

Space in the Home: morphology and meaning in the home life of older people.

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Summary

This paper presents an account of how older people living in the UK today furnish and use the main 'public' space for daytime activities in their home; the living room. The furniture arrangements in the living rooms of sixty older people living in a wide variety of house types and tenures was examined, to see how household artefacts were used to differentiate each room into areas for different domestic activities. It was found that, when arranging their living room furniture, older people adopted one of two strategies; a centrifugal tendency that pushed all the furniture to the walls leaving the centre of the room clear for circulation, or a sequenced approach that created a series of sub-spaces within the room. Few if any used 'designerly' principles to orientate the room or to arrange their furniture and possessions.

Extensive comparison with over three hundred examples of all types of housing in which older people in the UK were living in the late 1990s, led to the identification of two distinct stereotypes, for family homes and 'sheltered' (purpose-built) housing respectively. Configurational analysis of plans using 'space syntax' revealed that family housing in the UK embodied a strong 'privacy gradient' that separated and related social and intimate areas of the home. In the sheltered housing this privacy gradient was eliminated, presumably on the assumption that the older occupant would be living alone. However, most of our older informants did not perceive themselves to be alone, but interdependent with others. They therefore experienced the sheltered housing stereotype as ageist and demeaning. It emerged that the incorporation of a sequence of sub-spaces within the living room was a strategy by which older people were able to reinstate a privacy gradient within their home, so that it continued to reflect their relatedness to others.

Room inventories were taken, and used to explore the process of investing in, displaying, curating and divesting one's self of cherished possessions in later life. Many older people had accumulated possessions over the course of their life and seemed to be living with 'clutter'. However, we discovered that the room inventories of the informants in our sample were far more extensive than those used by architects when designing sheltered housing. When they moved from their family home to sheltered housing, people experienced a 'spatial compression' of their belongings into a living room that was decidedly smaller than their previous residence. Some chose to live with the clutter whilst others took a decision to dispose of bulky items of furniture and purchase smaller, lighter items that made their new living room appear larger. Architects often make assumptions about how people should organise their furniture rationally to fit into their living room, but many older people ignored these principles. The older people we spoke to continued to construct personally meaningful 'assemblages' of household objects that expressed ideals that they had acquired early in their adult lives about the 'cultivation' of the home.

Various models have been suggested for the home - a small controllable world, a treasure store, a projection of one's aspirations or a repository of memories. We found that, as people grew older, their interactions with household objects evolved in ways that challenged the conventional wisdom about the relations between people and things and the definition of domestic activities and spaces as public or private. Our older people's living rooms reflected their attitudes to caring and being cared for, how energy was invested in the maintenance of domestic routines and the strategies that people adopted to safeguard respectability and disguise bodily frailty. The paper

therefore concludes with some more speculative observations on how gender differences were reflected in older people's attitudes to home making, and lessons are drawn for design guidance and future housing policy.

Profiling the housing stock for older people.

In common with most of the developed world, the UK's population is ageing and so concern is growing about how and where people will live in later life. Average life expectancy at birth in 1901 was 45.5 years for a man and 49 years for a woman. The comparable figures today are 75.4 years for a man and 80.2 years for a woman. In 1901, people over retirement age made up just 6% of the total population. This figure had already increased to 14% by 1951 and stood at 18% in 2001. At the same time birth rates are falling, with the result that by 2050 half the UK's population will be aged fifty or over. Last century there were ten people of working age for each older person, by 1991 the ratio was 3:1 and by the middle of this century it will be 1.5:1, (Worcester, 2000).

For most of today's older people, greater affluence in later life is leading to increased purchasing power and changing aspirations, from the modest expectation of living independently and avoiding being 'burdensome' in later life to a more radical view that whatever the future holds, older people are entitled to remain in control of their lives and to continue to enjoy their chosen lifestyle. However, the built environment that we have created over the course of the last few centuries is not sympathetic to the needs of older people. Until the second half of the last century, architecture did not impact on the housing circumstances of the vast majority of the population, including older people, who lived in ordinary mainstream housing. The UK's housing stock was - and still is - dominated by large, medium and small terraced houses mostly dating from the nineteenth century and solid, well constructed semi-detached houses from the inter-war period, leavened with more recent, detached family houses and a smattering of balcony access and high rise council flats in city centres. Architect-designed, 'sheltered housing' that is purpose-built for older people constitutes less than 2% of the overall housing stock, (Galvin, 1994). Most ordinary, mainstream dwellings were built by speculative builders and did not involve the services of an architect.

This housing stock is itself ageing. Nearly half the stock of twenty million homes is over fifty years old, more than any other European nation, and older people are more likely to live in older housing in poor physical condition. For example, out of the 44,000 UK dwellings that do not have an inside WC, nearly half (41%) are occupied by retired people. The most likely to lack central heating are retired people in the private rented sector (44%), (Department of Environment Transport and the Regions, 1998). However, a more pernicious problem than sub-standard housing is that the existing stock was designed for fit adults and any without thought to later life. Poor housing design can be every bit as 'disabling' as any medical disability and currently many mainstream family homes disable their

older occupants. Some houses actually evict their occupants into a specialised, older people's setting, because they are unable safely to negotiate their home environment. Nevertheless, it is known that most older people want to live in a normal family house, where any support that becomes necessary in later life is provided at home. Few opt readily for the purpose-built alternative, (Sutherland, 2000)).

It is against this changing demographic background that the Engineering and Physical Sciences Research Council of England commissioned research led by University College London to profile the housing stock with the needs of older people in mind. The research was carried out between 1998 and 2000, in collaboration with Professor Mike Rowlands from UCL's Department of Anthropology and Leonie Kellaher from the Centre for Environmental and Social Studies in Ageing at London Metropolitan University. The project involved gathering several hundred examples of housing and talking in great detail to sixty older people about what their homes meant to them, in order to identify the environmental problems that led people to move in later life. Our informants were living in a wide variety of settings, from family homes, to sheltered and private retirement schemes and included rooms in a shared house, a residential home and a nursing home. Our ethnographic sample included twenty-six living rooms in mainstream homes, twenty-four in one and two bedroom sheltered bungalows and flats, seven sheltered bed-sitting rooms and three bedrooms in communal establishments. Examples were drawn from the north-west and the south-east of the country, so as to reflect different levels of affluence and our fieldwork areas included metropolitan, urban, suburban and rural locations.

A tiny fragment of the project revisited Chapman's (1955) study of home and social status. Chapman's research looked at how young couples had set up their first home after marriage. His ethnography centred on the ground floor living room and became the classic benchmarking study of English family life in the immediate post-war period. Chapman's study revealed that the furniture was not bought item by item, but together as a matched group or 'room set'. The young couples appeared not to be interested in the performance of the furniture so much as in the social status that it conveyed. Chapman concluded that the home was, to some extent, the product of a romantic illusion and he added that the desire of the newly-weds to conform to expected social practices was high. This generation is now in its 70s and 80s, coincident with that of our informants. We were therefore interested to see how people's living room inventories had changed over the intervening years.

Centrifugal and sequenced layouts

Most people in our survey had just one reception room and the rooms in all the house types we studied were small. The average size of the living room in our

study was about 15 sq. m. Yet despite being small, in only three out of the sixty cases was the living room left as a simple centrifugal space. In the other fifty-seven cases, people had arranged their living room furniture to differentiate several zones within the room for different domestic activities. The number of different areas could not be accounted for simply by variations in the shape of the room. The average number of activity areas in all the living rooms in our sample was 2.8, as compared with an average of 1.5 convex spaces delineated by room shape alone. This immediately suggested that the interpretation of daytime living was rather complex.

There was no relationship between the articulation of the boundary of the room into a T-shape, L-shape or U-shape and the number of separate activity zones ($r^2 = .049$), or between the size of the room and the number of activity zones ($r^2 = .001$). However, different house types had different numbers of activity zones. Living rooms in terraced mainstream homes contained on average just two sub-areas, whilst bungalows had 2.2, semi-detached houses 2.3, low rise mainstream flats 2.9, and purpose-built sheltered flats had an average of three separate activity areas in the living room. Bed-sitting rooms contained the most complex and differentiated furniture arrangements of all, with an average of 3.6 separate sub-areas in the room. This was a direct consequence of their being required to accept more functions than a conventional living room.

All three living rooms that comprised just one activity area, used it for sitting. Whilst daytime sitting was the common denominator in the rooms of all our informants, including the three people living in communal settings, the range of activities that was represented in the living rooms of our sixty older informants turned out to be wide and diversified. The most complex layouts contained four, five or six sub-areas within the room when the arrangement of the furniture was taken into account.

Fifty-four out of the sixty inhabitants had arranged their furniture so as to define a small threshold space at the entrance to the living room, so that a visitor did not enter directly onto a 'frontstage' space where domestic activities took place. The size of this zone varied from one or two square metres to five or six square metres. The threshold zone was present whether the room was large or small and, as most of the living rooms were quite small to start with, it represented a considerable investment of space. Additionally, the three people living in a communal situation had arranged their furniture so that a threshold space was created inside their bedroom, so that only three rooms altogether did not incorporate a threshold. This would seem to indicate a very strong desire on the part of the older people in our sample to differentiate that part of the room where people sat from the places where people entered and left the room. This was so despite the fact that many of our older respondents were living alone and so for

most of the time they would be the only person who would be moving about within the home.

Beyond the threshold zone, it might be expected that the next space to be encountered would be the sitting area and this was indeed the case for forty-eight living rooms. However, in arranging their living room furniture, the older people in our sample adopted one of two strategies; a centrifugal tendency that pushed most of the furniture to the walls and left the centre of the room clear for circulation, or a sequenced approach that created a series of sub-spaces within the room.

Centrifugal plans are recommended by current housing design guidance. The centrifugal arrangement favoured by most people in our sample contained two sub-spaces, a threshold and a sitting area. The three examples without a threshold zone that had just one sitting space were, de facto, centrifugal. Twenty-three people altogether had arranged their room in this way to contain a simple grouping of seats around a focal point in the room, with the rest of the living room furniture standing against the walls. In two more cases, the furniture arrangement was centrifugal but allowed a ring to be formed between the 'backstage' threshold and 'frontstage' sitting area so that people could either pass through the middle of the seating area or around the back of it. The potential for configurational variety is minimal for this strategy, and the rooms resembled one another closely.

However, the majority of living rooms in the sample, thirty-five rooms altogether, were arranged in a sequence so that at least three or four distinct zones were identified within the room. The maximum number, found in a room of just 18 sq. m., was six. Nineteen rooms comprised a simple linear sequence that differentiated the more public activities of daily life such as sitting from the more private activities in the room such as watching TV, office work or sleeping. In sixteen more cases, the sequence had two separate branches. In twelve of these living rooms, the branches separated at the threshold; in the other four cases the sequence branched beyond the main sitting area. This strategy allowed for considerable configurational variety in precisely how the sequence was assembled, and so rooms that had adopted this strategy tended to be unlike one another and more expressive of people's individuality and uniqueness.

In six sequenced rooms, another activity such as watching TV or dining was located in the second most public space and the sitting area was set deeper into the room. All the older people who had a bed-sitting room had to accommodate a bed within their living area and, wherever possible, this was accomplished by locating the bed, and any associated dressing area, as deep as possible within the room. Often the furniture was orientated so that people in the sitting area looked away from the bed space. Sometimes, a second transition zone was

interposed between the sitting area and the sleeping area by positioning of the furniture, thus adding to the overall number of activity zones in the room.

For most people in our study, the TV was associated with the sitting area and formed a visual focus in the room, but ten older people in addition to those already mentioned above, had distinguished this activity spatially by locating the TV in a separate sub-space. For the most part, this seems to have been associated with declining vision or hearing. Another activity that design guidance has associated with the living room since its inception is sitting at a bureau or desk to study, correspond or do the household accounts. Two older people in our sample had differentiated a home-office zone in their living room, though some kind of a desk or bureau was a more common item of furniture owned by twelve informants.

Only nine people in the sample had a separate dining room and so for the remainder eating had to be assimilated to the living room. Eight people had a proper dining table in their living room and nine had differentiated this as an important activity by locating it in a separate zone. Twenty-four more had a drop-leaf table somewhere in their room where they could eat formally at a table if they chose to. A few individuals had zoned space in their living room for more unusual purposes; two people had space for a piano and one had created a 'backstage' space behind his settee where his dog's feeding bowl and toys were kept. Three people had made a special assemblage in the bay window that could be curtained off at night.

These spatial strategies occurred across all housing sectors and did not relate to socio-economic variables like income or tenure. Apart from the strong tendency to preserve a threshold at the main entrance to the living room and the ubiquity of sitting as the main activity, differentiating 'extra' activities and allocating them sub-spaces of their own seemed to have been a relatively personal matter. However, some of the most complex sequenced arrangements were found in sheltered housing, especially in the bed-sitting rooms. These invariably contained a separate, differentiated sleeping area that tended to occur deeper into the room from the area where the occupant sat and entertained guests, but just as many people living in mainstream homes had built a sequence into their living room that reflected their current interests and way of life.

It would seem that the older people in our sample conceived of their living room primarily as a relational setting for social activity rather than as an inventory of isolated items of furniture. Precisely how the furniture was arranged and configured to link and separate different activities was much more important to the inhabitant of the room than the mere ability to fit the furniture into the space provided. Most conceptualised their living room as a relational setting, with 'frontstage' and 'backstage' zones. Often, the visitors' chairs were even angled to

look at a carefully composed assemblage of furniture and possessions that was placed prominently on public view, whilst the inhabitant's favourite chair overlooked the more intimate areas of the room. Moreover, sequenced arrangements were utilised to achieve an appropriate measure of separation between the more social 'sitting' area and more intimate, personal spaces in their living room. It would therefore be wrong to look at the living room in complete isolation, whilst ignoring the contribution it made to the overall layout of the home.

Thompson et. al. (1996) have drawn attention to the fact that space in the home is usually differentiated, so as to define a 'privacy gradient' from more public to more private parts of the home that is often absent in more institutional situations. Ordinary family houses in the UK manifest this in three distinct patterns of connection between domestic spaces; linear sequences in circulation areas, fan shaped connections in bedrooms that are accessed from the common hall and triangulated patterns in daytime living spaces, like the living room, dining room or kitchen. The authors have suggested that these three configurations provide different kinds of access and control over space: *"In the single family dwelling, the spaces related to the privacy gradient in three ways. The linear spaces created a gradient to the outdoor, public arena, the fan shaped spaces controlled access to spaces typically inhabited by one or two people (bedrooms and bathrooms) and the connected spaces created accessibility to all residents, typically no more than six"*, (Thompson et al, 1996). In more institutional settings, there is no privacy gradient between the shallow, more social and public areas and the more intimate, private parts of the setting. The authors therefore conclude that the lack of a privacy gradient is a defining feature of institutional space.

When the sheltered housing stereotype was compared configurationally with the spatial pattern of mainstream housing, it was clear that the complex and differentiated spatial pattern in the former had been all but eliminated in the latter, so that public and private space were no longer clearly distinguished from one another. This suggested that the sheltered stereotype embodied features of institutionalised architecture. So far as the living room layouts were concerned, centrifugal plans occurred more often in mainstream houses where there was more than one daytime living room. Sequenced plans were more common in flats and sheltered housing where living was compressed into one or two spaces, though they also occurred in mainstream homes. In both sectors, the sequence was usually from more social to more intimate activities. It would therefore be seen that older people were using their furniture to reinstate a privacy gradient within their living room, wherever the public-private axis of the home was not adequate for their requirements.

Living with 'clutter'

Inspection of the furniture arrays and the conversations that we held with older informants independently revealed that the furniture was invariably constructed into larger 'assemblages' that integrated both furniture and household objects into a visual or action construct that occupied space and embodied aspects of the owner's sense of self. For example, the focal point of one woman's room was an assemblage made up of her TV set and a log effect electric room heater which shed a warm glow over the room. On top of the TV she had carefully arranged her dead husband's brass carriage clock and a toy 'Noddy' lamp that she had cherished for over sixty years. The assemblage aptly summarised her girlhood, marriage and widowed circumstances. Another individual had made an assemblage out of a reproduction Regency chair and antique table that she did not use, but which served as an object of contemplation. Most older people's living rooms contained several of these set-piece assemblages that combined cherished and mundane household objects with furniture, ornaments, pictures and photographs in a way that was personally meaningful.

The possession of furniture and household objects has been associated with power and authority, (Csikszentmihalyi and Rochberg-Halton, 1981). Possessions can be a source of conspicuous consumption and display as well as adding to the utility and comfort of the home. The material culture of the home can evoke memories, experiences and relationships. Objects can stand for family ties and social responsibilities and as such cannot be lightly or easily disposed of. People often remark that older people's living rooms appear cluttered. We set out to test this idea by making an inventory of all the furniture and household objects each of our informants had in the living room. We were therefore able to examine how people were actually living in the light of the recommended furniture schedules contained in design guidance, and also to compare our listings with Chapman's inventories from the 1950s.

A complete inventory of all the furniture that was found in the sixty living rooms of our older informants was recorded in detail and was subsequently plotted on the plan of each room at a scale of 1:50 with the aid of photographs. This allowed us to examine the way in which the furniture and objects embodied, by their presence and inter-relationships, ideas and conceptions of what it might mean practically to inhabit a room and to dwell there. Where the inhabitant had a favourite chair that he or she habitually sat in, its position and orientation was noted, as was the place where a visitor would normally sit. The full furniture inventory from all sixty homes identified fifty separate items of furniture and household objects that occurred regularly and occupied floor space in older people's living rooms. These were further classified and grouped for the purpose of analysis into ten different classes of furniture - chairs, tables, low storage, full height storage, bedroom furniture, occasional furniture, knick-knacks, entertainment, lighting and heating.

Checklists of living room furniture given in current design guidance anticipate that an inhabitant will only need to arrange about ten items of furniture in an average living room. The list of items that are considered appropriate is far more restricted than the fifty items of furniture that we actually found in older people's homes. Of course, not all the older people had all the items noted on our inventory. The average number of items of furniture that our respondents had was seventeen, with a minimum of eight items and a maximum of thirty. The average older person's room in our sample contained five chairs, two to three of which would be upright chairs together with two to three soft chairs, two items of furniture for low storage, one item for high storage, three items of occasional furniture, a knick-knack, a lamp in addition to the main ceiling light for accent lighting or task lighting, a TV, two room heaters, one to provide background heat and one to give radiant heat and a focus for the room, and a table or a bed.

This typical array of furniture was consistent across all the major environmental and socio-economic variables such as room size, informant's age, gender, marital status or tenure. As one might expect, however, people who were resident in a residential care home or nursing home had significantly fewer items of furniture and possessions in their room, just 12. There was no significant relationship between the length of time that people had lived at their current address and the quantity of items that had accumulated in the living room. As with activity zones, there did seem to be a relationship between house type and the amount of furniture in the living room, with small terraced homes having the fewest items (13), followed by bungalows (15.46), semi-detached and detached houses (16) large terraced houses (17.5), with purpose-built mainstream flats (18.64) and sheltered flats having the most items (21), but the total number of cases involved was too small for these results to be statistically significant.

Cohort and social generation theory proposes that *'as a consequence of their cohort's location in historical time, individuals and their coevals (other individuals of the same or similar calendar age) share an exposure to certain experiences and opportunities and are excluded from others'*, (Pilcher, 1995). Generation, then, can be seen as a form of social location or social identity that is rooted in an ongoing historical and social process. The interviews in our research revealed that the lives of the particular cohort of older people who were the subject of our research were profoundly shaped by the 1930s depression, the struggles and privations of the second world war, rationing and post-war reconstruction. This shared 'world view' extended to the material culture of the home.

The arrays of furniture that people had in their living rooms drew on the repertoire of items that were popular during the 1950s when most of our respondents were reaching adulthood and so the items that older people had in their houses reflected the possessions that their age group sought to acquire when they formed their households after leaving the parental home or upon marriage.

Chapman has suggested that the young couples tended to purchase complete room sets as opposed to individual items of furniture. Despite the post-war economic stringency, most people attempted to purchase all the furniture they would need to equip their living room, dining room or main bedroom at the same time, so that the individual items would match, even where this meant that the couple had to buy their furniture on hire-purchase. Many of the living rooms of our older informants still contained items of furniture that had been purchased at or soon after marriage. However, the concept of a 'room set' that was so central to Chapman's analysis seems to have undergone a profound change. Many of the living rooms of our informants now contained individual items of furniture drawn from several different room sets; a couple of dining chairs and perhaps a sideboard or tallboard from the dining room set, part or all of a three piece suite from the living room set and a chest of drawers, bedside cabinet or dressing table from what was once a bedroom suite. These had been re-assembled in the living room.

When older people moved from their family home to a smaller home in retirement, or into sheltered housing, or from sheltered housing to a care home, their experience was not simply that of having less space than before, or even of having a less varied domestic routine than before. Rather, people discovered how to unfold their routines and habits in new surroundings that required them to combine the activities that they had previously carried out in separate rooms within a smaller, less differentiated physical setting. This compression of function was accompanied by a compression of furniture that had previously belonged to different room sets into the space of the living room. The process of compression resulted in dismemberment of room sets that had initially been chosen to express people's sense of what was appropriate and stylish then, and of their reintegration within the new room to achieve a new synthesis that expressed people's sense of what is appropriate and stylish now.

This was a commonly experienced phenomenon within this age group. Usually, the principle of matching furniture had to be surrendered for large and bulky items but was retained for the smaller items of occasional furniture so that a new room set was achieved that still bore some of the hallmarks of the old. Those older people who had yet to experience spatial compression and used their living room just for sitting had, on average, fewer objects (15) than those that used the room for several activities (18). The additional objects that came from different room sets had to be reintegrated with part or all of the living room furniture, as more and more activities were compressed into one room. The process of dismembering sets of furniture bought for different rooms at specific phases in people's life and reintegrating them into a new furniture arrangement for the main public room of their present home seemed to have been an experience shared by the majority of our informants. It is in the light of this ongoing process of

dismemberment and reintegration that the furniture inventories of the living rooms of our older informants need to be read and interpreted.

Reintegration as design

A common denominator of all the older people in our sample was that they had 'unfolded' the furniture that they had either brought with them or purchased specially, within the space of the living room they currently occupied, and arranged it so as to define spatial relationships, activity zones and assemblages that expressed meaning in their lives. The ideas of economy and functionality that are prevalent in design guidance and which dictate the quantity and kind of furniture used to assess the suitability of plans are, to say the least, conservative. Though it may indeed be the case that older people have accumulated many possessions over the course of their lives, 'living with clutter' is at least in part a product of the unrealistic expectations of ergonomists. However, the amount of visual and experienced material in the room and its degree of organisation into assemblages of furniture and objects were clearly different from case to case. Comparing across cases, some living rooms seemed to be more cluttered and others more sparsely furnished. Analysis has already revealed that this had little to do with the size of the room or the number of items of furniture in the room. It must therefore have arisen out of the precise way in which people's furniture and possessions were related together and reintegrated into the new 'room set' that they had 'designed' for the current home.

When architects lay out the furniture within the plan of a room, they tend to use organising principles in order to do so. These principles, acquired through architectural education, are based on geometric or proportional systems that relate the objects together into a larger, designed composition. In an architectural plan, the furniture is likely to be laid out according to geometric principles that rely on symmetry, repetition or hierarchy to give an overall sense of unity to the design, (Ching, 1979). It is through the fact that each piece of furniture has been subordinated to relational, organising principles, that we recognise a sense of pattern and order in the arrangement. These organising principles are additional, largely aesthetic constraints that apply over and above the functional and ergonomic requirements of different household activities.

Even the most cursory inspection of the furniture layouts that ordinary people utilise in their living rooms reveals that everyday life is not subject to the same degree to these 'designerly' organising principles. Most of the older people's living rooms appeared conspicuously to lack a strong sense of visual unity. At the same time, a more careful inspection of the plans has already suggested that the arrangement and placing of people's furniture is far from chaotic. Rather it has been established that the furniture was arranged to fulfil complex social

requirements. This alone, is likely to give rise to more heterogeneous furniture arrangements than in a room that is dedicated just to sitting down and relaxing.

The kinds of pattern that were found in older people's living rooms tended to lack an overall sense of geometric order, but it was possible to detect organising principles that were applied locally to each of the various assemblages within the room. These were not so much geometric as topological; linear, centralised or centred about a single piece of furniture that acted as an anchor for all the others within its orbit. Where geometrical principles such as symmetry came into play, they tended to be much more loosely and approximately applied than in the designed situation. This was particularly clear in the centrifugal arrangements where, unlike the layouts generated by design professionals, the furniture was hardly ever composed by applying geometrical principles such as symmetry. Where the room had more than one main activity zone so that the spatial pattern was sequenced, several different topological principles usually came into play in the grouping and arrangement of the furniture. This already introduced visual and experiential complexity into the older people's rooms that are absent from designerly rooms, which tend to be minimalist in their ordering principles. Conversely, where a 'real' living room adhered to designerly principles, the room seemed somehow to be less 'lived in' and to feel more like a 'show home'.

Architectural space, based on geometry, tends to favour simplified, purified and well-ordered layouts. It is a recipe for visual harmony. The inhabited, 'lived' space of our informants was based on topology and tended to be rich, elaborated and heterogeneous. It emerged out of visual complexity. The consequence of having several activity zones and artefact assemblages in one room, each of which may have been locally arranged using different organising principles, was to produce visual complexity in older people's living rooms. If so, 'clutter' is at least as much a value judgement that is based on a particular view of domestic order as it is an objective commentary on the sheer quantity of objects in the room.

The cultivation of the home

For this social generation, the skill of home-making was a process that comprised many small, cumulative acts. One of the most striking features of the living rooms of our older informants was the diversity of objects that they chose to cultivate and the tenacity with which they dismembered and rearranged their stock of possessions to fit each changing situation, using the material world to construct the complex social world of the living room. Many of the older people in our sample described the strategies by which they arrived at their current inventory of living room furniture. Most had moved home one or more times and had acquired and disposed of many items of furniture during the course of their adult life. The process of sifting and selecting from room sets and augmenting previously acquired objects by new items in order to assemble a living room that the

householder can feel justifiably proud of was a recurrent theme in many (but - significantly - not all) of our conversations with older people.

Spatial compression may not necessarily be a bad thing, especially if people feel that they are in control of the process. Many older people we spoke to expressed a sense of achievement, especially where they were able to build positively on their experiences in order to tell the story of how they had demonstrated competence in the exercise of their home-making skills. Some older women in particular seemed to rise to the challenge of showing their continuing competence at home making. Most were able to reflect on how they had come to make their room the way it was, what they still needed to do to make their living room more suited to their needs and to compare their current living room with that in their previous homes and with those of their neighbours. For others, the high point of their home making career was seen to be in the past and more than one individual expressed a degree of frustration at not being able to do as much with his or her current (usually sheltered) home as with a previous place of residence.

Whilst the majority of women were able to articulate facets of their home making experiences, some older men seemed more uncertain. Exceptionally, a male informant was able to talk constructively about the difference that gender makes to older people's stock of domestic and home making skills; *"Its more a case that they've (men have) never been allowed to do it. The vast majority of women take over the home, or did in the past. Well the home was the wife's domain, and if she wanted anything done, she said to the man 'Right, well, I want this done'. So then he, if he couldn't do it himself, he got someone in to do it"*.

However, one or two unmarried men seemed not to have quite settled in their home. Their living rooms looked as if they had just been unpacked. This is not because those men had fewer objects or different objects in the room. Rather it is that they seemed disinterested in or unable to relate furniture and objects together to transform them into assemblages. They seemed less able to activate the topological principles for arranging the furniture and decorating the domestic interior that most of the older women in our survey had drawn on in making their homes. Insofar as these men did not cultivate their home or actively curate their possessions, they seemed to inhabit and dwell at home less fully. Nor did they seem able to talk about their possessions, other than as isolated objects; *"I cannot describe the place anymore, you have seen the whole place coming in. It is all combined in the flat."* Men's inability to talk about the home as a relational complex was not just because they went out and lived a full and active life beyond the home as some of the men in our survey who were least articulate were also quite isolated socially.

Most of the older women in our study engaged constructively with the process and took great pride in talking about their home-making skills. Even when they could no longer manage a whole room, they still 'curated' small object

assemblages, such as a collection of memorabilia, family photographs, soft toys or, in once case, a collection of thimbles. The real transition between active cultivation of the home and a more passive role for the older women in our study came with the shift to a nursing home. Even in the residential care home, our informant had brought some of her furniture and possessions with her. Although she had not been personally involved in the ultimate dismemberment of her home, she had selected the items that she brought with her to the home herself. By contrast, the room in the nursing home contained just one or two personal objects - a clock on the bedside table and a small stack of books and papers on the chest of drawers - not even sufficient to make a small assemblage.

A relational model of home

At present, the design of sheltered housing in the UK offers older people a particular world view, that can be read directly from the way their space has been configured for 'open plan' living, with no space for a dining table or for people's furniture and possessions. Particularly where the main living room is a bed-sitting room connected directly to a small kitchen area, the setting provides insufficient space to entertain visitors, for hobbies and pastimes or for an overnight guest. It is a setting that has been designed for living alone not for living independently or, more importantly, interdependently with others

However, this assumption of living alone is strongly at odds with older people's own self-images. Continuing to care - for self, home, possessions, other people - rather than becoming the object of care remains central to maintaining social worth in later life. The older people in our study resisted the ageist stereotypes that were built into the bricks and mortar of their homes, by continuing to construct meaningful and detailed environments that reflected their complex social life. When invited to do so, people expressed well-thought out standards and expectations for their homes. These tended to be strongly social, about having enough space to entertain, share a meal, invite people to stay or engage in hobbies and pastimes. Our informants expressed concern about preserving the social niceties, particularly between 'public' and 'private', as they understood that managing social encounters was a way of demonstrating continuing competence as a mature, caring, socially embedded adult.

All homes contain both service and living functions and support social and intimate activities. Our evidence suggests that people of all ages need sufficient space to distinguish service from living areas and social from intimate activities, in a relational model of home that allows negotiation across the social - intimate and service - living boundaries. Badly-designed housing can seriously impoverish older people's quality of life by diminishing them as social beings. Well-designed housing can help older people achieve the twin goals of remaining both independent from and interdependent with others. In later life more time is spent at home, and the living room becomes a world that relates intimate to social

space in a way that affirms competence as a mature, caring, socially embedded adult. All this is ultimately embodied in the continued cultivation of the home.

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