences – a point that guided my recruitment strategy, and apparent during extract coding.
- The depth of information revealed by participants – also apparent through transcription and coding.
- Attention to changes over time – a point especially important to the lifecourse focus of my interviews.
- And the accumulation of sufficient data to develop richly illustrated categories or themes that allow comparison – which I checked through a thematic analysis of a sample of the database. I worked through the coded extracts within each node on a case-by-case basis. Half-way through the 16 cases in any single node it was apparent that no new themes were emerging. By the 12th case it was unusual for new concepts to be added to a theme: more commonly the extract reiterated an earlier extract.30

Further to the points suggested by Charmaz (2006), I audited my coding framework and the content coded to each node. Throughout the

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30 I carried out the audit in alphabetical order according to pseudonym. Thus, the audit order differed substantially to the data collection order.
data coding work I maintained a memo describing the content coded to each node. This is attached as Appendix F. Each new node was named, dated and defined within the memo as it was added to the node framework. The memo descriptions were compared against the extracts in the nodes; and I amalgamated some nodes. Further, NVivo provides summary information for each node, which details how many extracts have been coded to the node at source level – the sources in this instance being the interview transcripts. An absence or relative lack of extracts from any source compared to other sources prompted me to review my coding. This highlighted some omissions, which I attended to, and it also highlighted that some participants talked a lot more about some things than they did about others.

I provided my supervision and advisory panels with a written report of the data sufficiency check, and my conclusion that data sufficiency had been achieved was accepted, bringing a close to the recruitment, interviewing, and transcription and coding phase of the work. At this point I had carried out 35 interviews, amounting to 954 pages of double-spaced verbatim transcripts, cumulatively covering 735 years of the lived experience of neighbourhood, food and active living.

After 16 participants had been recruited and interviewed, there were six participants in each of the two case-types representing the greatest contrast – Discontent/At Risk and Content/Low Risk; and two participants to each of the two intermediary case codes – Discontent/Low Risk and Content/At Risk, as is apparent in Figure 9.
In terms of their neighbourhood locations within the city of Wellington, ten of the twelve neighbourhoods included in the URBAN survey of Wellington city were represented in my study. The summarized attributes of the 16 actual participants are shown in Table 1.

**Methodological Assumptions**

**Trustworthiness**

Charles Bosk poses the central question: “all field work done by a single field-worker invites the question, why should we believe it?” When applied to narrative projects, two levels of validity are important – the story told by a research participant and the validity of the analysis, or the story told by the researcher, (Riessman, 2008, p. 184).

Narrative inquiry is substantially grounded in the assumption that the stories one collects and analyses are based on truthful interpretations of experiences. If this assumption cannot be managed, the approach is inappropriate to the topic. Making sense of events through people’s narrative accounts has considerable precedent. Medical histories are collected from patients, and legal systems make considerable use of witness accounts. Medical practitioners can check what their patients tell them,
perhaps through existing records, or by running tests; and the legal profession checks witness statements and cross-examines witnesses. But no one is on trial when they take part in a research project. Nevertheless, in agreeing to take part in my research each participant gave me permission to utilise the data previously collected from and about her through her participation in the URBAN survey. Drawing upon this data enabled me, for example, to compare participant’s narrative descriptions of educational attainment to the responses recorded in the URBAN data. In two instances there was a mismatch, with narrative accounts describing ceasing university prior to degree completion whilst the URBAN data showed the participant to hold a degree. The survey question “What is your highest academic qualification?” was posed by a researcher rather than read by the participant. It is possible that the participant answered without hearing the response options, giving a reply that reflected university attendance rather the conferring of a degree. “I went to university” is not untrue, but it does not answer the survey question. It is also possible that the survey response was a conscious overstatement. For the purposes of considering the trustworthiness of the life-stories shared with me, the revelation of a lesser ‘highest qualification’ was a positive indicator of trustworthiness than if the reverse had occurred.

My research design included features intended to manage the assumption of trustworthiness by limiting any self-protective drive by participants to distort stories into untruthful accounts. I carried out in-depth interviewing over multiple occasions, which is an approach that aims to develop a degree of intimacy that enables self-disclosure (Johnson, 2002). Pseudonyms were used to help protect confidentiality. Participants were given opportunities to veto information they wished to retract, and several did so. They also confirmed that their personal details were sufficiently well protected, and some asked that less specific detail be given. I also used
inclusive language to further cloak the identity of participants. For example, ‘offspring’ accounts for singular and multiple children as well as being gender-neutral. ‘Dependents’ includes everyone in the household who was dependent upon the participant, regardless of age or biological relationship. When participants named people in the extracts I wished to include in my text, I gave those people gender-neutral pseudonyms or referred to them through relationship language, such as ‘partner’, ‘parent’, ‘sibling’ or ‘friend’. Such steps seek to protect the confidentiality of participants, providing a degree of assurance that their stories cannot be traced back, thereby alleviating a potential impediment to self-disclosure. Whilst such features of the research design do not make it difficult to be untruthful, they remove an element of the danger that can arise through self-disclosure. Interestingly, on occasions when I was asked to remove or mask certain pieces of information, this was almost always out of consideration for a third party.

In the analytic process, especially the process of narrative thematic analysis, I became extremely familiar with the life-story of each participant and inconsistencies sometimes came to my attention. There was never a case, however, where these remained unexplained in the context of the life-story. Understanding seeming inconsistencies was sometimes matter of listening repeatedly to small segments of the recording, or checking my transcription, to ensure my interpretation was aligned with what the participant had actually said. On one occasion I asked my supervisor to listen also, as I attempted to clarify which of the following two statements was actually being said. Was it “Then he died.” Or was it “Nearly died.” At

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31 I did not tell my supervisor what I had ‘heard’ or what the alternatives might be; just that I had picked up an inconsistency and needed to be sure of what was being said in a particular segment. We each listened to the segment through headphones, slowed down and at normal speed, several times, and agreed that I had misinterpreted on the first occasion.
other times, story fragments were disbursed, drip-fed as contextualising orienting detail into other stories, and needed to be carefully extracted and considered alongside all that I knew of the participant from the fullest version of her life-story as it was recalled by her for my research. My understanding of the back-story to the food practices of some households emerged in this way.

What cannot be overcome through the mitigation techniques described above is a malicious intention to deceive. Deception usually comes about when there is an opportunity for personal gain, and the participants had nothing to gain by agreeing to take part. They were unaware that they would receive a $50 grocery voucher at the conclusion of the data collection process: ethics guidelines discouraged disclosure of intended recompense for participation.

Finally, most participants told me (and some even wrote to me) expressing how much they had enjoyed being involved in the research. Several spoke of plans to keep the copy of their life-story I had prepared for them, stating their intention to share it with others, especially their children. Such reactions suggest the research process generated a pleasing telling of the woman’s life to date, including the ‘warts and all’ in a context that made sense with her self-perception. Such reactions suggest the stories shared with me were honestly told and reasonably well interpreted.

**Partiality**

I came to think of the life-stories I worked with as ‘doubly partial’. Firstly, they are partial in their incompleteness, because when people tell stories they impart enough information to get their point across, perhaps overlooking aspects that seem irrelevant or difficult to make sense of without considerably more context than the particular story seems to warrant. Secondly, they are partial in their presentation of a single perspective. In this regard, I sometimes wondered how the sibling of the
participant might describe their shared childhood neighbourhood. I know my siblings and I have differing recollections of some events in our shared childhood.

While partiality may be considered a limitation of the research method, this is counter-balanced by the corresponding strength of findings arising from a study design that aims for depth rather than breadth. As with qualitative research generally, there can be no claim of completeness or of finding all there is to be found. On the other hand, the depth that is enabled through the method puts me in mind of the work of Clifford Geertz (1975). In particular I reflect upon the notion of ‘thick description’, his assertion that we don’t learn about places by studying the places but by studying the people in them, and the aim of drawing conclusions from seemingly mundane yet very densely textured data. In-depth lifecourse interviews can bring to the surface the densely textured data, making it available for analysis, interpretation, and conclusions that complement the scope arising from a broader, population-based research approach such as survey or questionnaire analysis.

The data arising from in-depth interviews is, however, open to interpretation. Interpretation is enabled by different methods of analysis and also by the limits and perceptions of the person doing the analysis. As doctoral thesis research the data analysed for this study was both collected and analysed by myself, alone. There was no ‘team’ with whom I could check my understandings, consistency, and interpretations – with the exception that I was able to call upon a supervisor in situations such as that described above, as well as for post-interview de-briefing and reflection. I used the tools within the NVivo software to perform what seemed a reasonably rigorous audit process to check the coding consistency, but this depends upon researcher integrity rather than a validated formula that might be applied to a statistical audit. It is probable that the applied mind of
an additional or alternative researcher would have resulted in differences in the findings. In qualitative research, ‘different’ does not automatically equate to ‘wrong’.

**Act Five: Conclusion**

In this chapter I have shown the methodological directions, the methods used, and the design of the research to be suited to the research undertaking. I have shown the special relevance of narrative inquiry to this study of how neighbourhood gets under the skin, influencing everyday practices that impact health. Participant life-story narratives were selected as a means of positioning participants in residential areas in order to explore their experiences and perceptions of neighbouring, neighbourliness, and neighbourhood. Such experiences are thought to impact ongoing perceptions and preferences which guide practices that respond to circumstances, and which may enhance or undermine health and wellbeing. I have detailed my inquiry design, explaining how I utilised the URBAN dataset within my recruitment strategy. The work of responsive conversational interviewing has been explained, and I have explained my approach to maximizing the opportunities for in-depth data collection and also for ensuring consistency and quality of coding prior to analysis. The processes used for my analysis have been explained and illustrated, showing how I have used structural analysis, dialogic analysis, and thematic analysis in a cohesive way that enriches my findings.

The following chapters describe the findings that emerged from an inductive exploration of the interview transcripts. Two chapters have a high-level focus on belongingness, and two have a high-level focus on attentiveness to health and wellbeing, firstly through active living, and then through food. My findings from these four chapters are then brought together in a second level analysis that moves beyond specific cases to
consider more generally the characteristic experiences common to participants grouped together within three categorisations that make up a typology of belongingness, and health and wellbeing.
Chapter 4: Recognising Belongingness in the Narratives

We must put ourselves in the position of the subject who tries to find his way in this world, and we must remember, first of all, that the environment by which he is influenced and to which he adapts himself, is his world; not the objective world of science – is nature and society as he sees them, not as the scientist sees them. The individual subject reacts only to his experience, and his experience is not everything that an absolutely objective observer might find in the portion of the world within the individual’s reach, but only what the individual himself finds (Thomas & Znaniecki, 1958).

This is the first of four chapters presenting the findings of my empirical research. The chapters report my analysis of the information gathered through multiple responsive conversational interviews with 16 women. I analysed the information in several stages using a variety of methods, seeking to understand how the experience of one’s residential area influences everyday practices that enhance or undermine personal health and wellbeing. Using multiple methods allowed me to consider the interview-generated data both within cases and across cases, making productive use of the life-story narratives gathered through the interview process.

The presence or absence of a sense of belonging in one’s residential area was narratively articulated, sometimes overtly and sometimes subtly. This chapter presents my analysis of participant interpretations that suggest the presence or absence of feeling ‘at home’ in the residential areas of childhood and nowadays. First, I address childhood experiences of neighbourhood belongingness, as told through narratively reconstructed recollections. Individual stories had similarities and differences, and I used these to consider the narratives comparatively. I sought to pinpoint why and how such similarities and differences arose, in a bid to understand the conditions in which a sense of neighbourhood belonging was either fostered
or hindered. I then considered participants’ reflections on their present residential areas in the same way.

Participants’ recollections and reflections suggest varying complexities of everyday life influence perceptions and preferences, fostering or hindering the experience of a sense of neighbourhood belonging. My findings suggest neighbourhood belongingness comes about differently in childhood than adulthood, and this difference is important to understanding how neighbourhood gets under the skin.

The extended extracts\textsuperscript{32} in this chapter are presented in a style similar to that used to demonstrate the structural analysis of oral narratives in Chapter 3. The advantage of this presentation style is that “line breaks serve as cues to the segmentation of ideas,” (Tannen, 1990, p. 20). My intention is to slow the reading process, so as to highlight the meaning-making attributes of the oral narrative, which are found not only in what is said but also how it is said (Mishler, 1995; Riessman, 2008). Along with Tannen, I consider that “although conversation and literature operate on the same constraints, they are not the same,” (p. 15). Through this manner of presentation, aspects of speech such as sentence fragments and repetitions become apparent as characteristics of the meaning-making process in action. In contrast, the written production of narratives generally anticipates interpretation and understanding to arise from reading, rather than from listening.\textsuperscript{33} The narratives I analysed were delivered orally and then transcribed for the purpose of analysis, and so should be analysed as if spoken.

\textsuperscript{32} ‘Extended extracts’ are those that are set apart from the text.
\textsuperscript{33} Notwithstanding that some stories are written with the intention that they be read aloud.
**Belongingness and the Childhood Neighbourhood**

This section focuses on recalled experiences of belongingness in childhood neighbourhoods. These recollections convey the interpretations of participants as adults. Recollections draw upon hindsight to make sense of past events, adding layers of interpretive possibilities between then and now (Bourdieu & Wacquant, 1992; Brah, 1996). The layers of subsequent experiences influence one’s interpretation of past events. The kaleidoscope of experiences that build identity and influence meaning-making, described by Brah, has many more colourful possibilities in adulthood than it did as a child. Thus, events that were unproblematic as a child may, in hindsight, take on a different meaning. And vice versa.

I analysed the complete transcripts of each participant, taking a within-case narrative thematic approach, focusing on the participant’s relationship with the residential area(s) where she grew up and what those experiences meant for her, as reflected upon in the present. I was alert to indications of internal cohesion as well as inconsistencies. I was also attentive to events in the life-story where her interpretation of an experience consciously directed the trajectory of the lived experience in one way or another, signalling crossroads or turning points in the life-story.

My findings from this analysis are presented in two parts. The first, *Belonging*, uses illustrative extracts to show how participants demonstrated a recalled sense of belonging in the place(s) they grew up. The second, *Longing to Belong*, shows contrasting experiences: the sense of neighbourhood belonging is absent or reduced.

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34 In choosing these headings I borrow from Nira Yuval-Davis (2006, p. 202) who wrote of the emotional work or yearning for belonging; where belonging and longing to belong (Fortier, 2000; Probyn, 1996) are important components in the construction of the identity stories people tell themselves and others about who they are (and who they are not) (Martin, 1995).
Belonging

The narratively reconstructed recollections of most participants suggest that they experienced a positive sense of belonging in the residential area of their childhood. To show how I deduced the experience of belonging from the narratives I draw on extracts from the stories of a variety of participants. These women grew up in differing household circumstances, in dissimilar places within and beyond New Zealand, and their childhood recollections have settings from the 1950s to the 1990s. The reflective evaluative elements of participants’ narratives show their interpretation of these experiences as joyful points in their lifecourse.

Recalling her childhood in a new hillside subdivision on the outskirts of a large New Zealand city, Mary evaluated her childhood neighbourhood as “a ‘total’ community”, visually adding emphasis through air quotes as she spoke. Mary’s phrasing stands out in the quest to establish if a participant seemed to have experienced a sense of belonging in her childhood neighbourhood. Mary illustrated her evaluation through a generalised recollection that evokes a sense of adventure set in an environment of mutual trust and shared norms, which she compares to child-raising practices nowadays:

You rode your bike,  
and you could,  
you know,  
go sailing, swimming  
and the water just there,  
and we were always allowed to go and swim in it.  
Nobody ever, sort of [truncated]  
These days, you know, you have to be ‘supervised’ or whatever!  
God no! We just took off!  
And you came home for lunch in the weekends if you hadn’t got lunch somewhere else.
Mary’s description introduces two points that emerged in many of the recollections about childhood neighbourhood relations. The first is often phrased as ‘we made our own fun’. Through play that was not directly supervised, Mary and other participants recalled accessing a range of activities through which they and their peers engaged with natural features and constructed facilities of their residential area. The second point subtly introduces and illustrates another phrase that emerged in numerous recollections: the children were ‘in and out of each other’s houses’. It is through such a practice that Mary only went home for lunch at the weekend if she “hadn’t got lunch somewhere else.”

The impromptu provision of lunch ‘somewhere else’ indicates a degree of trust and shared norms at household level within Mary’s neighbourhood. From the child’s perspective, this is unproblematic. Such a practice suggests an inter-household shared understanding about providing drinks, snacks, and lunches for each other’s children. Mary and most other participants provide accounts of an everyday practice where small groups of children of similar ages, which participants frequently referred to as ‘gangs’, moved from place to place within and beyond the neighbourhood throughout the day according to their own agenda and whims. Impromptu lunches and snacks were often alluded to, as Mary does above, within such storied recollections, seemingly asserting that other households in the neighbourhood provided, to some extent, an informal extension of the home.

An understanding of nearby houses as an extension of one’s home was apparent in many accounts of the childhood residential area. For example, as Sarah recalled her childhood neighbourhood in a suburb of a

35 The term ‘gang’ was used by participants in the childhood sense of a group of children who live near to each other and play together informally. In this sense it does not suggest the violent or illegal connotations associated with adult ‘gangs’.
major New Zealand city, the fondness of her memories is stressed through her emphasis: “I did have so much fun,” before outlining her understanding to how her ‘fun’ was enabled. She described an extensive network of neighbourly relations that provided a perception of safety, facilitating the possibility for Sarah and her peers to “hang out” in their “gangs”, without direct supervision, on the proviso that she be home by nightfall:

\[
I \text{ did have so much fun. It was safe. } \ldots \\
\text{It wasn’t a worry,} \\
\text{because no matter where I walked, there would be someone in at least each street that I could run to if I needed to.} \\
\text{One of my friends would live on one street, then one street here, then one street there. They were all spaced out, so if I went for a walk or whatever, mum knew for a darn fact that if I got into trouble, I know people in that street that I can run to.}
\]

Sarah’s recollections include no examples of situations where she felt unsafe in her childhood neighbourhood, and in this respect her story is similar to that of many other participants. However, the extract above implies an understanding that safety may be compromised. Hence Sarah’s mother knows “for a darn fact” that if Sarah needed adult assistance through some form of “trouble” there were people known to her in every street to whom she could “run”. In Sarah’s evaluation then, it is not so much that her neighbourhood is immune to safety issues, but that if trouble strikes, trusted neighbours are nearby and their presence makes it “safe”. However, in Sarah’s recollections, like those of other participants, circumstances where adult help is specifically sought are limited to the supply of food and drink and occasionally for the provision of sticking plasters.

Also evoking my interpretation of a sense of neighbourhood belonging are recollections such as that of Deb who grew up far from New Zealand, in a public housing estate located at the outskirts of a very large city. Deb uses laughter to convey a certain joyfulness in her
recollection. Like many others participants, Deb recalled the everyday practice of children making their own fun within and also well away from the neighbourhood:

> It was assumed you were with your mates. ...
> Nobody thought anything of kids disappearing off for hours at a time and your parents didn’t know where you were and they didn’t worry about you! [laughing] ...
> So long as you were home in time for tea or whatever! [laughing]

A further participant, Amy, who grew up in a city suburb after arriving in New Zealand at approximately 8 years of age, is clear about the normalcy of this mode of neighbourly engagement as she evaluates and illustrates her relationship with her childhood neighbourhood:

> You went out on a Saturday morning, and it would be like ‘Off you go. Come back at lunchtime, or when you get hungry.’
> It was brilliant.
> And nothing ever happened to any of us! ...
> It was perfectly normal.

Amy includes the direct speech of another, but this is unattributed and is assumed to be the voice of a caregiver. Including direct speech in narratives is a rhetorical device that brings drama and subtly adds a layer of authenticity. Amy’s recalled interpretation of the arrangement as “brilliant” discourages an interpretation that her caregiver(s) might be acting neglectfully. Rather, Amy’s evaluation of the arrangement creates the impression that this practice is desired by the children and caregivers alike.

Pamela’s recollection of childhood in a suburban New Zealand neighbourhood is very similar, with the children of the household being put outside with implicit instructions to return for lunch (but not before). Pamela takes this a step further, however, explicitly introducing the idea that the children were expected to make their fun utilising the free and natural resources at hand:
The narratives of Mary, Sarah, Deb, Amy, and Pamela, and also others are very similar despite their distance in terms of geography, time, and household circumstances – differences that are not especially apparent from these extracts. They each recall extended periods of unsupervised play with the children’s whereabouts being either unknown or assumed by their caregivers. Further, such recollections assert that this practice was not a matter of concern. Both Amy and Pamela position their caregivers as the instigators of the practice of being put out the door and told “off you go!” Both Sarah and Deb emphasise that their caregivers “didn’t worry”, and Mary compares the practice of her childhood with that of nowadays and evaluating the difference: “God no! We just took off!”

However, reflecting nowadays on the “common” childrearing practices of her childhood, Pamela is sceptical of the benefits. The practice of closing the door on Pamela and her siblings, leaving them to make their own fun, sometimes resulted in activities that she now considers to have been deviant. On reflection, it seems to Pamela that she and her siblings were “really left fairly untamed.” She recalls members of her household being the perpetrators of bullying, and of play that she considers, in hindsight, to have been inappropriate. Illustrating her point, Pamela introduced a recent experience, at a family funeral, where a sibling gave a eulogy.

*It suited Mum and Dad to put us outside, close the door and say “See you at lunchtime.”
And you know,
“Go out and enjoy the sunshine: it’s all natural, it’s all free.”
You know?
That was very common.*
And at the funeral my oldest [sibling] um [...] wanted to give a [truncated] gave one of the many eulogies. ...
“We had the ideal childhood. We just had so much freedom. We use to go down to [the local park], um, break off branches off the willow trees, make, um shanghai’s, and kill the ducks. It was wonderful.”

[EXERT FROM EULOGY DELIVERED BY SIBLING REPORTED WITHOUT MIMICRY, AND IN A SOLEMN TONE: SHE DOES NOT SHARE THIS INTERPRETATION OF SUCH INCIDENTS DEMONSTRATING ANYTHING ‘WONDERFUL’.]

The extract ends with a note I made as I transcribed the interview soon afterwards. Interestingly, in this extract Pamela uses direct speech in a style that distances her from the sentiment of the speaker and distinctly avoids adding dramatic effect. For example, she does this firstly by not providing the speaking part with a distinct voice or tempo; and secondly by omitting any sense of amusement included in the eulogy-version of this story. In other places in her life-story where Pamela includes direct speech, she routinely dramatizes and uses mimicry to add effect, but not in this instance. Relating the event to me, Pamela used a tone that I noted to be ‘solemn’, and her stilted delivery created the impression that such events from her childhood and also their portrayal within the eulogy arise in her feelings of shame rather than amusement or the warmth of cherished recollections. What appals Pamela most, it seems, is that her sibling continues to recall this event as an example of a “wonderful” childhood. Nevertheless, Pamela’s reflections on the duck incident and other activities she now considers to have been deviant do not include any suggestion she avoided taking part or attempted to prevent such activities. From Pamela’s
story, it is apparent that having a sense of belonging in one’s childhood neighbourhood is not always the same thing as having a childhood that one reflects upon, in hindsight, as having been “wonderful”.

Also advanced by participants as an indicator that their childhood neighbourhood was a place in which residents experienced a collective sense of belonging is their observation that the adults also enjoyed each other’s company. Barbara, who grew up in the suburbs of a large North American city, recalls inter-household family-based socialising through backyard barbecues. Further, the adults liked to get together for “drinks and socialising” without the children. Similarly, in the rural North American community where another participant, Cathy, grew up there was a “great community spirit.” Cathy illustrated her evaluation with recollections of seasonal sports competitions involving adult teams as well as children’s teams, and a structured family-based community programme aimed at citizenship, leadership, and life-skills, which was “a big hub in the community.”

Another example arose in Pat’s recollections of growing up in suburban New Zealand. She recalled the women of the neighbourhood to be “to-ing and fro-ing” between each other’s homes in much the same way as other participants recall of the neighbourhood children:
Another interesting way that several participants illustrated the strength of the bonds created through their childhood experience of neighbourhood is by referencing enduring friendships. For example Eva’s highly mobile semi-rural childhood resulted in at least three friendships from her childhood surviving to the present, including one who “is still my best friend, ever.” Similarly, Amy talks of friendships that endure nowadays that started in the neighbourhood of her childhood, and along with Sarah, she proudly told of being bestowed the honorary role of Godmother to the child of a friend from her childhood neighbourhood.

There is one further way in which participants’ narratives demonstrate a sense of belonging in their childhood neighbourhood. Several participants sought to explain how their neighbourhood came to be such a good place to live, and they invariably drew on their means of getting to and from school. Neighbourhood sites such as the bus stop were often attributed as the reason “everyone knew everyone.” Mary made this direct link, emphasising the point that the local bus stop was a shared meeting point of equal relevance to all the children living nearby – a point she reiterates with the repeated and emphasised use of ‘all’ – because in her neighbourhood each household had just one motor vehicle, which was used
by the man of the house to get to work. School was too far away to walk or cycle and thus the only way to get to school was by bus. ‘The bus stop’ in her neighbourhood was a terminus, meaning all of the children used the same bus stop regardless of their destination.

*Well, you knew everybody in the neighbourhood I guess, because we all, ALL, had to get the bus to school at the same place. And you all had to.*

Growing up in rural New Zealand, Tracy and her siblings rode their bicycles to the school bus stop where they met up with other children from nearby farms and were transported en-mass, aged five to eighteen, to the provincial service town where they attended various schools. On the other hand, participants living in neighbourhoods where it was not necessary to catch a bus to school often recalled a daily practice of walking to and from school with the “neighbourhood gang.” A landmark was often identified as an informal gathering point, comparable to the bus stop in Mary’s story. In the North-American city suburb where Nancy grew up, school was across a large park bordered by housing. The children from around the park gathered in clusters and proceeded across the park, forming an increasingly large group as more and more clusters joined the procession. Nancy noted that “from Grade One” children joined the routine, with older children “keeping an eye out” for them as they crossed the park. Thus, parents were not involved in the act of getting to and from school, and the children formed friendships and groups based on their own perceptions and interests.

**Longing to Belong**

The narratives above suggest ‘neighbourhood’ is experienced as a field of social relations between age-mates who live nearby, and who created informal groups that provide companionship for play and “hanging out”. But the residential areas of some participants did not provide such
experiences. Not all participants shared joyful recollections of belonging in the place they grew up. Instead, they reflected upon their experiences of an absence of belonging.

Jenny reflected extensively on the experience of longing to belong. She grew up in a three-generation household in a provincial town, the eldest child in the first generation of her family to be born in New Zealand. Her daily routine was to be delivered to school, collected from school, have a light meal, and from about ten years of age “when 4 o’clock hit … we’d go and ‘help out’” at the family business, about ten minutes’ drive from home, for four to five hours each evening. This practice was a major barrier to Jenny’s opportunities for mixing with other children in her residential area after school. Further, being escorted to and from school prevented Jenny from engaging with other children through informal settings such as the bus stop, the school bus, or walking to and from school with “the gang”, as were apparent in the experiences of Mary, Nancy, and others.

Listening to Jenny’s story, I noticed an absence of talk about friends living nearby, and the following extract picks up from my asking Jenny if she had any particular friends through school. In her response Jenny evaluates her childhood experiences of friendship. Her laboured delivery, with pauses and sentence fragments, and a heavy sigh (which featured several times in our conversations) indicate a sense of resignation, suggesting she is reflecting on her circumstances as she recalls them now, about twenty years later.
Within Jenny’s reflective passage the truncated sentence fragments contribute to the meaning she imparts. For example, there are points in the extract where she seems to be searching for the words that best fit her feelings and experience, and this conveys a sense that this was a matter Jenny found somewhat difficult to talk about. As Jenny pulls her ideas together at the close of the extract she conveys a sense of sorrow and regret at her perceived lack of closeness to those amongst whom she longed to belong. At a subsequent interview Jenny returned to this matter, expressing her regret that she had been unable to “keep a balance of making my family happy and, you know, keeping my friends happy too, and make sure that I was there for them. It was quite difficult.” Jenny’s narrative illustrates how household norms and practices can hinder children’s engagement with the residential area.

Another participant, Michelle, grew up in a highly mobile household, frequently relocating from one rural posting to another, driven by occupational opportunities. Her recollections of childhood demonstrate a conscious longing to belong. She recalls and describes a strategic approach
for easing herself into existing groups by “recreating” herself to fit with what was already there, deliberately adopting the interests of those she sought to befriend. Her story is told more fully in Chapter 5.

Not everyone participated in the practice of comfortably moving ‘in and out of each other’s houses’. For a considerable period of her childhood Karen lived in a subdivision established exclusively for the provision of low-cost subsided housing. She recalls being kept “very busy” with household chores, an hour-long commute to and from school – always in the company of her mother, and an abundance of extra-curricular activities. Being ‘busy’ was designed to limit her opportunities for mixing with children living nearby.

*My mother thought, well, you know, there’s no way that her children are going to mix with any of these. So we were very [truncated]*
*Everything was very regimented when we lived there. We were very busy, you know? And, and at night time, well, we never went out with, to the neighbours. We didn’t play outside, you know?*

Growing up in suburbs of a large city far from New Zealand, Joanne seldom mixed with children from beyond her household, despite similarly-aged children living nearby. She recalls that she had very few friends and that it was uncommon for her to visit the homes of other people. Recalling a friendship that spanned most of her childhood, Joanne compared her experience to that of her own children to convey the considerable difference between her own experience and theirs. The first and last lines of the extract hint at a sense of regret.
Occasionally [drawn out delivery]
I played at her house and then she came to my house, but it wasn’t a regular thing.
It’s not like [truncated]
I know my kids, nowadays, where they have friends every single weekend; they are either at someone else’s house or [truncated].
I remember that I didn’t have that, you know?

The recollections of another participant, Sue, lacked any suggestion of neighbourhood belongingness in the provincial New Zealand town where she grew up. As Sue recalled her childhood I became conscious that her story seldom ventured beyond the household, with no mention of either her residential area or friends. The extract below commences with me prompting her in this regard. Sue responds with a very different scenario to that of Mary, Deb and most other participants, as she introduces two reasons for “never, ever” getting her friends to come to her home – a point she reinforces through repetition:

CH: DO YOU REMEMBER ANY FRIENDS AROUND [THE AREA]?

Yes.
Ummm.
The girls I went to ummm [truncated. ..]
I had frie [truncated]
But they never, ever [truncated]
I never, ever got them to come home.
I never [truncated].
I would go to their house. [laughing]
Because, you know, it was another mouth to feed. I’d keep getting told, you know: “Where do we find food for us, let alone…” You know, that was the impression that was left.
But also too, it was sort of like, like ummm [..] ...
Dad had put blocks of wood underneath these couches [that had broken legs] ...
And so,
it was sort of like it was embarrassment that you didn’t take anyone home.
Um [..] so, and you’d go around to their place and it was so lovely.
And I’d think ‘There’s no way I’m sort of taking anyone [home].’
Sue delivered her recollection with an abundance of truncations and delays, suggesting she was consciously evaluating her response as she spoke. As she draws her thoughts together she invokes ‘embarrassment’ as her reason for “never, ever” inviting friends home. Through this evaluative aspect of the story Sue anchors her interpretation on the presence of financial hardship. Embarrassment suggests the possibility of being critically judged by her circumstances of hardship. Being unwilling to risk such judgement, she practiced avoidance in order to create an impression that differed to her reality. However, a different interpretation comes to light when this extract is considered within the whole of the life-story Sue imparted for this research.

Sue’s life-story revealed that her home did not provide the experience of ‘at-homeness’ described by Seamon (2002), hooks (2009) and others. Her childhood, Sue told me “was not good. … Psycho-emotionally etc., it was just so damn hard.” Sue lived in a single-parent household led by a father “with a huge chip on his shoulder.” Sue directly tells of a childhood home that lacked warmth: “he couldn’t be affectionate,” and in which it was difficult to feel at ease: “He had no qualms about discipline.” This was followed by “years of counselling” as an adult to deal with the “wearing of the ‘junk’” loaded upon her from a young age. With such details in mind, it is possible that the problem of “embarrassing” blocks of wood beneath the couch may be secondary to the problem of being reprimanded for providing food to guests, which was a normative practice in the recollections of other participants.

My analysis has shown that feeling ‘at home’ in one’s childhood neighbourhood is understood and articulated through narratives about play. This was apparent in the narratives of Amy, Barbara, Cathy, Deb, Eva, Mary, Nancy, Pamela, Pat, Sarah, and Tracy. The stories of these participants tell of living in households where it was made easy to engage
in neighbourly relations. Meanwhile, the experiences of Jenny, Joanne, Karen, Michelle and Sue illustrate that there are numerous ways in which the feeling of being ‘at home’ in the childhood residential area can become elusive.

In this section I have introduced all 16 study participants, providing a brief, high-level description of their childhood residential areas. In the next section of this chapter I consider participants’ reflections on their relationship with the residential areas in which they now live.

**Belongingness Nowadays**

Examining the interview transcripts for what these told about the relationship of each participant to her present residential area, I sought evidence of the presence or absence of a sense of neighbourhood belonging, which is not to imply a dichotomy but more of a continuum. The starting point for my analysis was the evaluative aspects of participant responses to my prompt, “*What is it like to live around here?*” My analysis employed the methods previously described for discovering belongingness in the childhood neighbourhood. Participants introduced three distinct environments that are salient to their experiences of neighbourhood. These are the built environment, the natural environment, and the social environment, each of which is explained below before being illustrated through narrative extracts. As shown in Figure 10, participant accounts suggest these environments contribute varying degrees of convenience, character, and conviviality respectively, to their neighbourhood.
All participants talked about at least two of these three dimensions as they reflected upon where they live nowadays. Responses frequently included summary evaluative clauses that worked as abstracts for explanations and illustrations about the residential area. Participants sometimes provided direct guidance about their priorities by ranking (“Firstly, … Secondly, …”). Occasionally, and possibly due to increasing rapport over multiple conversational interviews, participants adjusted or clarified claims and stories related earlier, prompting me to elevate the importance of a different aspect to that initially indicated. Such an occurrence is apparent later in the chapter in extracts from Joanne’s interviews. Having interpreted from the narrative that a particular aspect of neighbourhood was preferred, I then sought evidence within the narrative of the degree to which that preference was being met. Not everyone sought the same things from their residential areas and not everyone agreed in their assessment of what counts as positive for their feeling of belonging. Indeed, participants living in the same area sometimes provided contrasting evaluations of the same feature. For example, while Pamela loved living beside the sea, for Sue the close proximity of the coastline was an annoyance.

<table>
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<th>Residential Area</th>
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<td><strong>Built environment</strong></td>
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<td>• convenience through access to desired facilities</td>
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Figure 10: Convenience, character, and conviviality in the residential area
The Built Environment: Neighbourhood Belonging and Convenience

Participants talked about the facilities of their local area in relation to household needs and desires. Convenient access to desired facilities enhanced the experience of living in the area by making life “easier” or “not a hassle”. The facilities deemed desirable included a wide range, with public transport highly desirable to some, and nearby private schools equally desirable to others. The narratives of five participants suggest the ‘convenience’ dimension to be of most importance for their sense of neighbourhood belonging. These participants also talked about the social environment of their residential areas, noting limited but cordial relations with those living nearby. There is a sense amongst their reflections that unless there is unpleasantness between households, nearby others were not especially important to the experience of residential area. Interestingly, two women presented the areas where they live as places that are well suited to ‘us’, but poorly suited to ‘me’, as the needs of other members of the household were given greater importance. I illustrate this experience through the story of Mary.

Explaining how she had come to be living in her present residential area, Mary vehemently exclaimed: “I vowed and declared I’d never live in [this suburb]!” Nevertheless, the deciding factor about where to live was convenient access to main arterial routes that simplified the commuting needs of her partner. Further, in the past the area was convenient for the children’s educational needs, but this is no longer needed. Although her volunteer work takes her across town about once a month, Mary’s days are largely spent without day-to-day contact with nearby others, in a residential area that her narrative suggests she never felt herself to belong and which her household has gradually out-grown. Ironically, the roadways that suit the needs of her partner do not contribute to the internal liveability of
residential area, where Mary’s everyday life is anchored. While Mary spends more time than most other participants within her residential area, her relatively high exposure to the residential area nowadays is not coupled with a sense of neighbourhood belonging.

While Mary’s story illustrates those participants who presented their residential area as a place well suited to ‘us’ but poorly suited to ‘me’, Nancy is one of several participants who prioritised the convenience of personally desired facilities of her residential area. Nancy’s summary evaluation creates a strong impression of belonging: her neighbourhood is Wellington’s “best-kept secret!” It is essential to Nancy that she can carry out her day-to-day activities without private transport, and so having reliable and frequent public transport nearby is highly valued: “You don’t have to know the schedule; just go to the bus stop [because] there’s one coming!” Nancy lives adjacent to a suburban retail and services centre that meets her everyday needs for shopping and banking, as well as having a library and healthcare and recreational facilities. Nancy further demonstrated her feelings of neighbourhood belonging by describing convivial interactions with locals including retailers: “All the shop owners, I say ‘Hi’ to them every time I walk by.” Finally, Nancy introduced the value she places on the charm of the area that arises from there being beaches within walking distance and her perception that particular geographic features make this a warmer and sunnier part of the city.

The Natural Environment: Neighbourhood Belonging, Character and Charm
Nearby natural features were talked about by many participants. For some participants a nearby coastline adds a personally important dimension to their residential area. For others, access to nearby land-based natural features was important to their perception of their residential area. This was especially prevalent for those living in areas with local access to a
walkway within the Town Belt: a system of council recreational reserve land that weaves a swathe of bush and forest through the city. Amongst participants who have a preference for living near to particular natural features, their perceptions about everyday activities, such as commuting, were also influenced by the extent to which these supported or hindered the desired connection with green space and blue space.

All of the six women who appraised their residential areas principally in terms of the natural environment also created an impression that they have a positive sense of neighbourhood belonging. Four of these six women sought and bought houses in their respective residential areas, which are dispersed across the city of Wellington, specifically for desired attributes of the natural environment. For these women, living in a home with such a view was either a personal goal, the goal of another member of the household, or both.

Talking about how she came to live in her neighbourhood, Pamela listed very specific attributes she sought whilst house-hunting. She wanted a ‘home with income’ situation, where a tenanted portion of the property would assist her financially. She wanted access to the city without the need to use motorways. Most of all, she wanted to be near the sea. Finding a property that fulfilled these criteria seemed unlikely: “I thought it was a dream that wouldn’t come true. And it just fell into place, unexpectedly.” Pamela used repetition of her positive sentiment (love) and also creative imagery to reinforce her meaning as she told of her desire to be near the sea. Her opening line “I just love the sea” acts as an evaluative abstract for the explanation that follows:

\[I \text{j} \text{ust } \text{lo} \text{ve the sea.}\]
\[I \text{just love being on the edge of the earth! ...}\]
\[It just revives me: I love it.\]
\[It’s got so much character and [truncated]\]
\[I’d find it hard to live inland again.\]
Pamela notes the area has a more comprehensive range of facilities now than when she bought her home, and while this is convenient, the greater advantage from her perspective is the avoidance of the alternative: “I don’t have to go into town. I hate traffic. I hate fighting for a car park.”

Pamela does, however, have to go into town for work, and she described two routes from home to the central business district that she uses in preference to the more direct route along main thoroughfares. These preferred routes extend the distance travelled but allow her “to see sort of natural, holiday-type things, like trees and the sea, before I get to work. That’s pretty good.” The reference to “holiday-type things” was intriguing and I prompted Pamela for more details. While she described the residential neighbourhood of her childhood as “land-locked”, family summer vacations were spent by the sea. This information contextualises the depth of sentiment in Pamela’s explanation for her preference for living “on the edge of the earth”, and her perception of being revived through an engagement with this form of the natural environment. Her narrative suggests the relaxation and pleasures of holiday times from her childhood are recaptured in her practices nowadays, enabled through her choices about where she lives and her commute routes: “It feels like I’m in [the place of my childhood vacations]. … I get a sort of a ‘holiday’ feel very quickly.”

Other participants also expressed strong preferences for everyday experiences of the natural environment, buying properties for the view rather than for the attributes of the home itself. In this way open public space is appropriated, literally coming into view from a private place: “Look at my view!” To this point, these households have either altered or were in the process of altering their homes and sections to maximise their views. It is not surprising, then, that they use the view as their reference point in evaluative clauses that summarily reflect on what it is like to live in their neighbourhood. For Cathy, “the view is stunning!” For Deb, “it’s
glorious!” And for Karen, “as soon as we walked in, I knew [we] would buy it ... because of the view.”

For Deb, the natural environment was very important to her choice to buy her home soon after arriving in New Zealand nearly 20 years ago. The view continues to be an important reason for remaining in the area: “It’s that sense of space!” Deb was in the process of selling her house and buying another, so the matter of where to buy was high in her mind. She reflected:

_We could probably afford to go move somewhere like [other suburbs]. Get a big house with a flat section._
_But both of us agree: I don’t think we’d be very comfortable in those._
_I’d actually feel quite claustrophobic [laughing] being surrounded by the bush._
_There’s just something about the sea and the sky. Big and spacious._

Deb reinforces the importance of space by critiquing the opposite possibility: the “claustrophobic” effect of being “surrounded” if she were to buy on relatively flat, bush-clad land – attributes that are implied to be normatively desirable through the suggested additional cost.

Deb then talked of the abundance of facilities close to her residential area, which she perceived to be suited to the future needs of her household, evaluating their presence as contributing to her feeling “really, really comfortable” living in this particular part of Wellington. Returning her attention to the more immediate residential area, Deb considered “the real attraction” in terms of facilities was the local primary school, which she expects her offspring will attend if the household remains in the area. Deb’s description of the school is limited to one aspect: “It’s what I call ‘a little bit country’, because it’s got wide open green spaces; it’s got fields; ... there’s just so much space down there!” Interestingly, Deb’s reflections focus extensively on her residential area as a site for the future needs of her young family, yet she returns within these reflections to the aspect that initially
attracted her to the area: the sense of space. Above, I illustrated how Pamela’s commuting practices overtly linked back to her preferences for the natural environment through her efforts to incorporate “natural, ‘holiday-type’ things” into her everyday practices. Here, Deb does something similar. The physical setting of the school evokes a special feeling of comfort because it shares the feeling of space that Deb associates with her hilltop location overlooking the sea. Importantly, the feeling of space is what initially attracted Deb to the area, provoking a preference that contrasts dramatically with her childhood experience of growing up on a council estate on the outskirts of a very large city from which Deb and her group of local friends “escaped” on their bicycles, “roaming in the countryside … disappearing off for hours at a time!”

The Social Environment: Neighbourhood Belonging and Conviviality

Conviviality arises through the social dimension of the residential area. It is assessed by participants according to the degree of neighbourliness they personally prefer. A sense of neighbourhood belonging is prompted when personal preferences more or less match the practices of those living nearby. Mutually beneficial companionship and exchanges that extended beyond public spaces and into private spaces, such as each other’s homes, was a practice that indicated an advanced stage of neighbourly relations, drawing on the typology of Grannis (2009). In such circumstances the narratives suggest conviviality extends to a relationship resembling friendship, where people residing in close proximity experience inter-household relations of mutual trust, shared norms and values, and co-operative engagement.

Four participants talked first and foremost of the social environment of their residential area as they addressed my question “What it is like to live around here?” Three of these women told of ‘what it’s like’ by referring
principally to tensions or troubled interactions with and amongst those living nearby. Barbara’s story shows the tensions that can get in the way of neighbourly trust and reciprocity; and Amy talked reflectively about how her neighbourhood had contributed to the life of her household over the past 20 years.

Barbara and her dog live in duplex housing in a less-affluent area of Wellington. She bought her home a few years ago as she approached retirement. She prefaced her talk about the area by telling me “I was very fortunate in being able to afford a house at all and this is my first and only house that I’ve ever owned.” Barbara and the occupier of the other half of the duplex are “pretty compatible as neighbours” but there are also tensions. With a shared backyard (“neither of us wants a fence”) Barbara needs to “pick up dog poo every day.” Her neighbour’s persistent practice of uninvited feeding of the dog illustrates a circumstance where the degree of ‘neighbourly’ engagement between the two households is poorly matched. Whilst her neighbour considers Barbara “too protective”, Barbara is faced with veterinary expenses that result from the dog’s dietary problems: “Finally I got my vet to write [the neighbour] a letter.” Another resident along the street is “a nasty piece of work” whom Barbara “mostly ignores”. On the other hand she has more convivial relations with others living nearby and her descriptive talk shows her awareness of important life events occurring in various households. While Barbara considers herself “fortunate” to have been able to buy a home “at all”, one of the disadvantages of owning a home is that she cannot easily relocate to extract herself from troublesome social relations, as she has done in the past. Barbara clearly works at establishing and maintaining convivial neighbourly relations and on balance, she is more happy than unhappy with where she lives despite occasional unpleasantness.
In contrast, Karen lived for several years in a neighbourhood that for her was characterised by an absence of conviviality. She described those living nearby to be “aloof”, “really standoffish”, “I sort of got the impression that they felt that they were a cut above, because they lived in [a particular suburb].” Karen began her description of her time living in the area with a succinct abstract: “We bought in [suburb]. Hated it. Absolutely hated it.” She concluded that she was “astounded at what people were like”, resulting in her decision to sell the house and relocate sooner than had been initially planned. Unlike Barbara, Karen was unable to develop a liveable balance, despite other aspects of the neighbourhood meeting her household needs for location and space.

Amy was the only participant for whom a positive social environment was the foremost contributing factor to how it was to live in that neighbourhood. She evaluated her neighbourhood with an opening declaration using a decidedly past-tense that piqued my curiosity: “I’ve loved it! It’s a very friendly suburb.” Like Deb, Amy was in the process of selling her home. She had decided to relocate to a different part of Wellington she felt to be better suited to her needs as she moves into a new phase of her life, beyond the day-to-day care of her offspring. Amy had lived in the same house for about 20 years, amongst others who have lived nearby as long and longer, and she raised her family there. She knows most of the people in the surrounding streets at least sufficiently well to greet, and many others a great deal better: “You see them every day, at the bus stop, or the supermarket.” The residential area had been “brilliant” for raising children. Having listed an extensive array of local facilities and natural features that contributed to the utility of the neighbourhood for her household, Amy noted her close relationships with neighbours that enabled mutually beneficial arrangements such as “keeping an eye” on each other’s
children. Her example illustrates neighbourly relationships of the sort Grannis (2009) considered to demonstrate mutual trust.

Illustrations of joyful neighbourly relations mostly emerged when my curiosity was piqued during talk directed at some point other than describing the experience of living in the residential area. For example, Deb was talking about the perceptions of her real estate agent that some potential buyers might be put off by the presence of a bus shelter very near to the property, to which Deb retorted: “But it’s a fantastic way to meet people! That’s how we met most of our neighbours!” Her recalled response to the real estate agent caught my attention, prompting me to ask:

CH: Are there any other ways that you link in with your community? I was interested to hear you talking about the bus stop before.
Well, I’ll tell you what. I’ll tell you one thing we do in [this street].
Ah, um,
and again it probably shows that people [truncated]
Even though it is kind of like suburbia, there are quite a few people who have lived here quite a long time: we all do get along.
We have a Christmas party every year!
And it’s at different people’s houses.

As shown previously, in the Natural Environment section, Deb’s emotional connection with her neighbourhood seemed to be principally based in the “glorious” view that creates a perception of space. However, the following portrayal of the Christmas party suggests her neighbourly social connections contribute to her sense of neighbourhood belonging. Deb exudes pleasure in her portrayal of the Christmas party that has become “a bit of a tradition” in her neighbourhood:

A note will appear in your post-box: ‘Christmas Party!’ [laughing]...
And everybody brings a plate and drink
and we all have a chat and a laugh and a catch up
and the kids run around. [laughing]
The note announcing the party suggests a degree of formality: this is not an impromptu event. Further, the note ‘appears’ rather than being delivered by the postal service, reinforcing the local nature of the party. The core of the invitation list is those who catch the bus to work, and thus the bus-stop as a third-place (in the nature of Oldenburg (1999)) is temporarily relocated and somewhat extended beyond the bus-shelter crowd, to the home of the hosting household.

It is not merely that the event occurs that adds weight to my categorisation of Deb as having a sense of belonging in her neighbourhood. Rather, it is the feeling captured in her description of the event, from the anticipation of the “tradition”, to receiving the invitation, then attending, with adults mixing and children mixing alongside, and everyone enjoying a companionable catch-up over shared drinks and food.

The Christmas party story and stories evoking similar sentiments from other participants illustrate neighbourly social networks of a sort that can readily accommodate the small domestic favour that grounds the sense of belonging (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Hystad & Carpiano, 2012). While Deb did not directly draw upon the social environment of her neighbourhood to illustrate what it is like living there, it seems likely that events such as the Christmas party contribute to her experience of neighbourhood belonging. The narratives of others such as Barbara suggest to me that a negative social environment would likely alter Deb’s assessment of what it is like, living there, away from her prioritisation of the joy of having a “glorious” view.

Narratives such as Barbara’s illustrate that when the social environment of the residential area is shadowed with negative experiences these rapidly come to the fore in assessing the experience of living in the area. By comparison, Deb’s residential area seems to glow in positivity, yet her assessment of the experience of living in her residential area is
principally directed toward her preference for space, which is met through her hilltop location. Her perception that the people amongst whom she lives all “get along” only becomes apparent through a chance comment that prompted investigative intrigue. ‘Getting along’, it seems to me, is a somewhat taken-for-granted attribute of residential areas where neighbourliness is experienced. It is ‘normal’ and un-noteworthy to ‘get along’, but its absence is noticeable.

My analysis of participant experiences suggests that for them, experiences of neighbourhood belongingness come when personally prioritised preferences for attributes that are perceived to contribute to the liveability of a place are reasonably well met by the perceived characteristics of the area. A sense of neighbourhood belonging is expressed in such circumstances through feelings of comfort and emotional attachment. For example, Barbara tolerates occasional unpleasantness by proactively fostering familiarity and emotional attachments with nearby others who have not displayed unpleasantness, creating a balance that is more enhancing of belongingness than it is hindering. My findings support those of Antonsich, who claimed that having a sense of neighbourhood belonging is to feel ‘at home’ through the experience of a personal, intimate perception of familiarity, comfort and emotional attachment (2010).

In the opposite circumstances, amongst participants who described an absence of neighbourhood belonging in places lived as adults, the emotional response to the area was not one of attachment but detachment and sometimes overt anger, with several participants stating that they “hated” living in particular places. In such circumstances, the barriers to creating a reasonable fit between preferences and perceptions have been personally determined to be insurmountable.

In summary, reflecting on their perceptions of their present residential area, participants talked of attributes that provide convenience,
character, and conviviality. These were weighed up against preferences for attributes that are personally perceived to make an area more desirable to live within. Importantly, needs and assessments of convenience alter, whilst assessments of character and conviviality relatively static within the stories that I analysed. Finally, for the most part, conviviality seems to be assumed, coming to attention mostly in its absence in the reflections of the present-day relationship with one’s residential area.

Conclusion

In this chapter I have discussed the findings of two distinct analyses of belongingness, first in the residential areas of childhood and then in the present. Recollections of the childhood experience of the residential area highlighted contrasting experiences. Most participants described a consistent pattern of household practices that fostered an intimate relationship between the child and her residential area, at a social and also physical level. These recollections suggested the experience of the emotional attachment and comfort considered by Antonsich (2010) to indicate a sense of neighbourhood belonging. These participants talked of their childhood neighbourhood principally as a setting for social interactions (play) with their neighbourhood peers. However, their stories also reveal that other aspects of the area were important enablers of their play, with the built environment providing a conduit to sociality through third places, and natural features providing considerable space and resources for play. My analysis of these narrative reconstructions suggests the childhood sense of neighbourhood belonging to be created through playing with one’s neighbourhood peers within the shared setting of the residential area, which has fluid boundaries encompassing the private homes of others as well as sites beyond the surveillance of caregivers. The meaning-making in these recollections was principally apparent in the evaluative elements,
which can be summarised as a carefree, joyful, energetic and enthusiastic engagement with the neighbourhood, which was a central focus of everyday childhood life.

On the other hand, the reconstructed recollections of other participants about childhood experiences of neighbourhood belongingness described an inability to effectively participate in reciprocal neighbourly relations and peer relationships more generally. Some of these narratives tell of being prevented from socially engaging with nearby others through household rules. Importantly, some such stories emerged within the context of a life-story that suggests the childhood home lacked the underlying prerequisites for experiencing ‘at-homeness’ as described by Seamon (1979). Such homes are not places of “taken-for-granted” familiarity arising from the control of the environment brought about by ‘appropriation’, a theme recognised by Seamon (p. 81). They are not regenerative places of restoration and revival within a friendly, supportive environment where people are free to “be completely vulnerable and not fear the consequences” (p. 83). They are not places where children have a sentiment of shared ownership through the ‘I’ or ‘my’ being a part of a ‘we’ or an ‘our’. And while the form of “rootedness” (p. 79) embodied through living in such a home provides an intimate experience of ‘knowing’ a particular space, in these instances this ‘knowing’ has a negative sense rather than the positive sense that comes about in a home characterised by warmth: “friendliness, concern and support” (p. 84). The narratives I analysed suggest that such experiences in the childhood home create a barrier to developing a sense of neighbourhood belonging.

But not everyone who had a poor sense of neighbourhood belonging in their childhood lived in such a home. Some participants described loving homes with warm, enduring intergenerational relationships. In these households, the barrier to a sense of neighbourhood belonging came about
through frequent relocations or through parental concerns about the norms and values of those living nearby. In such cases the household evoked ‘at-homeness’, but there were barriers to the possibilities for that experience transcending the household, out into the shared spaces of the residential area.

Reflections on the present residential area highlighted three dimensions of place (built, natural, and social) that were used to evaluate one’s residential area as a good or not-so-good place to live. The narratives suggest that having a sense of neighbourhood belonging as an adult depends on how well one’s preferences are matched by one’s perceptions. Women whose preferences were met talked warmly and enthusiastically about their residential area, using emotive language to make their point that theirs is a great place to live. Pamela, for example, gives a high priority to her preference for aspects of the natural environment. Talking about her residential area, she poetically described her joy at living beside the sea. Meanwhile, talk about residential areas that did not meet core needs was also emotive. For example, Karen succinctly summarised her experience of a residential area that lacked the conviviality she priorities: “I hated it!”

The narratives included multiple hierarchies of preferences, particularly amongst participants who have a mothering role and whose reflections sometimes focused upon the needs of their children whilst at other times focused upon personal perceptions, preferences, and practices. As mothers they actively sought and expected the residential area to provide services and resources through which they could form relationships with nearby others in similar circumstances. This harks back to the point made by Grannis (2009) that “neighbourhood networks are essentially networks amongst households with children,” (p. 139).

Amongst the 16 participants there were nine life-stories that suggest a sense of neighbourhood belonging was experienced in childhood and is
also experienced nowadays. There were two participants whose narratives suggest a comparative lack of neighbourhood belonging at both childhood and nowadays. Finally, there were five life-stories in which participants expressed mixed experiences of belongingness in the residential areas of childhood and nowadays.

Emerging from this analysis is the idea that one way in which neighbourhood ‘gets under the skin’ is through one’s childhood relationship with the residential area. This idea is especially apparent when this relationship produces a strong sense of neighbourhood belonging through play within and beyond the neighbourhood as part of a group of local children “making our own fun” with local resources. The narratives suggest that the freedom to roam in one’s residential area creates opportunities for coming to regard the area as an extension of home – where ‘home’ fulfils the prerequisites identified by Seamon (1979). Seamon considered the phenomenological experience of ‘at-homeness’ to depend upon familiarity and belonging, regeneration and restoration, the freedom to be oneself, a friendly and supportive atmosphere, and a sense of ownership and control. A sense of neighbourhood belonging arises when the residential area is perceived as a place of familiarity, comfort, security, and emotional attachment, as articulated by Antonsich (2010).

However, my findings do not illustrate the pathway or trajectory between the two points in time considered in this chapter. Absent from this analysis, and what my research approach specifically addresses, is the journey from childhood to nowadays, and it is to this data that I now turn in the following chapter.
Chapter 5: Lifecourse Trajectories of Belonging

Through the analysis described in the previous chapter I located the presence or relative absence of a sense of neighbourhood belonging in the narratives of each participant at two points in her lifecourse: childhood and nowadays. My analysis created two cross-sectional ‘snap-shots’ of participant experiences of neighbourhood belongingness. The work of the present chapter is to connect those experiences of belongingness within the life-stories. Considering these experiences in the context of the life-story illuminates the various pathways that have influenced participants’ experiences of belongingness.

The narratives connecting childhood and adulthood are replete with stories that can further develop an understanding of neighbourhood belongingness. Such stories include varying responses to circumstances, and it is this response or reaction – what this circumstance means to the participant – that provides an insight to how belongingness can impact health and wellbeing (Popay, et al., 2003). Through multiple interviews I sought participants’ experiences of belongingness, or the presence or absence of feeling ‘at home’ in the residential area, not only as a child and nowadays but also in the intervening years. By re-arranging the recalled experiences of each participant into chronological order, I created a version of her life-story, compiling all that was revealed within the multiple interview occasions. I analysed the narratives and fragments that make up each life-story as aspects of the contextual ‘whole’, rather than analysing chapters of the life-story as discrete experiences. I used structural, dialogic/performative, and thematic analytic methods, described in Chapter 3. These methods highlighted patterns and pathways connecting the past
and the present of the participant, mediated through interpretations of circumstances and experiences throughout the lifecourse.

Belongingness is a concept more suited to a continuum than a dichotomy. I comparatively categorised narratives as suggesting a ‘weaker’ or ‘stronger’ sense of neighbourhood belonging, which created an artificial division along the continuum. Stories about the residential area that I categorised as suggesting a ‘weaker’ sense of neighbourhood belonging are ones that I have considered to be ‘weaker’ compared to other experiences of neighbourhood belonging within the life-story of that participant, and in comparison with the narratives of the other participants.

The narratives of all 16 participants suggest that at some point in their life they have, to some degree, experienced a sense of neighbourhood belonging. That is, they have lived in a residential area where they have felt ‘at home’ beyond their own household. Further, the narratives of ten participants suggest they have also experienced living in a residential area where they did not feel ‘at home’. Most of those who have experienced the absence of neighbourhood belongingness overtly address their perception in their stories. They spoke of feeling “out of place”; of not being “at peace”; or the feeling of being “trapped” in a place that circumstances made it “impossible” to leave. Their stories tell of recognising a problem and consciously attempting to change those circumstances. Various approaches were used in such attempts, but not all were successful.

My analysis of the life-stories revealed five trajectories connecting childhood and nowadays. These trajectories move between weaker and stronger experiences of neighbourhood belongingness, as illustrated in Figure 11. Five stories follow, illustrating the complexities of attaining and maintaining a sense of neighbourhood belonging. Some of these life-stories represent about 30 years of living whilst others represent about 60 years,
and so Figure 11 should be considered an indicative model rather than describing a temporal scale.

Some people are better story-tellers than others. Some stories resonate more than others with the listener. Some stories pack more in than others. Some of the stories illustrating the trajectories were selected very quickly, standing out as very good examples of the points I wanted to illustrate. For others though, it was a difficult choice, with several participants providing life-stories that illustrated the trajectory in engaging ways, with novel twists and turns in the journey. Helping me refine my choices was the desire to present stories that conveyed the diversity of life-experiences that I had sought through my recruitment strategy. Importantly, I also needed to select stories for this chapter that I could deliver without jeopardising participant confidentiality.

Figure 11: Pathways of neighbourhood belongingness

Four of these life-stories illustrate the ups and downs of neighbourhood belongingness that are hidden when the two points in time are considered independently of the journey, as was the outcome of the previous chapter. However, the fifth, which appears at the top of the figure,
is the story of Tracy. Her narrative tells of a life lived in a steady state of strong neighbourhood belongingness. Tracy is one of six participants who share this experience, and her story illustrates a positive experience that highlights the contrasting experiences of others for whom belongingness has not been so readily attained and maintained. To reiterate, there were no participants in my study who have never experienced a sense of neighbourhood belonging.

**Stronger → Stronger**

At the conclusion of the previous chapter it was apparent that the life-stories of nine participants tell of a strong sense of neighbourhood belonging in childhood and also nowadays. The participants sharing this trajectory have a range of attributes and life experiences. From the URBAN dataset I knew that

- six were seemingly content with their residential area;
- five were at risk of risk of obesity-related diseases;
- all three age cohorts are included, with four in the older cohort, three in the middle, and two being younger; and
- seven had attained a university degree or greater.

Through my research I also ascertained that

- five grew up in households of seven or more;
- seven presently live in households without dependents; and
- eight have lived outside of New Zealand at some point in their lives, with four arriving in New Zealand as adults, whilst four were brought up in New Zealand, lived abroad as young adults, and then returned.

While their stories suggest a strong sense of neighbourhood belonging at both of the cross-sectional points considered in the previous chapter, this does not necessarily indicate a life lived in circumstances of a
continuously strong sense of neighbourhood belonging. Three narratives included times of living in places where they experienced the absence of neighbourhood belonging. Pat’s story is the example I have selected in this regard, and her story follows shortly. But first, Tracy’s narrative exemplifies the six life-stories that do not include experiences of not fitting.

**Tracy**

Tracy’s life-story did not include any circumstances of living in places where she did not seem to fit in. Like other participants whose stories convey a consistent experience of neighbourhood belonging, Tracy’s story illustrates a conscious endeavour to develop the feeling of being ‘at home’ whatever her circumstances. The extracts that follow illustrate how Tracy goes about the task of fitting in. Her life’s journey has thus far taken her from rural New Zealand to a provincial university town, to one of the major capitals of the world, and then to suburban Wellington. In each location Tracy has established a way of living that allows her to feel comfortable and secure, or ‘at home’.

When I met Tracy she had been living in Wellington for about a year, having returned from a period of living and working abroad. She grew up on a family farm in New Zealand, and her recollection of catching the school bus along with all of the children from nearby farms was included in the previous chapter. After a joyfully-recalled childhood that combined teamwork on the farm (‘if jobs needed doing, you just did them!’) with teamwork on the sports field (provincial honours, but “my knees are [now] pretty much buggered”), Tracy left the farm to attend university.
Knowing no one, she drew on the opportunities of hostel living to meet a wide range of people. Amongst these were two people she described as “my dearest friends.”

I met both of them individually and thought
‘Oh my God! These are just really lovely people.’
And then they got together! ...
We flatted together and made a group of friends.

Eventually Tracy was a bridesmaid at their wedding, and another person from that group of friends was a bridesmaid for Tracy. Tracy referenced the attributing and accepting of such honorary roles as evidence of the strength of these relationships.

The first few years out of university were focused on establishing a professional grounding. After a couple of years she went abroad, re-joining her boyfriend who had commenced his travels some months earlier. Tracy’s description of finding a job highlights her relaxed approach and her ability to strike accord:

I went over pretty much just thinking I’d wing it.
But my best friend, [who has the same professional qualification], was working at [a firm]
And that was the revolving door for antipodean [profession]
So I got a job the day I arrived.
Well, I arrived on the Saturday,
met the guy on Monday,
and started work on Wednesday.

Tracy says she was “lucky” that her boyfriend had already established a place to live, easing her transition into life in this very large city. The pair shared “one room of a big house”, where it was common to sub-let bedrooms to others whilst one was away for a week or two exploring elsewhere. Consequently, the household was continuously changing as people moved in, stayed for shorter or longer periods, and then moved along. Tracy evaluates the situation, which she describes in the
Tracy and her boyfriend returned to New Zealand after approximately five years abroad. They married and bought their first home, moving in just months prior to taking part in my research. Talking about meeting people and forming friendships in her new residential area, Tracy’s approach to belongingness was highlighted. Soon after moving in Tracy became pregnant, and her pregnancy shapes her approach to meeting nearby others:

Tracy evaluates her practice as “a bit naff” but it is apparent that her approach is consciously considered. By extending the overall time period in which they will participate in antenatal classes from nine days to about 50 days, they have “a better chance” for meeting others from the classes who are at a similar life stage. Further, the intensive option was to be hosted in the central city rather than being a local event. Through this series of classes Tracy expects to begin forming mutually agreeable relationships with other people in their ante-natal class, who are assumed to live relatively nearby.
She recognises her approach to establishing such relationships may seem contrived, but she also knows from past experience that her efforts are likely to be well received and beneficial.

**Pat**

Pat is one of three participants whose life-story was bookended by a strong sense of neighbourhood belonging, but whose story also includes a time when she experienced an absence of belonging. Having experienced a strong sense of belonging in her childhood neighbourhood, the stories of participants such as Pat are especially interesting for the clarity they bring in comparing how it felt to be *not* ‘at home’ when feeling ‘at home’ was the normative experience. Further, these particular participants have each navigated their way through and beyond the experience of living in a place where they did not feel ‘at home’, usually by relocating but sometimes by adjusting to fit with local expectations.

Pat was briefly introduced in Chapter 4 through her recollection of her childhood neighbourhood as a place in which it was not only the children who were ‘in and out of each other’s homes’, but the women of the neighbourhood had a similar practice. Pat recalled her mother and neighbouring women in suburban Wellington ‘to-ing and fro-ing’, borrowing things from one another and socialising over cups of tea or coffee, and entire households mixing through occasions such as neighbourhood barbecues.

The residential area of Pat’s childhood was a mix of older homes that had been built on large sections, and newer homes built in between as properties were subdivided. The result was a mix of housing forms and

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**Figure 13: Pat’s trajectory of belongingness**

<table>
<thead>
<tr>
<th>Neighbourhood Belonging</th>
<th>Life-course</th>
<th>Pat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weak Childhood</td>
<td>Childhood</td>
<td></td>
</tr>
<tr>
<td>Strong Nowadays</td>
<td></td>
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</tbody>
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composition, with many younger families living in the newer homes, interspersed with households that Pat described as “more established”. Pat recalled friendly, close, neighbourly relations:

[It was a] quite close, ‘neighbourly’ sort of neighbourhood. ...
Maybe a bit more friendly.
I think there were more neighbourly connections. ...
We’ve got old home movies of birthday parties, for instance, for us kids. There’d be 15 or 20 kids there, you know, all the neighbours kids and other cousins [laughing].

Further, Pat’s family was part of a substantial Jewish community in which she enjoyed a “culture: a whole way of life” that thrived beyond the strictures of religious observance. For example, Pat talks of strong intergenerational connections and of an active community life that took place in various meeting rooms and premises.

Following secondary school Pat started occupational training and after a couple of years she went abroad. Her plans took an unexpected turn when she met someone: “We were attracted and all that and I was sort of pleased that I’d found a Jewish boy.” They were encouraged to marry “very quickly.” But soon afterwards it became apparent to Pat that her husband was “very restless. ... We kept moving around, because he ‘just wanted a change’.” Pat began her recollection of that time by establishing the physical setting:
It was very hot, very dusty and very dry.

**CH:** That must have been a heck of a change, being a Wellington girl?

**Huge. I mean, didn’t see anything green for years.**

**CH:** Yeah?

You know, it was just, just [truncated]

Yeah, hated it. [laughing].

**CH:** What was community life like, living in places like that?

The community was the men. Um, it was pretty much nothing much for women.

It was pretty much a man’s world out there. ...

It was very, very isolated.

The men would go to the pub.

But the women didn’t.

Coupled with her feelings of isolation and disorientation in places that contrasted hugely with Pat’s experience of home, there was the problem of frequent relocations: “We were never in one place for long enough [to fit in].” In contrast Pat had lived in the same residential area her whole life prior to going abroad. She became increasingly unhappy: “I felt [truncated], just thought I was trapped here, for the rest of my life.” Even 40 years after the event, Pat’s recollection imparts her feeling of resignation: “for the rest of my life.” Pat’s sense of being “trapped” contrasts to her experiences of belongingness upon which she based her perceptions of normalcy and which guided her preferences. She felt “trapped” as she moved from one remote location to another without the social support she had grown up to consider normal, both in a residential area where she felt sufficiently ‘at home’ to be “in and out of each other’s homes”, and also in a community of people who shared her beliefs and culture.

Pat’s response to feeling “trapped” was to consider ways of escape:
I had thought of leaving him, when we were in [place], but the logistics were impossible [from the remote location] ... I didn’t have any money of my own, you know, that I could use. And the whole thing was just [...] impossible.”

Pat’s reflective evaluation accentuates the notion of being trapped through her realisation of the impossibility of escape, which she reinforces with the repeated use of ‘impossible’. Being trapped was compounded by three circumstances all of which contribute layers of impossibility: being a wife and then also a mother at a period in time when divorce was stigmatising; being in a remote and also dangerous location with no means of departure; and having no access to money that could potentially aid her physical departure and aid her transition to living independently of her husband. Put simply, Pat was not at liberty. Her efficacy was greatly reduced. She had no choice.

Pat was soon expecting a second child, and further change was afoot. Her husband began working for a company with representation in New Zealand, and he was assigned a position in a provincial town just a few hours away from her parents. “I was just overjoyed!”

Buoyed by her return to New Zealand, Pat decided to “box on” and give her marriage another chance. She recalls her attempt to befriend another family:

There was one Jewish family ... I think maybe I got the connection through somebody in Wellington. Someone would say ‘Oh, we know so and so’ But we didn’t [truncated] We socialised a little bit with them, but not a lot. My husband tended to be [truncated] To behave a bit bizarrely at times, and I think they didn’t particularly like him.
Recognising the presence of an unspecified yet unmet need, Pat’s approach to remedying her problem was to enrol in a night class. The night class is a means through which she attempts to ‘reach out’:

I tried to go to a night class.
I decided it was time, you know, I needed [..truncated] and ah, um, [..]
But I had to give that up. I got sick. And um,
I only went a couple of times and I got sick and couldn’t finish it.

CH: COULDN’T CARRY ON?

Yeah, so,
nothing in particular. I just [ ..]
Yeah, I think I was just so ground down with motherhood.

CH: YEAH

And the marriage which, you know,
I wasn’t happy in,
and so it was very hard to reach out.

At this point of Pat’s story she overtly recognises that it is her home life that is failing to meet her needs rather than living in a residential area that is vastly different to her perception of a proper place to live. Having “boxed on” with the marriage for another year, hoping that being in a more familiar physical setting might enable her to get a fresh perspective, it was apparent to Pat that the marriage was at an end: “He didn’t think anything was wrong. It was me that wasn’t happy with all sorts of things. And so, finally … [truncated].” Pat’s evaluate clause ‘finally …’ draws attention to the difficulty she experienced in bringing herself to “reach out” and so end the marriage. This difficulty seems to be directed at a social expectation prevalent at that time, whereby women, and especially mothers, were expected to remain in marriages despite being “ground down” to the point of sickness, as was Pat’s experience. She was thankful for the opportunity to end her marriage through a relatively new government assistance benefit for women parenting alone.
Pat returned to Wellington with two pre-schoolers and took on the then relatively unusual task of raising her children alone. Her choice was frowned upon by the Jewish community: “I got some nasty comments”; and she was labelled a “bludger” by the public: “I got a lot of flak. … It was difficult. I did feel different then, and on the outer, socially sort of um, in the community.” But for Pat, this was the better of two difficult alternatives.

Pat was pragmatic when buying a home in Wellington. Wanting to be “close enough” to her parents for emotional and practical support, she bought in an area relatively near to where she had lived as a child. She sought access to facilities that she considered would meet the future needs of her young children, in an area that appeared to offer the possibilities for neighbourliness of the sort she had experienced as a child: an established area with family homes and local facilities appropriate to the life-stage of her household.

Recognising the need to attend to her personal recovery from several years of being “sick” and “ground down”, Pat sought camaraderie through social sporting and recreational activities. Unlike her previous experience with the night class, this time her efforts were successful. In her recent past such opportunities had been available but rendered inaccessible by her circumstances. Now, despite the inherent difficulties of reciprocal babysitting arrangements whilst parenting alone, Pat was able to access available opportunities. When her youngest child started school, she enrolled at university, retraining in a career that would allow her to “be there for the kids” as well as providing for her household through paid employment.

The neighbourhood was “brilliant”. As well as the facilities that she had especially selected the residential area for, there were “lots of young families around, so kids to play with and so on.” And while people have moved in and out of the neighbourhood, Pat has shared her fence line with
the same neighbours for over 35 years. It is a neighbourly relationship of mutual support and respect:

\[ \text{The other day [we] needed a hand with taking the dryer off the wall, so I said “Well go and ask [the neighbour]!” And so, you know, then [the neighbour] came down and he was fine. We had a chat. And once a year we get together for drinks And we always say “We must do this more often!” and we don’t! [laughing]} \]

Other neighbours who are more recent arrivals are also included in Pat’s neighbourly network: “We were off to the tip and we said ‘Have you got anything you want taken?’” People check letter boxes, feed pets and “keep an eye” on each other’s houses in reciprocal informal arrangements that in Pat’s neighbourhood, and in the neighbourhoods of many participants, are accepted norms of neighbourly that suggest a degree of trust and familiarity.

The residential area where Pat lives has provided her a sense of neighbourly belonging that had been elusive during her highly mobile years as a young wife and mother. Her relationship with this neighbourhood is akin to that which she recalls from her childhood, and which seemingly guided her choices with regard to neighbourhood selection almost 40 years ago.

Pat’s life-story has a delightful twist in its most recent chapter. A spur-of-the-moment decision to attending a synagogue Open Day meant she encountered someone with whom she had attended Youth Group about 40 years earlier. “We met for lunch and I think we knew straight away that there were some sparks there.” But sparks can be dangerous: “We were both being very cautious, having been burnt the first time around.”
Nevertheless, a few years later he proposed “in a beautiful restaurant; a very romantic setting”; and they married.

> It was sort of [like] a fairy tale of meeting up again ... and it was so easy!
> The fact that we had similar upbringings; his parents and my parents were friends.
> And um, you know,
> all our friends are mutual friends, that we’ve had from before.
> And um, yeah,
> it was just very easy.

Reflecting on this major change in her life, Pat conveys a situation that contrasts considerably with other changes she has managed at earlier times in her life. Exiting circumstances that were barely tolerable had seemed “impossible”; and when it became possible it was nonetheless extremely “difficult”. However, this change has been “easy”.

**Weaker →Stronger**

There are three participants whose life-stories tell of an absence of belongingness in their childhood residential areas but whose reflections on where they live nowadays suggest a strong sense of neighbourhood belonging. In terms of what I knew about these women before I met them, they are a less diverse group than the previous group, which is also considerably larger.

- All three seemed to be content with their present residential area,
- they all have a low risk of obesity-related disease,
- each of the three age cohorts is represented, and
- one has a university degree.

Through my research I found out that:
two recalled their childhood homes as warm and loving environments, and they talk of their parents with great affection, which is not the case for the third;

- none of these women have dependents living in her household;

- all three were raised in New Zealand, with one arriving in New Zealand as a pre-schooler; and

- two lived abroad as young women.

Michelle

Michelle is one of two participants whose childhood involved frequent changes of address and school. She eagerly agreed to participate in my study, saying that she might have something different to offer because “I’ve lived in a lot of places.”

Michelle lives with her cat and goldfish: “I feed them, and they love me!” Her articulation of what it means to ‘belong’ arises from a very mobile childhood, moving every year or so to a different rural township. Prior to starting university, Michelle’s transitional journeys, the ten instances of moving from one place to another with her family, amounted to almost 5,500 kilometres, or about 3.5 times the length of New Zealand. She is the only participant whose childhood mobility approached this scale. While ‘home’ was wherever the family happened to be, Michelle had many experiences of attempting to integrate into different communities. Her story was briefly introduced in the previous chapter through her strategic approach to fitting in by “recreating” herself each time her household relocated.
Michelle explained how friendships were expediently formed to establish a degree of belonging, and then discarded to make way for the next iteration of attempting to establish a sense of neighbourhood belonging. This extract occurred as a single discussion, and it is presented in sections here for discussion about salient aspects.

Every place I lived
I sort of recreated myself to some degree.
Because you do,
when you move as much as I did when I was a child, I think.
I think you do.
Because you’ve got to fit in with a different group of friends
and you may not have exactly the same interests as them,
but you’re going to have to get those interests pretty quickly!

Michelle recreated herself by consciously and “quickly” developing an interest that intersects with the interests of those amongst whom she sought camaraderie. Michelle described a philosophy of friendship, based on her considerable experience of attempting to fit in through forming friendships as she moved from place to place. Central to that philosophy is the idea that friendship emerges through shared history. As a new-comer, she consciously sought to shed her status as an outsider by attempting to connect with the shared history of potential peers.
Michelle’s approach was to shed her newcomer status by reinventing herself in the local mode. She drew herself in to their history through an affirming shared interest. But the sharing of this ‘interest’ was feigned. Feigning of interest was a conscious compromise to suppress the expression of her own self in order not to draw attention to difference: “you don’t talk about yourself.”

I think I probably did have to make compromises, because you don’t piss people off when you’re trying to be their friend. ... I learnt quite quickly [that] you don’t talk about yourself all the time. You don’t talk to people about yourself; and you’re interested in their stories and their experiences. And then you find things to share from that.

Analysing Michelle’s life-story, I became aware there is a difference in how she talked about places that she enjoyed living compared with places that she did not enjoy. Places she enjoyed were almost entirely described with reference to the natural environment. On the other hand,
places that do not evoke fond memories were critiqued solely in relation to
the social environment. This was a pattern that I found repeated in the
recollections and reflections of other participants, and which I will discuss
further in other chapters. To return to Michelle’s experience, she was about
11 years of age when she first encountered a location that she did not feel
herself to fit in: “I hated [that place]! … I wasn’t comfortable … a little bit
lost … challenged: out of my ‘comfort zone’ … the kids were meaner,
bigger, tougher.” Michelle later spent a brief period at a boarding school
which she recalls as “terrible places … a very strange thing to do to
children.” She recalls a “nasty” culture, where it was necessary to either
“pick on [others], or be picked on [by others]”. In both recollections, there is
an absence of talk about the attributes of the place beyond negative
recollections of the social environment. In contrast, when reminiscing about
places that she recalls fondly, Michelle glosses over social relationships,
focusing instead on the natural environment, describing the settings as
“lovely,” “idyllic,” “very green,” “‘Kiwi-country’.”

Whilst other peer relationships had ended as Michelle relocated, the
friendships formed at university were not characterised by the constraints
of her childhood friendships where her parents were in authority roles
within the community. Her university friendships survived further
relocations and changes in primary interests. One friendship from
university is especially important, as her language and evaluative
explanation highlight. Michelle “craved” for friendship:

That’s something I craved after having for so long, you know,
like so many moves and stuff.
Bella’s friendship is just there forever.
And so it’s important to me; probably more important than my male
relationships at the end of the day.
My romantic relationships.
Maybe. [quietly spoken].
In her early 20s and “a couple of papers short” of a degree in which she had lost interest, Michelle’s motor vehicle “blew up.” She weighed up her options: pay for the repairs, or go abroad: “Off I went! I was like ‘I’m off to see the world!’” But Michelle did not ‘see the world’, despite her ten years abroad. Within days of her arrival, she got a temporary job as a barmaid and was befriended by a group of locals:

CH: SO DID YOU DO A BIT OF TRAVELLING WHILE YOU WERE THERE?

No, funnily enough. Because I kind of found my community.

CH: YEAH?

I went “No, no. This is the [truncated]
This is me: I belong here,” actually.
I felt probably more like I belonged [there] than anywhere I’d ever lived.
So I really, really liked it there. ...
I lived longer [there] than I’d lived anywhere in my life. ...
[That place] became my home and my community and friends.
[It] became my sort of ‘permanence’.
The permanence that I’d never had.

Michelle’s description is brimming with words and phrases that suggest she was experiencing a sense of belonging amongst those with whom her life intersected through daily patronage of a local tavern. That she ‘found’ her ‘community’ suggests her realisation that ‘community’ was something that had been missing from her life. Her ‘finding’ reinforces the case she had been making about her childhood experiences of a contrived sense of neighbourhood belonging rather than experiencing something that developed spontaneously. She uses repetition, firstly to reiterate how much she liked living amongst this community, and then to emphasise the personal experience of ‘permanence’ that arose from the ‘finding’ of her ‘community’. In the extract ‘permanence’ conveys an interpretation that closely resembles that of Antonsich (2010), who described a sense of neighbourhood belonging is akin to feeling ‘at home’ in the residential area,
through the experience of “familiarity, comfort, security and emotional attachment” (p. 646).

Ten years later, Michelle’s world came crashing around her when both her professional life and personal life simultaneously collapsed. Having “started at the bottom, [and] worked my way to the top” to a managerial position, Michelle recalls her pride: “I thought I was pretty fabulous!” Her circumstances took an unanticipated turn when she was suddenly confronted by workplace turmoil: the company had abruptly ceased operations. With staff and investigative authorities all looking to her for answers and the owners nowhere to be found, Michelle sought solace from her partner. To her horror she discovered it was not only her employers who had been deceiving her: her relationship was a sham!

I should have put two and two together ...
and gone
‘OK, some of this isn’t adding up.’
But I was soooo [extended delivery] trying to make a life ...
I think I probably let things go that in hindsight I might have gone ‘Doh!’
It’s like a Woman’s Weekly bloody story, isn’t it?
Honestly, it was.
It was one of those ‘vomit on the floor’,
My God!
“You’ve just taken away my whole life. I’m so humiliated”.

Michelle was “destroyed” and “humiliated” by these events, and she returned to New Zealand carrying an overwhelming sense of failure. She moved to Wellington due to the presence of family and her university friend, Bella. Michelle was happy with the apartment she chose and soon “started to recognise people around the place.” She enjoyed walking access to the central business district, as had become her practice whilst living abroad, with pleasant pedestrian walkways allowing her to walk to and from work, and easy access to a variety of retail opportunities, services, and facilities. However, Michelle recalls that for the first three years “I was miserable.” The feelings of “humiliation” and of having been “destroyed”
by people she trusted and also someone she loved were difficult to overcome:

I’d lost my job; I’d lost my home; [the] country I was living in; yip. ...
Then I lost [my relationship.]
So then I came back here going
“Oh God!” [Feigned wailing into screwed up fists]
[laughing]
“I’ve failed!” [Feigned wailing into screwed up fists]

CH: THE WHEELS FELL OFF!
Yes, rather badly!
[laughing].

Michelle’s laughter amidst the enactment of her misery provides a vocal but non-verbal suggestion of a reinterpretation of the enacted historical evaluation. My idiomatic empathetic comment prompted a further revelation that verbalises the vocal clue provided by her laughter and melodramatic enactment. This next extract continues directly from the above.

In hindsight, it’s the best thing ever.

CH: REALLY? YEAH?
I have belonging here.

CH: RIGHT! YEAH!
I have it.
And that’s something I probably didn’t know.
I had a career.
But I think a career is not necessarily everything.

The story is resolved through Michelle’s evaluative conclusion that “a career is not necessarily everything,” which highlights a significant shift in her thinking about what constitutes success. She had been “living the dream,” thinking herself “pretty fabulous” as a senior staff member tasked with considerable responsibilities. The dream turned into a nightmare, prompting a hasty and embarrassing return to New Zealand. She
considered the experiences and herself as “miserable … humiliating … destroying … failure.” But now, in the present, Michelle has re-evaluated her experiences, reinterpreting both the ‘dream’ and the ‘nightmare’. Attaining a sense of belonging in a social role beyond her family has given her a fresh perspective. In hindsight, belonging was hitherto unattainable or partially acquired through experiences that she reflects upon as contrived and deceitful. Consequently, Michelle has reinterpreted her nightmare experiences as “the best thing ever”, because she now has “belonging.”

The major turning point occurred for Michelle when her friend Bella had another child and needed support. A relationship that “is quite hard to define” developed between Michelle and the child as they spent time together. Reflecting on the impact this new social role had upon her life, Michelle recalls this as pivotal in her personal recovery following her disturbing experiences:

That’s when things started to get better for me. ...
He’s given me a major sense of belonging. ...
I don’t have children of my own and I love children...
It’s just a completely lovely relationship and I don’t know where I’d be without it. ...
That’s been a big turning point in finding happiness and belonging.

Michelle attributes the “hard to define” relationship she shares with her Godson as the “big turning point” in her life, taking her from “miserable” to her present state of mind. The blossoming of a close personal tie, which she described as “a completely lovely relationship”, seemingly provides her the mental strength necessary to incorporate her traumatic experience into her understanding of her own self in an efficacious way. Michelle re-contextualises her feelings of being “destroyed” and “humiliated” when her trust was misplaced. She now interprets her return to New Zealand as “the best thing ever,” because the alternative would
have resulted in her missing out on the relationship she has with her Godson.

Expanding on the birth of her Godson as “a big turning point”, Michelle returned to the preference apparent in her childhood recollections, with the natural environment taking a prominent role in her explanation for belonging. Again, the following extract continues directly from the previous passage:

*I’ve sort of, like [...] ‘collected’ myself and gone
“Actually, this is pretty bloody good. I’ve got things pretty bloody nice. Look at Wellington!”
I walk down the waterfront to work.
I look out at the sea and go “Crickey! Where would I rather be?”*

In her present neighbourhood Michelle has brought together a confluence of circumstances that allow her to feel a stronger sense of neighbourhood belonging that she has previously experienced. Firstly, “living on my own is a really ideal situation for me, because it doesn’t involve compromises: I don’t have to worry. I don’t worry ‘Oh, gosh! What if they don’t like me anymore?’” Secondly, her residential location enables everyday access to desired aspects of the natural environment, especially the sea. As was apparent earlier, the natural environment is important to Michelle once the social environment is providing connections of a sort that are personally perceived to be fulfilling. And thirdly, the relationship that has grown between Michelle and her Godson could not have arisen had she been living elsewhere. Living in this particular location has enabled the experience of unconditional love, restoring Michelle’s ability to trust; lifting her beyond the “miserable” state of mind brought about through considerable breaches in trust.

Michelle’s conscious reflections on her practises, as a child and as an adult, demonstrate the power and the consequence of an unfulfilled longing
to belong. Amongst participants for whom belonging is elusive, the compromis
seem necessary in order to attempt to establish a sense of belonging sometimes result in circumstances of misplaced trust. As Michelle’s story has illustrated, the outcome of misplaced trust can be harmful to wellbeing, especially mental health. This was highlighted through Michelle’s descriptors of humiliation, destruction, misery and failure. Another participant, Cathy, spoke of her ‘spider sense’ guiding her decision to remove herself from certain circumstances. Life-stories such as Michelle’s, which have storylines of longing to belong, suggest that those who share this experience may have a relatively under-developed ‘spider sense’ compared to participants such as Cathy, who grew up with a sense of neighbourhood belonging.

Stronger → Weaker

There are two participants whose life-stories tell of a strong sense of belonging in their childhood neighbourhood, but whose reflections on their residential areas of nowadays suggest their sense of belonging is weaker than at other points in their life-stories. These two women have similar recruitment profiles, and further similarities were also apparent in their narratives.

- Both were categorised as discontent with the residential areas in which they presently live,
- both are at risk of obesity-related disease,
- one is in the older age cohort whilst the other is in the younger cohort,
- neither has a university degree,
- they are both mothers, and
- neither has lived outside of New Zealand.
The story I have chosen to anchor my findings about this trajectory was told by Sarah, who lived all of her life in the suburb of a major New Zealand city before arriving in Wellington under adverse circumstances about eight years prior to my research.

Sarah

I began each interview by asking “How did you come to be living here?” Sarah’s response stood out amongst the variety of responses I received. Having lived in the same suburb since early childhood, Sarah was in her 20s and had just had her first baby when her former partner threatened her life and that of her child. Sarah bundled up the baby and bolted.

Sarah tells of growing up in an urban neighbourhood where “everyone knew everyone”, and she was also related to people in several nearby households. The recollections of childhood that Sarah shared with me have been discussed in the previous chapter, where she emphasised the “fun” enabled by living in a neighbourhood where it was accepted and expected that children could turn to their neighbours for help if they encountered “trouble”. The children appropriated the neighbourhood, creating a territory of meaningful places: Spooky Hill; the haunted house; the forbidden tower; the secret places where they got up to mischief! From Sarah’s perspective, fun was possible because the area was safe; and it was safe because the people knew each other well.

But the fun ended about the same time as Sarah left school. She described deteriorating relationships amongst formerly close neighbours, with breaches of trust and people leaving. Sarah was a teenager when one of her parents died and she became estranged from the other. For several

Figure 15: Sarah’s trajectory of belongingness
years she was unemployed and homeless, despite remaining in the vicinity of her childhood neighbourhood. Talking of this period of her life, she used imagery and repetition, evaluating her situation as one of “floating around”, seemingly attempting to soften the comparison with her fond recollections of childhood.

I just stayed at friend’s houses and aunties houses, stuff like that. ...
I was just floating around,
and I could be staying one night here,
one night there;
one night here,
one night there.

In her 20s Sarah realised she was pregnant, which “made me give up the drugs and alcohol. … All I craved when I was pregnant was fish and chips and ice cream.” A further change in lifestyle came about when she arrived in Wellington with her new-born infant, Alex, reuniting with family members after an estrangement of almost ten years: “My diet changed, because I was getting actual, proper food … which I never got when I was pregnant.” On the other hand, although she did not describe overt instances of stigma, Sarah’s recollection of that time suggests she perceived stigma, suggesting the presence of internalised stigma:

I’d walk down the street
and people would look at me,
as,
you know,
not a young mother:
solo mother.
I swear they must have assumed I was a solo mother,
whatever.

Sarah’s sense of belonging began to improve when the household she and Alex shared with her family of origin moved to a different suburb within Wellington. In the following extract Sarah makes several comparisons between the two Wellington suburbs. The main focus of her
comparison is her perception of the retail areas. However, her comparison is not about the opportunities for shopping: it is about these sites as social spaces. Sarah describes how it felt to be living in a place where she did not feel herself to ‘fit in’, using comparison to make her point.

_In [the first neighbourhood] I never felt ‘at peace’.
Like,
I was always uptight when I went down to [the shopping centre]: I’d just stick to myself.
_But here, in [the second neighbourhood], it’s great.
I go to the mall and it’s “Hey! Hey! How ya doing? What ya up to?
Awweee look at your cute kids! What are their names?” You know?
Everyone’s so friendly, and I actually fit in here.
_Um, Alex fits in with the school;
also fit in with the school mums;
_It did take me a while,
when we came to Wellington,
to fit in._

In one neighbourhood she is “uptight” when she would prefer to feel “‘at peace’.” A consequence of being uptight is that Sarah avoids interpersonal contact, a practice that seems to reflect her perception of stigma. The friendliness illustrated by the dialogue that occurs in the second retail centre contrasts with the practice of ‘sticking to herself’ in the first. In the second setting she is drawn into interpersonal contact by friendly overtures that reposition the children from being the cause of her stigmatising role as “solo mother” to being “cute”. Finally, Sarah brings her reflection forward to the present, noting that she seems to ‘fit in’ in the school environment as well as the other major public social site of the neighbourhood, the shopping mall.

Sarah married a few years after moving to Wellington, and rented a home close to that of her family of origin. Sarah ventured out into her community to meet the needs of Alex through preschool activities. Through
such activities she met other caregivers, forming friendships and eventually being mentored into volunteer leadership roles within the community.

_We’re really trying to reach out to the community. Because there’s a lot of solo mums out there that people don’t know. And, even though I’m married and got a family, I’m [trails off] I have a soft-spot for solo mums, because I was a solo mum for three and half years. So I know what it’s like._

_Where the other people on the team don’t! ... And so whenever someone strikes up with a solo mum, they always go “Sarah, next week, there’s a solo mum. Get alongside her.” And I try to. I try to._

But the circumstance prompting Sarah’s move to Wellington continues to impact her perceptions of trust and safety. Sarah had reminisced warmly and extensively about her childhood neighbourhood. The extract below picks up with my prompting her to compare that area with where she lives now. Her response, an evaluative abstract of what was to follow, is accompanied by a note added as I transcribed our conversation later that day:

**CH:** _SO WHAT’S THIS NEIGHBOURHOOD LIKE IN COMPARISON?_  
_Not good. [VERY quick response.]_

Sarah explained her concerns through repeated references to safety: “Safety-wise, it isn’t great.” The “speeding traffic” and perceptions of “‘seedy’, dodgy-looking people” result in Sarah preventing Alex from playing beyond the household property, and requiring constant supervision elsewhere. Sarah’s safety concern exclusively focuses on Alex and the extract below suggests this causes her considerable anxiety:
I don’t let Alex out of my sight.  
I even get paranoid when Alex is at school.  
If Alex was at school today,  
at lunchtime I’d be standing down the bottom of that alleyway [pointing to walkway leading to the school] just to look and make sure I can see [my child].

Self-labelling of her practices as “paranoid” suggests Sarah recognises her actions are at odds with normative levels of trust.

On the other hand, aside from the safety concerns that emerge in relation to Sarah’s role as a mother, it seems from her narrative that the social environment of her residential area is well-matched to her desire for inter-household mutually supportive relations. Reflecting on her regret that she was unable to raise her offspring in her home-town, Sarah noted that she has come to like Wellington “because I’ve made friends here.” From within her home she pointed to nearby houses where the occupants are known to her through various community groups:

I’ve got someone across the road,  
someone across there,  
someone across there,  
someone down there, [pointing in different directions]  
and that’s just in my street.

CH: And it’s a busy, busy street, and yet you’ve got all these great connections.  
It just sucks that I can’t be comfortable enough to go “Yeah, Alex, off you go! Go play over at the school.”

Sarah’s connections with nearby others, which include providing meals when people are sick or when babies are born, illustrate an approach to neighbourly relations that encompasses more than conviviality. However, it was her acknowledged “paranoid” behaviours that most clearly illustrated Sarah’s perception that where she lives as “not good.”

Talking about her plan to buy “a house of our own”, Sarah listed the attributes she sought. She talked extensively of elements relating to quality
of life for her off-spring, which she encapsulated through themes of safety and comfort. Being sufficiently safe to permit a degree of independence was highly important: “Somewhere safe to ride [a] bike,” and to be able to move between destinations such as home, school, a local dairy, and park without supervision. Here Sarah describes elements of convenience that she perceives to be important to her household, in line with attributes of neighbourhoods described by other participants in the previous chapter, as they reflected upon their residential areas. For Sarah, comfort is envisaged to arise through having personal and personalised space, such as a bedroom that can be decorated to personal taste and thought of as one’s own, and the presence of pleasant companions living nearby, again echoing the desire for conviviality discussed in the previous chapter. With safety and comfort fully articulated, Sarah moved on to elements of the property, including a yard big enough for children to play, and for a vegetable garden.

Sarah’s descriptive list closely corresponds with the idea of ‘at-homeness’ espoused by Seamon (1979) and drawn upon by Oldenburg (1999). It includes the conditions for establishing neighbourly relations according to Grannis (2009). She is intent upon providing a home environment where her off-spring can feel ‘at home’ in the way described by Antonsich (2010), drawing upon hooks (2009). Further, the home Sarah envisages is located within a residential area that includes public spaces which enable children to independently mingle and roam: the prerequisite condition for the development of neighbourly relations.

Sarah’s narrative suggests the traumatic experience that prompted her to move to Wellington continues to influence how she responds to her residential area. Despite her “paranoid” behaviour towards unknown others within her residential area, which is not where the trauma occurred, Sarah clearly articulates her desire to reproduce the neighbourhood of her childhood to enable her offspring to grow up in the kind of environment
she recalls so warmly. Her story includes a sense of romanticised pining: a deep desire to recapture something perceived to be lost.

**Weaker → Weaker**

There are two participants whose life-stories suggest a weak sense of belonging in their childhood neighbourhood as well as nowadays. These two women differed in some ways and were similar in others.

- One woman seemed content with her present residential area;
- one was at risk of obesity-related disease;
- they are in different age cohorts;
- one has a university degree;
- they are both mothers, although just one has dependents living in her household;
- both have lived abroad, one for most of her life and the other for just a few years, as a young adult, and
- both talked of strained relationships with their parents.

Both women told of living in places where they have felt ‘at home’ in their neighbourhood at some point during the lifecourse. However, this was not their experience at the time I met them, and for both women this experience was a relatively brief period in their life-story. Their life-stories illustrate how some people react to the experience of neighbourhood belonging when such an experience has previously been elusive.

**Joanne**

Joanne was introduced in the previous chapter through an extract where she compared her childhood to that of her own offspring. She noted that she

![Figure 16: Joanne's trajectory of belongingness](image)
seldom had friends to play at her childhood home and she seldom visited their homes, in contrast to the high social focus of the lives of her offspring. Also, Joanne’s story about wearing the same dress as her younger sister to a school prize-giving was used in the Methodology chapter to illustrate aspects of an analytic technique.

Joanne reflected on her childhood household in relation to nearby households. Her household, located far from New Zealand, was “quite poor … but sufficient” whilst others “had a bit more cash … [the children] were quite spoilt in comparison to what we had.” She created the impression that where she grew up was not important to her as a site for social relations. She recalled that she did not play with children who lived nearby, and unlike most other participants she made no reference to playing outdoors. Her evaluative comments suggest a sense of separation from nearby households, which she attributes to differences in financial security rather than to differences in parental preferences and practices.

At her first opportunity, at age 18, Joanne left home: “My dad was so strict! … I moved out as soon as I finished school and started working so I could get my own place.” Joanne’s goal was to accumulate “an equity-base” and when she formed an enduring relationship with a like-minded person, they worked together on this shared goal by utilising the benefits available through their employment conditions to “step up the ladder”.

I just wanted to have a life better than what I had previously, you know?
...
We built up quite a good equity base. ...
We always managed to buy low and sell a little bit higher ...
So we sort of stepped up the ladder like that.
And because [employers] were transferring us all the time, they gave us good rates and paid our attorney’s fees and transfer fees and things like that.
So it worked out well for us.
After twenty years of regularly transferring from place to place within the country of her birth, Joanne, her partner, and their offspring migrated to New Zealand. Within a few months Joanne was drawn into a network of neighbourly relations, seemingly for the first time. Having bought a property in a suburb that is home to many recent immigrants, Joanne recalls being warmly welcomed by the community, some of whom had been in New Zealand for several years and who took an active role in helping new families to settle. Recalling this time, Joanne talked enthusiastically about practices that fit with Grannis’ fourth stage of neighbouring, characterised by mutual trust (Grannis, 2009). For example, Joanne described a child-minding exchange that enabled the adults of each household to have regular evenings to themselves. Joanne’s account of such neighbourliness suggests this was a new experience for her and for her household. She joyfully recalled an occasion when a big fishing catch was shared around the neighbours. All the children walked to and from school together: a situation that was unimaginable for Joanne as a child or for her offspring prior to arriving in New Zealand. Joanne talked of her pleasure in the natural features of the area, such as the beaches and a nearby nature reserve.

Her joy was disrupted just six months after arriving in New Zealand when the household relocated to Wellington for work. Her narrative suggests this relocation was a set-back for Joanne. Without the support of others who had shared the experience of recent migration, Joanne did not come to see her Wellington residential area as a social setting:

_I just haven’t made the effort._
_I don’t think it’s New Zealanders that have not accepted us; I think it’s us that have kept to ourselves._

Her narrative suggests that the ‘effort’ needed to develop a network of neighbourly relations is not work that Joanne has learned to initiate. In
childhood she experienced no neighbourly engagement, and nor was this role-modelled from within her household. Through her younger adulthood, prior to moving to New Zealand, she was highly mobile across a vast territory. Her recollections of that chapter of her life focused upon the processes of moving between places, rather than living in places. More recently, her story is clear about the household being drawn into an existing network in the residential area where they first settled upon arriving in New Zealand. But at the present time, the choice of Joanne and her partner to ‘keep to themselves’ is a direct contrast to the choice to make the effort to initiate or engage in neighbourly relations.

Nevertheless, at our first interview Joanne described the area where she was living as “fantastic”. In the following extract she emphasises the convenience of local facilities as she builds layer upon layer to her argument in support of the place where she lives. Her list, which is emphasised with the repeated use of ‘and’, mostly (but not entirely) talks of convenience for her children:

_The kids are very happy here. ..._  
_We go to [the local] park,_  
_and we use the library_  
_and [partner] plays [sport] down the road,_  
_and I go to the library all the time,_  
_and the kids go there sometimes after school,_  
_and they have their [extracurricular] lessons in [the area]_  
_so everything is catered for them here. ..._  
_They are able to organise to get to their activities on their own, because everything’s in the area,_  
_so I don’t have to rush home to take them. ..._  
_I’d just stress that we actually like this neighbourhood that we’re staying in,_  
_and um,_  
_if we had to buy,_  
_or do something,_  
_we’d buy around here,_  
_even though it hasn’t got sea views and stuff like that._  
_I think the other benefits outweigh, um, those things._  
_It’s just the convenience._
On the other hand, living in Wellington had also been disappointing: commitments by employees are not always reciprocated by employers. Frustrated with her job, and with her partner having been made redundant, Joanne took action in the days after we first met. About ten days later, when we met for the second time, Joanne revealed that she had resigned her job, protesting her personal frustration with a work ethic that was no longer fulfilling:

I’ve got a little secret to tell you [laughing].
I’ve actually resigned!
I thought “Why am I doing this?”
You know?
“Do I really need to work all the time?” …
I’ve got all this money that I’ve saved over the years
and I know it’s in investments and one day you need money when you get old,
but sometimes you have to live life in the present and you’ve just got to
[trails off].
Yes!

Joanne’s resignation dramatically changed her household situation. With both her partner and herself unemployed, there was scope to re-evaluate their tenure in Wellington, promoting the possibility of returning to the home they own in the suburb they lived upon arriving in New Zealand. While the earlier extract describing the benefits of the Wellington residential location focused mostly on the needs of her children, Joanne’s emphasis in the following extract is from the second interview and it refers to her preferences for herself. The Wellington house is “not ideal” for entertaining, and its location compares unfavourably:
In this extract Joanne emphasises the character of her previous neighbourhood through the repeated descriptor ‘nice’. Her repetition reinforces an impression of a preference for a neighbourhood that provides pleasantness through a complex alignment of the natural and built environments. Joanne’s household use the natural environment, such as the bay, beaches, and a nature reserve as a backdrop for relaxed familial social engagement, such as at the café, the picnic site, or on the patio. In her illustration Joanne includes physical activities (walking and swimming) and social engagement in public places where chance encounters with others may occur, as household members frequent conveniently located sites such as the café and picnic site.

Notably, when reflecting on her present residential area, Joanne includes no such complexity. Instead, access to facilities that suit the needs of her children is elevated over any desire for a pleasant natural environment conducive to sociality: “the other benefits outweigh those things.” In determining Joanne’s sense of neighbourhood belonging, the first extract suggests a degree of household belonging in the Wellington neighbourhood but not a personal sense of neighbourhood belonging. The second extract, from a subsequent interview, supports the view that Joanne’s personal sense of belonging is weaker in the Wellington neighbourhood where she resided as a study participant.

We use to walk all along the bays and stop for coffee and walk all along the way back.
So I just remember it as a nice, nice time.
We use to go down the beach for picnics in the evening with the kids and swim. ...
I just remember it as a nice, relaxed sort of thing.
You use to be able to sit on the patio and have drinks. And we were backing on to like a reserve; trees and stuff, that was really nice, you know?
So it was private.
Conclusion

The starting point for this chapter was to connect the two points in time established in the previous chapter, enabling an analysis of the multiple lifecourse trajectories forged beyond childhood by individual participants. While each life-story was different there were five variations that captured commonalities across the stories.

My analysis of participant narratives suggests that those who grew up with a stronger sense of neighbourhood belonging have drawn upon that experience as they have attempted to establish and maintain a sense of neighbourhood belonging in the various places they have subsequently lived. This was apparent in Tracy’s story, through her conscious and strategic approach to fitting in to her new residential area. She expected to build a network of nearby others who were at a similar life stage. It was also clear from Pat’s story, where she selected a residential area similar to that of her childhood, with other young families and a range of facilities appropriate to her household needs. Sarah’s hopes for home-ownership also illustrated her desire to replicate her childhood neighbourhood experiences. She has a clear vision of what it is she wants in a residential area in order to experience the desired feeling of belonging.

On the other hand, women who grew up feeling that they did not ‘fit in’, such as Joanne and Michelle, have tactically attempted to improve their circumstances in various ways. However, their attempts have not always resulted in the experience of a sense of neighbourhood belonging. Joanne’s life-story suggests she is poorly prepared for the ‘effort’ necessary to approach the work of forming a network of the sort that was central to her brief experience of a sense of neighbourhood belonging. This is a circumstance that Joanne shares with the other participant whose life-story trajectory runs a similar course. Joanne has concentrated considerable
attention throughout adulthood to the project of having a “better life” through material gain. The experience of buying a home in a residential area with well-established practices of neighbourly networking amongst nearby residents with similar backgrounds has highlighted further ways of living a “better life”. The “equity base” she sought and attained has helped, but it does not fully satisfy her present understanding of what is necessary and what is desirable for living a “better life”.

Similarly, Michelle’s story shows of learning alternate ways to manage her longing to belong, after a series of dramatic and traumatic events caused her to realise she had trusted inappropriately in her desire for belonging. Her tactical strategy had worked well as a child, in situations where she lived only briefly, but were poorly suited to adulthood. Michelle’s efforts to work toward a better life were based on perceived absences from her childhood experiences, and her attempts demonstrated that the comparatively weak starting point provided an uncertain grounding upon which to build, despite having observed alternatives that were perceived to be working. Attempts to include more of that which is considered better and less of that which is least valued reflects implicit interpretations that one’s childhood experiences were lessons of how not to practice, rather than practices prompting replication. This prerogative is shared by the other two participants whose life-story trajectory is similar to that of Michelle.

Considered across all 16 cases, those who had a weaker sense of neighbourhood belonging in childhood seem to have greater difficulty in establishing a sense of neighbourhood belonging in the places they have lived subsequently than do those who had a stronger childhood experience of neighbourhood belonging. Further, participants with a stronger starting point suggest through their narratives that they can overcome circumstances of poor belongingness more quickly and thoroughly than do
those whose belongingness trajectory emerges through a weaker sense of neighbourhood belonging in childhood. For example, Pat described conscious attempts (albeit unsuccessful) to create social relations beyond her household even while she remained in the midst of her troubled circumstances and despite it being so terribly difficult to “reach out” for help. Her story goes on to describe more successful attempts to establish a sense of neighbourhood belonging very quickly after her circumstances changed. By comparison, Michelle described three years of feeling “miserable” in her altered circumstances before she reached a “turning point”. Such stories suggest that there is an enduring influence from skills attained through the embodied experience of neighbourhood in childhood.

In contrast, the narratives collectively and comparatively suggest that the absence of neighbourhood belonging brings about reduced efficacy. Most strikingly, life-stories where the trajectory of belongingness commences at a ‘weaker’ starting point indicate a tendency either to distrust or to trust inappropriately. The tendency to distrust was a barrier to forming neighbourly networks, whilst the tendency to trust inappropriately resulted in lengthy periods – years – of reduced mental wellbeing for participants whose trust was abused. The language used by Michelle illustrated this effect. She felt “destroyed”, “humiliated”, and “miserable”; and it was three years before she reached “a turning point” allowing her to “collect’ myself”.

The work of this chapter and the previous chapter is now put aside as I turn my analytic interest to the matter of everyday practices related to health and wellbeing. The following two chapters consider health habits concerning active living and then food, each at two points in the life journey: childhood and nowadays. Subsequently, I return my attention to belongingness to draw together my findings from all four chapters reporting my analysis.
Chapter 6: Talking About Active Living

Taken-for-granted aspects of everyday life can have implications for health and wellbeing. I focused on two domains of everyday life as a means for exploring participants’ attentiveness to personal health and wellbeing: active living, which is the subject of this chapter, and food, which is the subject of the following chapter. I was interested in participants’ practices towards active living and food, and also the perceptions and preferences that guide those practices. Influenced by Bourdieu (1979/2000), I considered that understanding the perceptions and preferences that guide practice would better enable me to recognise why some people are more attentive than others to their health and wellbeing.

There are dual benefits to my thesis in this focus on everyday practices toward active living and food. Firstly, these provide an indication of personal attention to health and wellbeing that is grounded in the research data. The narratives I gathered included an abundance of perceptions and preferences that are understood to guide practice (Bourdieu, 1979/2000). A second benefit is that these domains of everyday life can be considered in relation to place, clarifying if and how personal approaches to these everyday matters are influenced by one’s residential area.

The present chapter focuses on the active living aspect of everyday practices. I begin with the findings from my cross-case thematic analysis of recalled active living practices and perceptions from childhood, and then I move the focus to participant reflections on active living in the present. A cross-case analysis of the childhood recollections shows the residential area to be a principal setting for physically active play, which participants describe as being very important to their social development. On the other hand, reflections from nowadays highlight perceived mental health benefits
to be guiding the active living practices of many participants. I then step back from the cross-sectional approach to take a case-centred look at the life-stories to see if and how childhood experiences of active living appear to matter to preferences, perceptions, and practices nowadays. I consider how each participant talked about everyday active living, taking into account her talk of practices, such as regularity and intensity, and also her preferences and perceptions.

Active Living in Childhood

Many participants’ recollections of active living in childhood are dominated by stories of informal active recreation in the residential area and to a lesser extent, formal, structured activities generally through schools or clubs. Such narratives suggest a tacit understanding that childhood experiences of active living practices were enabled and fostered by adults. At the time, adults sometimes seemed to be uninvolved or irrelevant whilst in other situations adult support was obvious. In contrast, other recollections describe activity that is work rather than pleasure, and adults who created barriers to particular active living practices.

Informal Active Living.

The residential area was important to the childhood of most participants because it was the setting for most of their play, and play was the form of physical activity that arose most often in their recollections. Participant recollections suggest that important social skills were learned through informal neighbourhood-based play. They describe the neighbourhood as the place where they and their peers developed the skills necessary to get along with people outside of one’s own household, and beyond supervised situations such as the classroom or organised forms of recreation. Participants recalled being “put out the door”, “hanging out”, and expected to “make their own fun”, describing a play environment
where nearby adults were available if required but were not providing direct supervision. Through such a play environment, participants learned how to independently engage in neighbouring and neighbourliness within the neighbourhood, learning the ‘rules’ or normative guidelines of the neighbourhood as a “theatre of social action” in the Bourdieusian sense (Maton, 2008). Further, some participants suggest the development of reciprocity through their recollections that in their neighbourhoods adults expected older children to “keep an eye” on younger children.

Most (but not all) participants experienced everyday active living in their childhood, especially their middle childhood, through informal outdoor physically active play with siblings and other children who lived nearby. Participants talked about a geographical area or ‘block’ which formed an inner sanctum, or home turf, without prohibiting exploration beyond that loosely-defined territory. Those who experienced this phenomenon recalled an engagement with their locality through both social and natural environments, which arose through play conditions of loose surveillance rather than close supervision. Recollections of neighbourhood as play space were heavily detailed, often including fingertip sketches of the area, in the air or on a table-top, spatially locating nearby places of significance in relation to home. Such ‘maps’ often included the homes of relatives and friends, especially ‘best friends’; parks and waterways; bus stops; schools; ice-cream stores; places without surveillance; out-of-bounds areas; and the sites of specific events such as falling off bicycles, hopscotch grids with disputed ‘ownership’, superior tree-climbing sites, and battle grounds for forbidden conker wars. Such sites have a particular relevance to childhood recollections yet were rarely present in the reflective talk about the adult relationship with neighbourhood.

36 By ‘middle childhood’ I refer to the period beyond pre-school, through to the onset of puberty.
Neighbourhood-based play provided for the development of physical competencies that were appropriate and normative to the particular location. Several participants recalled that where they lived “everyone knew” how to perform the core activities that were standard for that particular location. In some, “everyone knew” how to ice-skate and build snow caves. In others, swimming, rowing, and sailing were ordinary physical competencies. Developing a good aim and a strong throw were necessary skills for hopscotch and conker wars. As Barbara recalled “you couldn’t not know how to do those things.” These physical competencies accompanied the social competencies developed through the processes of “making our own fun” amidst a group of peers living nearby.

For most of the participants whose childhood recollections of being physically active were focused on play, the activity most frequently spoken of was riding bicycles. Bicycles were the mode of transport of choice for departing the neighbourhood. Destinations reached by bicycle were beyond surveillance by adults known to the children of the neighbourhood. Deb recalls bike rides “roaming out into the country”, Nancy describes cycling BMX-style, down steep ravines, long before off-road cycling was dreamt of as a recreational pursuit; and Amy and her siblings had frequent cycling adventures, riding their bikes to “God knows where!”

These recollections of neighbourhood-based play as childhood active living practice suggest the residential setting plays an important role, not only as a setting for active living but also as a setting for social development.

**Structured Active Living.**

Two further sites for physical activity in childhood that arose in the narratives were school and sports clubs. While school-based sport was available to all, people recall varying perceptions about the opportunity to participate, with both positive and negative experiences being described.
Participating in club sports was not an opportunity available to everyone: membership brought with it additional responsibilities and obligations, especially for parents.

**School sport: “egg and spoon” or “great fun”?**

School provided a welcome opportunity for participation in the absence of extracurricular sports possibilities for some participants such as Jenny, Joanne, and Michelle. Jenny and her siblings “weren’t able to do a lot of sports because we had to work.” However, “every time I had the opportunity to play sports, I would always grab it with both arms, because, like, I just loved being active.” She recalls as “great fun” an inter-school sports tournament when she was billeted with a host family overnight. Jenny was injured during a game and there was a great show of camaraderie by her teammates, which was an extraordinary experience for her. The feeling of being part of a team provided Jenny a brief sense of belonging to something outside of her family. Her vivid recollection of the event some twenty years later suggests this experience was important to her realisation, as a pre-adolescent, that her household lifestyle contrasted considerably to the lifestyle of many of her peers.

While Jenny recalls occasions of having “great fun” through school sport, this was not the case for Eva who resented compulsory participation:

> *We were forced to play.*
> *I went to a small school when we lived in [place], and, um, ah, yeah*
> *we were made to play netball, like it was compulsory: we had to play it for the bigger school.*
> *We had to go and play.*
> *And I hated that!*

Eva emphasised the grounds for her resentment of school sport through five statements that build toward her evaluation: “forced”; “made to”; “compulsory”; “had to play”; “had to go and play”. The evaluative element of her story seems inevitable: “I hated it!” The emotional reaction is made
acceptable through her repeated presentation of the complicating element: she had no choice. This contrasts markedly with Jenny’s experience, where school is interpreted as an “opportunity to play sports” (emphasis added). Where Eva “hated it” Jenny “loved being physically active.” Adding to the contrast, Eva’s home life was filled with opportunities for physically active informal play, whilst Jenny’s recollections of childhood are dominated by a consistent denial of opportunities for informal, unsupervised play. Whilst Eva’s household valued free-play and creative imagining, Jenny’s did not. Conversely, structure and competition could be tolerated (but not actually encouraged) in Jenny’s household, but Eva perceived such structure as the denial of choice. Such perceptions and preferences continue to be apparent in the active living choices of Jenny and Eva nowadays.

“We were all ‘sporty’ kids.”

In addition to school as a site for organised sports opportunities, some participants took part in extra-curricular sport. Such participation was always dependent upon parental support, firstly through the ability and preparedness to pay, and sometimes also through active parental engagement such as transportation, coaching or administration.

Karen, Tracy, Nancy and Pamela were each highly accomplished at multiple sporting codes throughout their school years, winning competitions and trophies, becoming team and House captains, and achieving representative honours. Three of these women recall their participation being extensively enabled by practical parental support such as with transport. For some, their parents were involved beyond facilitating transportation, being actively involved in coaching or administration, and this is also reflected in the comments of participants with less engagement with organised sport. Having parental involvement in their sporting activities is meaningful for its enabling of and support for participation, and also for the sense of inter-generational camaraderie that is fostered. Parental
involvement is also an important means of transmission of lifestyle values, aligned with the findings of Quarmby and Dagkas (2010). For example, Tracy was playing competitive hockey from age five, with both parents involved in the club. She learned the basics as a pre-schooler, running around on the farm with her siblings, “newspaper down the front of our socks for shin pads; and sawn-off hockey sticks from in the shed” spurred on by their hockey-playing father. She called on his voice to demonstrate his encouragement: “Get in there!” Tracy creates an impression of sports participation being a positive, joyful, family affair. For other participants, however, structured active living was not recreational: it was work.

Work, Not Play

In the recollections of some participants there is an absence of talk about play in public spaces with other children from nearby households. Instead, the family unit is the central focus, sometimes positively and sometimes negatively. For women who grew up feeling ‘at home’ within their own homes, the absence of neighbourly relations was neither then nor now considered a problem. For example, Karen was encouraged and supported in many extra-curricular activities that provided her with physical competencies despite being prevented from interacting with children living nearby. But an absence of recreational activity was a problem for participants who grew up in households where they recalled that play was perceived to be wasted time, fun was mischief, or children were expected to work. When household expectations contrast considerably with the normative guidelines of the residential area, as it did for Sue and Jenny, there is a disparity between what is experienced at home, what is perceived of nearby households, and that which is observed more generally through experiences at school. For example, in Chapter 4 I showed the difficulty Jenny experienced in sustaining friendships, which she directly attributed to familial expectations that she work rather than “hang out”
with her friends after school. Whilst Karen was encouraged and enabled by her parents to have interests and hobbies that fostered physical competencies and a sense of joy in the body and its capabilities, this was not the experience of either Jenny or Sue. In their childhood experiences, the body was for work and punishment rather than joy and pleasure.

Physical labour, however, is an active living practice, and so the work described by Jenny and Sue suggests an everyday practice of active living. What is absent from the recollections of Jenny and Sue is the social development that accompanied the active living practices of other participants who principally used their neighbourhood as a place for play.

In summary, the adults of the neighbourhood and especially the household were integral to the childhood experience of the neighbourhood active living domain. Whilst informal play and school-based sport evoked narratives about peer relations, participants tacitly acknowledged the role of nearby adults as enablers of their practices. Meanwhile, the stories about competitive extra-curricular sports participation focused more on household inter-generational relations, where participants were overtly enabled by their parents. Parents often took social roles beyond that of ‘parent’ in support of their child’s recreational active living practices. Participants recognise this role modelling by their parents as an important influence on the perceptions and preferences that subsequently guided their practices for active living. The adults of the household \(^{37}\) were also key to the absence of childhood recreational active living. By allocating onerous duties contributing to the household prosperity, adults were perceived by children to prevent recreation and leisure opportunities for active living. These children did not get the time and resources for sport and play activities that were a major feature of most recollections.

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\(^{37}\) As children, some participants lived in households alongside adults who were not their parents.
Active Living Nowadays

All but three participants described a regular walking practice and, interestingly, each spoke of either walking for transport or walking for recreation, but not both. As an active living practice, walking typically has three forms: as a means of transport, for recreation, and walking whilst working (Sallis et al., 2006). It is notable that ‘walking whilst working’ did not arise within the narratives, despite half of the participants having occupations that are more active than sedentary. This absence suggests that on-the-job physical activity may be understood differently to activities carried out or avoided with one’s health in mind. A second means of being physically active arising in the life-stories was gym membership, and the women who belong to gyms articulated varied and novel motivations for doing so. However, participants also described barriers to adopting or maintaining everyday active living practices. They have a rather ironic common characteristic: they live with dependents. As the adults of the household, they invest considerable effort to ensure their dependents have the time and resources to be physically active, seemingly at the cost of their own opportunities for physical activity.

Walking

Amongst the seven participants who have an everyday practice of active commuting, six walk and one runs. All seven complete a one-way journey to work within 40 minutes. Just one of these women owns a motor vehicle. While those without motor vehicle access did not overtly claim this to be a philosophical choice, nor did any express a desire to own or have greater access to a private motor vehicle. Amy does not own a motor vehicle, and she attributed the absence of a car with a positive consequence:
she does more walking than most people.

But I don’t have a car, so I do reas [truncated]
I probably do more walking than most people anyway,
just, you know,
walking to the supermarket or to the bus stop or that kind of thing.

Like the other six participants who practice active transport, Amy lives in a residential area that she perceives to enable a lifestyle that is not dependent upon vehicular access. Amy and others talk of having “everything you need” within a personally judged walking distance from home. This distance varied by participant, from several hundred metres to over a kilometre. Participants with a preference for and practice of active transport almost always mentioned a bus service that provides a back-up when necessary – such as “when the weather is foul” as Michelle put it. Coupled with this met desire for a practice of active transport, the narratives of these women include evaluative descriptions of the “brilliant” and “convenient” neighbourhoods in which they live. Together, these contribute to the impression that these participants did not come to live in their present residential areas by chance. Rather, they selected residential areas that supported their preferences and enabled their practices. Particularly amongst those who are active commuters, conveniently located facilities and services suited to their needs contributed to their sense of neighbourhood belonging.

These participants all talked about where they live in very positive terms, covering social aspects as well as access to desired services and facilities, regardless of area deprivation. Amy’s neighbourhood is categorised as relatively deprived compared to Tracy’s, but is nevertheless described as “Brilliant! … [It has] everything you need; it’s a great suburb! … I know most people in the surrounding streets.” Similarly, Tracy claims her neighbourhood to be “Great! I love it! … It’s just got good local
community and amenities.” And Nancy’s suburb, which again is relatively deprived, is “the best-kept secret [in Wellington]... such a good location ... it has lots of good things about it ... [including] quite a diverse group of people.” These women are physically present in their residential areas through their everyday practices of active transport. This practice provides subtle opportunities for encountering fellow residents as one travels into, out of, and also within the area.

On the other hand, participants described recreational walking practices that often occurred away from the residential area, creating fewer opportunities for chance encounters with others living nearby, as was the situation for participants who walk between home and their workplace. Further, participant accounts of recreational walking suggest this form of walking was seldom practiced alone, whereas none of the active commuting participants described commuting with a companion.

The six participants who were recreational walkers frequently walked in places that provided an engagement with the natural environment. They told of walks taken for the purpose of reaching a summit offering a sought-after view, of beach-combing, scrambling over rocky shoreline outcrops, and traversing the hilltops along the walking tracks within the Town Belt – an expanse of Council Reserve that fringes the city. There were also descriptions of comparatively sedate walks such as in the Wellington Botanic Gardens and other parks with more structured, planned landscapes. Although most participants lived near to at least one such site, recreational walkers talked of using a variety of routes, whereas active transport users more frequently described a fixed or regular route. Amongst the participants, the choice of route for recreational walking often depended on the weather conditions, how long they planned to walk, who is accompanying them – ‘walking and talking’, or anything else they might have planned in conjunction with their walk – such as stopping for coffee.
Practices such as ‘walking and talking’ and incorporating a café visit illustrate a layer of complexity to understanding the perceived purpose of recreational walking. In such circumstances it is not clear which practice is prioritised: if there was no one to walk with or to meet at the café, would the walk still occur? This is a question I asked myself in hindsight, but did not raise with participants.

Recreational dog walking, however, introduced opportunities for chance encounters with people living nearby. Most participants who own or have owned dogs told of “getting to know” other dog-owners in the area whilst out dog-walking. Their descriptions suggest this level of ‘knowing’ amounts to recognition and congeniality rather than developing relationships of trust and reciprocity. For example, as Karen told how fellow-dog-walkers “chat”, she described the characteristics of the dogs but there was an absence of any description of a personal connection beyond dog-walking with the people to whom she chatted. Nonetheless, the conviviality accorded through visual recognition coupled with a shared interest in dogs was drawn upon within Karen’s narrative and others as an example demonstrating the pleasantness of the neighbourhood.

Interestingly, the narratives of all four dog-walking participants include self-descriptions that suggest personal shyness and a preference for privacy or keeping to oneself. As dog-walkers, however, these participants are enticed into their residential areas, with their dogs seemingly acting as enablers of a reserved but nonetheless efficacious form of neighbourly social connection.

The experiences described by my dog-walking participants support the findings of other researchers, who have found dog-walking to be

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38 Dog ownership does not equate with having a dog-walking practice. One dog-owning participant made no mention of walking her dog, and talked of the dog “taking himself for walks”. Another spoke of her reluctance to walk her dog, which required her to “make an effort” to go for a walk.

**Why go to the gym?**

Four women talked about belonging to a gym as a means of consciously engaging in health-promoting physical activity. However, benefits other than a perception of increased fitness were apparent.

Amy recently cancelled her gym membership in order to take advantage of new workplace facilities with favoured classes, subsidised prices, and a convenient timetable that suited the shift-work nature of her work. This choice relocated Amy’s practice away from her residential area, reducing opportunities for mixing with fellow residents. On the other hand, exercising at her workplace introduced new opportunities for forming relationships with fellow colleagues in an environment beyond the actual workplace.

Developing a regular practice of exercising for the benefit of her health was a long-term project for Pat. She joined a gym near to her home when she turned 50, but her membership lapsed when “life got in the way.” As she approached 60 she began a list of “thing’s I’m going to do when I retire”, and developing an exercise habit was on her list. Having now established a routine of three gym sessions each week, Pat talks about the gym as a site in which she feels comfortable. For example, she had recently “had a go at Zumba, but found it a bit hard on the back!”

For another participant, Karen, gym membership was a major conduit to social contact that is not mediated by circumstances of affluence, as she makes clear:
She makes a point of not exercising at the gym closest to home, preferring a membership further afield. She attends every day, mixing anonymously with people “from all walks of life.” While Karen’s life-story tells of a preference for enjoying the companionship of others rather than seeking intimate friendships, she was nevertheless encouraged by “friends at the gym” to try a new form of active recreation. She took up distance running even though she “isn’t a runner,” and at home “they laughed at me.” Karen concluded that story with an assertion that illustrates the value of her practice to her mental wellbeing: “I did it [completed a half-marathon], and that’s all that matters!”

Karen’s story about the gym was somewhat different to the others. Her gym membership has a complexity beyond a desire for being physically active. Karen’s talk about the gym suggests this is a place in which she feels a considerable sense of belonging. Her emphasis on anonymity hints at experiences where ‘who she is’ matters to others in ways that are unwelcomed. Karen seeks and receives a degree of companionship and camaraderie through her daily gym attendance, providing her with a personally agreeable degree of ‘at-homeness’ in the physical environment of the gym and amongst gym members. She is accepted as ‘Karen, who enjoys coming to the gym’, without the complicating layers of other aspects of her life, and she is at-ease, being encouraged and feeling enabled to take on new challenges.

**Health and Wellbeing**
Active living practices are often promoted as physically beneficial, but the narratives provided an insight to how participants have enacted particular practices with mental wellbeing in mind. Walking routes that
involve exposure to elements of the natural physical environment (rather than the weather for example) were described by participants as enhancing their wellbeing through perceptions of restoration and revival. Settings included the harbour, beaches, and bush-clad reserves that are dominant features of the Wellington landscape and seascape. In Chapter 5 I showed how Michelle drew upon her everyday practice of commuting between home and work to illustrate her improved state of mind:

\[I \text{ walk down the waterfront to work.}\]
\[I \text{ look out to the sea and go}\]
\[‘Crikey! Where would I rather be?’\]

Another participant, Pamela, is an everyday recreational walker. She specifically sought and purchased a home by the sea, and takes frequent long walks around the coastline. Describing her practice, she told me: “I love the sea. I love being on the edge of the earth.” She also seeks out encounters with the sea during her workday: “Most lunch-times, I go straight down to the water and walk along the beach. It just revives me! I love it!” Her love of the sea, she suggests, is due to the reviving qualities she perceives herself to experience from being at the seaside. Further, her life-story suggests this emotional connection to be anchored in her childhood experiences of the seashore as a vacation setting. Pamela’s description connects strongly with the ‘restorative’ element of ‘at homeness’ described by Seamon (1979). Her conscious selection of a residential area beside the sea suggests Pamela is motivated by preferences and perceptions which guide a deeply desired practice that she interprets as restorative. Her residential area is deeply influential upon her active living practice, and was consciously selected in support of that practice.

Eva is also an avid walker, using active transport within her extensive fitness regime. Her evaluative reflections of her practice of walking to and from work suggest she also recognises her practice is not
simply about being physically active or getting from place to place: “It’s so nice to debrief at the end of the day with a walk; so nice to start your day with a walk.” Just as Pamela feels revived by her walks, Eva’s day is more pleasant because of her walking practice, and her walk homeward is especially useful for contextualising the happenings of her workday. The mental wellbeing benefits that participants such as Eva, Michelle and Pamela suggest to arise from their practices are supported by research that has found exercising in natural settings to be beneficial for mood and self-esteem (Barton & Pretty, 2010; Mitchell, R., 2012; Völker & Kistemann, 2011).

While the talk of Eva, Michelle and Pamela indicates their walking is at least in part prompted by mental health benefits, Nancy’s talk was different. She did not talk about walking with the joy and enthusiasm of Michelle, whose walks along the waterfront illustrate her declaration that things are “pretty good” in her present neighbourhood, or of Eva, who declares “I rate it!” In contrast, incorporating walking into her routine is a cognitive as well as physical effort for Nancy:

You’ve got to get up and go.
And, and, it’s you that’s doing it.
You’ve got to put it into your routine.
You’ve got to [...] keep it going! [Emphasis as verbally delivered.]

A further contrast between Nancy’s walking practice and that of others was how Nancy decided to walk or to use a bus. While Nancy walks “if it’s nice weather,” Michelle’s weather caveat tells of resorting to a bus “in a howling gale.” While other active commuters included a sense of joy and pleasure in their descriptions, this was absent from Nancy’s talk, which focused on weight management. Nancy’s weight began to increase several years ago, which she attributed to becoming “middle aged; [and] having
Nancy’s approach to active transport, whilst being quite different to that of participants such as Michelle and Eva in terms of mental health and physical health benefits, appears to meet her perceived need.

**Barriers to Active Living**

Fatigue is the barrier to active living that arose most frequently in the narratives. In all four instances these participants were mothers of dependent children. Just one participant who cares for young children did not introduce fatigue when talking about her physical activity practices, and her responsibilities are limited to afterschool care several days each week. Those who are mothers of young children described their fatigue through talk of feeling “shattered”, of “struggling”, being “exhausted” or “worn out”, they are “stressed” and need to be able to “relax”. Both Sarah and Deb are responsible for pre-schoolers, and each attributed their fatigue to the constant demands of their caregiving roles, coupled with wage-earning responsibilities. Although the day-to-day care of pre-schoolers is physically demanding, neither woman introduced this form of physical activity into the discussion. Fatigue inhibits Sarah’s preferred active living practices and extends to self-care more generally. The first time we met Sarah talked of planning to visit her doctor as she was having difficulty adhering to the care plan devised to manage a chronic health condition, but two weeks later she had not activated her plan: “I just haven’t had any time to even sit down! … By 5 o’clock I’m [slumps over as if exhausted]. I am! I’m like [slumps again] [laughing] … because I’m shattered!”
Deb is one of three participants who described how her fatigue is further complicated by a very challenging local terrain. When she is already feeling exhausted, the idea that she will feel restored by a walk is counter-intuitive:

*I mean, I really love, like, walking. Um,*
*but I have to admit, up and down the hill here: I’d rather take the car*
*Yeah, that’s [...] [trails off] Yeah.*
*Especially like [...] you’re pushing the pram! ...*
*I’ll take the car! [laughing] and then walk!*
*Take the car down to the flat, and then walk!*

Several years ago, Deb was regularly dog-walking within and beyond her residential area and reflects: “I’ve never been particularly fit, but I would have been at my fittest when we had the dogs.” Dog ownership provided Deb the impetus to engage in more physical activity than she was accustomed to: “you don’t have a choice”; and there is a strong indication of personal pleasure found in “gorgeous places” that is supplementary to the necessary practice of walking the dogs:

*You know, dogs: you don’t have a choice: you’ve got to get up and walk them.*

CH: *Yeah, you’ve got to walk them.*

*And we were quite conscientious about that.*
*We would walk them morning and night: one of us, either of us; or both of us.*
*And at the weekends I would quite often take them out and just walk for miles with them.*

CH: *There’s some nice walking places around here aren’t there?*

*There are some gorgeous places. You can go all the way up, around the hills.*

But in their first year of parenthood, Deb and her partner found themselves to be struggling: “Really struggling, um, in terms of, you know, being able to look after [the dogs] properly and having a small child. And so we just had to make a really hard decision.” The dogs were re-homed,
and Deb’s habit of daily walking ceased. Her story is particularly interesting for its demonstration of a temporal progression as her roles alter. She begins her story as a “fit” neighbourhood walker. Walking in the neighbourhood then becoming onerous. This is partially resolved by substituting challenging walking with less frequent walking in less taxing places. Finally, she reveals a distal plan to once again be active and visible in her neighbourhood through dog-walking. But for Deb the implications of a walking practice go beyond the potential for improved physical health. There is increased social contact as well: “Everybody stops and talks to you when you walk a dog. So we met heaps of people around here, walking the dogs [laughing].” Becoming a parent has led to a substantial change in the means available to Deb for continuing social relationships with nearby others.

Participants with young children described the effort involved in “running around after” their off-spring, where ‘running around’ meant driving from place to place, coordinating after-school activities. On the other hand, Joanne described the convenience of living in a suburb where the needs of her middle-childhood aged offspring were within a short walk or short bus journey of home. The convenient proximity eliminated the need for her to collect the children from school, deliver them to after-school activities, and then collect them again later. Nevertheless, she was “worn out” by the end of her workday, and with the evening meal preparations still ahead of her, the problem of fatigue was melded with that of time scarcity, a problem highlighted by Bava, Jaeger, and Park (2008) particularly in relation to mothers and the need to feed their families. Joanne’s story illustrates a compromise also described by Cathy who also has off-spring in middle-childhood. For both participants the potential health and wellbeing benefits of a recreational walk, for example, are put aside in order to prepare the evening meal – a task that is not particularly enjoyed or
fulfilling, and after which they describe little desire to move beyond the
couch. As Cathy put it, “if you’re exhausted, our unwinding time is
watching tv in the evening.”

The fatigue barrier experienced by participants caring for dependent
offspring is suggested by a collective consideration of the life-stories to be
closely associated with the role of mothering young children. Participants
with older offspring did not talk of their fatigue creating a barrier to active
living.

**Active Living Practices Across the Lifecourse**

In the final section of this chapter I draw together the analyses from
the earlier sections, re-connecting the childhood experiences with those of
the present to find out if active living practices from childhood were carried
through to adulthood. I sorted the 16 life-stories according to the themes
and storylines that dominated the individual life-stories as these related to
the active living domain. Sorting the life-stories in this way generated a
continuum, albeit somewhat weighted at either end, prompting me to
conceptualise a dichotomous categorisation. At one end of the continuum
was a group of narratives that suggested considerable attention is given to
personal health through active living, and at the other end there were
narratives that suggested relative inattention by comparison.

**Being Attentive to Health through Everyday Active Living Practices**

The life-stories of nine women suggest considerable attention is
given nowadays to personal health through active living practices,
preferences and perceptions. The stories grouped at this end of the
continuum shared certain characteristics. These participants generally
recalled childhoods that were active, with all but one recalling an everyday
engagement with neighbourhood play. About half were also engaged in
formal, structured active living activities during childhood, including one
participant who was not permitted to play with children living nearby or to frequent public social spaces of the residential area.

As adults these nine women prefer walking as a principal means of being active. They walk either for active transport or for recreation, but not both. Those who walk for recreation talk considerably more of the mental health benefits of their practice than they do of physical health benefits. They also talk of social benefits they attribute to recreational walking, through walking with friends – ‘walking AND talking’ as one participant put it, or ‘chatting’ with those encountered along the way, such as other dog-walkers, or neighbours who happen to be about. On the other hand, women whose walking is mainly as a preferred means of transport talked of both physical health benefits and mental benefits, but they talked less of social benefits.

**Being Relatively Inattentive to Health through Everyday Active Living Practices**

The narratives of seven participants suggest they are inattentive to personal health through active living practices, preferences and perceptions compared to the other group. Most of these women recalled an everyday practice of neighbourhood based physically active play in their childhood, but two did not. The recollections of one participant suggests her experiences of active living were largely derived from physically demanding household duties, whilst the recollections of another are bereft of any engagement with active living, either of a recreational, structured, or through household duties. In this latter case, the concern for physical safety that was ubiquitous to the environment where she grew up may account for her recollections of a largely sedentary, indoor childhood. Further, the financial limitations she recalled may have limited her opportunities for supervised extra-curricular activities. In these respects her childhood was constrained in comparison to the experiences of most participants and also
in comparison to the recalled experiences of other children who lived nearby. Her practice nowadays is similar to that of her childhood.

The other five women recalled childhood experiences where they were largely free to ‘make their own fun’ as several people put it; and most also had some engagement with structured sporting codes. They reflected on their recollections of childhood play by emphasising their residential area as a social setting of considerable importance to learning how to relate to others, and they tended to be more social as adults than participants whose childhoods lacked this experience. While several women amongst these five talked of polices in their households nowadays that encouraged their offspring to have an active lifestyle, such policies did not extend to the participant herself or other adults in the household. However, these participants describe utilising the activities of their offspring to forge social relations with the parents of their offspring’s peers.

Interestingly, three of these women described direct means of making connections with like-minded others through belonging to belief-based organisations. Each introduced talk about her spirituality into the life-story she shared with me. Each developed a sense within her narratives that spiritual wellbeing was prioritised ahead of physical health and was equated with mental wellbeing. Thus, while other participants talked of mental health and social benefits of active living practices such as walking, those who prioritised their spirituality attributed the same benefits to activities associated with their spiritual life. There is a considerable body of literature pertaining to spirituality and wellbeing, but it is beyond the scope of my study to venture into this field.

In this chapter I have reviewed the narratives in terms of the active living domain of everyday practices as an indicator of attention to health and wellbeing. The following chapter repeats this exercise in relation to perceptions, preferences, and practices toward food. Practices toward food
and active living work hand-in-hand in their roles in attaining and maintaining personal health and wellbeing. Thus the narratives collectively provide insight to attentiveness to health and wellbeing.
Chapter 7: Talking About Food

This chapter, which focuses on perceptions, preferences, and practices toward food as a feature of everyday life, is a companion to the previous chapter where active living was addressed in the same way. Together these provide the background findings that enabled my categorisation of each participant as attentive or comparatively inattentive to personal health through her everyday approach to food and to active living.

I report the findings from my thematic cross-case analysis in relation to food, taking a cross-sectional approach to explore childhood recollections followed by reflections on the present. Participants’ narratively reconstructed recollections of childhood are shown to illustrate the importance of dinnertime as an aspect of their everyday household lives. Meanwhile, participant reflections on nowadays highlight the adoption of distinct food philosophies by numerous participants, contrasting with perceptions of the everyday food domain as a troublesome necessity amongst others. Drawing upon these analyses, participants are grouped according to their apparent attentiveness to health and wellbeing through the approach to food. I sought similarities and differences within the grouped narratives and between the groups, to explore how recollections of childhood experiences of food influence perceptions, preferences, and practices nowadays.

Finally, I bring together the findings from the two chapters concerning everyday practices about active living and food, categorising each participant as either more attentive or less attentive to personal health and wellbeing based upon her life-story. The narratives grouped within these categories also reveal the role of the residential area and the
household as settings that influence perceptions, preferences, and practices toward food and active living.

**Recalled Childhood Experiences of the Food Domain**

Most participants’ recollections about their childhood food practices were very similar despite a 40-year range in which participants experienced childhood. As discussed in Chapter 4, for most participants the childhood residential area was recalled as having a normative practice of snacks and often also lunches routinely being provided to children as they played, wherever they happened to be at the time. Caregivers told children to “come back when you’re hungry” if they hadn’t been fed elsewhere. This recollected practice places food directly within the childhood neighbourhood setting, as does the practice in some childhood neighbourhoods where barbecues involved multiple neighbouring households. These practices highlight neighbourly relations, demonstrating inter-household sociality, trust, and tacit understandings about a duty of care toward the children of the neighbourhood. They are presented by participants and this research alike, as social connections that suggest a shared experience of neighbourhood belonging.

Nevertheless, most of the childhood recollections about food were firmly centred in the household rather than the larger landscape of the residential area. Despite this household emphasis, I considered food practices to be relevant to this study for their part in illustrating perceptions and preferences that guide everyday habits that influence health and wellbeing. As the following findings show, the household environment can shape perceptions and preferences that guide future practices toward food. Just as childhood experiences of active living provide a pathway to present practices, so do recalled experiences of food.
Much of the talk about food in childhood was homogenous, with breakfasts of cereal and toast, and school lunches of soggy sandwiches, a home-baked biscuit and a piece of fruit. This homogeneity prompted me to focus on one particular difference that stood out amidst the sameness of the narratives. Dinnertime in some households was as mundane as breakfast and the school lunch. But in other households dinnertime is a recalled as “a battlefield.”

“Dinnertime!”

A pattern that became apparent as I analysed narrative recollections of childhood dinnertimes is that the role of the adult(s) in the everyday routines of dinnertime considerably set the tone of the recollection. Sometimes this was in a positive way and sometimes the influence was negative.

Most participants recall highly predictable dinnertime food, often described as “stodgy”, “sturdy”, or “slightly over-cooked”. Mary says her mother would be horrified to hear it, but “you almost knew what day of the week it was, because you got the same things each week!” Tracy had “plenty of meat; plenty of vegetables.” The vegetables were home-grown; the meat was off the paddock; and it was usually roasted because roasting is very convenient on a dairy farm: “Put the joint in, and walk away.” Jenny’s diet was also very predictable, but rather than meat and vegetables there was “Rice! Always rice!” She recalls occasions when she ‘dropped by’ her neighbours around dinnertime, keen to smell and taste their food. Karen recalls complaining to her parents: “Why do we always have to have bread?” And there was “always, always fruit.” Although meat only featured about once a week in Karen’s childhood household, “it would be eye fillet” rather than the mince, chops or sausages that featured on the dinner plates of similarly aged participants. Dinnertime was not a
particular remarkable time of the day in these households, but nor was it particularly stressful. This contrasts with the experiences of others.

As children, participants who were expected to assist with the evening meal uniformly resented having their leisure time interrupted by responsibilities in the kitchen. This was apparent whether it was peeling potatoes or doing the dishes, which many participants recall; or a much bigger responsibility such as Sarah and Sue experienced, each of whom had considerable daily responsibilities for the household evening meal by the time they were aged 11 years. But while most participants recall their resentment as a matter-of-fact memory, others talk of such practices with persistent resentment.

Running parallel to these reactions, I found that for most participants helping in the kitchen as a child is something they reflect upon now as an opportunity from which they benefitted, mainly through what they now reflect upon as pleasant times working alongside a parent, sometimes learning new skills. Eva proudly recalls her father teaching her make “the best ever” hollandaise sauce: “better than any café!” On the other hand, amongst those for whom childhood dinnertime chores are still resented, there was generally no parent in the kitchen, and there was “trouble” if anything went wrong. Sue recalled: “It was full on! We had to have the meal on the table by the time Dad got home at half past four.” In Joanne’s house, “if the food wasn’t ready at 6 o’clock it was big deal. That’s what I remember!”

The expectations of leaving “a clean plate” or to “eat what you were given” were common themes. Here too, there were contrasting storylines in these recollections. In some households the failure to finish a course signified the end of the child’s meal. For example, Michelle recalls “I was terribly ‘allergic’ to anything green!” and in her household the consequence of leaving food on the plate was that there would be nothing more to eat.
until the next mealtime. Contrastingly, in other households uneaten food signalled the onset of a battle of wills. When I asked Nancy about food at her childhood household her immediate response, delivered in a theatrical voice, was “Deep, psychological wounding!” She described a dinnertime practice that routinely included being isolated from her siblings and forced to eat.

*It was always a battlefield ...*
*She used to force me to eat, and I didn’t want to eat ‘odd’ things. ...*
*She’d isolate me and I’d have to sit in the dining room until I ate it.*
*And I just wouldn’t! [Defiant flick of the head]*

Nancy recalled attempting to resolve her dilemma through the assistance of her dog and by concealing food beneath the table for later disposal, commenting that her mother “wasn’t very clever.”

The recollections of Nancy, Sue and Joanne are similar to the stories of other participants for whom such experiences are recalled nowadays with bitterness. The persistent resentment that marks such narratives contrasts with thematically similar stories of other participants for whom such experiences are nowadays considered a matter of humour. This difference suggests to me that some participants have reinterpreted their experiences in the context of hindsight, positively influencing present-day perceptions and preferences that guide their approach to food. Others have not.

The narratives suggest that the tone set by the adults of the household for dinnertime routines had an ongoing impact for these participants. Participants for whom food was a predominantly contentious matter present their recollections in ways that suggest unresolved resentment toward the adults of their childhood household. Adult approaches to household dinnertimes and other food occasions resulted in ongoing perceptions that food and eating is a chore, a necessity, and a
problem, rather than food providing opportunities for pleasure in a culinary sense and also in a social sense. Unresolved resentment contrasts with those whose dinnertimes are recalled as a mundane matter or a time of household conviviality and communion.

**Generating a Love of Food**

Nowadays the everyday practices of eleven participants express a conscious engagement with food that is absent from the talk of the other five participants discussed above. My analysis revealed an alignment between positive recollections of childhood dinnertime food practices and a gastronomic, epicurean, or philosophical interest in food in adulthood. I located three common themes or storylines running through the life-stories and supporting this argument, especially the childhood recollections of these eleven participants.

Firstly, most of them grew up in households which practiced a food philosophy of some sort. Sometimes this was associated with religious or cultural practices and preferences, and participants used words such as “traditional” or “typical” to locate the food practices of their childhood as somewhat different to what they observed more generally. Sometimes childhood household food philosophies were described in the context of parental experiences of hunger, seemingly prompting a heightened desire to ensure an abundant food supply. In these instances, participants talked about good food being a privilege, or as Pamela put it “food is to be honoured: you don’t waste it; you don’t throw it away.” Others lived in households where food production was either an aspect of the family livelihood or at least a substantial hobby or interest. In these homes there was an inculcated respect for and joy in the production process, from the garden to the plate or from the mixing bowl to the cake tins. In such homes children were encouraged and sometimes expected to take part in food
production, helping to ensure the baking storage tins were well stocked and the vegetable garden was flourishing.

The second storyline that features in the recollections of these eleven participants is that of a parental food focus. The participants’ reflections suggest that even in their childhood they were aware of their parents being highly focused on aspects of food provision or consumption or both. This is not to imply that food was necessarily scarce or elaborate, although often it was considered expensive. Rather, food was consciously planned, with both culinary and social enjoyment anticipated. For some families some of this emphasis was due to cultural expectations and desires, and both Karen and Pat recall their parents venturing to specialty suppliers in order to obtain highly desired food items. Karen recalled:

They spent quite a lot of money on the food, but it would be, you know, more the spicy sort of things ... salami and lots of different cheeses.

On the other hand, Pamela grew up in a large family living on a tradesman’s wage, where having plenty of food available was a priority. This seemingly responds to the childhood of her parents, who both experienced hunger, with one suffering rickets. Fresh air and sunshine, milk, and plenty of food were prioritised. Pamela recalled arriving home from school and devouring plates of sandwiches, washed down with several glasses of milk, and racing off on her bicycle to get to after-school sports activities. In her childhood household the kitchen was very much her mother’s domain, and having enough food was a matter of pride, illustrated through Pamela mimicking her mother to describe the household food practices:

Rickets is a bone disorder in children, where the bones become soft and deformed due to deficiencies in the diet.
The household approach to occasional foods also highlighted commonalities in the life-stories. Participants recall that parents and especially mothers enjoyed “making a fuss” on children’s birthdays, and special foods were part of such occasions. Food “treats,” as these were referred to, very frequently included a meal of roast chicken, which was considered an “expensive” or “extravagant” meat, demonstrating the importance of the occasion to those sharing this treat. Such treats were in all cases limited to very rare occasions. A rare treat in Tracy’s childhood household was a “surprise” pre-packaged item in her lunchbox, or a visiting grandparent “shouting” Tracy and her siblings to a bought school lunch. A meal of fish and chips was a rare treat in the household of these eleven participants despite most women holding strong perceptions that for many of their peers this was a regular occurrence; as were carbonated drinks, which for most participants were forbidden or limited to celebrations.

Thirdly, their narratives include a storyline that presents eating together as symbolic of family closeness. For example, on the dairy farm where Tracy grew up, routines were important within the house as well as on the farm, and were often centred upon eating. Afternoon tea was particularly important for reconnecting family members as people arrived home and for distributing tasks as well as having a snack.

*That old fashioned, sturdy, no nonsense kind of, well, mostly boiled food. Hardly anything fried. ... When we came home [from school, for example] there was always food. Um, [mimicking her mother]: ‘Go to have a look in the tins!’ And there were like, stacks of tins! [laughing].*
These stories and others like them suggest the experience of a culinary culture that has prompted a relationship with food in the context of a household of people who feel ‘at-home’, to borrow from Seamon (1979). Descriptions such as Tracy’s, above, suggest a household of warmth and regeneration, a place in which people are at ease, and where the food environment complements that experience. In such narratives the talk about food is less interested in nutritional qualities and more about the culinary culture. The meaning-making I located embedded within such narratives supports the viewpoint of Delormier, Frohlich, and Potvin (2009) that “people’s eating patterns form in relation to other people, alongside everyday activities that take place in family groups, work and school” (p. 217). For my study, the matters of how, who, where, when and why of food are central to meaning-making and the formation of perceptions and preferences that guide practices which may either enhance or hinder personal health and wellbeing.

These positive social experiences around food contrasted with the five participants who expressed a persistent resentment about childhood food practices. In their households preparing or assisting with meal preparation was not a happy time of working alongside a parent or parents, collectively creating a meal that would be the bring the family together around the dinner table. It was an unfulfilling chore, resented as much by parents as it was by children, as Barbara makes clear, speaking of her mother:

_We always had afternoon tea together before Dad went out to the [milking] shed._
_We were allowed two pieces of slice._
_Mum would always bake._
_There was always baking; two or three different options._
_And a hot or cold drink. ..._
_It was always just a little bit of a ‘catch-up’ and then chores [were] divvied out._

We always had afternoon tea together before Dad went out to the [milking] shed. We were allowed two pieces of slice. Mum would always bake. There was always baking; two or three different options. And a hot or cold drink. ... It was always just a little bit of a ‘catch-up’ and then chores [were] divvied out.
The themes and storylines identified in recollections of the childhood experience of the food domain show the importance of the household adults to the subsequent reflective recollections of participants. Recollections of an atmosphere of household conviviality through the domain of food contrasted strongly with storylines of tension and ongoing resentment. For some, the food domain came to be perceived as a source of everyday contention through a mismatch between adult expectations and the response of the child.

**Reflections on the Food Domain Nowadays**

While my findings in respect of childhood recollections of food were dominated by the experience of dinnertime, a major theme arising in talk about food practices as an adult centred upon choices of what to buy and where to buy it. The analysis highlighted three sites for food procurement, with each perceived to have different qualities: supermarkets, specialty stores, and farmers’ markets. All 16 participants used a supermarket for at least some of their food shopping. Most participants used a supermarket that is within one kilometre of home, whilst some travelled further afield to reach a preferred brand of supermarket, which was as likely to be a premium brand as a budget brand. The choice of which supermarket to use was guided by perceptions of either price or quality. Secondly, the city of Wellington has numerous speciality food stores, and many participants lived near to and regularly used at least one such specialist store. These included butchers, delicatessens, artisan bakeries, fish mongers, and a larger store that provides all of these specialities as well as fresh produce. Like supermarkets, speciality store use was guided by perceptions of quality and

*She wasn’t a domestic goddess.*
*She actually felt like ‘having children’ was expected of her but it was also a lot work.*
*And so, she didn’t love it.* …
*Frozen vegetables were a real blessing.*
price, but in this instance price was referred to as a barrier rather than an enabler. Finally, the city hosts several farmers’ markets and most participants who lived nearby regularly used one of these markets as a source of fruit and vegetables as well as seafood and small-goods. Further, farmers’ markets were described as social settings as well as settings for food procurement.

**Shopping for Price, or for Quality and Range**

For some participants the decision about where to buy food was price-based, and for others product range and quality were prioritised. Some price-based shoppers were prompted by financial constraints, while for others this was a matter of preference, choosing to allocate discretionary spending to other activities. Both price-based practices were evident amongst participants who shop at budget-branded supermarkets.

For participants who described a need for financial constraint, food planning and purchasing were closely aligned to promotionally priced items or ‘specials’. Nancy was unemployed at the time we met and she described her situation as “tight”. She lived near competing budget-branded supermarkets and she went out of her way to ensure she got the cheapest prices: “I walk back and forth a look at what the prices are, and never make an assumption that one’s going to be cheaper than the other!” Meanwhile, one of the two supermarkets near to Sarah is budget-branded. Sarah talked of saving toward a deposit on her first home and when she goes grocery shopping “if there’s steak on special, [you cook] something to do with steak every night. Or mince. Or corned beef.”

In contrast, other participants described non-food priorities for their discretionary spending. They preferentially shopped at budget-branded supermarkets, rather than selecting their supermarket through a perception of financial necessity. These participants still considered promotional
pricing, but they used ‘specials’ in a different way: “stocking up” the pantry or freezer, as was Joanne’s practice:

If chicken’s on special we’ll buy two or three chickens. …
When it comes to our pantry …
we’ll have five tins of coconut cream and there’s no way you’re going to use five tins of coconut cream!

The narratives collectively suggest that having a low or slow cash-flow prevented buying food for consumption beyond the current budget cycle. In contrast, participants who are able to redirect discretionary spending described taking advantage of promotional pricing. In this way ‘specials’ seem to be particularly advantageous to those for whom cost is not a major consideration. In this respect my findings contrast somewhat with those of Blakely and colleagues (2011), who observed little evidence that socioeconomic difference contributed to purchasing behaviour due to pricing discounts.

In contrast, the quality and range of products was prioritised in the talk of other participants. One way this is exemplified in the narratives was by choosing to shop at a premium-branded supermarket despite a budget-branded store being nearby. At the supermarket, Mary “mostly browses.” She enjoys having “far more choice,” allowing her to be “more adventurous” with her cooking. On the other hand, Pat shops “with a list” having already determined the menu for the forthcoming week. A reliable supply of desired products keeps her loyal to a familiar store. Karen “shops around” for quality. She considers a premium-branded supermarket to be “best for fruit”; a farmers’ market is preferred for its fresh vegetables; and finally, she uses speciality stores for “the best meat”, and “the best seafood.” Karen, Pat, and Mary all procure the bulk of their food at sites close to home, and none of these women suggested they presently experience financial constraints. Neither is their time nor energy constrained in the way
that other participants described, where the demands of work and caring for dependents result in practices that reflect compromises rather than preferences.

Another group of participants described a judicious process of selective shopping. Basic grocery items were purchased at a budget-branded supermarket, while specialist suppliers were used to access items of a type or quality unavailable at their regular supermarkets. Amy, who made an ethical choice to eat only organically produced pork and chicken, used the two budget-branded supermarkets near her home for her weekly shopping, and like Nancy, she has a practice of comparing prices: “I use both [supermarkets]. And I tend to know the ‘specials’ quite well!” However, when pork or chicken is to be served, Amy supplements her supermarket shopping with a trip to a speciality store selling ethically-raised meat. Similarly, Tracy travels about 6 kilometres to the budget-branded supermarket, but when she buys meat she uses the butcher “just around the corner” and she buys fresh vegetables from a nearby premium-branded supermarket. Deb shops at a budget-branded supermarket 4 kilometres from home, but occasionally gives herself a treat: “If we’re feeling flash, we’ll go to [the large speciality store] [laughing]! That’s a highly dangerous place!” For Deb, Tracy and Amy, doing the bulk of their shopping at a budget-branded supermarket at least partially enables them to bring into practice their conscious preferences about the foods they eat, by allowing them to occasionally afford desired products that are unavailable at their regular supermarkets. 40

Shopping at the Markets
While some participants buy their fresh produce from the supermarket, others buy all or some of their fresh produce at farmers’

40 An interesting change that has occurred subsequent to my interviews is that both budget and premium supermarkets now sell ethically-raised meats.
markets. All but one of the women who live within a kilometre of such a market talked of regularly shopping there, and some participants travelled across the city in order to do so. Perceptions of freshness, taste, and price advantage dominated participants’ talk about shopping at the markets. The only change to these three attributes is the order in which participants list them: “The fruit and veges are really quite nice there, and a lot fresher I think. Certainly cheaper,” according to Amy. Participants whose general talk about food shopping practices gives no indication of price-sensitivity nevertheless note the favourable pricing at the markets. Deb listed three reasons for using the farmers’ market: “Number one, it’s so much cheaper than the supermarket; and number two, it’s so fresh. And it’s just beautiful.”

As well as being a source of fresh produce, the markets have a social purpose for some participants. Several participants expressed their pleasure at market shopping, through sentiments such as Karen’s enthusiastic “I love the market! I just love it!” Deb was more specific, narratively constructing an image more usually associated with a pleasant walk rather than food procurement:

So we try and get there to try and get fruit and veges as often as we can because it’s a nice outing. ...
We feed the ducks and wander around;
have a cup of coffee;
and it’s just really nice.
It’s just really, really lovely down there.

Farmer’s markets, it seems, bring together preferential pricing, food that is considered to be superior in its promotion of good health, and an environment that is a pleasant and sociable place to be.

Being unable to easily access the markets can contribute to negative perceptions about one’s residential area. Eva had walking access to a farmer’s market whilst living at a previous address and her recollections
align closely with the perceptions of those who regularly use the markets nowadays: “It’s so much cheaper and you know you’re getting in-season, and you know you’re supporting local growers. It’s so much nicer.” But Eva’s new address is a considerable walk from the nearest market and her reliance on active transport or public transport culminate in a perception that the markets are now inaccessible. The central city location of all three weekend markets is sometimes perceived as exclusionary, and when another participant, Amy, critiqued the situation, questioning the lack of a market in her area, Eva’s light-hearted but somewhat cynical suggestion came to mind: the presence of two budget-branded supermarkets nearby may be an impediment to cheaper, fresher produce being accessible in a friendly and sociable environment. Her implication was that the supermarkets would object to such competition.

**Household Food Practices**

Most participants narratively constructed their talk about food to suggest theirs was a relatively healthy diet, with some participants positioning particular choices as not as bad as other possibilities. Participants talked of practices of inclusion and exclusion to make their point. Practices of inclusion were straightforward. Vegetables: more servings, more variety, more colours, and more often. The narratives universally included both subtle and overt understandings that vegetables are the principal point of access to good health through eating. More complex, however, are the exclusionary practices.

Exclusionary practices considered to promote good health were abundant. Excluded or limited foods frequently included meat – especially red meat, carbonated drinks, and packaged foods. Of particular interest to my focus on perceptions and preferences that guide such practices were the descriptions of some participants about their inability to align their
intentions and their practices. Put simply, a scarcity of both time and energy means that this is “not always possible,” as Amy explained:

I try to eat healthily;
try not to have too much meat.
Um, but you know,
when life’s busy I think sometimes [truncated]
you know, I don’t [..]
I don’t cook that healthily for [offspring]
because you go home and you just want to cook something really quick,
but [I] try to do ‘5+ A Day’, but yeah.
But no: not always possible.

Amy clearly articulated her problem: practicality can overshadow her attempts to align preferences with practices. In the above extract Amy introduced exclusion preferences by attempting to limit her meat consumption, and also practices of inclusion as she attempted to include five or more servings of fruit or vegetables.\(^{41}\) Amy’s repeated use of ‘try’ conveys the impression of considerable desire. Coupled with her specific examples of intended inclusionary practices, she created a strong case to support her evaluative assertion that eating healthily is “not always possible.” Amy’s situation illustrates a trade-off process whereby preferences are compromised: the need for “something really quick” is prioritised ahead of the “‘5+ A Day’” ideal “when life’s busy”. At times, eating becomes something that must be done in order to keep up with the busy pace of life, rather than eating being a pleasurable and social aspect of one’s life.

A second way participants attempted to exclude foods as a means of attention to health was by “cooking from scratch,” and this term was used by several participants. This practice attempts to eliminate grocery items such as ready-made sauces, which are narratively suggested to be introduced into the diet as time becomes scarce. Eliminating these items

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\(^{41}\) ‘5+ A Day’ is a New Zealand campaign that commenced in 1994 which aimed to influence people to consume five or more servings of fruit and vegetables each day.
removes what Deb described as “all the ‘extras’” that she implied to be undesirable for good health. Deb’s daily routine was more flexible than usual when I met with her, and she was consciously attempting to improve the healthiness of the evening meal. But as the extract below shows, she was aware that this practice may come under pressure when she returns to full-time paid employment, despite her preference.

When both [my partner] and I are working full time, that’s when it’s really quite hard.  
And [offspring’s] at crèche  
and you’ve got to get home  
and do something quickly.  
Um, we were using a fair amount of like the ready-made sauces,  
and we’re trying and get away from them because of all, you know, just all the ‘extras’ that’s potentially in them  
and as I say it’s easier at the moment because I’m not working.  
It will be interesting once I’m working full time again.

Deb expressed the same problem as Amy: after a full day at work, the priority is one of haste, to “do something quickly.” Deb and Amy and also others in similar situations narratively suggest that the immediate needs rise to the top, not negating the preference but reducing focus on the more distal goal of eating well for longer-term health benefits. The experiences of Karen, Mary, and Pat, whose daily routines were less pressured, suggests that women such as Amy and Deb may eventually arrive at a point in their lifecourse where such compromises become less frequent.

Pamela described a different experience. Living alone, her food practices were designed to meet her preference of excluding convenience grocery items and also take-away food. As the extract shows, Pamela expressed guilt about occasional lapses from her carefully considered preferences and practices toward food.
Once a year I’d probably buy um, a fish burger.
I couldn’t bring myself to eat a meat burger;
but a fish burger, mm [wavering hand, indicates tolerance].
But now,
for years now,
probably two or three years,
I’ve never had ‘fish and chips’ or anything like that.
I prefer to come home and cook.
For years I never opened a tin can. [It] just kind of felt ‘illegal’.

Nancy is similar in age and build to Pamela. Both women are independent, neither has children, and they live in residential areas with very similar characteristics. However, their interviews highlighted two important differences. Pamela is financially secure, having a history of continuous employment as well as owning her home which also produces an income stream; and she also “prefers to cook.” Consequently Pamela was well positioned to align her food aspirations and practices. In contrast, Nancy was experiencing financial insecurity, having been without work for several months and needing to delicately budget her benefit to cover her rent and utility bills; and secondly, she declared herself to be “not a big cooker.” Nancy manages her budget through frequent use of takeaway food because the precise cost is known in advance. Further, Nancy frames her choice to eat takeaways as better for her health. Comparing her meals from the previous week, she pointedly argued for acceptance of her takeaway choices as healthier than the food she prepares.
I bought a small [rotisserie] chicken and split it between two nights. So that night I had pasta with chicken.
I put a bit of sour cream in it, to make it a sauce.
And the other night [...] that’s right! It was tortellini, um, um, because I usually try to keep my meal about $6 or $7.
So I had the tortellini and then I put the chicken over the top. ...
[The next day] I had a takeaway from a Middle Eastern falafel place. And it’s actually not [truncated.]
That’s the better option of a takeaway.
It has rice, carrot, fresh carrots, lettuce, so you’re getting some veges in there, and it’s chicken, and um, garlic sauce.
Um, and there’s some hummus in there, and there’s a pile of, um, ah, parsley: not my favourite, but they just mix it around and [shrug]
I know it’s good for me.

The inclusion of fresh produce in Nancy’s diet arose through the unlikely source of a takeaway outlet. Nancy did considerable narrative work to convey her perception that the easy choice was indeed a healthier choice. Importantly, this occurred through a practice that prioritises the immediate need of knowing the full cost of the meal. While the immediate need of Nancy was different to the immediate need of participants such as Amy and Deb, this extract again shows the extent to which immediacy becomes elevated ahead of more distal concerns and desires. Nancy implied the takeaway item to be better for her health than her own efforts. Her residential area provided ways to eat beyond the limitations of her culinary imagination and within her budget, simultaneously offering foods that she interpreted as “good for me.”

The cross-case, cross-sectional thematic analysis of food practices has shown interesting contrasts, including very different childhood experiences of food that were each extensively influenced by parental attitudes toward food. In adulthood, the analysis has shown different approaches to food, some of which were associated with household matters such as financial priorities or life-stage, and some were associated with social opportunities.
presented by the food environment beyond the household. Specifically, women with dependents described time-pressure barriers to enacting their preferences that were unreported by women without dependents.

In the following section I turn my attention to the 16 distinct narratives, each of which includes subtle or overt participant interpretations of how come, or why, they make certain choices about their approach to food. Such perceptions and preferences arise through experience, and childhood experiences are especially influential on practice (Bourdieu, 1979/2000).

The Food Domain over the Lifecourse

Attentiveness to health and wellbeing through the approach to food was determined for each participant using within-case thematic analysis as described in Chapter 3. The dominant themes from the cross-case analysis above were important to this process but not the sole determinant of categorisation. I looked within cases to compare reflections on childhood food practices with the everyday engagement with food nowadays. I categorised reflective evaluations of one’s childhood food recollections as joyful, neutral, or resentful. I considered everyday practices towards food nowadays for attentiveness to personal health through food, accounting not just the qualities and variety of foods described by the participant, but also her preferences and perceptions about food.

Attentive

The life-stories of 11 participants convey perceptions, preferences, and practices that suggest considerable attention is presently given to personal health and wellbeing through food. Those who had described recollections of childhood dinnertime stress did so with laughter rather than resentment, merrily relating their recalled responses to parental expectations of helping out with peeling potatoes, washing the dishes, or
the denial of dessert. While some amongst this group recount dinnertimes as being neither particularly distressing nor particularly satisfying, it is more usual amongst these women for their dinnertime recollections to express a joyful aspect of the household routine.

Nowadays these 11 participants talk of food practices that prioritise personal beliefs about health and wellbeing, often through distinct and conscious food philosophies that in most instances link back to everyday practices experienced in childhood. For example, several participants reflected upon the example set in their mother’s kitchen, arguing that earlier generations lived longer and healthier lives due to their policies of waste avoidance and eating a variety of meat cuts and vegetables that are less fashionable at today’s table. Others replicate the behaviours of their childhood mealtimes by serving small quantities of the highest quality, rather than the reverse. Another finds herself frustrated at the high-energy needs of her manual-labouring partner who seeks sustenance in pre-packaged snacks rather than what she refers to as “real food”.

**Inattentive**

My analysis of the 16 narratives suggests that attention to health and wellbeing through food is relatively low for five participants. Drawing upon the URBAN survey data, I had categorised four of these five women as ‘at risk’ of obesity-related disease. The narratives of all five describe perceptions of childhood dinnertimes as routinely unpleasant. Their storylines suggest a continued resentment of those childhood experiences, when expectations regarding dinnertime practices for provisioning, preparation, and consumption of food seemed, and continue to seem, unreasonable. Nowadays these women procure, prepare, and consume their food with a mind-set of resented necessity. For these women food is a bore and a chore which they would rather ignore. Further, within this group there are women who described themselves as having “a problem” with
food, be it a perceived over-fondness for sugar, an inability to adhere to a medically indicated low-kilojoule diet, or an ongoing difficulty with consuming vegetables, despite describing the health implications of their practices.

Participants’ life-stories suggest that unresolved perceptions of negative everyday food practices in childhood inhibit the development of an adult appreciation of food beyond its ability to refuel the body. Most of the girls who were coerced into eating undesired food, or who were overwhelmed by the dinnertime responsibilities allocated to them, suggest through their narratives that they have grown into women whose relationship with food has not developed into a conscious culinary practice that critically considers what is eaten and fosters the social aspects of the food domain: “the pre-swallowing domain of behaviour, culture, society and experience” (Crotty, P., 1993, p. 109). It is as if the palate is censured, or truncated, limiting the experience of food to refuelling on whatever can be most readily obtained and consumed at the least cost; and the negative undertones of routine mealtimes of the past make it difficult to enjoy the social aspects of the food domain nowadays. Allocating time to obtaining particular products or preparing food in the expectation of some delight in its production and consumption is absent from the talk of everyday practices by such participants. The easy choices, for these women, are not healthy choices.

**Attention to health and wellbeing in public and private domains**

The findings discussed in this chapter differ to that about active living practices in an important respect. In both the recollections of childhood and the reflections on nowadays, participant’s perceptions, preferences, and practices toward food were greatly influenced by the household setting, especially the tone set by adults within the household,
which could be positive or negative. The childhood recollections show that food became contentious in households when adult expectations of the child within the food domain resulted in routine confrontation. The reflections on nowadays show the importance of the most immediate concerns of the adults to setting that tone. Deficits of time, money, or both were apparent influencers of household practices toward food, and most participants’ described such practices as being less healthful than a preferred alternative, although not as unhealthy as other possibilities.

The active living practices described in the recollections of childhood also depended upon the tone set by the adults, but the overall setting was on a larger scale and a wider range of adult roles were involved. At the household level, adults enabled or prevented inter-household play. At the neighbourhood level, play in local public spaces assumed adult surveillance (but not supervision), enabling neighbourhood children to make their own fun until nightfall, knowing they could rely on the assistance of nearby adults should the need arise. Reflections upon the neighbourhood nowadays showed the public spaces of the residential area to be major settings for active living. In particular, walking practices that incorporated the local public spaces were important for the mental health benefits understood by participants to arise from being out and about in their neighbourhoods, “bumping into” others who live nearby and thereby creating opportunities for neighbourly conviviality. Thus, the narratives suggest active living to be more influenced by public neighbourhood setting, whilst food was more influenced by the private household setting.

Attention to Personal Health and Wellbeing through Everyday Practices

The final step in my examination of everyday practices brings together the analyses of the active living and food domains. Drawing upon
the findings presented in this chapter and those from the previous chapter about active living, I considered each of the 16 life-stories according to the apparent preferences, perceptions and practices for active living and food. Then I considered each life-story in relation to the others, forming a continuum of attentiveness. Anchoring one end of that continuum were life-stories that suggest considerable attention is given to health and wellbeing through everyday practices. At the other end was a group that suggested relative inattention by comparison. In between, a third group was also apparent, being attentive in one respect but not the other.

- Attentive: Everyday practices are guided by perceptions and preferences that suggest personal attention to health and wellbeing (n=8).
- Inattentive: Relative inattention to personal health in comparison (n=4).
- Mixed: Attentive in one domain, but not the other (n=4).

Comparing the individual life-stories roughly clustered at the three points along the continuum, it was apparent that there were shared perceptions and pathways from childhood to the present.

**Attentive**

All eight participants classified as ‘attentive’ described very active childhoods, mostly including an everyday practice of informal neighbourhood-based play with neighbouring children. Through that experience the boundaries between the private homes of play-mates and the public spaces of the residential area became porous, creating the feeling that one was ‘at home’ in one’s residential area, with a pervasive assumption that one’s basic needs, such as refreshments and refuge, would be met at a neighbourhood level. As adults, these women accentuate the social pleasure and mental health benefits they derive from walking, whether they walk with others, or talk with those they encounter along the way, or through the
expression of joy in the environment where they walk. This practice extends their private lives into the public sphere of their residential areas to a degree that is self-determined. The local public spaces where they walk and talk are personally considered to be sufficiently comfortable, secure, and familiar, that chance encounters with others who are ‘out and about’ in the area are welcomed, conversation comes easily, and a neighbourly conviviality is experienced.

For these women, any anguish they experienced in relation to childhood frustrations with dinnertime expectations are nowadays reflected upon as a matter of laughter rather than resentment. As adults, all of these participants articulate strong preferences for food, many having adopted a conscious food philosophy of some sort, such as vegetarianism, a practice of only buying organic meat, or excluding ‘convenience’ items such as ready-made sauces and pre-packaged meals. The perceptions and preferences that guide their practices are based upon beliefs about health and the avoidance of illness. These beliefs often directly refer back to childhood experiences, sometimes in replication and sometimes in opposition.

**Inattentive**

In comparison, the narratives of four participants suggest relative inattention to health and wellbeing through the domains of food and active living. These participants described childhoods that were notable for the lack of neighbourhood play. Whilst still at primary school, each had household responsibilities consuming most if not all the hours that other participants were largely free to play. Nowadays, rather than perceiving activity as a means of protecting or enhancing health and wellbeing, their narratives present barriers to active living practices through perceptions of illness and sometimes of diagnosed disease. They angrily describe recollections of dinnertime routines in households where food and eating were contentious. They refer back to negative childhood experiences of food
to justify their present food preferences and practices, describing food habits that they have sought to manage or eliminate, for example, Barbara summarised her situation: “To this day I still have a problem with sugar.” As adults, they prioritise spending on matters other than food, describing food practices as a chore, in contrast to the pleasure articulated by those who described personally fulfilling food philosophies or regard eating times as socially meaningful occasions.

**Mixed**

The four participants in this category are, nowadays, attentive in one respect but not the other. However, all four recalled physically active childhoods based principally around neighbourhood play. Unlike those in the ‘inattentive’ category, it is tiredness rather than deteriorating health that is presented in their narratives as the barrier to being physically active nowadays. Relatively recent weight-gain was talked of by three of these women, each of whom suggested that continuing relative inactivity might eventually take them beyond weight-gain to declining health. They expressed an awareness of the potential for a pending problem and sought to manage their situations without further accentuating the issue of tiredness. Considering the food practices within this ‘mixed’ category it is apparent that for some participants their practices nowadays are guided by childhood experiences. However, unlike those in the ‘attentive’ category, the guiding influence is not a matter of positive replication but the adoption of culinary practices that runs counter to notions of good health. The mundane food of childhood is counteracted by lavish foods that replicate television cookery programmes; recollections of being forced to eat vegetables are countered with justifications for fast-food options that they perceive to be healthy due to the inclusion of vegetables. On the other hand, when the need for “fat on your bones” is anchored in knowing that some of one’s forebears died of starvation with others fortunate to have survived,
there is a strange juxtaposition. Public Health notions of healthy eating do not account for the social and cultural baggage that filters through generations when family histories reveal that an extra slice of bread and butter can mean the difference between life and death.

In the following chapter the three categories of attention to personal health through everyday practices are brought together with the continuum of belongingness arising from the earlier chapters. Through this layering of analyses I address the question of how the residential area becomes embodied, influencing personal attention to health and wellbeing.
Chapter 8: A Typology of Belongingness and Health

In this chapter I draw together and discuss the findings from my empirical research reported in the previous four chapters, carrying out a second stage of analysis to form a typology of belongingness and health and wellbeing, grounded in the narratives. The previous chapters presented my analyses arising from participants’ narratives about their experiences of belongingness in the residential areas where they have lived, and their experiences of food and active living throughout their lives. I re-summarise those findings below, before describing this next level of analysis and the characteristics of three profiles that form the typology.

My analyses regarding belongingness, explored in Chapters 4 and 5, were grounded upon an understanding of ‘neighbourhood’ espoused by Heidegger (1959/1982) which has been carried forward through the literature as an experience of feeling that one ‘fits in’, has a sense of belonging, or feels ‘at home’ in one’s local environment: where relations of ‘nearness’ emerge from being nearby. Drawing upon descriptions of ‘at homeness’ (Antonsich, 2010; Seamon, 1979) to guide my analytic categorisations, I considered the experience of neighbourhood belonging to arise when living in the residential area brings about perceptions of familiarity, comfort, security, and emotional attachment.

I found that participants’ childhood experiences of feeling ‘at home’ in their residential areas arose through adult-enabled play, where local children appropriated local public space, ‘owning’ the common territory and stamping it with child-appropriate meanings and contexts. For some participants the sense of belonging they experienced at household level did not extend beyond the home to the neighbourhood. Further, some participants lived in households that they described in ways that suggest an
absence of feeling ‘at home’ within this most private sphere of domestic life. These participants did not describe the development of a sense of neighbourhood belonging. Rather, they described either a longing to belong or an avoidance of neighbourhood engagement.

Participant’s experiences of neighbourhood belongingness as adults was more compartmentalised, with convenience, character, and conviviality all coming into the mix in proportions that very often referred back to childhood experiences, sometimes in replication, sometimes in opposition.

In Chapter 5 I showed that participants who grew up with a strong sense of neighbourhood belonging subsequently drew upon that experience as they attempted to fit in to new residential areas. In contrast, others tactically sought to create a different lifestyle that they perceived to be preferable to that of their childhood. Amongst those with this latter experience there was a shared problem concerning trust, either as misplaced trust or distrust. My findings suggest that social skills attained in the childhood neighbourhood had an enduring effect on creating and sustaining social relations at least at a neighbourhood scale and possibly beyond.

Thematic analyses led to the findings described in Chapters 6 and 7. Together, these produced a continuum of attentiveness that accounted for participants’ descriptions of their experiences of active living and food. The 16 participants were categorised into three groups, with eight participants describing attention to personal health through their everyday practices toward food and active living; four participants describing a comparatively low level of attention; and four describing a ‘mixed’ presentation, being attentive in one sense yet not in the other.

The work of the present chapter is to bring together my findings regarding attentiveness to health with those arising from my analysis of belongingness. I do this to identify similarities amongst the narratives that
suggest associations between belongingness, and health and wellbeing. To make such a comparison I grouped the narratives according to their individual profile, as having a stronger or weaker sense of neighbourhood belonging, and having higher or lower attentiveness to health and wellbeing through everyday practices. I compared meaning-making elements of grouped narratives to identify common storylines that were narratively connected to everyday habits which either enable or hinder health and wellbeing. I also compared across the groups, seeking similarities and differences in interpretation that suggest an influence on health. All the while, the lifecourse focus of the study enabled me to check back with individual life-stories, effectively asking if my findings ‘made sense’ or were consistent in relation to the story as it was narratively constructed in the interview context.

Profiles of Belonging and Practice

My analysis of the 16 narratives in relation to neighbourhood belongingness across the lifecourse produced a continuum of belongingness, ranging from weak to strong. My analysis of the food and active living as domains of everyday life that illustrated personal attentiveness to health also produced a continuum, ranging from low to high. While these continuums showed a range, they nevertheless included clusters of experience, punctuated by instances of ambiguity.

I attended to ambiguous instances by returning my attention to the narratives. In each instance I worked backward and forward through the verbatim transcripts of my discussions with that participant. From within those transcripts I temporally arranged the narrated events related to the domain of interest, from childhood to the present. I used this domain-centred collection of narrative extracts to review and compare my recollections and interpretations of the meaning-making elements within
the stories of the participant alongside against her lifecourse engagement with the domain, and also in relation to her life-story as a whole. I noted inconsistencies as well as the veracity of storylines that flowed through the chapters of her life-story and the within-domain extracts. This way, I sought to ensure that my positioning of each participant along the continuum was an accurate reflection of what she had expressed.

This exercise demonstrated that meaning-making and the roots of perception do not always make themselves overt, tidily nested alongside talk of practice. Narratives gradually reveal themselves, like the plot and clues of a good story. For example, in a New Zealand public health context being attentive to health through the food domain has a lot to do with food choices that prevent overnutrition, such as being low in fat, salt, and sugar. On the other hand, for several participants with a family history of hardship, engagement with the food domain was guided by the prevention of health conditions associated with undernutrition. In such households food-associated health threats include rickets and starvation rather than type II diabetes and cardiovascular disease. Contextualising illustrative narrative extracts within the life-story often explained such ‘contradictions’, illustrating how the women made sense of who they are in the context of their lived and embodied experience. This was in accord with ontological understandings such as that of Popay and colleagues, that “people not only have experiences, they can assess the value of those experiences in relation to their lives” (pp. 55-56 (emphasis as per original)). In this way, meaning-making links back to values and perceptions instilled through enculturation, to dispositions, preferences, and perceptions that drive and are driven by habitus (Bourdieu, 1979/2000). As a result, there were instances where I adjusted the positioning of a participant along the continuum, particularly in relation to the food domain.
The process of drawing together the continuums of neighbourhood belongingness and attentiveness to health resulted in three profiles: two distinct and one overlapping. Collectively, these three profiles accounted for the experiences of all 16 participants as these were recorded in the interview transcripts. A simplified view of these profiles is provided in Figure 17. The profiles are labelled according to how they either enable or undermine the attainment and maintenance of health and wellbeing. Drawing upon Baumeister and Leary (1995) who described belongingness as an innate need and evolutionarily advantageous, I considered the experience of belonging to be enabling of health and wellbeing. I also considered a conscious engagement with the food and active living domains as health-influencing aspects of everyday life to be enabling of health and wellbeing.

<table>
<thead>
<tr>
<th>Health and wellbeing are:</th>
<th>Enabled (n=8)</th>
<th>Mixed (n=5)</th>
<th>Undermined (n=3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belongingness:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong</td>
<td>Mostly strong, some weak</td>
<td>Weak</td>
<td></td>
</tr>
<tr>
<td>Attentiveness:</td>
<td>High</td>
<td>Some high, some low</td>
<td>Low</td>
</tr>
</tbody>
</table>

Figure 17: Sense of belonging and everyday practices for active living and food

Of the 16 participants, eight fit the profile labelled ‘Enabled’, which is shown at the left in Figure 17. Participants included in this profile group describe through their narratives that they have a strong sense of neighbourhood belonging coupled with everyday practices for active living and food that suggest conscious efforts to make healthy choices. Three participants fit the profile ‘Undermined’, shown at the right of Figure 17, and their narratives suggest a weak sense of neighbourhood belonging and low attentiveness to health through everyday practices. In between, with ‘Mixed’ profiles, are five participants where the match is not straight-
forward. Most participants categorised into this mixed profile have a strong sense of neighbourhood belonging, and most have a high health focus to one or other of the two everyday health habits I considered. Below, I consider the storylines that commonly connect childhood and adulthood for the participants grouped within each of these three types along the continuum. But firstly, I briefly consider the types according the recruitment criteria to illustrate the extent of attribute diversity within each type.

Attributes from the Recruitment Information

As illustrated in Table 2, each of the three profiles includes participants with a range of attributes considered at recruitment. It is interesting to note that the relative deprivation of the area where one lives seems to have little to do with the neighbourhood being enabling or otherwise of health and wellbeing, with a range of small-area deprivation categorisations apparent in all three profiles. The recruitment attributes of participants grouped within the ‘enabling’ profile suggests one way to optimise the health effects of where one lives is to reside in an area that meets personal notions of what makes for a great place to live, and to live there without dependents, spending the bulk of one’s day away from the neighbourhood, working at a job enabled by one’s relatively high educational attainment. To an extent, this reflects a particular life-stage, but its attainment would certainly seem to be made easier through the financial advantages resulting from having a tertiary education, coupled with experience in the workforce as suggested by half of those in this profile being in the older age cohort. The key to living in a neighbourhood that supports one’s health and wellbeing by making healthy choices easy choices may be achieving a personally determined degree of emotional and financial independence.
<table>
<thead>
<tr>
<th>Attribute</th>
<th>Classifications</th>
<th>Enabling (n=8)</th>
<th>Mixed (n=5)</th>
<th>Undermining (n=3)</th>
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</thead>
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<tr>
<td>Discontent:</td>
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<td>4</td>
<td>2</td>
<td></td>
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<td>Risk of obesity-related disease</td>
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</tr>
<tr>
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<td>2</td>
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<tr>
<td>Middle:</td>
<td>2</td>
<td>2</td>
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<tr>
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<td>1</td>
<td>1</td>
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<td>Small area deprivation</td>
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These attributes, shown in Table 2,\(^{43}\) tell only of particular circumstances as these are currently experienced, completely overlooking the life-story journey toward the present. Below, I explore the “densely textured data” (Geertz, 1975) arising from the in-depth life-story interviews, to see what has been revealed through common storylines and underlying perceptions and preferences that suggest a more thorough understanding of why the participants are thus profiled.

**The ‘Enabling’ Profile**

The ‘enabling’ profile brings together eight participants whose narratives illustrate the embodiment of a health-promoting experience of neighbourhood. Their stories covered a range of experiences, delivering the

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\(^{42}\) This was narratively determined. Some participants were in paid employment within their residential area, challenging the notion that women who have a full time job spend less time in their neighbourhoods.

\(^{43}\) Table 2 includes most of the attributes shown in Table 1: Extended casebook summary (page 82). However, I omitted the ethnicity attribute because the small overall numbers mean this data may jeopardise confidentiality.
diversity I had aimed for when I devised my recruitment strategy. Some
grew up in relative economic hardship compared to others; some had just
one or two siblings whilst others had five or six; some attended public
schools whilst others were privately educated; they all have some tertiary
education, although one did not graduate; some have been in committed
adult relationships, some of which ended; some have raised children yet
others have not; some are home-owners, others are renters; and some are
now living a lifestyle that is very different to that of their childhood, which
sometimes means a perceived improvement in quality of life and for others
it means the opposite.

Their narratives suggest that they currently experience
neighbourhood belonging, and there is a storyline common to most of their
life-stories that describes the childhood experience of a sense of
neighbourhood belonging, living in residential areas in which they felt ‘at
home’ in the sense described by Heidegger (1959/1982) and Seamon (1979)
and more recently by Antonsich (2010) who also drew upon Fenster (2005),
Yuval-Davis (2006), and hooks (2009).

Their reflective recollections describe similar experiences, suggesting
particular neighbourhood practices are important to the childhood
experience of a sense of neighbourhood belonging. One similarity is that, as
children, each had a group of nearby peers with whom they played, making
their own fun with whatever resources were available within and beyond
the immediate residential area. Within their respective neighbourhood
groups, they moved with considerable ease between their own home and
the homes of their neighbourhood friends, and they were engaged on a day-
to-day basis with the nearby public spaces of their residential area, which
they incorporated into an informally-defined home territory. In this way,
amidst a group of childhood peers, they collectively appropriated and
personalised the shared public spaces of their neighbourhoods in a way that
has been suggested as a core characteristic of third places (Mehta & Bosson, 2010).

Along with the appropriation and personalisation of public space, the collective ‘home’ territories described by these participants incorporated the private places that were the personal dwellings of group members. In effect, the homes of others came to be regarded as an extension of one’s own home, and in the process of coming to feel ‘at home’ in the neighbourhood, one’s peers attained significance as important others beyond the home. This similarity in the narratives blurs the line between public and private, adding a layer of transparency to the activities of the group, being observable by nearby others without being supervised. Permeability or transparency is another feature of third places identified by Mehta and Bosson (2010), who studied adult experiences of third places in urban ‘Main Street’ settings. My study suggests the criteria they identified for adult-centred third places are salient to child-centred third places at the neighbourhood scale.

A further similarity within these life-stories is that their childhood engagement with their neighbourhood was enabled by certain practices of their parents and other adults living nearby. These participants had parents who “put us out the door” to “come back when you’re hungry” or “if you hadn’t been fed elsewhere”; and who were confident enough of their residential area to “assume we were with our mates”. Participants described living amongst adult residents who provided collective surveillance of the area rather than direct supervision of the children’s activities, as well as supplying sticking plasters, refreshments, and bathroom facilities. By way of reciprocation, participants recall being expected and trusted to “keep an eye out” for younger children on the way to and from school and also during neighbourhood-based play, even though younger children might be regarded as “a pain in the neck!” as Amy put it. They were also expected to
be home by nightfall. This similarity addresses characteristics of developed neighbourly social relations as described by Grannis (2009) (see Figure 2) through understandings of reciprocity and trust.

Despite the diversity of circumstances amongst which they grew up, and the spread of years from the 1950s to the 1980s, these features are common to the narratively reconstructed recollections of six of the eight participants with this profile. Their narratives suggest that, as children, they learned to independently establish and maintain social relations amongst peers who lived nearby. Some of those relationships were enduring, others not; and some were friendly whilst others were antagonistic. This, it seems, is the principal work of the childhood experience of neighbourhood: learning to participate in the game of developing social relations beyond what Oldenburg described as the first and second places of the home and the school (1999).

My analysis draws me to conclude that their childhood experiences of neighbourhood, as recalled and reflected upon nowadays through the filters of time and life’s experiences, have endowed them with particular understandings and skills about the social world and how to engage it in the context of one’s physical space. It is apparent that the residential area was an important physical space in the lives of these participants as children. By learning how to comport oneself within the residential area, in its physical as well as social senses, children learn the how to participate in the ‘game’ of neighbourhood (Bourdieu & Wacquant, 1992).

It seems axiomatic that the embodied experience of neighbourhood belonging requires participation. Like every other form of embodiment “it cannot be done at second-hand” (Bourdieu, 1983/1986, p. 244). Participation

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44 Years after the end of neighbourhood play, participants recount how childhood friends have bestowed upon each other honorific roles such as ‘Godmother’ and ‘bridesmaid’.
requires one to learn the rules, guidelines or tenets of how the game is
gplayed. Much of this ‘learning’ is unconscious. In the first instance it draws
on understandings already accumulated as perceptions and preferences
toward a particular lifestyle and what that means for how one interacts with
the social and physical aspects of one’s environment. When the scope of
one’s personal experiential space expands beyond the private sphere of the
home, out into the public sphere of the residential area, the child arrives
pre-equipped with a developing habitus: perceptions and preferences
principally established through home-based enculturation or socialisation
(Bourdieu, 1983/1986). The step beyond the private sphere and into the
public sphere expands the possibilities for making sense of oneself in
relation to the world as it is consciously experienced. As this life-world gets
bigger, so do the possibilities for meaning-making. In a sense, the
kaleidoscope of possibilities influencing personal identity (Brah, 1996), and
hence the possibilities for identity reconstruction (Popay, et al., 2003),
accumulates additional and somewhat different chips throughout life. Such
additions may introduce new possibilities for interpreting or making sense
of one’s history and for forecasting one’s future, enriching and deepening
the possibilities for making sense of oneself (Brah, 1996).

Through the childhood experience of neighbourhood these
participants learned how to participate in and manage the field in a way
that brought about the experience of belonging within a community of
others beyond their private household. These findings echo those of
Freeman (2010) who noted that children “demonstrate their own agency
and autonomy” by building neighbourly social relations through
“familiarity, social knowledge, social interaction and the ability to access
and contribute to the exchange of social resources” (p. 172). In this way
children come to know how to play the neighbourly game, establishing and
embodying the ability to develop reciprocal bonds beyond the family;
bonds which are described by Baumeister and Leary (1995) as vital to accomplishing the innate and advantageous need to belong. The knowledge gained in the experience gets under the skin through the structures of the habitus, becoming incorporated into perceptions and preferences that, one way or another and to a greater or lesser extent, influence future practices.

On the other hand, the narratives of two of the women profiled in this ‘enabling’ state suggest they did not experience neighbourhood belonging in their childhood residential area. In each case parental choices prevented these participants from experiencing a sense of neighbourhood belonging as children. Instead, they lived what has been described as “highly adult structured and controlled lives” (Freeman, 2010, p. 172). Their narratives suggest that experiences of neighbourly relations subsequent to childhood are valued but also constrained. Both women prefer and maintain neighbourly relations that are pleasant and convivial but rarely extend to personally-initiated intentional contact or to cooperative endeavours, mutual trust and the overtly shared values that signify the third and fourth stages of neighbouring relations described by Grannis (2009), such as impromptu child minding. In fact, Karen talked of her realisation, after she became a parent, that other parents took for granted the suitability of her household for visits and overnight stays:

I’m just astounded at how casual some people are. 
And I’ve said that right from preschool!
Dana could never go anywhere without me meeting the parents. 
I mean, Dana’s my child: I’m not going to give Dana to people that I’ve never met!
They could be anybody!
People would leave their kids with us all weekend, and I’ve never met them. And I’d be the one ringing up, saying ‘I actually would like to meet you.’
I just could not get over that.

Nevertheless, the ability of these two women to successfully establish and maintain personally fulfilling experiences of neighbourliness, coupled with
their descriptions of their residential areas as pleasant places to live, suggests each has a sense of neighbourhood belonging.

These findings go beyond the ‘health habits’ described by Kozica and colleagues (2012). Michel Foucault (1984/1990) wrote of the care of the self as being not simply a general attitude or unfocussed attention, but a set of conscious practices that take time and effort, requiring prioritisation and reflection. Compared to other participants, those with this profile illustrate a framework of everyday health habits that suggest a conscious approach to the care of the self, in terms of both self-identity and the self as a physical entity.

The narratives of all the eight women described their everyday lives nowadays that included planned active living routines and food philosophies, such as vegetarianism, only eating ethically-raised meat, the avoidance of packaged meals and meal components in favour of ‘cooking from scratch’, and the avoidance of substances such as caffeine, alcohol and tobacco. Especially regarding food, these health habits usually respond to the practices of their childhood household, often through mimicry but sometimes through a choice to pursue a preferred pathway that reflects contemporary ideas about healthful eating, such as consuming more vegetables and less meat.

Further, their narratives show them to think and act creatively to attain their preferences. For example, several consciously bought homes in locations that matched their preferences for natural features that are personally perceived to be beneficial to and supporting of wellbeing, such as access to the shoreline or native bush, or a view of the harbour. When everyday domestic life is conducted in a residential area that has been consciously selected for its health enhancing attributes, the resident has a healthful platform from which to further enact everyday health habits: it is an easy choice to make a healthy choice (Milio, 1981).
The ‘Undermining’ Profile

You may be deceived if you trust too much, but you will live in torment if you do not trust enough. – Frank Crane (1861-1928).

In contrast to the eight women clustered at the ‘enabling’ end of the continuum are the three women whose narratives suggest they are living in the undermining state, characterised by an absence of neighbourhood belonging and having everyday practices that impede their health and wellbeing. While the experiences of participants with the ‘enabling’ profile illustrated one way that neighbourhood gets under the skin, the experiences of those profiled in the ‘undermining’ state illustrate how other experiences seemingly create barriers to the development of a sense of neighbourhood belonging and thus to the health advantages associated with the “innate need” for belonging (Baumeister & Leary, 1995).

All three women described growing up in households that they considered then and reflect upon now as being relatively poor in comparison with nearby others. Two lived in single-parent households, and two had just one sibling while the third had numerous siblings. One has a tertiary qualification, which she embarked upon as a mature student. For two of them, their adult relationships have been fleeting and troublesome whilst the third (who is the only home-owner in this group) has been with her partner for most of her adult life. They are all mothers. The narratives of these three participants include a storyline of living in places where it was socially difficult for them to engage, prompting everyday habits that are focused on physical safety needs rather than long term desires for physical or mental health and wellbeing. Their stories describe situations where the physical expression of the bodily self within its everyday physical environment is of relatively little personal concern compared to the pressing need for safety.
An important focus of my study derives from the assertion of Popay and colleagues (2003) that people with a poor sense of belonging in their neighbourhood are more likely to engage in health-damaging behaviours. Popay and colleagues posited that the reason such people feel themselves to fit so poorly in their neighbourhood is their inability or unwillingness to reconstruct their identity to align with the normative guidelines of their neighbourhood. To reverse the analogy used by Bourdieu (1992), they live in places as if ‘a fish out of water’. If my study is to draw a similar conclusion, it is from the three participants clustered at this ‘undermining’ end of the continuum that such situations would be most apparent. However, the poor sense of neighbourhood belonging presently experienced by these three participants has little to do with the characteristics of where they currently live. All three arrived in their present residential areas with an established tendency for avoidance and distrust. This contrasts considerably with the assumptions about the possibilities of neighbourly belongingness arising from chance encounters and the development of reciprocity that were apparent in the stories of those participants grouped at the ‘enabling’ profile.

Dominating the recollections of childhood of these three women is the shared storyline of living in a household that they considered volatile compared to the households of nearby others. My cross-case analysis showed this to also be apparent compared to the reflective evaluations of most other participants. As adults, all three have experienced high household mobility, relocating every few years, often due to changes in household composition as relationships began or ended.

Compared to the other 13 participants, these three life-stories describe less stability and attainment, and less regard for personal health and wellbeing through physical activity and food. For example, the prevalence of tertiary education that marked the ‘enabling’ profile, where
seven of the eight participants have a tertiary qualification, is not apparent here: all three left school at their first opportunity. Their storylines suggest the experience of wellbeing is personally elusive: something that would be nice to have, but not something that is prioritised in the context of more pressing matters. In their life-stories, the domains of food and active living have a very low priority compared to those whose stories fit the ‘enabling’ profile. Food is a functional necessity, to be attended to with minimal expense and effort. It is not reflected upon as an everyday matter for pleasure or sociality unless it is a special occasion.

Their personal narratives suggest childhood experiences that have left them poorly equipped to manage stressful circumstances, particularly those of an interpersonal nature. Compared to other participants, their relatively limited interpersonal connections may negatively influence their ability to practically or cognitively resolve problematic circumstances in ways that are supportive of positive mental and physical health. Their stories suggest they either avoid or do not recognise potential sources of support, failing to “make the effort”, as one participant phrased it. For such participants there is an implicit threat involved in developing complex neighbourly relations as described by Grannis (2009), such as asking a favour of someone living nearby, because an everyday engagement with nearby others opens oneself and one’s household to external scrutiny. Being poorly socially equipped to overcome such circumstances has been noted amongst mothers who lack supportive social systems (Balaji et al., 2007), with the neighbourhood considered an important source of social support. Like the sense of belonging, mutual trust and reciprocity are considered to be “born of shared experience” through social networks (Shortt, 2004). People who are more trusting get greater benefits from such networks than do those who are less trusting (Elgar et al., 2011). The life-stories I examined suggest these participants have developed a default position of distrust that
works against the possibilities of accessing such support, assuming it is available.

The life-stories of these three participants describe circumstances of psychological trauma experienced in their past, whilst living in other places, and which had not been fully resolved at the time they took part in the research. In their own descriptions, these participants ‘know’ themselves to be “wearing the junk”, “damaged”, or negatively influenced by their past experiences, which they overtly link to present behaviours. I suggest their experiences of trauma influence their personal attention to health by reducing the priority of health and wellbeing in response to the heightened perception that their physical safety is in jeopardy. Their life-stories tell of difficulties they have encountered in attempting to transcend the tendency to distrust, including descriptive accounts of internalised stigma. The presence of internalised stigma suggests that the problem of distrust is also inwardly projected, compounding the problem of a distrust of others: can I trust my judgement of another person as trustworthy? However, these participants are not alone in having experienced difficult and unpleasant circumstances.

Of the 16 participants, 14 talked of troublesome experiences that caused them to be afraid. Most of these women have, one way or another, successfully and coherently incorporated their experience(s) into their selfhood and moved beyond the experience, seemingly drawing upon their childhood experiences of trustworthy and supportive social relations within the home and in the childhood neighbourhood to overcome such experiences. In those instances participants talked of “collecting myself” of “picking myself up” and of “coping; as you do.” It is beyond the scope of this thesis to further examine why some people recover from such circumstances and others do not, but it is noteworthy that variability in the
recovery process seems to have consequences for sense of neighbourhood belonging and for attention to personal health.

There are two points to consider with regard to the observation of Popay and colleagues (2003) that people living with an absence of belongingness may be at risk of adopting behaviours that are detrimental to their health. Firstly, some of the behaviours that are detrimental to or unsupportive of good health which are evident in the three narratives that fit the undermining profile can be considered forms of self-harm. For example, non-adherence with medical advice was apparent in the narratives of all three participants. One participant who has insulin-dependent diabetes described a sustained practice of non-adherence. She estimated the longest continuous period of adherence to her medication and dietary regime to be “probably three months” over a ten year period. Secondly, the importance of protecting oneself and one’s offspring from physical danger can be an everyday concern that overshadows attention to mundane health habits. The concerns of food and physical activity may seem less relevant, especially when healthy choices are not easy choices. For some participants, feeling safe from physical danger amounted to a considerable emphasis on health: being safe can mean staying alive.

My analysis suggests that people who cannot establish and maintain relationships of trust are unlikely to achieve a sense of neighbourhood belonging regardless of where they live. It is not necessary to consider oneself ‘friends’ with one’s neighbours in order to achieve the stage of neighbourly relations considered efficacious for the perception of better self-rated health (Carpiano & Hystad, 2011). Nor is it necessary to be ‘friends’ with those living nearby for the social network efficacy that is considered to make one’s residential area a better place to live (Grannis, 2009). However, what is necessary for these benefits to accrue is for there to be a degree of trust between nearby households (Chappell & Funk, 2010),
sufficient to have confidence that someone living nearby would carry out a small domestic favour (Carpiano & Hystad, 2011; Grannis, 2009). When distrust has become the default assessment, establishing the trustworthiness of nearby others is further complicated by a preference to “keep to ourselves” as one participant phrased it, rather than risking the passive contact chance encounters that define the second stage of neighbouring relations model proposed by Grannis (2009) and illustrated in the Chapter 2.

**The ‘Mixed’ Profile**

The characteristics of the overlapping profile are particularly interesting because these bring together circumstances that have been suggested to be conducive to incorporating health-enhancing behavioural changes into one’s life. Hystad and Carpiano (2012) have found that people with a better sense of community belonging were more likely to make positive changes in their health behaviours, especially regarding food, weight, and physical exercise. Consequently, the neighbourhood perceptions of participants with this profile are important to understanding some of the barriers to healthful practices, which is relevant to the objective of making healthy choices easy choices (Milio, 1981).

All five of these participants grew up alongside siblings and in houses owned by their parents. They all attended university directly from school, but just two graduated. Their life-stories described being or having been in long-term adult relationships and four are raising or have raised children. Three were homeowners at the time of my research.

Like those participants profiled at the ‘enabling’ end of the continuum, most of these women described a strong sense of neighbourhood belonging as children and most also described the same of their residential area nowadays. However, most of those who share this profile have little conscious engagement with health-focused everyday practices. Although most of the research participants regularly walk for
either leisure or transportation, those grouped in this profile do neither. Most of the these women live in areas with a very steep terrain,\textsuperscript{45} which was cited by some participants as a barrier to incidental walking as well as planned, recreational walking or walking for transport. Further, they mostly live in areas that lack the variety of food options that are available to other participants living in other parts of the city. Nevertheless, all five of these participants talked of consciously choosing to live in their particular neighbourhood. Two bought their homes specifically for the view, and others have selected homes by prioritising convenient access to services or facilities at the best value in circumstances where financial constraint was necessary. Their descriptive accounts positioned these preferences ahead of conscious attention to everyday health habits relating to active living and food, especially compared to participants grouped in the ‘enabling’ profile.

As I noted above, most of the participants categorised into this ‘mixed’ profile have a strong sense of neighbourhood belonging, and such people seem to be more likely to attempt behavioural changes that are beneficial to their health (Hystad & Carpiano, 2012). However, the neighbourhoods of these participants present few opportunities that entice the adoption of healthier practices. The easy choices enabled by their neighbourhoods are often choices that are either detrimental to health or not health-enhancing. For example, steep streets may prompt the easy choice of using the car instead of walking. In such an environment a degree of creative thinking needs to be applied to routine, everyday, embodied practices, a “‘health practice’ … a permanent framework of everyday life” that of the sort referred to by Foucault (1984/1990, p. 101) to make the healthy choices easy choices (Milio, 1981).

\textsuperscript{45} Referring back to the URBAN data, it is apparent that six of the sixteen participants from my study live in residential areas objectively categorised for the purposes of the URBAN study to have the characteristics of ‘low’ rather than ‘high’ walkability. For more information, see Badland et.al (2009).
Conclusion

The profiles generated in this chapter group together participants with particular characteristics regarding their sense of neighbourhood belonging and the health-focus of their everyday practices. Their experiences prompt two contrasting perceptions towards belonging and attention to personal health through everyday practices. On the one hand, half of the participants presented a philosophy of thoughtful self-care. They decide where to live keeping in mind their preferences, be these toward the natural environment, the built environment, or the social environment. And they decide how to live through a conscious engagement with their local food environment with the intention of attending to a personal philosophy of food, and in consideration of the preferred active living practices. Through their everyday practices they place themselves in situations within their residential areas where they are likely to experience chance encounters with others who live nearby. Further, they engage with their neighbourhood in a social sense that aligns with preferences harking back to childhood understandings of how a ‘proper’ neighbourhood functions, employing the rules of the neighbourhood game as these have been learned, applied, and also modified across the lifecourse.

In considerable contrast are three participants whose experiences influence them to give a low priority to their everyday practices for food and active living. Their priorities distance them from their residential area as a socially relevant community and also from affective relations with the built and natural features of the area. Their engagement with the food environment tends to prioritise perceptions of cost ahead of perceptions of taste, prompting an almost exclusive reliance on supermarkets, which they consider the cheapest source of food but which offer none of the aspects of a theatre of social action apparent in the talk of those who frequent produce
markets and specialty providers. Their limited engagement with active living practices is a barrier to chance encounters with nearby others. Of most importance to the health effects of belongingness, however, is that these participants describe social relations that suggest an absence of trust and few indications of neighbourly reciprocity.

The five participants profiled as between these contrasting states have much in common with those in the most desirable state. More importantly, their life-stories differ to those in the least desirable state in one very important respect: they trust unless they encounter a specific reason to distrust, rather than the reverse.

When ‘neighbourhood’ in the sense described by Heidegger (1959/1982) is experienced, it gives rise to a sense of belonging to a community of people at a larger scale than the household, to a collective that extends beyond kinship, and which is situated in the public sphere of everyday life, rather than the household-based private sphere. Amongst the participants of my study, the skills for generating the social relations essential to neighbourhood belonging were almost always learned in childhood. Amongst those who did not embody the knowhow of mutually beneficial neighbourly relations as children, the skills they acquired later in life were not embodied to the extent that they seemed ‘natural’ or ‘normal’ in the sense described by Bourdieu (1992). Instead, the deployment of such skills nowadays remained exceptional, seemingly being drawn out by others rather than self-initiated.

The absence of a sense of belonging has been recognised as detrimental to health (Baumeister & Leary, 1995), and has been suggested to influence the adoption of health-threatening behaviours (Popay, et al., 2003). My research suggests that by establishing a sense of belonging at a scale beyond the private sphere of the household, a protective, buffering effect is created, cushioning the negative health effects of troubles at the
household scale. The narratives showed how participants who had formerly experienced a sense of neighbourhood belonging acted to establish mutually beneficial social relations with nearby others at times of household disruption – from moving to a new residential area, to coping with marital breakdown. In contrast, participants for whom seeking out mutually beneficial neighbourly relations was not a normal and natural thing to do described the adoption of behaviours that are detrimental to their health and wellbeing.

My research suggests that through the experience of ‘neighbourhood’ people develop and embody social knowledge of major significance: the knowledge of how to engage with those amongst whom one lives, for mutual benefit. Further, whilst the health effect of neighbourhood belonging seems to be protective, an absence of belonging was associated, amongst the participants of my study, with behaviours that were detrimental to health and wellbeing. Nevertheless, the underlying circumstances that created a barrier to the childhood experience of neighbourhood belongingness were interpreted by the participants concerned to emerge from childhood household circumstances and caregiver practices, rather than from troublesome first-hand experiences of past or current neighbourly social relations.

Having described the three profiles that emerge from my concatenation of the work carried out in the previous chapters, in the following chapter I focus on the role of one particular feature of the residential area that has emerged in the narratives as particularly important to the experience of neighbourhood ‘getting under the skin’. I propose that ‘third places’ are an important conduit for the experience of neighbourhood belonging.
Grounded in the narratives is an implicit understanding that engaging with nearby ‘third places’ is especially important to developing a sense of neighbourhood belonging. The social dimension of the residential area is made manifest through ‘third places’: an abstract overlay that can develop in relation to natural or built features of the residential area. Third places are not ‘given’ but ‘made’ by locals whose lives have become socially connected, when living ‘nearby’ has been transformed into living in ‘nearness’ (Heidegger, 1959/1982).

Drawing together the accumulative and interpretative processes central to habitus (Bourdieu, 1983/1986, 1979/2000, 2002; Bourdieu & Wacquant, 1992), and the experience of neighbourly ‘nearness’ (Heidegger, 1959/1982), ‘neighbourhood’ as the social dimension of the residential area becomes embodied, creating durable guidelines about how the social dimension of the residential area is anticipated to operate. The central focus of this chapter is the role of third places in the embodiment of neighbourhood, which contextualises my findings in the literature.

The residential area is the natural habitat of public gathering places that are the core settings of informal public life (Gardner, 2011; Oldenburg, 1999). This informal public life, I argue, is what people ‘fit in’ with in order to feel ‘at home’, generating a sense of neighbourhood belonging. Third places are the sites in which residents ‘mix’ (to draw from my study participants), mingle, and linger (to draw from Cattell and colleagues (2008)). In this chapter I show third places to be vital to the experience of neighbourhood belonging, producing enduring characteristics in individuals that have an ongoing benefit throughout the lifecourse, including beneficial effects for health and wellbeing. My findings
strengthen Oldenburg’s conception of third places by showing their impact not just on one’s present experience of the social dimension of the neighbourhood but also on future experiences. I extend his conception through the realisation that children as well as adults creatively make and use third places, which provide a durable, embodied experience of ‘neighbourhood’ and belonging.

**Third Places Beyond the Built Environment**

A contrast between my findings and those of Oldenburg (1999) is that the settings he describes as ‘third places’ are all aspects of the built environment: they exist in the residential area because they were put there through design. On the other hand, my research shows third places are also hidden in plain sight; clear only to those who enjoy the particular pleasures imparted by that place as a ‘third place’. Gardner (2011) has referred to such settings as thresholds: “semi-public spaces that straddle the private dwelling and public neighbourhood such as porches, patios, backyards and balconies” (p. 266). A further contrast is that my study suggests third places were important in the social lives of my participants as children, whilst Oldenburg does not address third places in relation to children. Below, I show how attributes of third place-ness were revealed within the narrative reconstructions of childhood before going on to address the participants’ adult reflections on the social dimension of their environment.

My analysis overlaps with that of Mehta and Bosson (2010) who described four attributes of adult-centred third places: personalisation; permeability, rest, and shelter. In the childhood recollections I analysed, there were clear descriptions of children acting collectively to personalise the shared spaces of their childhood neighbourhood, appropriating space and resources as they staked their loosely defined territory. Permeability featured through the adult role of surveillance from afar that contrasted
with any need for close supervision. While the adults studied by Mehta and Bosson sought seating for rest and restoration, in the childhood recollections the need was not for physical rest but rest from participation in an adult-led world. In the third places of the childhood neighbourhood, children made their own fun. The need of shelter was the fourth attribute of third places identified by Mehta and Bosson. Again, the recollections showed a particular child-centric interpretation. While this was not a concern about weather extremes, it was still a practical concern, addressing the possibility of needing help knowing that help could be accessed from a multitude of nearby households.

Reflecting upon their present neighbourhood, many participants talked less about aspects of the built environment, such as cafés, than they talked of their affection for natural features of their area, especially the shoreline where many participants have an everyday practice of walking. Wellington city has a network of footpaths and walkways that trace much of its extensive coastline, including inner-harbour wharves in the central business district. Participants suggest such sites also have the nature of third places, being available, accessible, and with pleasing aesthetics; being sites where one encounters others with whom one’s lifestyle overlaps; and where, as described by Oldenburg (1999), talk comes easily: “People always stop and chat,” “You’re always bumping into people,” “We always wave out!”

How participants’ depict such local settings as third places in my study has parallels with findings from Jeffres, Bracken, Jian, and Casey (2009). Their national telephone survey in the US about perceptions of third places found better access to third places to be associated with better perceived quality of life. The idea of being recognised as a local and also recognising others as local arose in the participant experiences described by Witten and colleagues (2009), who noted that such recognition evokes the
feeling of comfort and belonging. Such experiences suggest that some of the work of third places occurs in open public spaces, where people can spontaneously gather for companionable cordiality and chatter.

The difference between the participants’ experiences of third places and that of Oldenburg may be one of time and place. Oldenburg reflects on experiences of American neighbourhoods from a starting point in the 1970s through to the 1990s. Further, it may be that there is a gender difference or perhaps a social role difference in determining what counts as a third place. Indeed, Oldenburg is overt in his perception and observation that third places used by women tend to be inclusive of children, with women being “eternally ‘on duty’”; whilst third places where men congregate are distinct to both home and work, being a place to “stray from the domestic setting and its responsibilities” (p. 232). The chapter titles within his book are revealing in this respect, focusing on beer gardens and taverns. Just one of the participants in my study talked of using such a site in a manner that suggests it is a third place, and she was recalling an experience whilst living abroad. No one talked of such third places in their everyday practices nowadays, although two spoke negatively of such sites in relation to the everyday practices of former partners.

**Children, the Residential Area, and Third Places**

Within the 16 life-stories I analysed there are many descriptions of an everyday practice within residential areas where the local children play together mainly in nearby informal public spaces and the private backyards of each other’s homes. Also incorporated into their “territory” were private indoor spaces, the use of which was monitored by tacit understandings about the ‘shareability’ of such spaces, particularly when outdoor play was not possible. Most participants described “hanging out” and “making our own fun”, unsupervised, and drawing upon whatever resources were
readily available. Their narratives suggest that as children they used local public open spaces as ‘third places’ in the manner described by Oldenburg (1999), and in alignment with characteristics identified by Mehta and Bosson (2010). Personalisation is apparent in overt statements such as “we owned that place!” Permeability accounts for the practice of surveillance rather than supervision of the youngsters activities. Respite is achieved by the absence of adult direction – a feature of children’s lives at both home and school. And shelter is achieved through the judicious incorporation of private space into the child-centred domain of the neighbourhood public spaces as third places. In this way, children have access to adult assistance if and when they need it, be that for a snack, a toilet break, or when things go awry. Having an expanded access to ‘shelter’ and protection in this way forges intergenerational connections between households, and further develops the idea that one feels ‘at home’ in one’s neighbourhood.

As children, participants learned through play how to form and maintain relationships within a community of non-kin in an environment in which they felt ‘at home’. The experiences of the participants suggest that, given the opportunity, children use their neighbourhood to learn how to make use of third places. Amongst my participants such experiences constitute important elements of the enduring kaleidoscope of meaning-making (Brah, 1996) that influences the interpretation of the self in relation to nearby others with whom there is potential for neighbourly relations.

Indeed, studies of neighbourhood third places and their use by older residents have shown that an engagement with third places is positive for self-image (Meshram & O’Cass, 2013) and enhances perceptions of wellbeing (Gardner, 2011). However, there is little in the third places literature about how children engage with such settings. Oldenburg (1999) critiqued the lack of neighbourhood-based informal public gathering places suited to the needs of adolescents, but somewhat overlooked the local lives
of younger children. He considered the needs of pre-adolescent children for informal public gathering places to be best fulfilled through incidental interactions alongside their mothers (sic) within third places of adult relevance (Oldenburg, 1999, p. 262). The passive role allocated to children in the social life of the neighbourhood in Coleman’s (1988) work has been critiqued by Freeman (2010). Freeman notes that Coleman largely considered children “in the context of parental and family structures” (2010, p. 160), overlooking their individual agency. In my study, adults rarely featured in the childhood stories of those women who experienced a sense of belonging in their childhood neighbourhood. More usually children were “put outside” and expected to amuse themselves, unsupervised. Such participants recall “making our own fun” in the informal public spaces of their neighbourhoods and beyond. In the process of making their own fun, they formed peer groups, and loosely and informally demarcated territories in which they played. Further, through the practice of being “in and out of each other’s homes” children informally appropriated private places into their normative understanding of their loosely defined territory in which they felt themselves to be ‘at home’.

There is an important point to be made, however, regarding the power relations that can arise in third places. Whilst none of the participants described experiences of personally being bullied in the context of neighbourhood-based play, several talked of their awareness that others, sometimes siblings, were at times treated unfairly in such contexts. Such behaviours are a reminder of the necessity for adult surveillance, which goes hand-in-hand with the willingness to step in or speak out in one way or another when inappropriate behaviours are observed. The life-stories I analysed, however, suggest that children fare better in the long run when adults refrain from attempting to protect children by preventing them from
being exposed to the risks of learning to independently form relationships with their peers.

Not all participants reported such agency. Those whose childhood recollections did not include this experience and the resulting sense of neighbourhood belonging describe living in a household that was set apart from those residing nearby, sufficiently different to be either excluded from participating in the normative practice, or consciously avoiding inclusion. Thus, due to circumstances arising from within their households, one participant “never, ever” conformed to the expected reciprocity of inter-household hospitality, and another described her feeling that amongst her peer relationships “the others always seemed closer”. Such participants were prevented from incorporating the private sphere of their personal homes into the territory in which their group of friends might feel themselves to be ‘at home’.

**Neighbourhood Peer Groups**

Recollections of childhood play in the neighbourhood show the social skills learned through such play to be protective of health and wellbeing and carried through into adulthood. The informal unstructured play of the childhood neighbourhood arises through being a part of a loosely connected group of similarly aged children. Joining such a group is not necessarily a straight-forward proposition. The narratives describe two ways in which participants came to belong to such groups: force of numbers, and the means of commuting between home and school, as illustrated in Figure 18: Attaining neighbourhood belongingness in childhood.
The ‘force of numbers’ option arose in the recollections of five women who grew up in relatively large households compared to nearby households and compared to others in my study. Through force of numbers, the children of these households dominated the residential area where they grew up and the activities of the neighbourhood crew. Belonging to the largest household sometimes meant “all the play was in front of our house,” “lots of people used to come and play; [we had a] huge area.” Further, “there were so many of us that the family provided this whole social grouping, the rules, everything.” Four of these five women recalled feeling ‘at home’ in the residential area where they grew up. Despite the considerable range of time across which these participants were children – from the 1950s to 1990s – their reflective recollections described extensive use of local public open spaces as sites of childhood play.

The exception amongst these five women is a participant whose home life was a barrier to experiences beyond the household, aside from attending church and school. Just as Oldenburg asserted, but this time in the negative case, the “regular and predictable environment” of her childhood did indeed have a “great effect” on her development, (Oldenburg, 1999, p. 16). Her own description of the outcome of her childhood household circumstances aptly draws upon the idea that experience is embodied, or in this description ‘worn’. She had “years of

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46 The 16 participants had 50 siblings between them (16 households with 66 children), but about half of those children lived in about one-third of those households.
counselling” to deal with the “wearing of the junk” she understood to have been piled upon her throughout her childhood. To be clear, of the trauma encountered in the life (and especially the childhood) of this participant, the absence of a sense of neighbourhood belonging through third-place play was a comparatively minor concern.

Commuting between home and school is a second way participants joined the neighbourhood group. In all of the stories I analysed where a sense of neighbourhood belonging was apparent in childhood, this was an activity carried out independently. Even in those situations where participants caught a bus to school, the bus driver was considerably removed from the connective work taking place between the passengers, having no part in the narrative. In effect, the driver was an extension of the bus rather than an extension of the bus-load of children.

One participant attributed the bus stop as the reason “everybody knew everybody in the neighbourhood; because you all had to get the bus at the same place” no matter which school was being attended: local, distant, public or private. Another recalled how “everyone” walked to and from school independently, “from day one”. She described crossing a nearby park in a nebulous formation as the group grew and splintered along the journey. The regular use of public spaces such as a park “as a cut-through route to somewhere else” has been noted by others to bring about chance encounters that have the potential for closer relations between people living close by (Cattell, et al., 2008, p. 553), and this appears to be what happens in the examples recalled by the participants of my study. Similarly, the school bus or bus stop can be readily interpreted as a setting for chance encounters with similarly situated others, fitting tidily alongside the sorts of places Oldenburg (1999) described as ‘third places’, and also fitting well with the idea of buses as “public transport neighbourhoods” (Russell, 2012, p. 281), whereby regular users become increasingly familiar
with each other and so develop social communities somewhat akin to neighbourhoods. I suggest that the unsupervised companionable cluster of children walking between home and school not only limits traffic congestion and provides an active living practice with a beneficial effect on physical health (Collins & Kearns, 2010); it also acts as a third place in which children share personal histories, and plan and create shared histories.

Independent commuting provides a fluid social space in which the commuting children have considerable opportunity for firstly encountering and secondly becoming familiar with other children living nearby, thereby launching the process of developing independent social relations appropriate to their stage of development, at a neighbourhood level. The process of developing trusting, reciprocal relations is suggested by the narratives to be much the same as adult neighbourly social relations as described by Grannis (2009) and illustrated in Figure 2. The first stage of ‘chance encounters’ arises through the commuting practice. The subsequent ‘intentional encounter’ development arises beyond the commute, for example through after-school play arrangements. The development of mutual trust and reciprocity becomes apparent through descriptions such as ‘best friends’, confidants, and constant companions. It was relationships of this latter sort that in some life-stories carried through to adulthood, with girls acting as bridesmaids for each other, and becoming Godmother to each other’s children. Notably, none of the participants who were escorted to school belonged to neighbourhood-based groups where the principal activity was play. Independent commuting, therefore, is narratively suggested to have been an important milestone in the social development of the participants as children.

The independent nature of home to school commuting described in my study highlights a contrast with the social benefits considered to arise
from ‘walking school buses’, where groups of children are escorted between home and school by adults, as explored by Collins and Kearns (2010). The authors note that this form of commuting has been principally promoted as a means of reducing traffic congestion and addressing childhood obesity. Advocates and adult participants have also claimed the walking school bus to build a sense of community. But the question must be asked: whose community? Is this a community of adult-to-adult relations; of adult-to-child relations; or of child-to-child relations? In the stories shared with me, the neighbourhood groups arising out of commuting practices came about through a child-to-child community emerging from the shared experience of the mundane twice-daily journey between home and school. Apart from enabling the practice of independent commuting, adults had no part in the process, with the exception that their assistance may be specifically sought if help was needed.

For most of the participants in my study independent travel to and from school was an important milestone in their neighbourly social development. My finding concurs with a point made by Collins and Kearns (2010) that “independent walking, in particular, continues to be viewed positively by many children by virtue of the opportunities it presents for socialization and independence” (p. 2). Others, too, have concluded that children prefer to independently negotiate the public spaces between home and school (Mitchell, H., Kearns, & Collins, 2007). As described by those with whom I researched, the commute forms a social field in which the perspectives of children determine what counts as history (‘news’ heard and shared) and assess the potential of future possibilities (plans), just as the third places explored by Oldenburg were found to be settings where adults share news and make plans (1999). Through practices such as getting to and from school, the children “learn about the world” in its social, built and natural senses, beyond the perspectives of their caregivers (Grannis,
The narratives collectively suggest that the process of learning to participate in such a network of local peers as a child provided an opportunity for the development of social skills and normative understandings about neighbourly social connection. These, it would seem, are carried forward to adulthood through an embodied guideline that informs future perceptions and preferences for joining or developing local social networks.

All of the participants who grew up with a sense of neighbourhood belonging considered themselves a member of such a group. Narrative accounts suggest an association between membership and one’s commute between the first place (home) and the second place (school). My findings suggest that practices of independent travel act as an entry point through which children create or become part of an existing ongoing social network that is accessible exclusively to the children of the residential area, and which confers access to the third places of the neighbourhood used by its younger residents. This social field is the neighbourhood crowd: a loosely formed group of children who live relatively near to one another, whose play incorporates the local public spaces and usually the private space of one another’s residences, often moving into the dwelling as well as utilising the backyard, for the principal purpose of having fun. But this is not a universal experience.

Some children were excluded from their residential area as a site of and for social interaction through perceptions of difference. Exclusion was sometimes a personal choice, having assessed the option as the least-unpleasant possibility. One participant described the risks of rejection by both her family and her friends should she attempt to include her home within the pseudo-public space available for the common practice of being “in and out” of each other’s homes. However, avoidance of the residential area as a setting for social connections was usually imposed on the child by
their caregiver(s) rather than being a personal choice. Interestingly, in all of these cases the participant was escorted to and from school by a caregiver, negating the opportunity for entry to the neighbourhood crowd. The absence of talk that evokes the third places aspect of residential area in their narratives suggests to me that the escort and the process of being escorted effectively excluded these children from their neighbourhood as a site for sociality. The adult escort creates a barrier to the child’s ability to freely interact with other children, stifling opportunities to hear or share news, and they are not party to plans. For example, one participant who was escorted between home and school and “kept very busy” recalls that “my mother was much more conscious that she didn’t, you know, want us […] maybe, mixing with kids that she didn’t think was going to go far.”

The descriptor of ‘mixing’ succinctly describes the nature of the camaraderie and communication enabled by the casual environment of third places, bringing to mind the research of Cattell and colleagues (2008) who described the mingling and lingering nature of the local public places as used by the adults they studied. The word ‘mix’ also arises from another participant in my study who “didn’t really mix” with people from different denominations or religions. ‘Mixing’ is what participants recall doing through their neighbourhood play, when they congregated in “loose groupings … making our own fun”. This ‘fun’ may have been ‘planned’ whilst journeying between home and school, or it may be spontaneous. Either way, it may result in a new episode of shared history, such as was referred to by a participant whose stories illustrated the experience of longing to belong: she was as aware that she was not a part of the local crowd and repeatedly attempted to “draw” herself into the recollections of others, making claims of a shared history, so that she might fit in.

There is a contrast in the role of the adults, especially the parents, in the childhood experiences of the residential area as a place in which one
might feel oneself to be at home. In the recollections of those who grew up with a sense of neighbourhood belonging, the adults are barely present, whilst in the contrasting stories the adults are ever-present. But this is an over-simplification. It seems to me that the practices of the adults are at the fore in both scenarios but in contrasting ways. In residential areas where it is “completely normal”, as one participant recalled, for children to be “put out the door”, this normative practice arises in the context of shared values and relations of trust between households. In such contexts adults are understood to be available when needed, from everyday matters such as for food, drink, and first aid, and also being trusted to help in the event of discord or danger: “someone to run to” as one participant recalled. But they were otherwise out of the way, getting on with their adult lives in the adult context of the neighbourhood.

On the other hand, disapproval of a neighbourhood engagement by the adults of the household is much more overt and is invoked by participants as a reason for the absence of neighbourhood-based play. In this way the adults of the residential area, especially the parents, either enable or prevent children from experiencing the phenomenon of neighbourhood belonging. When they are enabled, children use the open public spaces of the neighbourhood as third places, extending these spaces by blurring the borders between public and private as they informally define the territory in which they feel themselves to be ‘at home’ as experienced through the social dimension of neighbourhood in its child-centric context.

**An Enduring Benefit of Childhood Experiences of Third Places**

The life-stories of some participants included an adverse or traumatic event which prompted an ominous alteration to the way they perceived the world. However, coming to terms with that change, or recovery from it, was
patterned differently for participants who had recollected the childhood experience of a sense of neighbourhood belonging and for those who had not. In the wake of such events, the narratives of those who did not describe a childhood experience of neighbourhood belonging talk of strategies that suggest a reappraisal of perceptions, preferences, and practices, privileging the need for self-protection in the new-formed perception that reliance upon others cannot be guaranteed. Participants talk of an inward focus on “coping”; of limiting or avoiding interactions with others, such as by “keeping to myself/ourselves”; and of elevating spiritual practices ahead of physical practices in order to be “clean”.

One way that the experience of adversity has been described is as an ‘insult’ (in contrast to a ‘benefit’) to health, with the experience(s) being subjectively interpreted in a way that influences the uptake of less-healthy behaviours (Kelly et al., 2009). In public health literature, the idea of insults and benefits tends to be applied in relation to economic adversity, with insults and benefits arising from inequalities that disadvantage poorer people and advantage those who are wealthier (Kuh, Ben-Shlomo, Lynch, Hallqvist, & Power, 2003). Yet the experiences of adversity that arose in the life-stories I analysed were not attributed by participants to such inequalities. Instead, they describe interpersonal social interactions that left them feeling threatened and abused, usually arising from within the domestic sphere of the household. Rather than the cumulative insults arising from economic adversity, I have interpreted the effects of such experiences somewhat differently by drawing on theories of identity emerging from the thought of Ricoeur (1990/1992).

Reappraisal in reaction to dramas and traumas aligns with the need for coherence within one’s self-identity, which is attained through reinterpretation (Brah, 1996; Martin, 1995; Ricoeur, 1990/1992). Through altering one’s practices, one attempts to project a particular version of the
self, making this version available for the observation and scrutiny of the others whilst safeguarding the innermost ‘I’ of self-identity. Describing their responses to breaches of trust and the experience of fear and abuse, participants talked of avoiding public life at least temporarily, through decreased use of informal public spaces. Examples of such events that arose in the narratives include the death of a parent – an experience three participants include in their childhood recollections; the bitter end to important relationships, which was recalled as an major “turning point” in the stories of five participants; and the realisation of deceit, particularly where the child was drawn in to the deceit, as was the experience recalled by two participants.

In some life-stories such events appear to create a detour in the life-story trajectory. Participants described avoiding public life or difficulties engaging in public life as they navigated the trauma. The process of re-engaging with the social world was gradual and often involved the seemingly protective enclave of a group requiring at least semi-formal membership, where the trust to engage with others in open public settings could be gradually re-established. Thus, a participant who provides meals to support families under stress through her church social support scheme also describes her self-diagnosed ‘paranoia’ when unrecognised others pass through the public spaces of the area, constantly alert for “murderers and child-molesters”.

Participants who experienced a strong sense of neighbourhood belonging prior to their life-story being disrupted by such a life-changing event described pathways of ‘recovery’ that suggest a degree of resilience which is not apparent in the narratives of those for whom neighbourhood belongingness was absent in childhood. Life-stories of this latter kind described on-going behaviours of social avoidance, with evaluative elements that suggested the effort seemingly necessary for social
engagement within the residential area was not prioritised or valued at household level. Amongst these stories there was a preference of household privacy, and for spiritual engagement.

The narratives collectively suggest that the childhood experience of belongingness through mechanisms such as third places provides a resilience that enables detours to be more readily navigated, re-routing the storyline to a personally satisfactory position, even though it may present different possibilities to those envisaged prior to the experience of trauma. It has been noted that resilience is a process of harnessing expertise (Canvin, et al., 2009, p. 242). Amongst the expertise harnessed by many participants when such events disrupt the flow of their lives is the knowledge and skills accumulated through the process of social development embodied and naturalised through childhood play. I suggest that drawing upon one’s knowledge of how to establish and then maintain mutually beneficial social relations aids the recovery from life’s dramas and trauma. For example, prior experience of trusting relations provided numerous participants with a reliable basis for assessing trustworthiness after experiencing adversity. But this was not the experience of those whose childhood recollections describe the absence of a sense of neighbourhood belonging in childhood. The former were not afraid to initiate contact with unknown others, either in the open public spaces of the neighbourhood or by joining community groups. These women described smoother transitions beyond adversity, buffering their personal identity from the longer-term effects of trauma that challenges the ability to trust. It seems that an enhanced ability to navigate trauma is an enduring benefit of growing up in a place where childhood social development includes feeling ‘at home’ in one’s neighbourhood.

A possible explanation for this benefit is inherent in the narratives. The social world of the neighbourhood (as it is acted upon by children) provides important opportunities for social development due to a key
contrast between the social worlds of the home (the first place) and the school (the second place, as relevant to children). The contrast arises through the role of adults, with both home and school being led by adult agendas, and both being places where children are directly accountable to and supervised by adults. The social dimension of the residential areas experienced by most of the participants, however, is one where adults are primarily facilitators and providers of surveillance rather than supervision. I am proposing that social adversity resilience is an enduring benefit, carried through to adulthood, which develops through children making their own fun, making their own rules, making mischief, and forging bonds with their peers in the third place of the childhood neighbourhood. To borrow from Bourdieu (1983/1986, p. 244) learning how to trust and who to trust is something that “cannot be done at second hand”. It is a judgement that is, I suggest, a skill best acquired under the surveillance rather than the supervision of adults, however well-meaning. It has been said that the appropriate time to learn to manage risk and emotion is by climbing a tree at age eight, not behind the wheel of a fast car as an adolescent (Schofield, 2012). I suggest the same is true of learning to manage the risks of forming social relations. The social knowledge gained through childhood neighbourhood sociality seemingly endures, influencing individual behaviours in health-enhancing ways into adulthood.

**Adults, the Residential Area, and Third Places**

Whilst Grannis (2009) was concerned to establish the quantity and quality of connections between first places: the private households that he positioned onto webs of social networks; the work of Oldenburg (1999) was concerned with the sites where those connections are played out, which he labelled ‘third places’ in the context where the home is the first place, and work is the second. Like Oldenburg, I have found that neighbourly relations
amongst adults are not necessarily played out in first places. For many participants these ties are played out in third places, such as a marketplace, a bus stop, a recreational walk-way, a local dog exercise area, or simply walking along the footpath, either as exercise or on one’s way out or home again. In this way, the public spaces of the area work as a venue for informal public life.

**Neighbourhood Belonging and Third Places**

It has been argued that adults are less geographically dependent upon their residential area because they are better able to leave, whereas children must depend on others living in the area for routine companionship (Grannis, 2009). This may be so, but it was apparent from my study that the women whose narratives suggested a strong sense of neighbourhood belonging nowadays are also those who consciously make use of the public spaces within and near their residential areas, regardless of the proportion of their day that is spent elsewhere. This is not to suggest that utilising the public spaces of the residential area is causally linked to neighbourly relations of the most developed stages as described by Grannis and diagrammed in Figure 2. Indeed, some participants develop a personally satisfying sense of neighbourhood belonging yet describe social relations that extend only to the second of the Grannis’ four stages. However, opportunities for chance encounters with nearby others are enhanced though everyday practices being carried out in the public spaces of the neighbourhood. Such encounters have been described as foundational to the increasingly complex forms of neighbourly social relations that are based on trust and reciprocity (Grannis). For example, a story related in a previous chapter about a local Christmas party tells of temporarily expanding and relocating the community of the local bus shelter, bringing a third place right into a first place: the home of a regular commuter becomes an extension of the bus shelter. Within the narratives,
mundane activities such as dog walking and using buses enabled participants to develop desired degrees of sociality with those who lived nearby and whose everyday practices brought about an overlap in time and space with the practices of the participant.

The narratives suggest that not everyone desires neighbourly social relations of the more developed nature described by Grannis (2009). This was particularly evident in one participant’s description of her neighbourhood: “It’s a wonderful neighbourhood to live in. I don’t really know any of our neighbours to be honest. Um, they all seem to keep fairly much to themselves.” An everyday walking practice makes this participant highly visible and accessible in her neighbourhood, and in the follow extract she specifically describes convivial neighbourly relations arising through chance encounters while she carries out her ‘private’ tasks in ‘public’ spaces:

*We’re not that friendly with neighbours or anything, but even just people [truncated]
If I’m out there cleaning my car, people always talk.
They chat away.
If I’m out walking the dog,
I mean, I walk a lot around here.
You’re always talking to people and you get to know people with their dogs.*

The stage of neighbourly relations implied in the above extract meets the criteria of the second stage as proposed by Grannis. In the mundane field of everyday life, the residents of this area “keep to themselves”, limiting their neighbourly engagement to the public spaces of chance encounter which seem to act as third places albeit in a restrained form compared to the bars and cafés of Oldenburg’s conception where it might be imagined that ‘everybody knows your name’. Public cordiality is the guiding principal of the neighbourly game that works for this participant, and seemingly also for those living nearby. No one is singled out as disagreeable: there is no
“nasty piece of work” arising in the description as was there was in the reflections of another participant. Despite the absence of talk about neighbourly relations that transcend the second stage, the description nonetheless creates the impression of fitting in with those living nearby.

An interesting comparison arose from within the life-story of the above participant, who vividly described her experience of living in a place where she did not feel herself to belong. Several years ago her household was in a neighbourhood that is locally understood to be in a preferential school zone, providing local children with automatic acceptance to highly-regarded schools. Difficulties fitting in amongst those living nearby, as described by the participant, suggest a contrast in household preferences and practices for schooling. School, I have observed, acts as the ‘second place’ in the lives of children, akin to the workplace as the second place relevant to adult lives. However, schools have also been noted as places through which parents anticipate they will form mutually beneficial social relations with other parents (McCreanor, et al., 2006). In this instance, the choice not to use the local schools set the participant’s household apart from nearby others. Choosing a different school brought into question the assumed qualities of the sought-after schools, and also denied the local community the energies, resources, and capabilities of the participant and her household. She described being “astounded” at the “standoffish” residents, who did not engage with her as she walked her dog or cleaned her car in the public settings of the neighbourhood, concluding that she “hated” her years living there and relocated more quickly than was ideal.

Together, the different chapters from this life-story illustrate the possibilities for attaining a sense of neighbourhood belonging despite the absence of the more developed forms of neighbourly social relations, and the difficulty of developing a sense of neighbourhood belonging in a place where chance encounters result in perceptions of hostility rather than
conviviality. This suggests to me that convivial, or at least non-aversive, social relations with those who live nearby make it possible for this participant (and possibly others) to feel herself to belong in her neighbourhood.

**Third Places and Health Habits**

Participants who engage in the informal public life of their residential area on an everyday basis usually do so principally through their health habits: practices that either overtly or incidentally enhance their health or wellbeing or both. Through practices such as walking for recreation or transportation they are well situated for chance encounters with other locals, fulfilling the prerequisite stages of the process described by Grannis (2009) for the first and second stages of neighbourly relations. The core settings of informal public life that arose in the narratives were very often infrastructural features of the local area, such as harbour or beach access ways, or they were waterfronts or walkways and dog exercise areas within the Council Reserves that surround the city. Participants consciously use these sites with their physical and mental health and wellbeing in mind, seeking to incorporate pleasantness and fulfilment into their routine practices toward food and physical activity. The settings they seek out with such intentions contrast with the settings within the built environment that are the focus of Oldenburg’s theory, such as café’s, bookshops, bars, and hair salons.

When the residential area includes settings for informal public life, it may seem an easy choice to include those settings in one’s everyday practices. However, availability and accessibility need to be aligned, and there must also be an alignment with lifestyle preferences. As Green (2009) has observed, the chosen and managed ‘hardship’ of tramping or camping is qualitatively different to the experience of living one’s everyday life in a state of hardship. My analysis suggests that the potential for a convergence
of a health benefits and the use of local settings depends upon the person identifying a reason to use local public spaces. Just as the post-implementation reviews of Burgoyne et al. (2007), Coulson et al. (2011), and Kessel (2009) have shown, the presence of health-enhancing local features or facilities does not necessarily lead to local participation. Walkways provide no benefit (health, wellbeing, or for initiating social connections with nearby others) to those who drive. Similarly, the potential benefits were not available to those who did not regard such places as being relevant or accessible.

Amongst my participants, the reasons for using public spaces of the residential area usually related to private life, bringing about an intersection between what is private and what is public. For example, the need to walk the dog and choosing to do so at a nearby reserve, or a need to attend to the stresses of everyday life and choosing to do this through a walk along a local beach, or choosing to fulfil one’s need for groceries by shopping at a local farmer’s market. Using informal public spaces for private purposes brings about a blurring of public and the private spheres that requires a degree of trust and of subtly shared values. A private need is subtly exposed to public scrutiny. When individuals of casual acquaintance smile, greet, comment on the weather, ask about the dog, or wish one another a great day, they implicitly permit each other to influence their perceptions of the self as a worthy fellow resident. I’m ok; you’re ok; and this place is ok for us to share.

**Mothering in the Residential Area**

The difficulties described above, in the case where household preferences for education are poorly aligned with the norms of those living nearby, introduces the additional complexity brought to the household and to the meaning-making of the individual when children bring about a new aspect to personal identity. The incorporation of children into one’s life
introduces the need to make choices on behalf of others, creating a ‘caregiver’ perspective. Talking about their perceptions of their present residential areas, participants living with children frequently referred to nearby facilities and services that were primarily provided for the benefit of children, but had an inherent secondary function of enabling the social dimension of the neighbourhood for parents and caregivers. Accompanying children to places geared toward their needs has the by-product of creating opportunities for chance encounters between the accompanying adults. This has advantages, as one participant described. She overcame a sense of isolation when her offspring began attending early childhood activities in the area. Another described her plan to attend local antenatal classes in order to maximise her opportunities for getting to know other expectant parents in her area. Such perceptions add to findings from other New Zealand-based studies; one which showed that neighbourhood is important to parents, both “for service and amenity use, and as a significant nexus for social relations,” (Witten, et al., 2009, p. 2905); and another which highlighted the use of ‘servicescapes’ by stay-at-home-mothers as a coping mechanisms for their experience of social isolation (Johnstone & Todd, 2012).

Further, an absence of local services principally targeting the welfare of young children was identified by participants not only as a barrier to the child’s development of social relations with nearby others but also as a barrier to the development of mutually beneficial social relations with nearby adults at a similar life-stage. For example the tactic espoused by the participant above, of meeting other expectant parents living nearby through local antenatal classes, was also shared by another participant, but in the latter story the tactic failed.
The extract illustrates the participant’s intention as well as her disappointment at the resulting lack of “connections” when local antenatal classes were over-subscribed. The story illustrates the expectation of numerous participants who talked of actively seeking opportunities for establishing meaningful connections with nearby others through local services that are directed towards the immediate health, educational and care needs of their children. It also illustrates the disappointment when, for example, “you don’t make the local connections that you would maybe if she was at a little more local crèche.”

In this respect, my research turns Oldenburg on his head: instead of children accompanying their mothers to third places of significance to women’s lives, the women participating in my research drew upon services principally aimed at the needs of their children, therein seeking connections with other similarly-situated adults.

The experiences described support the findings arising in another New Zealand study which noted the extent with which parents, especially New Zealand Pakeha and Māori parents, described their experiences of place belonging in terms of the perceived fit for their children, especially in terms of education and health services (McCreanor, et al., 2006). Although

*All the antenatal classes in the area were absolutely chocka. So the only antenatal class we could get into were [about 10 kilometres away] so we had to go all the way out there. And it was people from all over; different places. So as you can imagine, as was probably likely to happen, it’s really kind of [truncated] we’ve drifted apart, you know, because you’re not living in the same vicinity. So, if I’d been able to get into [a local] antenatal class for instance, we’d all have been in the same area, and you’d probably would have forged much stronger connections. So I mean that was one thing that was quite disappointing.*
the social needs of the household might not be a priority for the service provider, these were important priorities to the participants of my study.

**Conclusion**

Settings that have the nature of third places were found in the narratives to be beyond the limits of the physical environment. They were hidden in plain sight as local understandings of the local informal public settings are incorporated in everyday life, especially through play in childhood and through health enhancing habits in adulthood. Children transform the residential area into a third place of their own imaginative construction, incorporating public and private spheres of the area by blurring the line that divides the adult conception of public and private spaces. The neighbourhood-as-a-third-place becomes accessible to children through group membership. Groups developed through an accumulation of shared history that often had a core connection through the mundane practice of commuting between home and school. The adults of the household and the residential area can either enable or create barriers to the formation of or engagement with these roving groups of local children. Participants who belonged to such groups described an enduring resilience against social adversity that seemingly arose from a setting in which, as children, they developed the skills and judgement necessary to establish trusting social relations. The embodiment of such knowledge can enable individuals to more smoothly navigate and overcome circumstances encountered throughout the lifecourse that might otherwise introduce negative consequences of health and wellbeing.

In my analysis of the residential area as a site for third places I drew upon and extended the work of Ray Oldenburg (1999). I have found that an important way that neighbourhood gets under the skin is through the childhood appropriation of nearby third places into the sphere of ‘home’.
Just as the home is the initial site of enculturation and habitus development, the third places of the childhood residential area seem to be principal sites in which children may learn how to independently get along with unrelated others. Such mutually beneficial, reciprocal relationships have been described as innately desirable and evolutionarily advantageous (Baumeister & Leary, 1995). The process of developing a working knowledge of how to get along with others, how to play the ‘neighbourhood’ game, feeds the habitus, expanding the possibilities for making sense of oneself in the context of one’s experience. Quite unconsciously, perceptions are formed; preferences are clarified; and practices alter to fit one’s understanding of one’s own self in the context of experiences that are held to be personally relevant. Through the process one comes to know oneself to be a member of something beyond family, all the while strengthening connections between households by forming relationships of nearness: neighbourliness.

Understanding the childhood experience of and meanings arising from the residential area is important because that experience is carried forward into adulthood, influencing schemas of preferences and perceptions which guide behaviours that either enable or undermine health and wellbeing. My analysis suggests there to be a taken-for-granted understanding of the role of the childhood residential area to the ongoing interpretation of the self in relation to one’s residential environment and to sociability more generally. This highlights the desirability of and priority that should be given to ensuring residential areas foster child-initiated, adventurous play, enabled through neighbourly surveillance rather than direct supervision. Unfortunately, as others have noted, the trend is not toward such characteristics but away from them (Ergler, Kearns, & Witten, 2013; Freeman, 2010).
The narratives suggest that neighbourly social relations amongst adult residents draw upon a different conceptualisation of the neighbourhood space than that used in childhood. Whilst adult neighbourly relations exist between the private spheres of domestic households, they very often occur or are enacted in the public sphere of local settings that act as third places. In this way, adults do not appropriate the homes of their peers into their conception of feeling ‘at home’ to the extent that was evident in the participants’ childhood recollections. Individuals have differing preferences for the degree of engagement in the social dimension of the residential area, with mutual cordiality being the most basic form of sociality that provides the feeling of neighbourhood belonging. Opportunities for cordiality arise mostly when tasks or objectives arising from the private sphere are brought into view, quite literally, by being carried out in the public settings of the neighbourhood. Such tasks can very often be interpreted as health-promoting everyday practices, perhaps overtly contributing to the health and wellbeing of the adult, such as through recreational and walking or the physical activity involved in washing one’s car. On the other hand, advantages to personal health may be secondary, such as the consequence of a practice directed at the health and wellbeing on one’s children that also brings about opportunities for the development of health-enhancing social connections between the adult caregivers.

In these ways the narratives at the core of my research show the importance of third places to the process of developing social connections with nearby others, and which brings about the health-enhancing experience of belonging to a social setting that is a step beyond the familial relations of the private household.
Chapter 10: How Neighbourhood Gets Under the Skin, Influencing Health and Wellbeing

My research shows that an engagement with the social dimension of the residential area is one way in which neighbourhood gets under the skin, influencing health and wellbeing. The narratives suggest that neighbourhood becomes embodied through an engagement with ‘third places’ that blurs the boundaries between the private space of the dwelling and the local public spaces of the residential area. For the women in my study, engaging in such places started in childhood, with enduring consequences into adulthood for their sense of belonging to their residential areas as well as health and wellbeing. Being able to engage with one’s childhood residential area through play is suggested through narrative recollections to aid the development of social skills that in turn contribute to a health-enhancing self-perception, each having an enduring effect, being carried forward into adulthood. However, not all participants recalled engaging with their residential area in this way. Such engagement depended upon enabling behaviours experienced at the household level. My research points to the importance of parents and caregivers establishing ‘good enough’ neighbourly social connections with nearby households, and preferably developing a degree of mutual trust and understandings of reciprocity with some of those nearby households. Without such neighbourly relations, that were not limited to just those households with children, the play possibilities for local children were constrained: participants recalled a need to ‘know’ there was someone nearby they could turn to, whether they needed a pit-stop, a plaster, or a protector.

I explored how neighbourhood becomes embodied, getting ‘under the skin’, in order to advance the public health understanding of how
interactions between residents and their neighbourhoods produce effects that can enable or undermine health and wellbeing. Taking a Bourdieusian perspective, I found that in adulthood, participants' interactions were shaped by internalised personal schemas and habitual practices embodied in the habitus and developed throughout their lifecourse, especially in childhood: they “internalized, ‘embodied’ social structures … to implement their practical knowledge of the social world” (Bourdieu, 1979/2000, p. 467).

Much of the neighbourhoods and health literature focuses on the experience of living in one’s present neighbourhood. Incorporating a lifecourse approach has demonstrated that embodiment comes about through repeated experience(s) as the participants moved through numerous neighbourhoods at different stages in their lives. Their stories showed how their identities (Ricoeur, 1990/1992) and the way in which neighbourhoods were embodied (Bourdieu, 2002) were not made anew each time. Instead, in many respects, their past was embodied, accompanying them as schemas of interpretation and habitual practices as they moved from place to place and along the journey of life. Like colourful chips in a kaleidoscope (Brah, 1996), their new experiences added to the complexity of their lives, bringing about differing perspectives. But these were filtered through that which has previously been embodied (Bartley, 2012; Bourdieu, 1983/1986, 1979/2000, 2002; Bourdieu & Wacquant, 1992).

Collecting life-stories allowed me to focus on both reflections about the present as well as recollections of the past. I used interpretive methods to explore the meaning and essence of the lived experience of the neighbourhood (Christensen, Johnson, & Turner, 2010). Life-stories provided a useful means for accessing this lived experience (Atkinson, 2002); and narrative methods of analysis were useful for exploring the meanings accorded to experiences by the participants within their stories (Riessman, 2008). Through the lifecourse focus, the enduring importance of
third places became apparent. Participants’ evaluative explanations demonstrated the processes of meaning-making in the present by drawing on the past (Gubrium & Holstein, 2009; Popay, et al., 2003). Skills and guidelines acquired through childhood experiences in third-place settings continued to show their influence nowadays, illustrating the enduring effects of engagement with third places, especially in childhood when habitus is rapidly developing through the accumulating interpretations of lived experience. Learning how to ‘do’ neighbourliness as a child seemingly provided participants with a durable (but not immutable) template for subsequent experiences of neighbouring, and also, it seems from the narratives I analysed, for developing social connections more generally.

This research framework provided a valuable means for exploring the research question in a way that addressed a gap identified in the literature: an absence of research accounting for that which is carried forward from childhood to the present experience of neighbourhood. My in-depth study illustrates the complexity of the relationships between people and the places they live. My findings suggest third places within the residential area to be places in which children learn to independently forge social connections, developing social skills that are carried into adulthood, and which contribute to a robust sense of self that normalises self-care. It seems that third places are likely to play an important role in children’s lives, similar to that already established in respect of adults (Oldenburg, 1999).

**Sense of neighbourhood belonging**

The inductive process I used for this research provided a rich understanding of neighbourhood belonging: how this comes about, how it is experienced, and the role it plays in health and wellbeing. I began with Popay and colleagues (2003), whose research suggested the experience of
normative dissonance arose from living in a residential area that was a poor fit with one’s self-identity. Experiencing a better fit was suggested to depend upon either relocating to another residential area (which is not always an option) or the re-construction of identity to more closely align oneself with those living nearby (which is not always desirable: ‘I am not like my fellow residents; nor do I do want to be like them’.)

Exploring the development of self-identity and the personally-held values or qualities that guide interactions with one’s fellow residents, I drew upon the theories of Bourdieu (1980/1990) and of Ricoeur (1990/1992). I found the theories of self-identity and habitus to be heavily intertwined as it became clear that self-identity is socially learned and reflected through habitus, developing an aspect of the self that is interpreted as personal and unique whilst simultaneously seeming normal and natural. The durable, embodied nature of habitus suggested that the task of identity reconstruction (Popay, et al., 2003) may be troublesome, especially if such a reconstruction negatively contrasted with established preferences and perceptions. Changing one’s view of and ways of interacting with one’s world in order to ‘fit in’ with one’s fellow residents would seem to be a fruitless proposition if the necessary changes are perceived as an unwanted sacrifice. Yet there are alluring health-enhancing opportunities of living in a place where one experiences a sense of neighbourhood belonging, and negative health impacts associated with the absence of belonging (Baumeister & Leary, 1995).

In order to analyse the data I collected, I needed to determine the presence or absence of a sense of neighbourhood belonging in the narratively reconstructed recollections and reflections shared with me through life-story interviews. My exploration of the literature about belongingness (Antonsich, 2010) doubled back to the identity literature (hooks, 2009) and beyond (Seamon, 1979) to a study of ‘at-homeness’.
Although Seamon’s theory related to feeling ‘at home’ in the household context, his ideas translated well to the wider landscape of the residential area (Oldenburg, 1999). Seamon’s theory also connected strongly with my Bourdieusian focus on embodiment, particularly through aspects such as rootedness and at-easeness. This included ‘knowing’ the social dimension of one’s residential area sufficiently well to navigate it physically and socially in an everyday sense, without conscious attention; and to be able to express one’s joys as well as one’s vulnerabilities without fear of rejection within that context. With such points in mind, the development or presence of a sense of neighbourhood belonging, of feeling ‘at home’ in one’s residential area, or of ‘fitting in’, could be located within the narratives about ‘what it is like living around here’ and ‘how this place compares to where one grew up’.

My analytical examination of participants’ recollections of childhood and their reflections upon nowadays highlighted the role of third places in the neighbourhood as an important conduit for establishing and maintaining a sense of neighbourhood belonging, as has been proposed in respect of adults by Oldenburg (1999). Participant descriptions suggest that third places are not ‘given’, but made. They develop through a bricolage of social connection and features of the residential area (Cattell, et al., 2008; Grannis, 2009; Mehta & Bosson, 2010; Witten, et al., 2009). They formed in settings within the built dimension of the residential area such as shopping centres, where participants described ‘bumping into’ other residents and acknowledging retailers; and bus stops, with one participant describing an elaborately developed social network arising from chance encounters at the local bus stop. In addition to the built environment previously identified by Oldenburg (1999), third places were also described in relation to natural features of residential areas, such as nearby beaches and waterfront walks where social connections developed through chance encounters with fellow
residents with whom one has an overlapping interest – such as recreational walking (with or without a dog) (Barton & Pretty, 2010; Frumkin, 2003).

For the most part, the recalled experiences of childhood suggest the built environment to have been somewhat less important to the formation of third places than in later life. The third places in childhood recollections were mostly not specific destinations such as shops or libraries that could be pointed to on a map. They tended to be wide-ranging, incorporating both public and private settings that were appropriated by a roving group of children for the purposes of their play. Third places of the children’s own making were strongly suggested in the stories shared with me to provide the settings in which most participants, as girls, learned the social art of independently creating and maintaining social connections with people beyond their household. Most notably amongst the storied recollections I analysed, they learned about reciprocity and to discern the trustworthiness of others. My study suggests the positive associations observed between trust and health and wellbeing (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012; Rotenberg, et al., 2012) may in part be grounded in a childhood engagement with third places.

Local bus stops were a particular feature in many narratives, both in childhood and nowadays. Points of departure and arrival between the residential area and school were especially important third places in the lives of several participants as children. Such bus stops were places that ‘everyone’ passed through, and which ensured that ‘everyone’ got to know ‘everyone else’. For these women, bus stops gained some of their ‘third place’ nature through the mundane and repeated use of the setting (Gardner, 2011; Mehta & Bosson, 2010). They are gathering places hidden in plain sight, providing a natural canvas for the development of third place characteristics (Oldenburg, 1999). The important role played by bus stops in both the recollections of childhood and the reflections upon nowadays are
consistent with Gatrell (2013), who has suggested that such public spaces which connect by being points of departure and arrival, have an indirect positive influence upon wellbeing by reducing the possibilities of social isolation. The work of Russell (2012) also suggests that bus stops and the journeys that connect them act as third places.

Bringing together my analysis and the theories of belongingness and health and wellbeing, my study suggests that an engagement with third places is protective for health and wellbeing in two ways. Firstly, the social connections forged through convivial neighbourly relations enhance wellbeing through the experience of recognising locals and being recognised by others as a local (Witten, et al., 2009). In the narratives I analysed, it was often the absence of conviviality that most clearly articulated the negative consequences for wellbeing. For example, a residential area where fellow residents were described as aloof and standoffish was summarily evaluated: “I hated it!” The experience of ‘hating’ one’s residential area contrasts sharply with the affective happiness and energetic engagement with a residential area in which conviviality is experienced, as was apparent in the same participant’s description of another residential area, where she described locals “chatting away … getting to know each other” when they “bump into each other” whilst dog-walking or cleaning their cars out on the street, and her engagement with a local farmers’ market: “I love it! I just love it!”

Whilst the conviviality of local third places brings about an immediate enhancement of wellbeing, my study suggests that enduring advantages also arise from convivial third places experienced in childhood. The incremental nature of embodiment and the ongoing process of interpreting one’s experiences mean that childhood experiences are ever-present and capable of showing up in the kaleidoscope of meaning-making, subtly or overtly (Bartley, 2012; Bourdieu, 1979/2000; Brah, 1996).
Accordingly, an accumulation of childhood experiences that have developed a guideline for neighbourliness may bring about a relatively unconscious, seemingly ‘natural’ expectation that the places one lives will be places in which is possible to establish and maintain a sense of belonging. The evolutionary advantage of living with a sense of belonging proposed by Baumeister and Leary (1995) suggests that those who have developed a preference for belonging in childhood would seek to replicate it, and would feel themselves to be a fish out of water (Bourdieu & Wacquant, 1992) in its absence.

My study also suggests a relationship between an absence of a sense of belonging at the household level in early life, and on-going difficulties for developing a sense of neighbourhood belonging beyond childhood. That some participants recalled childhood experiences of a sense of belonging at home but not in the residential area, yet described neighbourhood belongingness as adults suggests there may be a hierarchical structure to belongingness. For these women, the groundwork of household belonging seemed to provide the foundations upon which it was possible to subsequently build, enabling them to establish a sense of belonging in the neighbourhoods of their adult lives. The stories participants shared with me suggest that the attribute of ‘at homeness’ of particular importance may be ‘at-easeness’, as described by Seamon (1979), whereby one’s vulnerabilities can be as freely expressed as one’s joy: “to be ill at ease in one’s home indicates unnaturalness and leads to … physical and psychological stress” (p. 84).

Third place engagement can also be more directly protective of health. Public places such as parks and sports facilities often provide opportunities and motivations to be active, as seen in other studies (Barton & Pretty, 2010; Miles & Panton, 2006; Witten, et al., 2011). Attending to their health by being active in public settings was a common theme in the
narratives of many participants. Further, some food provisioning settings described by my participants, such as farmers’ markets, were also suggested in these descriptions to act as third places. Close examination of their perceptions and preferences through their narratives enabled a more complex understanding of women’s ‘healthy lifestyles’ (Cockerham, et al., 1997). The how and why of women’s engagement in physical activity (or not) for example, included how they valued opportunities for social connection or restoration through physical activity. Seeing neighbourhood places as third places extends our understanding on why proximity to health-promoting resources in the residential area might matter. The social role played by parks, sports facilities, destinations such as shops, and the natural environment is likely to be part of the reason why social environments have been closely related with physical activity (Bauman & Bull, 2007). But more importantly, I argue that it is through the social aspect of these places that neighbourhood gets under the skin. Proximity might make it more likely to use a park, but in the stories of the women I spoke to it was clear that it was through engaging with that public setting as a third place that neighbourhoods became embodied over their lifetimes, reflecting the thought of Von Eckardt (1978) that being neighbourly requires opportunities to connect beyond a smile or wave.

**Limitations**

Through my study design and recruitment strategy, described in Chapter 3, I endeavoured to recruit for diversity. Conveniently, I was able to recruit from an existing study population that had previously been recruited on the basis of walkability and population demographics, where equal representation had been sought across these characteristics (Badland, et al., 2009). Within these parameters, I sought balance in respect of the three primary attributes (contentedness, risk of obesity-related disease, and
age cohort); and diversity in respect of the remaining attributes, as illustrated in Table 1. My choices further defined the boundaries and therefore limited the scope of the research, and most of the limitations addressed below relate to those choices.

**The reliability of recollections**

A life-story approach relies on reconstructed recollections of childhood. But it is an important point that it was not my intention to generate factual accounts of ‘what happened’. My analytic attention was directed at understanding the relationship with neighbourhood based upon participant interpretations of their experiences. Thus, I gave less focus to the ‘complicating actions’ and more focus to ‘evaluative’ elements of the narratives. Further, the likelihood of misrepresentation was reduced through processes such as reviewing each life-story with the participant and my attentiveness to coherence within each life-story. These processes have also provided a safeguard for problems of imprecise recollection. It is heartening to note, however, that researchers who have explored the reliability of recollections of childhood have concluded that despite some bias through the reconstructive memory processes, “among various populations, measures of childhood recollections have been found to be reliable, valid, and stable indicators of actual parenting behaviour” (Otway & Vignoles, 2006, p. 106).

**Women, but not men**

The choice to research this problem through the life-stories of women was based on practical considerations gathered over time. The literature suggested that men and women have different experiences of neighbourhood (Stafford, et al., 2005) and I was more interested in an in-depth exploration of one or the other than in doing a comparative study. I suspected women would be more inclined than men to reminisce and reflect in a way conducive to the collection of life-stories (Finch & Mason,
I further suspected that my being a woman would make it easier for other women to talk openly about their lives (Oakley, 1993; Riessman, 1987). Had the interviews been carried out by a male researcher, it is likely that some of stories made available for analysis would be differently presented or absent from both the transcripts and the analysis, whilst others may have been included. In this regard several topics arose in the interviews that were particular to the shared experience of being a woman, such as the experience of sexism. My findings thus emerge from a particularly female experience of the embodiment of the social dimension of neighbourhood and its impact for health and wellbeing, which arises from my interpretation of the life-stories shared with me in a purposive research context. The social mechanisms of neighbourhood embodiment may well be different for men. For example, while men use public settings in their local residential areas for physical activity (Witten, et al., 2011), it is not clear whether these settings would function as a third place in a similar way that I have seen for women. A study focusing on the recollections and reflections of men may produce an interesting comparison. It should also be noted that where I refer to ‘childhood’ or ‘children’ more generally, such statements are based upon women’s recollections of their lives as girls, and that it is possible men may recall their neighbourhood lives as boys somewhat differently.

Men and women are understood to experience and respond to the residential area in different ways (Stafford, et al., 2005). An exploration of how men make and engage with local third places would further enhance the findings and understandings emerging from my study that third places

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47 I find it interesting that when I have talked with people about my thesis, and when chapters have been reviewed, discussions about childhood experiences of neighbourhood-based bullying and the like have never been raised by women but are frequently raised by men. This is simply an observation and is not intended to suggest that bullying is exclusively a problem for boys and men.
seem to play an important part in the local social lives of women, enhancing their health and wellbeing. Ivory and colleagues (2011) found neighbourhood deprivation to be associated with the mental health of both men and women, whilst neighbourhood fragmentation was associated with the mental health of women but not men. The importance of local third places in the lives of the women I studied may in part explain the difference between material and social environments on the mental health of men observed by Ivory and colleagues.

**A narrow population base**

All 16 participants lived in the city of Wellington at the time I interviewed them, raising the possibility that my findings are suggestive only of women living in Wellington. The relevance of their present residential location being in a single city is tempered by the lifecourse approach of the research. The life-stories collectively highlight considerable diversity in participants’ journeys from their childhood neighbourhood to where they presently live, having grown up in Australia/Oceania, Europe, North America, and Sub-Saharan Africa. Just three have lived in the greater Wellington region for most or all of their lives, with a further nine having lived in New Zealand for longer than they have lived elsewhere. The present households of the 16 participants are disbursed across ten of twelve residential areas included in the URBAN survey from which I recruited. These ten residential areas include a range of deprivation levels and walkability that again, aligns with the population from which the sample was drawn. The recollections of childhood provided by these women have considerable homogeneity, despite their stories being set in six different countries with experiences spanning a 40-year period. These factors suggest to me that my findings are reasonably indicative of what one might expect of women living in places other than the city of Wellington. But this inclusiveness is subject to further limitations, discussed below.
Educational attainment

Whilst interviewing the fourth participant it occurred to me that she was the third with a university degree, which seemed an unusually high proportion. I reviewed the previously unconsidered educational attainment data from the URBAN survey dataset. It transpired that 54% of the potential participants claimed a bachelor degree or greater. This is a larger proportion than for Wellington city, where 33% of adults hold at least a bachelor degree, “the highest in the country” (Wellington City Council, 2011). And it is considerably higher than the national figures, with the 2006 population census showing that just 14% of the New Zealand population aged 15 years of more claim to hold an undergraduate degree or greater (Statistics New Zealand, 2006).

One concern arising from the high proportion of participants with university degrees is their heightened engagement with the research process through university exposure. ‘Taking part’ in the process of knowledge creation through research participation was clearly intellectually stimulating to several participants. I answered questions about epistemological and methodological possibilities as well as processes such as ethics committees and research supervision. My subject matter was interesting enough to prompt these potential participants to make time to take part. I endeavoured to provide a plain-language information sheet (see Appendix A) in order to access participants with a range of reading confidence, being aware that English was likely to be a second language for some potential participants. However, it is possible that those potential participants with a university education were more attuned than others to the theoretical and esoteric possibilities suggested by the research topic of neighbourhood belonging. So why were potential participants without a degree so reluctant to join the study? Researchers have found that, amongst other things, people with low assertiveness are over-represented amongst
those who generally decline invitations to participate in research (Pagan, Eaton, Turkheimer, & Oltmanns, 2006). However, it may simply be that the topic resonated less with potential participants whose educational attainment did not include a university degree, limiting their preparedness to prioritise participation. Nevertheless, by introducing the educational attainment attribute from the URBAN dataset, I achieved a reasonable balance of educational attainment within the sample, with nine participants having a degree, and seven not having a degree.

An implication of this relatively high educational attainment characteristic of the sample is that my findings may be suggestive of the role of education alongside third places and belongingness. Certainly, the profile group whose sense of neighbourhood belonging and health-habits are enabling of health and wellbeing includes almost all of the participants who have attained a university degree. Education has been suggested as an ‘escape route’ from economic adversity (Bartley, 2012) and a ‘key gateway’ altering the trajectory between childhood economic adversity and health in adulthood (McKenzie, Carter, Blakely, & Ivory, 2011). My findings suggest education may also have a part to place in navigating social adversity as well as economic disadvantage.

**Ethnic diversity**

Despite attempting to recruit for ethnic diversity, this goal was not achieved to the extent I had hoped, with just two participants whose self-selected ethnicity did not include either ‘European’ or ‘New Zealand European/Pakeha’. This may be partly explained by the city of Wellington, as opposed to the much larger Wellington region, having smaller populations of both Māori (~7%) and Pacifca (~7%) than other metropolitan areas of New Zealand (Wellington City Council, 2011). Despite the URBAN project attempting to over-sample for Māori (Badland, et al., 2009), only nine women whose ethnic identity includes Māori, Pacifca or both were
potential participants for my study. The URBAN study had been unable to meet its objective of over-sampling for minority groups living in Wellington, but my attempts were even less successful, recruiting just one participant from the seven Māori and Pacific women I approached. This may be because their involvement with the URBAN study took more time or effort than they had anticipated, discouraging further involvement. It may be that the research topic had less resonance for Māori or Pacific women than it did for others. Or it may be that the topic entered areas that are culturally unavailable for sharing, perhaps implicating people or circumstances of which the potential participant has no authority to speak.

Two potential participants whose self-identity includes ‘Asian’ declined outright and a further two agreed to be called back at a later date if data gathering was still in progress. Just one participant who is recorded as Asian in the URBAN data took part in my research. The remaining 14 participants selected either ‘New Zealand European/Pakeha’ or they were classified into the regional group for ‘European’ ethnicity, which includes locations colonised from Europe as well as countries in the region of ‘Europe’. None of the five participants from colonised places other than New Zealand self-identified as first peoples, indigenous, minority, or oppressed. Whilst some of these women have lived in New Zealand since infancy, others have arrived more recently.

To have recruited more participants whose self-identity included ethnic minority categories, I would have needed to prioritise the ethnicity attribute in the recruitment strategy. However, my research design was not conceived as a cross-cultural comparison and so I did not prioritise this attribute but included it as a monitoring attribute aimed at achieving a degree of diversity.

I examined the characteristics that were known prior to recruitment for those who were invited to take part but did not participate. I wanted to
get an idea of what these women might have added to the study in terms of the diversity I sought. As illustrated in Table 1, the data suggested this group to be very similar to actual participants in most respects, with the exception of their ethnicity selections. If these women had taken part, the actual experiences captured by their life-stories would have differed, possible introducing a greater variety of experiences, because the inclusion of some who asked to be called back would have resulted in others not being recruited.

**Income**

Is it all down to money? Are those who are the happiest in their neighbourhoods and with the healthiest lifestyles simply those with the most money? The URBAN dataset included an attribute that indicated the level of household income. I consciously avoided consulting that data at any stage, removing it from my view. I rationalised that my study explored the idea that interaction between oneself and the residential areas in which one has lived impact personal health and wellbeing. This interaction suggests the importance of dimensions of place that are experienced on a different scale to that of the household, and through experiences that are set largely in a public rather than private domain. Accordingly, I used the New Zealand Index of Deprivation classifications of the residential areas, as used by the URBAN survey, to ensure I recruited a sample that had women living in a range of residential areas.

Further to this, and of considerable importance, my research methodology emphasised the importance of the pathways connecting childhood to the present. The present circumstances of participants, in terms of their neighbourhood deprivation or their household income, were secondary to my interest in the journey from childhood to the present. In the field, I noted that some of the homes I visited in residential areas classified as relatively affluent could be described as ‘the worst house in the
best street’, and the opposite was also observed. Similarly, some participants described growing up poor whilst now living in relative affluence, whilst others told of the opposite.

**Study Implications**

The enduring nature of the childhood relationship with neighbourhood.

An important finding from my research is the ways in which the childhood experience of neighbourhood belonging was carried through to adulthood. The participants grew up in many different places across multiple regions of the world over a period of about 40 years. Despite this diversity my study suggests a relationship between the childhood experience of neighbourhood belonging (or not), and attentiveness (or not) to health and wellbeing in adulthood. The narrative recollections of those who described a sense of neighbourhood belonging in childhood suggest that the unstructured nature of child-led neighbourhood play enhanced the development of a positive sense of personal worth and identity, normalising positive behaviours of self-care.

In contrast, some of the study participants who did not experience a sense of neighbourhood belonging in childhood attained a degree of belonging in the residential areas of their adult life whilst others did not. A key difference became apparent when these life-stories were compared. Those who seemed unable to develop and maintain neighbourly social relations of the sort associated with better self-rated health (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012), described growing up in a household that did not provide them with the experience of ‘at-homeness’, as described by Seamon (1979). The life-stories of these women include storylines where life had progressed through a series of relationships situated in a variety of places, all of which have failed to deliver on the hopes of the participant. These stories suggest that the
absence of opportunities to develop skills and embody normative cultural knowledge accumulated through neighbourhood-based childhood play had an on-going influence for the formation of mutually beneficial social relations more generally, rather than just for neighbourhood-based social connections.

On the other hand, those who grew up in households where they felt themselves to belong or be ‘at home’ but at the same time were unable to develop neighbourly social relations in their childhood residential area personify the idea expressed by Probyn (1996) of ‘longing to belong’. Nowadays, these women seem to have at least partially overcome the disadvantage of the absence of a sense of neighbourhood belonging in childhood, describing personally satisfying social relations with those living nearby. However, their descriptions were reserved compared to those with a normative expectation of neighbourly social relations backed up by a lifetime of experiences. Women who experienced a sense of belonging both in their childhood home and in their childhood neighbourhood conveyed their enhanced wellbeing nowadays though descriptions of an enthusiastic and energetic engagement with their neighbourhood.

Most of the participants with an established understanding of particular ways in which they expect the social dimension of their residential area to work did not remain in areas that failed to meet those needs – especially when their preference for neighbourly conviviality in shared social spaces was perceived to be unavailable. The importance of a ‘good enough’ match between enduring preferences about the nature of residential areas as neighbourhoods and ones perceptions of the residential area now inhabited has implications for neighbourhood preferences. Such participants in my study showed through their biographical accounts that they generally choose not to remain in places that do not provide for their social needs. They go elsewhere. For them, residential mobility could be a
good thing. The exception here was when the residential area was meeting specific needs of others in the household and the trade-off necessary to relocate was perceived to come at a cost that was disproportionate to their personal dissatisfaction.

In this respect my findings contrast with that of Popay and colleagues (2003), who found those whose health and wellbeing to be most negatively impacted by living in improper places were those who perceived themselves to be trapped by their circumstances – unprepared or unwilling to alter their own behaviours in order to fit in, and unable to relocate. Whilst I observed within some recollected accounts experiences of feeling trapped, these accounts were retrospective and also included descriptions of the work women consciously engaged in as they attempted to overcome those circumstances. The participants who described everyday behaviours nowadays that were damaging to their health and wellbeing, including medical non-adherence and socially isolating their households from the residential area, were those seemingly without a sense of neighbourhood belonging. But it is not clear that their negative health-habits developed as a consequence of their relationship with their present residential area. Rather, their life-stories suggest the relationship between their behaviours and the absence of a sense of neighbourhood belonging may be more to do with the absence of a sense of belonging in childhood, at both the household and neighbourhood level.

**The absence of neighbourhood belonging in childhood**

Participants who described an absence of neighbourhood belonging in childhood each had a storyline to their narratives that described experiences beyond childhood of trusting others inappropriately or of not trusting at all, suggesting they have not learned to discern trustworthiness. This storyline of trouble with trust was most prevalent amongst participants
whose childhood recollections also told of difficult social dynamics within the household. Sometimes, however, such experiences were described by those who talked of warm, loving childhood households located within residential areas where they did not form a sense of belonging. In the latter circumstance, participant recollections suggested they developed a sufficiently robust sense of self-worth to overcome such experiences. Such narratives collectively suggest that feeling ‘at home’ in one’s actual home may be a prerequisite to feeling ‘at home’ in places beyond, such as the residential area.

The descriptions of these participants suggest that nowadays, as adults, they struggle to initiate trusting, reciprocal social relations. Accordingly, the residential areas they live in now or have lived in previously have mostly been experienced by them as places where there is no one living nearby to whom they can turn for a small domestic favour – an indicator used by other researchers to assess the presence or absence of sufficient belongingness necessary to benefit self-rated health and wellbeing (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012). In contrast, participants with childhood recollections of a sense of neighbourhood belonging who experienced drama and traumas in their adult households describe actively and repeatedly seeking the emotional support of others, joining local associations and venturing to public places where they anticipate encountering others through overlaps in everyday lives.

The narratives collectively suggest that an absence of the skills necessary to initiate, create, and maintain reciprocal neighbourly relations amounts to a lack of personal resources, or embodied cultural capital (Bourdieu, 1983/1986) upon which to call in order to transition beyond their state of distrust. Consequently, people with this experience described seemingly unconsciously creating barriers that limited their possibilities for
developing of a sense of neighbourhood belonging. Further, the stories of some participants described repeated experiences of trusting inappropriately, creating a pattern one participant described as “leaping from one dysfunction to another.”

**Enabling a sense of neighbourhood belonging amongst children.**

The busy schedules of many households, sometimes referred to as ‘time poverty’ or ‘time constraints’ (Bava, et al., 2008), can make it difficult for neighbourly relations to be fostered. Yet this work is important because it enables children to utilise the residential area as a stage upon which to develop independent social connections. This is a somewhat circular process, because households often get to know each other through the activities of children (Grannis, 2009; Witten, et al., 2009). However, the presence of children alone does not cause the development of inter-household neighbourly relations. My study highlights the importance of adults investing in neighbourly conviviality for the benefit of the neighbourhood as a social entity and especially for the benefit of local children. The experiences of the participants suggest that social relations characterised by trust and reciprocity (the fourth stage of Grannis’s model, illustrated at Figure 2) are desirable although not essential. But conviviality is essential. Convivial neighbourly relations seemingly enable children to utilise the residential area as a third-place setting, where they can develop social skills that will have an enduring influence on their health and wellbeing.

More might be learned about the inter-household work necessary to develop social connections through studies of the experiences of households of differing composition moving to new residential areas. Certainly, contrasts were apparent between participants’ experiences of working to develop a sense of neighbourhood belonging as they moved from place to
place, or moved to a place that was quite different to the previous residential area. Although the meaning-making at work in these stories was not developed in this thesis, they suggest there may have more to tell about the work that leads to the development of efficacious social connections.

**Making third places.**

My study highlights the importance of designing and developing residential areas in ways that increase the opportunities for local residents to create third places. Designs need to enhance the possibilities for chance encounters between those living near to each other such that relations of nearness have an opportunity to surface, rather than reinforcing the segregation of public and private spaces (Weller & Bruegel, 2009). Taking Von Eckardt (1978) one step further and applying Heidegger (1959/1982), it is very hard to establish relations of nearness if you never see the people living nearby. Amongst my participants such relations often arose through public settings such as public transport stops. Gardner (2011) has also noted that such settings can be located in private settings, through ‘threshold’ spaces such as balconies, verandas, and backyards. These are the spaces within the residential area that meet Grannis’ (2009) description of spaces from which one can observe others and be observed in turn, providing what I consider to be a somewhat liminal space between private and public, where people can tentatively make an assessment as to the likelihood of a mutually beneficial social connection as people seemingly unconsciously ask, “Are we sufficiently similar that our differences can be considered inconsequential, opening the way for a mutually beneficial social connection?” Such places in the neighbourhood depend not only on the provision of public transport, but also on housing designs that promote a degree of inter-household connection, such as being able to see people come and go from nearby houses, or to know that one can be seen clearing the mailbox, collecting the newspaper from the gate, or watering one’s garden.
Such ‘threshold’ activities are ideal breeding grounds for neighbourly conviviality.

My study also highlights the importance of local formal functional services and facilities that are at least in part targeted towards the needs of children, such as public pre-schools, antenatal groups, libraries, and swimming pools and recreation centres. Such settings are suggested by participant descriptions to be conduits to the building of neighbourly social connections, in line with experiences described in other New Zealand-based studies (McCreanor, et al., 2006; Witten, et al., 2003). Most participants from my study who have (or have had) parenting roles described strategic attempts to develop neighbourly social relations characterised by trust and mutual reciprocity by participating in services that were directed toward the needs of their children. Such strategies describe a conscious intentionality which aligns well with the second stage of the model of neighbourly social relations proposed by Grannis (2009). As recently described by Hickman (2013), places that have a functional role can become ‘third places’ when they develop a social function that is (seemingly) separate from the intended function. Amongst my participants, such services were anticipated to provide a forum to forge meaningful connections with similar others. In this way, the ‘public’ services devised for the benefits of children are drawn upon to meet a private, social need of those who care for them. Thus, services such as antenatal classes, support services for young children, early childhood education services, and primary schools were seen to provide valuable social benefits for the adults alongside their original purpose for children. Such places produce an informal by-product of social relations that contribute to the sense of belonging to one’s community, fostering a health-enabling sense of self-worth described by Baumeister and Leary (1995) as “an innate need”.

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The normalised expectation of parents in this regard suggests an important social repercussion when local services become centralised. The core function may be unaffected by centralisation, but opportunities for the informal, taken-for-granted work and implications of developing meaningful social relations with nearby others may be jeopardised or lost, to the overall detriment of the households and communities concerned. As others have shown, even the youngest members of households are impacted by their caregivers’ relationships with the community in which they live (Kohen, Leventhal, Dahinten, & McIntosh, 2008).

There is an opportunity for further research, exploring the incidental social benefits of locally-based services. The narratives of my participants suggest services whose principal function is targeted toward children to be especially important in this regard, but I am mindful that Witten and colleagues (2009) have found cross-cultural variation in the ways parents with young children interact with their local areas, bringing about feelings of belonging. Future study might consider focusing on services targeted at middle childhood in order to capture children’s experiences of developing neighbourly social relations beyond the peer-to-peer possibilities of neighbourhood play (Weller & Bruegel, 2009).

**To conclude**

My study has shown how health and wellbeing can be enduringly enhanced when neighbourhood gets under the skin through the blurring of the boundaries between the private space of the household dwelling and the public space of nearby settings that take the form of third places. Amongst the women I interviewed, childhood experiences of unstructured and unsupervised play in nearby public spaces furthered their skills at forming social connections, learning to independently form relationships with other children living nearby who are similarly enabled. In this way,
children living nearby to each other independently learned to form relationships of nearness, (Heidegger, 1959/1982) which is how ‘neighbourhood’ became available for embodiment, and self-rated health is enhanced (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012). Participants recalled that, through their play, they appropriated neighbourhood space, including a pseudo incorporation of private space, such as the homes of others, into the loosely-defined territory that acts as the third place setting of their neighbourhood play. Further, through their friendships the neighbourhood took on the characteristics of home, providing a level of warmth, acceptance, restoration, appropriation and familiarity that contributed to the experience of ‘at-homeness’ (Seamon, 1979). Through these mechanisms the physical and emotional boundaries between private and public spaces became somewhat blurred, giving rise to the feeling that one is ‘at home’ in one’s neighbourhood.

The childhood experience of the perception of the self as a valued member of a group of individuals who are not bound by kinship bonds is suggested though my study to fortify the sense of self. When this positive self-perception is created in childhood, it is carried through to adulthood in two important ways: one protective of health and wellbeing, and one enhancing of health and wellbeing. Firstly, there is a confidence and expectation that reciprocal neighbourly relations can be fostered, protecting against the negative health effects of an absence of belonging described by Baumeister and Leary (1995), and improving self-rated health (Carpiano & Hystad, 2011; Chappell & Funk, 2010; Poortinga, 2012). Social dramas and traumas are overcome more readily by drawing upon the knowledge of one’s worth and the skills for developing reciprocal relationships, learned in the context of neighbourhood play. Secondly and enhancing of health and wellbeing, those who know themselves to be cared for, or perceive
themselves to be well-perceived by others, respond through everyday acts of self-care.

The most important insight arising from my study is recognising the neighbourhood as the setting in which belongingness can come about through play and the creation of third places. The skills and normative understandings developed through belonging to a roving group of local children, making their own fun, and making their own ‘third place’ through their appropriation of shared public space and also incorporating aspects of private space, seems to be, from my research, the principal work of the social dimension of the childhood neighbourhood. My study suggests that without the skills developed through childhood neighbourhood play, the girls grew into women whose health was doubly disadvantaged by their comparative inability to establish a sense of belonging. They had limited access to the protective effects of belonging, and they lacked the social incentive for everyday practices of self-care that enhance the health of others. Creating the physical and social dimensions of the residential area needed to facilitate ‘roving play’ may have long term implications for today’s children.

My findings complement and support concerns about children’s recreational time being taken up with inactive leisure pursuits which have been critiqued in relation to the obesogenic environment and its effects on children (DeMattia & Denney, 2008; Marshall, S. J., Biddle, Gorely, Cameron, & Murdey, 2004). Schofield (2012) has raised concerns about reduced opportunities for undirected physical and creative play with nearby peers, which have been claimed to be “essential to brain development” (p. 3). However, it is not only inactive leisure pursuits that limit opportunities for the embodiment of such social norms. Being so busy with structured afterschool activities, from classes and clubs to work and household chores, also limits opportunities for neighbourhood play.
Household ‘busy-ness’ also impacts the ability of adults to engage in neighbourliness (Bava, et al., 2008), adding to the complexity of the problem of generating neighbourly communities in which residents can reap the health and wellbeing benefits of a sense of neighbourhood belonging.

This thesis has asked the question: How does the process of embodiment occur in relation to experiences of neighbourhood?

My study has shown that for children and adults, embodiment occurs through processes of engagement with residential areas as third places. Childhood engagement may have life-long effects through its implications for self-identity and the learning (or not) of skills and understandings about making neighbourly connections.

I further asked: How does this embodied experience influence health and wellbeing?

My study has shown that expectations of neighbourliness and skills in making neighbourhood connections enable those whose habitus embodies them to do so, to make their neighbourhoods into resources for ‘care of the self’ through health affirming food and active living practices.

Now, in the words of my mother, “Get outside and play!”
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Appended A

Information Sheet

Otago University Human Ethics Committee Reference 09/177
Approved 22 September 2009

Dear Householder,

In the past few months a woman from this address was interviewed and then wore an accelerometer for a week as part of a research study about physical activity and the neighbourhood. The information we saved does not include her name, but she agreed we could re-contact her about our research, and this letter is for her.

First of all, thank you for the valuable contribution you have already made to our research. I am writing to you today to tell you about a new study which builds on the earlier research. I invite you to make yourself a cup of tea and read this information sheet, and consider taking part in my study. If you decide to participate, I thank you. If you decide not to take part there will be no disadvantage to you of any kind and I thank you for considering my request. I will telephone you in a few days to see what you have decided.

Yours faithfully,

Carolyn Hooper
PhD student
Department of Public Health
Otago University Wellington School of Medicine and Health Sciences
04 385 5541 ext 4614
Health, Place, and Habitus: A lifecourse exploration of experiences of New Zealand women.

Information for people who may wish to participate in this research

What is the aim of the project?

I am a student at the Wellington School of Medicine and Health Sciences, which is part of Otago University. I am studying toward a PhD in Public Health, and this project is part of my study.

My project considers how our sense of belonging in our neighbourhood contributes to our health. I am interesting in finding out about the neighbourhood you live in now as well as other neighbourhoods where you have lived. My aim is to find out how neighbourhood and belonging combine with diet and physical activity to impact our health.

Instead of surveying hundreds of women, I will be working with 24 women such as you, meeting with each woman several times, exploring their experiences of neighbourliness and belonging throughout their lives. By getting to know you better, and by listening to your experiences of neighbourliness and belonging, I will be able to show how these things matter (or don’t matter) in women’s lives.

What type of people will be taking part?

The people in my study will all be women, aged 20 to 66 years, who took part in the earlier survey. I want to spend time with women who like to talk, because I consider we tell a lot about ourselves when we tell stories, especially stories about our past.
What will participants be asked to do?48

I would like to meet with you three times over about three weeks, and I would like you to keep your grocery shopping receipts for several weeks. Each meeting will take about 90 minutes, and I will use a small digital voice recorder to capture our conversations so that I can listen to them again.

At our first meeting, in your home, I will want to find out the different places you have lived, and what things you consider have contributed to your physical health. I would like you to show me around the food preparation and eating areas of your home – but please don’t feel you need to tidy up before I come! If you agree, I will take some photographs to jog my memory later.

At our second meeting, I would like you to show me around your neighbourhood, and we can do this in my car or on foot, whichever you choose. If you have time, we will then go on a short outing together to a place that is important to you for obtaining food, or a place where you are (or have been) physically active, or maybe there is a place that is important to you in both ways. We will discuss possible places at our first meeting, but the choice of where we go will be yours, and I will provide the transport.

At our third meeting, back at your home, I want to find out how you decide which foods to have available in your home. We will use the grocery receipts as a reminder of what you have purchased lately, but there may also be other ways that food comes into your home and I am interested in these too – such as from a garden, by swapping with other people, or by gathering food from the environment.

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48 Footnote not included in original. Please see the addendum at the end of this Appendix for an explanation of changes to the participation requirements as laid out in this original Information Sheet.
Once we have finished all three meetings I will send you a copy of the audio recordings or a typed transcript so you can check these and let me know if there is anything you said that you do not want me to include in my research findings.

Later, once I have analysed all the information, there may be things that you told me which I would like to quote. I will send you a written copy of the quote and ask you to check that I have got it correct, and that you are happy for me to use the quote. I will not use your real name, and I will be very careful to make sure no one can work out that it was you who told it.

**Can participants withdraw from the project?**

You can withdraw from the project without any disadvantage to yourself of any kind. Once our meetings are complete and you have confirmed you are happy with the audio file or transcript, I will begin analysing our conversations alongside those I had with other participants. From this point it will become difficult to remove your input from my work. So if you change your mind about being involved, the latest time to tell me is when you check the audio files or transcript.

**What information will be collected and how will it be used?**

During our conversations I will encourage you to talk about people, places, and situations that you feel influenced your pathway through life in relation to physical health through food and activity.

The audio files of our conversations will be saved to a computer at the university. I will transcribe the audio files, creating a document version of each conversation. I am the only person with direct access to the audio and document files. However, I will review some of these with my three supervisors and my advisory team, which has five members.

Once my research project is finished, the files will be securely stored for five years, as required by the University’s research policy, so that my work can
be checked. After that time, they will be deleted by the Departmental Research Manager.

I will be analysing our conversations alongside those of other participants to look for patterns of experiences in relation to our sense of belonging in the neighbourhood, food, physical activity, place, and time, which result in patterns of health outcomes.

My research has been made possible through a scholarship from the Health Research Council. However, they have placed no constraints on my research design, methods, or the potential use of my findings.

If you agree to take part in my research, I will have access to the information you provided to the earlier research, known as the URBAN study. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand). Every attempt will be made to preserve your confidentiality, including using a pseudonym instead of using your real name.

You are welcome to request a copy of the results summary, which will become available during 2012.

Thank you for your time, and I hope you enjoyed the cup of tea! I will be in touch by telephone in a few days to see if you would like to take part in my research.
What if participants have questions?

If you have any questions about this project, either now or in the future, please feel free to contact me, or Vivienne, my supervisor.

Carolyn Hooper  
PhD student  
Department of Public Health  
Otago University Wellington School of Medicine and Health Sciences  
04 385 5541 ext 4614  

Or  

Dr Vivienne Ivory  
Research Supervisor  
Department of Public Health  
Otago University Wellington School of Medicine and Health Sciences  
04 385 5541 ext 5086

This study has been reviewed and approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Addendum: Changes to the Plan

Two data-gathering techniques that I planned to incorporate were dropped from the study design. On the second interview occasion I planned to have the participant show me around her residential area, focusing particularly on places that are important to her for food provisioning or physical activity. My interest in this ‘Go-Along’ technique was prompted by Richard Carpiano (2009). By putting the participant into a tour-guide role, the researcher gets to see the area from the point of view of the participant, who points out things of personal relevance. Carpiano considered the method enabled him to better “explore – and subsequently understand – people’s experiences of their local residential context,” (Carpiano, 2009, p. 263). During the first wave of interviews I decided not to pursue this technique. At the first interview occasion the participant had invariably told me a great deal about her residential area. Secondly, I considered I would be skewing my focus toward the present through this technique, and I wanted to skew more toward to the past in order to access the childhood experiences I considered to be foundational to the present-day preferences and perceptions. To an extent I replaced the ‘Go-Along’ technique with another technique which I incorporated into the second interview occasion. I used Google Maps to locate the neighbourhood(s) which had been the major focus of childhood recollections related on the first interview occasion. I printed the map and took it along to the second interview as a prompt for further elaboration.

Secondly, I planned for the third interview occasion to focus particularly upon food procurement. I quickly realised my approach did not bring me closer to exploring the questions of ‘how come’ that sit at the core of perceptions and preferences guiding everyday practice. Instead, participants were concerned to explain items on their grocery receipts that were beyond the mundane: the treats or extraordinary items that for some women seemed to be embarrassing. On the other hand, within their storied talk about food
provisioning there was an abundance of links between the past and the present that offered conversational in-roads to talking about preference, perceptions, and practices in households of the present and the past.
Appendix B

Human Ethics Committee Approval

Dr V Ivory
Department of Public Health (Wgnt)
Wellington School of Medicine
and Health Sciences

22 September 2009

Dear Dr Ivory

I am writing to let you know that, at its recent meeting, the Ethics Committee considered your proposal entitled "Health, place, and habitus: A life-course exploration of experiences of New Zealand women".

As a result of that consideration, the current status of your proposal is: Approved

For your future reference, the Ethics Committee’s reference code for this project is: 09/177

The comments and views expressed by the Ethics Committee concerning your proposal are as follows:

While approving the application, the Committee would be grateful if you would respond to the following:

In the application you have mentioned that the records from a previous study will be accessed. The participants of that previous study need to be informed. Please update the Committee about how you will go about this.

In section 12 (b) you have stated that you will only be including women who identify as Māori or New Zealand European/Pakeha. This excludes women of Pacific and Asian dissent, both of which are significant racial populations within New Zealand. "New Zealand women" come from a wider racial background that what will be examined in this study. Please provide a justification for why you are not examining a wider racial variety of women, or consider removing the race-based exclusion criteria.

Please consider whether sending audio flies back to the participants is the most appropriate way for them to check the transcripts. Wouldn't written transcripts be easier?
The Committee expects that these comments will be addressed before recruitment of participants begins. Please note that the Committee is always willing to enter into dialogue with applicants over the points made. There may be information that has not been made available to the Committee, or aspects of the research may not have been fully understood.

Approval is for up to three years. If this project has not been completed within three years from the date of this letter, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing.

Yours sincerely,

[Signature]

Mr G K (Gary) Witte
Academic Committees, Academic Services
Tel 479-6236
Email: gary.witte@stonebow.otago.ac.nz

c.c. Professor P R Crampton Head Department of Public Health (Wgmt)
Appendix C

Calculating ‘Contentedness’ from the Dataset

Data from the URBAN survey was used to assess and categorise potential participants as either content or discontent with their present residential area by comparing perceptions and preferences.

Survey Questions: Neighbourhood Perceptions

- **AN30**: Shops are within easy walking distance of your home
- **AN32**: There are many places to go within easy walking distance of your home
- **AN33**: It is easy to walk to a transit stop (e.g., bus or train) from your home

Survey Questions: Neighbourhood Preferences

- **NP3**: Assuming the cost of housing, the mix of people, level of safety, and school availability in both scenarios are the same, which neighbourhood would you prefer living in?

Calculated variables

- **SubWalk**: IF AN30 + AN32 ≥ 6, ‘Walkable’ (n=218), otherwise, ‘Low walkability’ (n=35)

Calculated variables

- **AccomOpt**: IF both townhouses and apartments are present, ‘Variety’ (n=141), IF only townhouses, ‘Houses’ (n=110), Otherwise, “Variety” (n=2)

Contentedness

1. IF SubNeighType = “Mixed” AND NPS = 4 OR 5, Discontent (n=68)
2. IF SubNeighType = NP4 AND NPS = 4 OR 5, Content (n=85)
3. IF SubNeighType ≠ NP4 AND NPS = 4 OR 5, Discontent (n=7)

Next Step: this classification is considered alongside the Obesity Risk Assessment and the Age Chart to classify at Case level.
Appendix D

Calculating the Risk of Obesity-related diseases

Four indices of obesity-related disease are commonly used: Body Mass Index (BMI), Waist Hip Ratio (WHR), Waist Height Ratio (WHtR), and Waist Circumference (WC). A search of recent literature highlighted the complex relationship between indices, diseases, and populations. This complexity is illustrated in Table 3. Each index appears to be more adept for predicting some of the ‘lifestyle’ or non-communicable diseases associated with obesity whilst being less useful for others; and most research involves highly specific populations. Nevertheless, these studies cumulatively suggest the indices are useful for assessing the risk of obesity-related disease more generally.

Table 3: Efficacy of anthropometric indices for predicting particular (obesity-related/non-communicable) diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>BMI</th>
<th>Weight : Height</th>
<th>Weight : Hip</th>
<th>Waist Circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular Disease</td>
<td>Thailand, ♂♀ (Paniagua, Lohsoonthorn, Lertmaharit, Jiamjarasrangsi, &amp; Williams, 2008)</td>
<td>Iran, ♂ less than 50 years of age (Hadaegh et al., 2009)</td>
<td>Republic of Ireland, ♂♀ (Maher et al., 2009)</td>
<td></td>
</tr>
<tr>
<td>Type II Diabetes</td>
<td>Kuwait, ♂♀ (Mojiminiyi, Al Mulla, &amp; Abdella, 2009)</td>
<td>Iran, ♂♀, 40 – 60 years, (Shafiee, Hadaegh, &amp; Azizi, 2009)</td>
<td>Japan, ♂♀ (Chei et al., 2008)</td>
<td>Japan, ♂♀ (Chei, et al., 2008)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Pakistan, ♂♀, aged 25 to 65 years (Syed, Hingorjo, Charania, &amp; Qureshi, 2009)</td>
<td>Pakistan, ♂♀, aged 25 to 65 years (Syed, et al., 2009)</td>
<td>Japan, ♂♀ (Chei, et al., 2008)</td>
<td>Japan, ♂♀ (Chei, et al., 2008)</td>
</tr>
<tr>
<td>Stroke</td>
<td>China, ♂♀, 40 – 70 years, (Zhang et al., 2009)</td>
<td>Japan, ♂♀, (Chei, et al., 2008)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The many illnesses associated with obesity and the co-morbidities implicated in research reports made it impractical to select one index as a preferred indicator when my interest did not focus on a specific obesity-related...
A pragmatic approach was to calculate and compare the resulting risk status across all potential participants for all four indices.

Index thresholds have been critiqued in light of their construction on the basis of data pertaining to European people and their experiences of obesity-related diseases. The commonly accepted thresholds for these indices have been found to be less appropriate for people of Asian and Pacific Island descent than for those of European descent (Lear, et al., 2009; Park, et al., 2009; World Health Organization, 2006a). In response to these critiques, and taking into account self-selected ethnic identification as recorded in the URBAN dataset, I used adjusted formula as shown in Table 4. The thresholds shown in Table 4 show the upper-most point at which a female is considered to have a low risk of developing obesity-related diseases. Further, I dichotomised the multiple risk status possibilities arising from the various indices to ‘at risk’ or ‘low risk’ for each index.

### Table 4: Index thresholds for women by ethnicity.  

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>BMI</th>
<th>WHR</th>
<th>WHtR (%)</th>
<th>WC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>24</td>
<td>.80</td>
<td>51%</td>
<td>80cm</td>
</tr>
<tr>
<td>European &amp; NZE/P</td>
<td>25</td>
<td>.80</td>
<td>49.2%</td>
<td>88cm</td>
</tr>
<tr>
<td>Māori &amp; Pacifica</td>
<td>26</td>
<td>.80</td>
<td>49.2%</td>
<td>88cm</td>
</tr>
</tbody>
</table>

The comparison revealed all four indices to be in agreement for 60% of the potential participants, and at least three of the four indices agreed on the risk status for 90% of potential participants. Drawing on all four indices avoided privileging one ahead of the others when the literature did not support such a stance for obesity-related disease in general, regardless of the use of the indices as a proxy for health status.

I classified each case as either low risk or at risk of obesity-related diseases where three out of the four indices were in agreement. This option

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49 Table data derived from Park (2009), Lear (2009), and The World Health Organisation (2006a)
maximised the number of potential participants without great compromise. The classification process resulted in twice as many potential participants being low risk (n=154) compared the number at risk (n=71). This highlights a limitation of the study arising through selection bias. Despite strident efforts to recruit a cross-section of society into the URBAN study, a considerably larger portion of Wellington women whose anthropometric measurements suggest thinness agreed to participate than did their less-thin peers. Consequently, the pool of potential participants for the present study included an abundance of women who are not fat, and considerably fewer who are not thin. With fewer non-thin women to select from, the scope of their views and life-experiences may be under-represented despite the balanced approach to recruitment, where equal numbers of at risk and low risk participants were recruited.

An error was discovered after interviewing and analysis were complete. A small number of URBAN participants had declined to be measured; a choice that, had it been realized, would have resulted in a decision not to re-contact for the present study. However, the presence of ‘888’ coding in the particular fields was overlooked at the time of categorising for the risk of ORI, and one such woman participated in my study. Having completed face-to-face in-depth interviewing with her, and given that her physical appearance did not suggest the possibility of mistaken categorisation, she was arbitrarily categorised on the basis of physical appearance, keeping her data in the study. In contrast, at an interview with a different participant, physical appearance did not seem to align with the categorisation. The data was checked immediately and there was no mistake. This was an instance where three of the four indices were in agreement, and it demonstrated the importance of the waistline, because waist circumference is used in three of the four indices.
Appendix E

Consent Form

University letterhead

Otago University Human Ethics Committee reference code 09/177
Approved 22 September 2009

Health, Place, and Habitus: A lifecourse exploration of experiences of
New Zealand women.

Participant Consent Form

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that: (please check the boxes to show you agree)

☐ My participation in the project is entirely voluntary;

☐ I can withdraw from the project at any time by notifying the researcher. At my discretion, information I have provided that has not yet been analysed will be removed from the study;

☐ Personal identifying information will be destroyed at the conclusion of the project but raw data on which the results of the project depend, including the digital audio files, will be retained in secure storage for five years, after which they will be deleted;

☐ This project involves an open-questioning technique. The general line of questioning includes finding out the different places I have lived, and what things have contributed to my life in relation to food and physical activity. The precise questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. In the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind;
☐ I may be directly quoted in material resulting from this research. Quotations will be attributed to a pseudonym to protect my confidentiality. Other information that may lead to my being identified will also be disguised;

☐ Health Research Council funding contributed to this project;

☐ The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my confidentiality.

☐ I agree that the information I provided to the URBAN study can be supplied to the Health, Place and Habitus researchers.

☐ I agree to take part in this project.

.......................... .........................................
(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee. If you have any concerns about the ethical conduct of the research you may contact the Committee through the Human Ethics Committee Administrator (ph 03 479 8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix F

Coding Frame Used in NVivo

This is a copy of the Memo I saved in NVivo, defining the coding nodes

A Healthy Place 5/07/2010 11:08 a.m.


Access & Linkages 5/07/2010 11:08 a.m.

Walkable/wheelable; close to facilities and services; connectivity between modes of transportation; accessible; visitable; street connections; public transit options; access to healthy food; wayfinding; sidewalk maintenance; internet access

Healthy Homes & Neighbourhoods 5/07/2010 11:08 a.m.

High quality housing for all; economically and socially diverse neighbourhoods; aging in place; safe; accessible/visitability; affordable

Multiple Activities and Uses 5/07/2010 11:08 a.m.

Supports healthy behaviours; outdoor and indoor recreational and cultural facilities for all; thriving retail, artisan areas; activities for all four seasons; mix of uses; places for community meetings; neighbourhood schools

Nature and Resources 5/07/2010 11:08 a.m.

Biodiverse; minimize energy use; food grown locally; access to nature; clean air, soil, water, water filtration; natural features identified; conserved; landscape ecological health

Safety, Comfort and Identity 5/07/2010 11:08 a.m.

safe streets, sidewalks and crossings, good surveillance; supports children’s activities and health; easy wayfinding; pleasant; clean; good repair;
maintenance; landmarks; quiet; green urban environment; built form reflects place; spiritual

**Sociability** 5/07/2010 11:08 a.m.

Walkable; sittable; free, well used, spontaneous meeting places; lively pedestrian streets; unprogrammed space; slow traffic

**Across the lifecourse**

**Aspirations** 3/06/2010 10:31 a.m.

Future goals.

**Personal** 3/06/2010 10:32 a.m.

Personal plans, goals

**Household** 3/06/2010 10:32 a.m.

Shared plans, goals

**Fitting In** 20/04/2010 5:22 p.m.

**Community Connections** 1/06/2010 1:58 p.m.

People and groups that she or her household are connected with, such as school, church, individuals, gatekeepers...

**Hindrances to fitting in** 1/06/2010 2:37 p.m.

Such as stigma, scale...

**Syntax** 22/04/2010 10:54 a.m.

Syntax indications of belonging. eg how the person uses 'we' or 'us' or 'they' in relation to proximally located self. For example, if 'we' refers to those amongst whom she lives, this indicates a sense of belonging. On the other hand if she lives amongst 'they', this indicates a sense of difference; of not fitting in.
Things that help me to feel I fit in 1/06/2010 2:38 p.m.

For example, friendliness, meeting people...

Health 1/06/2010 11:56 a.m.

Diagnosed health conditions 1/06/2010 11:58 a.m.

Personal 3/06/2010 10:11 a.m.

Important Others 3/06/2010 10:12 a.m.

Health Policies 1/06/2010 11:58 a.m.

Practices, guidelines or standards adopted to attempt to manage or improve health, either personally or for the household.

Smoking 1/06/2010 12:00 p.m.

Neighbourhood selection criteria

Reasons for choosing this house or neighbourhood or both when she was finding a new place to live

Pivots 28/05/2010 12:19 p.m.

Events that seem to alter direction (in a positive or negative way).

Reflections 28/05/2010 12:24 p.m..

Hindsight reflections on personal experience

Values 28/05/2010 11:41 a.m.

Indications of values that guide choices

Weight 8/06/2010 2:14 p.m.

Overt and veiled references to weight

Why relocate

Reasons for moving from place to place
Childhood 20/04/2010 5:08 p.m. Living with her primary caregiver(s)

Food

Rules; common and special foods

Breakfast

Dinner

School Lunch

Snacks and Drinks

Special Occasion Foods

Friends and Neighbours

Families are important to establishing identity (G&H chapter 10); norms and values, habitus

Household and caregivers

About the household the person grew up in, extending to those close by who also had a hand in day to day upbringing.

Lifestyle Modelling 3/06/2010 11:26 a.m.

Influential others’ role modelling of lifestyle

Physical Activity and Leisure 3/06/2010 10:47 a.m.

Incidental, recreational, and organised forms of physical activity.

School 9/06/2010 10:19 a.m.

Things associated with school life (pre-school through to leaving home)

In Between 3/06/2010 10:08 a.m.

Daily Grind BETWEEN 3/06/2010 11:37 a.m.

Priorities, activities, social life etc.
Education BETWEEN 9/06/2010 10:20 a.m.

Life associated with educational settings after leaving home

Food BETWEEN 3/06/2010 10:44 a.m.

Ways that diet changed from childhood

Influential Others BETWEEN 3/06/2010 10:43 a.m.

Ways that other people influenced this life phase

Physical activity BETWEEN 3/06/2010 10:46 a.m.

Changes in physical activity from childhood

Now 3/06/2010 10:06 a.m. Present life phase

Daily Grind NOW 3/06/2010 11:39 a.m.

Work and Social life outside of the home

Education NOW 9/06/2010 10:21 a.m.

Course, degrees, etc.

Feeding the household NOW

Eating

Breakfast

Celebrating

Dinner

Eating Out

Lunches

Snacks and drinks

Food sources

Sources and inspiration, such as the Food Channel
Household food rules

Influential Others NOW 12/08/2010 10:34 a.m.

Ways that other people influence this life phase

Neighbourhood NOW 3/06/2010 11:11 a.m.

Bad things about this neighbourhood

Things that make it less easy to live here

Getting along with the neighbours 4/06/2010 2:39 p.m.

Issues, resolution strategies, perceptions

Good things about this neighbourhood

Things that make her feel good about living here

You as a neighbour

Perception of self 'as a neighbour': what we think others think of us

Physical Activity NOW 3/06/2010 11:02 a.m.

Personal 3/06/2010 11:03 a.m.

Present involvement in incidental, recreational, or organised forms of physical activity

Household 3/06/2010 11:03 a.m.

Physical Activity of others currently sharing the household

Treeless

Dialogue 1/06/2010 12:24 p.m.

Places where the participant uses dialogue - either her own or attributed to others.

Narrative Occasion Effects 3/06/2010 12:07 p.m.
Overt statements and more subtle examples that indicate the interviewing process as potentially cathartic or motivating a change.

Self-descriptions 27/08/2010 2:18 p.m.

How participants describe themselves, usually saying "I’m a xxx person" or similar.

Word or Phrase Repeats 1/06/2010 10:33 a.m.

Words or short phrases repeated in immediate succession - possibly for emphasis