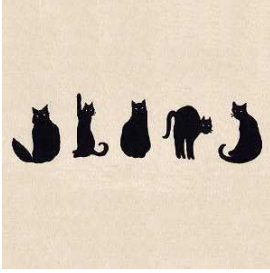


**Homecare & frail older people:
relational extension & the art of dwelling¹**

Joanna Latimer
Cardiff University School of Social Sciences

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Nothing comes without its world
(Haraway, 1997, p 37)

Introduction

This paper is exploratory, and mainly discursive. Drawing on a number of sources, it explores home and care in terms of relational extension, keeping, and the art of dwelling.

Care in relation to older people has increasingly been constituted in terms of provision, and service-user/service-provider dyads. To get care-as-provision there has to be a construction of need through the gaze of medicine, nursing and social work. Care-as-provision not only constitutes the ageing body as increasingly in deficit, but can extrude other ways of understanding. Despite in many ways appearing to be 'private', enacted behind closed doors, seemingly backstage (Goffman 1959,1966), spaces of care are inscribed by discourses of care-as-provision and risk. The home as a space of provision and risk entails 'bodywork' (Twigg 2000a & b) and increasing surveillance through assistive technology (Disabled Living Foundation 2008). But the home is also a site of performance and identity-work, for both cared for and carers.

This space of identity-work has to be understood in terms of dominant cultural preoccupations: including, the body *and the home* as sites of enhancement, aesthetics and consumption (Featherstone 1982, Hurdley 2006, Miller 2001, Wiles 2004), youthfulness (Tulle 2008), 'auto-mobility' (Latimer and Munro 2006), and self-determination, autonomy, enterprise and activity (Strathern 1992), possession and lifestyle choice (Bauman 2003, Skeggs 2004), each of which are valued as the marks of the healthy, responsible 'good' citizen (Hillman 2008). Like the bedside in hospitals, the space of home and care can thus be understood as a 'complex location' (Latimer 2000 drawing on Cooper).

Critically, in the UK at least, there is a 'constituting of classes' (Latimer 1997, 2000) of work, people and things in which care of the elderly, home care and care home work is denigrated and denigrating. The work is low paid, frequently part-time, and like the very frail and the aged themselves, potentially stigmatising (Goffman 1963). In the UK, the everyday work of care has been divided off from the everyday work of medical intervention (Latimer 2009c). With qualified nurses and social workers managing and coordinating delivery of care packages, rather than being directly involved in carework themselves. Many older people are now cared for directly by migrant workers (Doyle

and Timonen 2009), who are themselves also positioned, by their very mobility and absence of roots, as 'precarious labour' (Papadopoulos et al 2008). One of the problems is that this kind of work is constituted as semi-skilled, maintenance work: it, and the people being cared for, the frail elderly, are figured as having no future, no 'prospects ahead of them' (Latimer 2000), they are going nowhere, either in terms of their health, or in terms of their (social) mobility. In addition, the frail elderly are easily figured as losing their distinctive identity as 'possessive individuals' (Skeggs 2004) and as being in a process of withdrawal, literally shrinking in terms of corporeal presence, including relinquishing their possessions as they downsize, and, with them, expectations and identity. As Cohen (1994) drawing on Myerhoff (1978) elaborates, older people can so easily seem to lose definition, and become invisible, inchoate (Latimer 1999).

This figuring of the frail elderly, and the work around supporting them at home, constructs their bodies and them as failing, and as 'unknowing' (Latimer 2009b). I want to call this the *deficit model* of older people, and of their care. Seeing the body and the older person as in deficit is of course the effect of a particular perspective, one that, as will be seen, has pervasive effects, including making us blind to the affective, processual and relational dimensions of care.

While not wishing to undermine the suffering and pain sometimes involved, I do want to stress that this figuring of the elderly frail as in deficit ignores the relational dimension of helplessness and frailty. If we shift perspective for a moment, we can see how helplessness and frailty do not simply inhere in certain bodies, but are an effect of an interaction between certain kinds of bodies and their cultural and social worlds. For example, people with so-called dementia find themselves in social worlds that they do not fit (Schillmeier 2009), and this lack of fit between how they are, their body and the world means that they find themselves as 'out of line' (Munro and Belova 2009), all of which does not just intensify the experience and the condition (Schofield 2008) but partly constructs the condition itself (see also Kraeftner and Kröell 2009).

So what is required is the possibility of shifting perspectives, and a way to refigure the figure of the frail elderly, and therefore the people that work with them, differentlyⁱ. Questions arise as to how we can bring into view methods, narratives and discourses that circulate difference in ways that help deconstruct these old hierarchies: ways of imagining that revalue both the aged and the frailⁱⁱ, and the care that some older people require? I am thinking here of Fleming and May's (1997) paper in which they stress the importance of imagining ways of caring that are distinct from that rooted through mainstream medicine. There has been an emerging emphasis in social policy on exploring ways of thinking of the home as a 'space' of care, and of 'care in place'. These new approaches privilege attention to the meaning of home, and issues of self-determination, dignity, individuality, privacy and choice, and have been groundbreaking. But as I suggest in what follows, these discourses, as important as they are, circulate a stress on home and care as connected to individual identity, and the maintenance of place and presentation of self, or 'face' (Goffman 1955, 1968). What the emphasis on individuality, place and face does not address is how care is not an add on to people's lives and worlds, something simply provided to support a life in a home, but processual, relational and, critically, world-forming.

The starting point then for reimagining could be to posit a different, less functional notion of care and the involvement of practitioners and older people as embodied persons in relations (e.g. Rudge 2009, Savage 1995). In what follows, I extend this focus through drawing together Strathern's theory of relational extension (1988, 1991, 1993, 1999) with Martin Heidegger's theory of dwelling, to offer a way to reimagine spaces of home-care that focuses on care as relational, and the materiality of home and care as *mitsein* (or being-with).

Specifically, I stress embodiment and relational extension, and forms of organization embedded in a view of care routed in 'body-world relations' (Latimer 2009a). Here I explore how by bringing being-with alongside being-in-the world (*dasein*), we can think home & care in terms of locale, materiality and relationality, rather than just in terms of individualisation, place, autonomy, choice and self. That is I return to an idea of a space of care and dwelling in terms of locale, rather than in terms of face and place. I draw on an exegesis of a famous poem by Philip Larkin, *Mr Bleaney* written with Rolland Munro (Latimer and Munro 2009). While this exegesis is rather cumbersome in the current context I use it to illustrate the art of dwelling in terms of how routines and habits, and what we keep, are important, but how their importance does not just come from their being personal or functional, matters of autonomous choice, but as critical to the making up of home and a space of care as *mitsein*, or being-with. I then illustrate the mysterious space of care and its possibility for dwelling, and the making and unmaking of worlds together, through a brief excerpt from the film *the Diving Bell and the Butterfly*. I analyse this excerpt for how it helps illustrate care and the art of dwelling in terms of *mitsein* and affect, and how what is kept can turn us over as well as decide our lives. I end with the 5 cats of *Akropolis*, a community for older people in the Netherlands, organized in ways that stresses the art of living, and the engagement of older people in world-forming, no matter how frail. In this space care is as much about making a life, and being-with, as it is about provision in the fulfilment of needs, however individuated, because this only reroutes care back to existence through face, self and choice.

The scale of the issue

This book addresses issues that arise from shifts in health care organization that seem to mean that people, particularly the chronic sick, disabled and the elderly, are increasingly receiving care at home, or in a care home, rather than in hospital, and that responsibility for provision is increasingly divided, between different services, the private sector and the family. As Mort et al (2008) have also investigated this effect works across many nation states.

Health and social policy since 1990 in the UK, for example, has put more and more emphasis on older people and people with severe disabling illness staying in the community sector, either at home or in a home. In a sense this shift represents a reversal of Foucault's observation of the hospital as a site for the medicalization of illness, so that what we are witnessing in some way is medicine's abandonment, or the demedicalization, of the chronic sick, the disabled and the frail and a concomitant insitutionalization, and medicalization of the home.

Home care can be needed when people live in their 'own' homes or in a residential home. In 2004, an estimated 410,000 older people lived in residential and nursing homes across the UK (OFT 2005). In 2008, there were estimated to be about 394,000 older people out of a total of 418,000 people in residential care (Help the Aged 2009). Of whom 182,000 were supported by community care (in 2008). There are about 15,700 private, voluntary and Local Authority (Authority) care homes in the UK, providing care at an estimated annual value of more than £8 billion per annum (OFT 2005). Large numbers of people are also noted as in need of care and support at home. A survey carried out in 2005 by the NHS information Centre showed that an astonishing:

98,200 households (28% of households) received intensive home care in 2005 (defined as more than 10 contact hours and 6 or more visits during the week). This represents a 6% increase from the 2004 figure of 92,300. (NHS 2006)

Of course, this represents only a fraction of 'care' provided: family, particularly women and increasingly children, carry what is thought of as the burden of care, with an estimated 4,900,000 people giving care to older people in England in 2004 (Audit Commission, 2004). 2.8m people aged 50 and over provide unpaid care and 5% of people aged 85+ provide unpaid care, with carers, who are mainly female, currently saving the UK economy an estimated £87 billion a year (Help the Aged 2009, see also Budlender 2008 for a comparative study of the economics of unpaid carework).

The historical and political basis of an increasing need for homecare is complex (Mort et al 2008). Resources here are limited, and there has been an increasing shift toward the use of private organizations. In the UK as elsewhere there has been difficulties over regulation of residential and nursing home care of the elderly and chronic sick, with more and more of this care being privatised and contracted out to charities and other independently run organizations (Audit Commission 2004). Similarly, home care, the care of a person in their 'own' home by nurses and other paid carers, can also be contracted out to private organizations. A parallel effect, particularly in the context of the intensification of a sense of the risks of being at home on your own when you are old or disabled, is the development of assistive technology, such as telecare services, that supposedly allow people to stay at home but that provide remote monitoring and surveillance (Lopez and Domenech 2009)ⁱⁱⁱ. In England and Wales (but not Scotland), people are means tested and their needs differentiated between personal and nursing or medical needs, the former being paid for by the individual, the latter being provided at no extra cost by the NHS and/or local authority.

The quality of care and life of residents in residential and nursing homes varies enormously. A recent report by the Commission for Social Care Inspection in England suggests that:

...around a third of all care homes for older people are rated as 'poor' or 'adequate' by government inspectors and that 22% of older people assisted by their councils are being placed in such homes.

Being rated as poor or adequate means that such homes are likely to have failed to meet a number of the national minimum standards which inspectors check against when visiting homes. Characteristically, such homes may have fewer staff and as a consequence residents wait longer for such basic needs as food and drink to be met, or assistance to use the toilet (The Relatives and Residents Association 2009).

While for many, a residential or nursing home offers subsistence, hotel services, basic nursing and medical intervention (if you are lucky), questions arise as to whether or not they offer much of a life. For example, BBC Radio 4's *Today* programme (BBC 2008) recently reported on an investigation of life in care homes based on covert participation by Deddie Davies, a 'sprightly 70 year old' and trustee of 'Compassion in Care', who was determined to give the elderly a voice. Deddie compiled an audio report on her experience and observations on being admitted to a home, much of which was recorded in situ. She states that care home life was like 'slow death'. What the report shows is an extraordinary level of inactivity and loneliness, with minimal interaction, between residents or between residents and staff. Critically, while there is provision, of a clean and safe environment, meals and basic care, the overall impression of the life in the home that Deddie gives is that people are in a sense stabled, they are 'just waiting', filling in time, eeking out an existence. Deddie points out how she is not particularly frail, and that:

It's not until you put yourself into the position of utter helplessness that you realize how much more is needed to make the days worthwhile other than being washed and fed.

My suggestion is that this kind of helplessness is not just a condition that inheres in the frail, because of poor mobility, sight, speech, hearing, health and so on and so forth. Helplessness is, as Deddie helps us to see, *relational*: it is as much a construction of the interaction of body-persons and their environments, or as I have designated it, body-world relations (Latimer 2009).

It is assumed that people would prefer to remain at home (OFT 2005). Care provision for people in their home should redress some of the imbalances of power associated with situations like that described by Deddie, because of the supposed relationship between ownership, control, independence and autonomy. However, Twigg (2000a and b) in her work on home care and the 'social' bath, has shown the quality of life of people living in their own homes who require intense care also varies enormously. A home can become increasingly institutionalised: deprivatised, colonised, with the institution of similar processes of objectification as are to be found in care homes. She emphasises the complexity of community care, and how it is accomplished, as deeply implicated in the ordinary and mundane, routines and habits that support a life. Gott et al (2004) in their investigation of people's attitudes toward dying at home also illuminate great complexity here:

Participants identified that home was more than a physical location, representing familiarity, comfort and the presence of loved ones. While participants anticipated that home would be their ideal place of care during

dying, practical and moral problems associated with it were recognised by many. Some had no informal carer. Others did not want to be a 'burden' to family and friends, or were worried about these witnessing their suffering. Those who had children did not wish them to deliver care that was unduly intimate. Concerns were expressed about the quality of care that could be delivered at home, particularly in relation to accommodating health technologies and providing adequate symptom relief. Worries were also expressed about those living in poor material circumstances. Mixed views were expressed about the presence of professional carers within the home. Although they were seen to provide much needed support for the informal carer, the presence of 'strangers' was regarded by some as intrusive and compromising of the ideal of 'home'.

While there is an assumption then that health and social services are responsible for caring for frail elderly people at home or in care homes, in this paper I in a sense want to question that presumption. This is partly because I bring together the notion that home is connected to dwelling, embodiment and relationality, and is much more than just a place to have an existence. As contemporary critiques of health and social services show, the complex conditions of possibility under which practitioners currently practice means that they have been, as Twigg (2000b) puts it, dominated by practical concerns, and provision and delivery issues. That is the home, as a space of care is all too easily constituted in terms of mere existence.

The critical issue is for more and more people to turn their attention to examining what makes up a life, rather than mere existence, for older people in homes and at home. So it is this issue of quality of life and 'the ideal of home', of what it is like to live in either ones own home or indeed in a residential or nursing home where one is constituted as a 'recipient', or customer, of a substantial amount of nursing and personal care that I want to think through. Specifically, I want to extend Haraway's (1997) thinking over how each being brings a world with them, to the question of how we can begun to rethink these situations in terms of what kinds of worlds are being made in such situations through what is kept and what is disposed of, and how the kinds of worlds that people make together in such situations reproduce or resist the kinds of political, historical and social stabilities discussed above.

Making home care care

The issue of how to make health care caring in the home is normally thought through in relation to making care more tailored to individual needs and in terms of matters of choice: policies and processes for enhancing the autonomy, dignity and self-determination of the cared for. For example, Percival (2002) notes that the very construction of the space of a home embodies personal and family-oriented priorities:

.....domestic spaces have a significant influence on the scope that older people have to retain a sense of self-determination. It is shown that environmental defects, such as poorly configured domestic spaces, have consequences for older people's sense of continuity and choice. The conclusions are that domestic spaces are living spaces that embody personal and family-oriented

priorities. It is suggested that older people require adequate, accessible and personalized domestic spaces in order to facilitate three important objectives: routines, responsibilities and reflection.

Here, Percival helps break down what makes up the sense of being at home as opposed to elsewhere. This includes routines, habits, reflection and family. Critically, home is marked by activities (routines etc) but also by a complex web of responsibilities. In addition Percival stresses how home is also marked by possibilities for reflection.

Percival, like many others (see also Rowles and Chaudhury 2005) is privileging the association between being at home, the construction of space and notions of self-determination, a sense of personal continuity and choice. These are the cultural preoccupations that assert the notion that meaning is tied to the figure of the individual, and the relationships they do or do not have. Also it asserts the possibility of feeling at home, as a stable condition.

While I do not want to undermine how important a sense of feeling at home is, it is never as simple as that: grounds and spaces shift, and we, and meaning, get shifted with them. Home is a 'complex location', not a fixed space, but one characterised by ambiguity, tensions and ambivalence. It is also a social construction: an idea, discursively constituted. So that while home is usually associated with ontological security, it can become easily threatened and threatening. For example, in Euro-American culture, home is increasingly both a commodity, something to be owned, an investment, as well as something that displays identity. as an investment thinking about home may intrude worries and fears regarding finances, repairs and improvements. In addition, home can become a place of threat by being located in a neighbourhood that is disturbing (Scharf et al 2003), or in the context of abusive relationships (500,000 older people in the UK are thought to suffer abuse at home, O'Keefe et al 2007). And, finally, home be invaded by relative 'strangers', such as health and social care professionals and assistants, and their paraphernalia (Twigg 2000a and b).

Home is not then just somewhere that someone is themselves, with their things, their family, their routines and ways, including their choices and their decisions, but it is also to be understood as a space that is built, formed, of processes and relations, including reflection and present absences. Here, one can think about how it is that materials as well as thoughts makes what is not necessarily present in the home, present (see also Hurdley 2007). Critically, what is peculiar here is how home routed through self and identity, can become 'elsewhere' (Derrida and Fathy 2000) through this presence of 'others'.

Thus I want to explore an approach that allows for a perspective that focuses on how a sense of *being at home* as dwelling is accomplished, and I want to connect this to everyday care not just as a matter of conduct (Latimer 2000) but as a matter of dwelling: being-with as well as being-in-the world. Critiques and examinations such as Gott et al's and Percival's, as important as they are in their focus on the meaning of home, seem to me to be trapped in the idea that meaning can be individuated, simply stabilised, and that homecare to become more caring needs to be more respectful of individual selves, particularly in terms of what they already have, who they were, and

choice. Here several things need unpacking which we can understand as dividing practices, dividing practices with distinct political and ontological effects.

Dividing Care and Dwelling

There are conditions of possibility that make an association of between care and dwelling problematic.

First, as mentioned above, there is a conflation of care with provision: the ethical and dynamic dimension of care as embodied, processual, intimate and relational (Letiche 2008) is diminished. Second, the elision between getting old and being static institutes an idea that as you get very old, and increasingly frail, and in need of more and more help, there is a sense in which you are no longer constituted as going anywhere, but as immobile, frozen in the past, without a future (Latimer 1997). Vitality is easily gets effaced.

In a sense then the very old are no longer constituted as persons engaged in what Heidegger thinks of as 'building', or world-forming. It is as if they actually are in a state of withdrawal, rather than that this sense of withdrawal is a socially constructed obligation. And building as will be seen in this paper is a part of dwelling, of doing more than existing, eking out a life. This is not just, with contemporary discourse, to emphasise active ageing as the key to life long wellbeing. Building as will be seen is not just a matter of construction, it is a matter of what it is that gets cared for, or 'kept'. And building is nothing without thinking, in the sense of thinking with.

Third, there is an absence of recognition that services and interventions can be rethought as a *part of a life*, that is, as building or world-making, for each person involved. Here I do not just mean the so-called recipients of care, but of each person involved in those activities designated as interventions. Interaction here may include technologies, rituals and events, such as are involved in bathing, dressing, washing, walking, medical prescription, assistive technologies and so on so forth. The difficulty is that there is a division between these things: a separation and specialization of things that nurses do or carers do, and of the carers involvement in the activity of caring. That is 'the conduct of care' (Latimer 2000, 2003, 2007), including all the materials in use and how and when they are used, and when they are not, the ways in which people and bodies interact or don't, all that goes to make care up, is as much a part of people making a life, a world together (or not). And, critically, the *how* of conduct, is constitutive of the kind of worlds that are being made.

The shift to linking care and the art of dwelling then (see also Schillmeier and Domenech 2009, Bendien 2010) is to help focus how the conduct of care is not something outside of life, provided in order for people to have a life, but something that involves people, and things, in interaction in ways that are constitutive of a life. That is, care is about building because it is world-forming. This is being-with and world-forming may only be a part of what goes to make up a world: the activities are intermittent, people shift extensions and relations, and as they do so they shift worlds, so that their life together at one moment (bathing, walking, getting dressed) only ever 'partially connects' (Strathern 1991). After all, even when people occupy the same

house and live together over time, their co-presence is intermittent, they go in and out of being together.

Keeping and Dwelling: relational extension and the idea of home

So I am thinking about home & care as a space made up of interactions between persons, materials and technologies. That is, as with all spaces, they are made up of people and things, technologies, discourses and so on and so forth, but that as these come and go, are made present one moment and absent the next, worlds of particular kinds are made and unmade. Here 'things' help make and shift the world as much as people.

Within this perspective of drawing on Heidegger's notion of dwelling, for living to be more than simply existing requires care:

. . . the manner in which we humans are on the earth, is *buan*, dwelling . . . This word *bauen*, however, also means at the same time to cherish, to protect, to preserve and to care for, to till the soil and cultivate the vine. Such building only takes care... Building as dwelling, that is, as being on the earth, however, remains for man's everyday experience that which is from the outset "habitual" – we inhabit it . . .

(Heidegger 1978 [1954] p.349)

Heidegger brings to the fore notions of 'keeping', particularly his idea of giving *room* to things. In going on to highlight that this also entails making 'room' for relations, I am seeking to draw *Mitsein* (Being-with) alongside *Dasein* (Being-in-the-world). For Heidegger, an emphasis on *Mitsein* avoids the reduction of relations to those dyadic forms founded upon the division between self and Other.

The point here is to recognise that dwelling is not only grounded within locations: a room, a house, a care home, a neighbourhood. Dwelling also 'takes place' (Weber 2004) as and whenever *relations* are formed in the here and now. As Strathern (1991) shows in her emphasis on extension, relations alter from moment to moment as one set of prosthetic materials is exchanged for another: a telecare alarm, a commode, a wheelchair, a zimmer frame, photos of friends and family, medications, dressings, and so on. These materials can just be *exchanged* in home care contexts as if they are purely functional or personal, provided to support existence or preserved as expressions of self. Or, in contrast, these materials can be thought of as forming the extensions with which people have relations with each other. It is attention to things in this latter sense that I want to press in the making up of spaces of care.

This process, what I am calling, after Strathern, relational extension (Latimer 2001, 2009, Munro 1996, Strathern 1991), involves not only the consumption and disposal of 'things' as might be presumed. Nor does it just suppose that attachment to things simply carries self-identity, helping to express who or what a person is or to what they belong (Douglas and Isherwood 1989). For example, how things, such as photo-albums, a favourite chair or ornament can display choice and identity or can carry a sense of self as 'memories', to help, for example, maintain a sense of personal

continuity (Fairhurst 1997), although these are important aspects of attachment to things (Hurdley 2007). Rather, I want to stress how the meaning of things is not just fixed, so that any alteration to extensions is an alteration to relations and performs a shift in *world*. For example, photographs displayed in frames in a room, do not just display identity and relations but are a means through which people, as they pick up, look at and/or talk about each others' photos, are making relations with each other. What are simultaneously moved around, passed from one to the other, along with the materials of extension being switched or reordered, are 'attachments' in that other, larger sense. There is thus an 'us-ness' as well as a 'there-ness' to a sense of dwelling; feelings of longing and belonging are affected by the relations created and sustained by giving (or not giving) room to things, and those others that things make present.

All this has implications for the meaning of home, as well as for understandings of self and identity. Here there are two inter-related themes. First, the way in which *the idea of home* can be understood as becoming individuated, ostensibly forming part of one's possessions, or 'capital'. Second, that this meaning of home for Euro-Americans can be seen as gravitating from feelings of belonging being anchored within specific locations to matters of identity becoming entangled in locutions that address notions of self. And it is this latter emphasis I think that characterises how what is thought of as engendering a quality life in the context of home and care is caught in. So that the way in which 'home' is created and made as something to be determined by the individual, reflects not just differences in cultural means, but also suggests a more general shift in trajectory around 'face' rather than 'place': how older people are provided with care and support is directed by an idea of preserving or conserving face, in terms of self, autonomy and choice, rather than recognising how all that goes to make up the space of care is implicated in the building of a life, a world, a here and now, a place to dwell. The British poet Philip Larkin catches the displacement of home from locale to self, from place to face, in one of his most acclaimed works, *Mr Bleaney*.

'Room' for relations

In its deft imagery Philip Larkin's poem *Mr Bleaney* locates his characters in the austerity of England in the 1950's, an era in which the British were slowly emerging from post-war rationing. This was a time in which many people felt economically deprived and labour had to keep mobile in order to find work in car factories like 'the Bodies', set somewhere in the Midlands. The domestic needs of these transitory men were often met by women householders, sometimes widowed by the recent world war, whose lack of income led them to turn their homes into boarding houses.

His former landlady introduces one of these solitary male lodgers, Mr Bleaney, in the first stanza of the poem. In the next two stanzas the narrator of the poem locates the surroundings in greater detail, the drabness of the lodgings instantly familiar to any reader in England who had to move away from home and stay in 'digs' for a first job or as a university student. For others the barrenness of the room is recognisable from holidays at the English seaside in Victorian and Edwardian houses offering Bed & Breakfast. Without our ever hearing Mr Bleaney's version of events, the next two stanzas go on to detail the annual and daily habits of Mr Bleaney, the

narrator's predecessor. Finally, the last two stanzas form the 'movement' of the poem, wherein the narrator, reflecting on finding himself situated within the same set of attachments, imagines a moment in which Mr Bleaney might also have examined his life.

Mr Bleaney²

'This was Mr Bleaney's room. He stayed
The whole time he was at the Bodies, till
They moved him.' Flowered curtains, thin and frayed,
Fall to within five inches of the sill,

Whose windows show a strip of building land,
Tussocky, littered. 'Mr Bleaney took
My bit of garden properly in hand.'
Bed, upright chair, sixty-watt bulb, no hook

Behind the door, no room for books or bags –
'I'll take it.' So it happens that I lie
Where Mr Bleaney lay, and stub my fags
On the same saucer-souvenir, and try

Stuffing my ears with cotton-wool, to drown
The jabbering set he egged her on to buy.
I know his habits – what time he came down,
His preferences for sauce to gravy, why

He kept plugging at the four aways –
Likewise their yearly frame: the Frinton folk
Who put him up for summer holidays,
And Christmas at his sister's house in Stoke.

But if he stood and watched the frigid wind
Tousling the clouds, lay on the fusty bed
Telling himself that this was home, and grinned,
And shivered, without shaking off the dread

That how we live measures our own nature,
And at his age having no more to show
Than one hired box should make him pretty sure
He warranted no better, I don't know.

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In taking 'Mr Bleaney's room', as the landlady styles the place she is about to let, the narrator is also inheriting something of Mr Bleaney's life. In the dim light of the naked 60 watt bulb, for instance, he lies on the same 'fusty' bed and uses the same 'saucer-souvenir' as an ashtray. With only an upright chair to sit on and no 'room' for his books or bags, there is little else for the narrator to do but stand looking out at clouds tousled by the wind, or stare at the 'thin and frayed' curtains falling five inches short of the windowsill.

This ghostly life is amplified daily by listening to the landlady endlessly recounting the mundane details of Mr Bleaney's routine, hourly and yearly. Almost immediately he picks up on the landlady's expectations that *his* habits should echo those of his predecessor. After all if Mr Bleaney saw fit to dig over her garden, watch her television downstairs, and preferred sauce to gravy, why wouldn't you?

The narrator does not give his reasons for deciding to stay. Nor does he say for how long he expects to lodge in what he calls this 'hired box'. What we do know, though, is that it cannot be for long. And this is not simply because there are no creature comforts or 'room' for books, the tools of his trade. It is the all-enveloping shroud of Mr Bleaney's life that warns him of the dangers of remaining. For as much as he is being forced to identify with, and imagine the life of the person who stayed before him, it is inconceivable to the narrator that anyone could call this 'home'.

As this paper is about to argue, the issue of locale is never simply one of place rather than space. While conceding residential buildings do indeed provide lodgings, Heidegger (1978: 348), does so only in order for him to insist on dwelling involving much more than mere inhabitation. As he remarks, houses in themselves do not provide any guarantee that dwelling occurs in them. So what does it mean to dwell? To what do we need to give 'room'?

This seems to be the question the narrator of *Mr Bleaney* is asking. Yet in dwelling in that more negative sense of the word in stanzas two and three on the bareness of the locale, the naked 60 watt bulb, the all-too-short and threadbare curtains, and the tussocky, littered building strip for a view, the narrator seems to all but miss just what Bleaney himself has been busy giving 'room' to. Indeed, from a perspective of enhancement – the idea that as we go through life we should make, get, spend^{iv} – the art of Mr Bleaney's dwelling is made invisible: it seems the narrator feels that nothing in this locale is *worth* keeping.

What then has Mr Bleaney been giving 'room' to? Exactly what is it that Mr Bleaney is keeping? The motivating question of the poem, surely, is not the motif raised in the first two lines of the last stanza, the Thatcherite issue that in renting rather than buying their own box both Bleaney and the narrator are failing to do their bit. It is more to appreciate instead that the poet, if not his narrator, has been asking just what is it that Mr Bleaney 'admits' into his life? What is it he 'installs' in terms of relations?

In returning to the poem at hand, further reading suggests the narrator has been dismissing almost all Mr Bleaney does as mere *habit*, a life reduced to the mechanics of routine and repetition:

I know his habits – what time he came down,

His preferences for sauce to gravy, why

He kept plugging at the four aways –
Likewise their yearly frame: the Frinton folk
Who put him up for summer holidays,
And Christmas at his sister's house in Stoke.

Seen from another angle, however, what is clear is that what Mr Bleaney is good at keeping are *relations*. What he nurtures and sustains, and so safeguards, are the relationships that he has either inherited or established through his routines and habits. This is true of his 'annual frame' in spending Christmas with his sister in Stoke and always returning to the Frinton people to take his summer holidays at the seaside.

It is especially at his lodgings, though, that Mr Bleaney expands relations. He installs these by keeping up his routines of digging the landlady's garden and by watching television downstairs with her. Despite the narrator's voice, we come to understand how Mr Bleaney has made himself 'at home': not only eating the landlady's meals, but perhaps by sharing many of his thoughts with her. Even, perhaps, to the point of his making out that he prefers the modern conveniences of bottled sauce (HP Brown, Heinz Tomato Ketchup) to her cooking the gravy she might otherwise have felt was necessary to accompany his meals.

The landlady has also made 'room' for Mr Bleaney beyond his room: she has bought the television 'he egged her on to buy' (a real luxury in 1955) and which she appears to continue to keep at the same high volume as when she and he watched together. Apparently she also shared in the knowledge of all those things that gave his life rhythm and meaning: why he bet on the football pools (the 'four-aways') and with whom he stayed on his holidays. So much so that Mr Bleaney, someone who has to be mobile for work and is too poor to own much for himself, has enlarged his ambit beyond his 'hired box'. And in living rather than lodging, his life so intermingles with his landlady's that it outlasts his stay.

Building 'worlds'

In reducing the nature of all Mr Bleaney's 'extensions' (Latimer 2001; Munro 1996; Strathern 1991) to 'habits', the narrator of the poem appears to have made a fundamental mistake. These are no mere habits: on the contrary, Mr Bleaney has been an *inhabitant*. He has made his lodgings his dwelling. And in his making 'room' for many things – the garden, the sauce, the telly – relations are enlarged and made more possible. Each activity entails an intermingling through the ways in which he has made his landlady's 'attachments' partially, if temporarily, his own. The care of the garden, the building of a life, is not in his having made anything lasting, or even, as already discussed, in his owning anything; it is the *keeping* up of his routines that matters since it is these that bring about a regular, mundane affirmation of what it is that he cares for.

Where Mr Bleaney and his landlady made a *world* together, the narrator is more isolated. He finds himself in a 'locale' full of things to which he cannot relate.

There is almost nothing, apart from an ashtray and a bed, to which the narrator can attach himself. The telly, the sauce and the garden are almost meaningless to him. In his rejection of these other things *as Other*, the narrator finds he can only lodge; the boarding house can never be his home. For he cannot dwell there: it seems he has no 'room' for the extensions, or relations, that it offers.

It is reasonable to assume in all this that the narrator is using Mr Bleaney to reflect on the quality of his own life. In this the poem comes to its enigma, its *movement*, in the narrator asking whether or not Mr Bleaney, when he too was alone in this room, came to realise that:

. . how we live measures our own nature,
And at his age having no more to show
Than one hired box should make him pretty sure
He warranted no better . .

The narrator ends this long, chilling reflection with a crucial caveat: 'I don't know'.

What the poem communicates in this last stanza is a moment in which the narrator is measuring his own worth. It is no longer Mr Bleaney's life that is his concern, but his own. For as much as he has stepped, so to speak, into the shoes of his predecessor, he cannot 'follow' him as a figure who has, anthropologically speaking, 'gone before'. And since he cannot so fathom him in this way, he cannot also be sure whether Bleaney ever saw life as bleakly as he, the narrator, is doing in the here and now. Or even be sure Mr Bleaney has ever stopped to think?

Up to this point the narrator has conducted his reflection in the mode of comparison (cf Strathern 1997). In this final thought, however, the poem goes beyond the narrator's crisis of worth to realize that, for all he shares some of the selfsame objects of his predecessor's life, the narrator does not know if Mr Bleaney ever saw himself as the narrator is seeing himself now. He does not know if Mr Bleaney ever 'stood and watched' the 'frigid wind', or shivered as he 'lay on the fusty bed/ Telling himself that this was home'. He does not know whether Mr Bleaney stopped long enough to reflect on *his* life 'without shaking off the dread/ That how we live measures our own nature'.

Thus the poem, when first grasped, offers insight into a moment of doubt for the narrator over *his* inability to dwell. His own lack of 'installations' seems to have left him, if wittingly, bereft of any feeling of home. Hence the dramatic shift in the final three words of the poem. The fatal caveat 'I don't know' makes a closing that, in turn, creates way for an opening: a re-reading of all the reader has read before.

This is the moment where the poet switches the narrator from making a complacent dismissal of Mr Bleaney, as a man of mere mechanical habits. Instead, lacking a 'home' in the here and now, he seems to realize how Mr Bleaney's room also portends his own worth - as if there could ever be such a thing as having 'our own nature'? In the frisson of self-evaluation, the narrator finds that all that stands between him and 'bare life' (cf Thift 2004) is his capacity for reflection.

As has been illustrated, the narrator's dwelling is far from being devoid of 'attachment'. Yes, the *route* along which he travels depends upon his refusal of place *as locale*. But what 'takes place' in its place is rather a circular movement of self, an

endless shifting of what Goffman (1959) calls front - from 'face' to 'face' to 'face'. And, indeed, such *routes* can be so long installed, so inhabited, that the only 'locale' to which someone like Larkin's narrator can comfortably retreat is towards their own habit of self-reflection.

It seems that 'self' has, not just for Larkin's narrator, become *the* place to dwell. Turning the 'world' into a matter of choice, from one moment to the next. This fetishisation of self not only helps install the democracies of choice, but incites a constant varying of 'attachments' from one moment to the next – no doubt in order to preserve the illusion of choice. So that, what the poem reveals is that there are different 'arts of dwelling' in play. What we 'keep', wittingly or unwittingly, decides our lives.^v Let me now turn back to the problem of care as provision, and the issue of what is being kept in this constituting of care and of persons.

Telecare keeping face in place

Telecare is an assistive technology to enable people at risk to stay in their own homes. Domenech and Lopez (2009) in their paper on Telecare, describe the older peoples' practices around the technologies instituted as part of this health service provision. These technologies manifest a program for conduct that attempts to install ideas in their homes about who they are, as bodies at risk. But for the technology to work the older people have to attach themselves to it: they have to in my terminology here 'keep' the paraphernalia that makes up the technology, particularly the pendant, that should be worn 24 hours a day. This requires the older people concerned to behave 'as if something dangerous could happen at any time; always wearing the service pendant throughout the house (since you never know when an accident will happen); pressing the green button every 24 hours to advise that all is well; calling once in a while to check that all the information is correct and the devices are working well; installing supplementary devices such as fall detectors in case a sudden fall occurs or medicine dispensers in case at some moment the users do not remember the pills that they have to take.' But of course that is not how people live with telecare technology, on the contrary the older people do not always make room for the things that make the technology up, they can *refuse* them:

Interviewer 1: And, why don't you wear the pendant?

Mrs. Carmen: I don't know, I don't know. I don't know what's wrong, but I don't like it. Now, I've hung it...I have a crucifix on the wall behind my bed and I have the pendant there. I do like this (stretches her arm) and I touch it. (laughs)

Interviewer 2: That is to say, you don't like it because you don't like to wear it?

Interviewer 1: Because of aesthetics? Or because...

Interviewer 2: Because of aesthetics...

Interviewer 1: Does it bother you?

Mrs. Carmen: Not because of aesthetics! No. Because I know that it is something that has to do with... I don't know... with illness. Or whatever. Doesn't it? I don't like to wear it. (She laughs)

Interviewer 2: Right.

Interviewer 1: That is to say, while you feel fine you prefer to go to the central-telephone and press

Mrs. Carmen: Yes, yes, that's right. Yes.

Interviewer 1: Or would you prefer making the pendant more...aesthetic? More...like a piece of jewelry?

Mrs. Carmen: It would be the same. The impression would be the same.

Interviewer 1: Right

Interviewer 2: Right

Mrs. Carmen: No, no. There are times that I really wear it, because...Do you know when I wear it? When?

Interviewer 2: When?

Mrs. Carmen: I'm climbing the stepladder

Interviewer 2: Right

Mrs. Carmen: That's when I wear it.

Interviewer 1: When you see that there is danger?

Mrs. Carmen: Yes

Interviewer 2: That is, when you see that there is a possibility of falling down or...

Mrs. Carmen: If I might fall down, I wear it.

Interviewer 2: But when you feel safe, then...

Mrs. Carmen: Walking I'm safe. I can fall down, but I don't (she laughs).'

(Excerpt of an interview with Mrs. Carmen, a user of a telecare service. Ms.

Carmen, 75 y.o., is living alone in the centre of Barcelona. She has no contact with her family and her only aid is the visit of a caregiver twice a week)

So Mrs Carmen, in Domenech and Lopez' analysis insists on her interpretations, and her autonomy in not completely giving room to the pendant because it represents something to her which does not just change how she lives, but her sense of who she is: it rearranges her face, from someone who is healthy to someone who is ill. In this sense then the technology designed to turn the older people around, gets turned back by Mrs Carmen's refusal to keep it as programmed. But what is interesting is that Mrs Carmen does not see the pendant as in anyway performing the relations she has with others: the pendant has no us-ness to it, it seems to exist in a world made up only of Mrs Carmen as someone who is being constituted as at risk, as someone whose body is failing, but also as someone who is not yet ready to think of her self as ill. So she refuses to let herself become attached to the pendant, to let the pendant rearrange her feelings of self worth, rather she asserts herself by only becoming partially connected. Here we are in a world of effect and an art of dwelling that routes through face and place.

For a moment, then, like the narrator of Mr Bleaney what gets unconcealed by the technology, even as Mrs Carmen partially refuses it, is how she is being thrown back on her self, and an estimation of her own worth, so that the idea of home routed through face and self gets intensified as something you have to, with remote support, *do on your own*.

Spaces of care and the art of dwelling: *The Diving Bell and the Butterfly*

In this paper I am troubling an approach to homecare as mere provision in order to sustain an existence, however individuated. In my analysis of Mr Bleaney I am stressing that there is a need to return to the centrality of being-with in relation to care. Here I have attempted to illuminate how what is kept, and what refused, also performs a shift in 'world' by altering the *relations* we keep. As such it is never only 'things', the prosthetics of extension, that are switched. What are simultaneously moved around are 'attachments' in that other sense; feelings of longing and belonging are affected by the relations that are created and sustained by our giving or not giving 'room' to things like the pendant.

The following excerpt is from the film *The Diving Bell and the Butterfly* (Le Scaphandre et le Papillon). While the subject of the film, Jean-Dominique Bauby (Jean-Do, played by Mathieu Amalric), is a man who is a) young, and b) relatively famous, I want to explore what this film helps illustrate about being-with, care and the art of dwelling in the context of the home care of frail people.

Our protagonist like many very old and frail people seems to be locked-in – like a deep-sea diver at the bottom of the murky ocean in his metal diving suit. At the age of 43 he has had a massive stroke, is totally paralysed except for being able to blink one eye and swallow. He seems to be without expectation or hope. He can hear himself think and can replay memories in his mind, but he cannot tell anyone what he wants nor can he interact with them in any of the usual ways. In the movie we often live in his perspective, looking out at the world as he does, including visualising and replaying his memories with him.

Through his imagination, his memories and his reactions we learn that he was the antithesis of everything he is now: rich, cool, a playboy, at the heart of the Parisian fashion world (he is the French founding editor of Elle Magazine) with its emphasis on looks and aesthetics, a prototype of the *belle monde*. He and his life as it emerges through his reflection is the apotheosis of liquid life politics (Bauman 2003): lifestyle, consumption, choice, mobility, money, style, and the disposability of relationships. How he seems now is its opposite: he is stranded, in the arms and at the mercy of others, ugly and incapacitated, imprisoned in the routines and repetitions dictated by his needs. He is left to reflect, as other to his self.

The film shows him with family and with staff in a painstaking effort to build a life in the wreck. But this life becomes for all involved much more than the provision of mere existence. There are terrifying moments, such as when with him the audience experiences the eyelids of the eye that can no longer blink being sutured together by an insensitive surgeon as he jovially recounts his marvellous skiing holiday, a glamorous, invigorating world of snow and speed and light that Jean-Do himself has enjoyed in the past but which he is now excluded from. There are also extraordinarily humorous moments, such as when Jean-Do is watching his football team about to score the winning goal and a care assistant turns the TV off.

What the film preserves is the shifting of worlds: between a world that is rooted through self, choice, and face, and something else, something that stresses

relationality. People try to preserve his face by checking what Jean-Do wants, giving him choice and information: blink once for yes, and twice for no. 'Do you want to see your children?' – two blinks – 'No'. And so on and so forth, but this cannot completely work, for him to have a life there has to be more. There is a moment in the film in which Jean-Do is turned over.

In this moment the speech therapist (Henriette) arrives with her new technology (see figure 1 below).



Fig. 1 The speech therapist (Henriette) with her technology (*The Diving Bell and the Butterfly*, 2007, Miramax Films)

She has told Jean-Do that this is for her the most important case she has ever had, and that she is determined to make a success of it. They try out the new technology, and become at odds. Henriette has devised an alphabet in the order that letters most commonly appear. She speaks each letter in its turn in this special order and when she reaches the right letter Jean-Do has to blink. In this way they can build words (and worlds) together. She tells him he must think ahead about what it is that he will want to say in their session. It is hard for him to concentrate and she goes too fast: it all seems unnatural to him. After some disastrous interactions with his wife and other carers, Jean-Do is in the next session with Henriette when he painfully, letter by letter, blink by blink, spells out the words "I want to die". As he blinks each letter into being it is vocalised by the therapist – i, w, a, n and so on so forth. All the emotion that Henriette feels as she realises with horror what he is trying to express cathects (Goffman 1955) her face – and of course we are seeing her face, and its meaning, as Jean-Do sees it, as a portrait of intense emotion and agitation. She then tells him that what he is saying is obscene, that she has only known him a short time but that she already loves him, and that none of it (the situation?) is just about him. Hastily she gets up and leaves the room. We sit with him looking at the closed door. She then

walks back through it, walks back over to stand in front of him and apologises. The next shot cuts to the two of them huddled together outside working with the alphabet: we are seeing them from our own perspective – not Bauby’s. From this moment on in the film *Bauby*, his friends, his family, colleagues, are all seen working with the alphabet - through attaching themselves to the alphabet technology they make relations and build a world together, one in which Jean-Do himself is a vital participant.

At first Jean-Do will not attach himself to the speech therapists technology. In refusing the extension that the technology offers, he seems at first to be making a choice and asserting his self, and like Mrs Carmen, refusing the world and the refiguring of his identity that the technology brings with it. At the moment he attached to the technology and expresses all that he feels there is a moment in which he and Henriette are turned over. In giving room to the technology they give room to each other – they are both extended through the technology. But in a shocking moment what gets revealed is that he and his care is as much about her life as his. Jean-Do is shocked – it is as if he has never been in a world like this before. Henriette is also deeply shocked. Both he and Henriette are not just turned around, they are turned over (Munro 2009). What gets revealed is not just a world of provision and recipience, of effects, but of affect and relationality. They of course go on to perfect the technology, and Jean-Do goes on to write his book with another person before he dies, the book upon which the film is based. Even his memories change, in fact he remembers himself differently, not as the playboy of the Western world, but in other kinds of situations, such as shaving his old father.



Fig. 2 Jean-Do and Henriette on the phone together – she becomes for a time his voice.

So at the heart of the (re)building is a gift, the development of a special technology, one that begins to become, at moments, everyone's extension through which they have relations with one another: staff, family friends, publisher, ex wife, Bauby, bringing him and them 'in touch' (Letiche 2009 drawing on Merleau-Ponty). Through the relational extension afforded by the technology the book that the film is based on is written. This technology, in complete contrast to the pendant partially refused by Mrs Carmen in Lopez and Domenech's study, is able to reorder the world because of how Jean-Do and his speech therapist and others attach to it and through it. The technology is thus both functional, effective and affective. But, critically, as people attach themselves to the technology, they are giving it room, and are keeping something that opens them and the space up to dwelling as world-forming: what gets unconcealed is how the space of care is as much a life for practitioners and family as it is for Jean-Do himself. So what is usually denied, hidden in health care contexts, is for a moment revealed. And it is this possibility of being-with and world-forming that I see in this moment in the film – the moment of the movement in the film, from face to locale, from existing to the possibility of dwelling, and one that brings reflection alongside building.

Akropolis and the 5 Cats

Some theorists suggest that nursing and caring are about organizing, providing and delivering interventions (e.g. Nelson 2006). And there is no doubt care located as ethical expertise in individuals is deeply problematic. But care does not have to be so limited. What I am stressing here is not just that the affective has been made invisible to analyses of home care or even that 'sentimental work' (Schatzman and Strauss) has been simply backgrounded in the pursuit of demonstrable gains. Rather, it is to emphasise being-with, and world forming, and the possibility that work, care, and life are indivisible, for both the frail and practitioners alike.

Drawing on a number of sources, including film, and literature, as well as ethnographic description, I have explored ideas of home and care in relation to theories of relational extension, including body-world relations, and Heidegger's writing on the art of dwelling. In drawing on an exegesis of a famous poem by Philip Larkin, *Mr Bleaney*, I have illustrated how routines and habits, and what we keep, are important, but how their importance does not just come from their being personal or functional, but as critical to the making up of home as *mitsein*, or being-with. I then illustrated the mysterious space of care and its possibility for dwelling, and the making and unmaking of worlds together, through a brief excerpt from the film *The Diving Bell and the Butterfly*. I then analysed this excerpt for how it helps illustrate care and the art of dwelling.

I have wanted to bring into view methods, narratives and discourses that circulate peoples and difference in ways that help deconstruct the old hierarchies and worries about care, to circulate ways to value both the aged and the frail as people who can be engaged in world-forming. Here, drawing together Strathern's stress on relationality with Martin Heidegger's theory of dwelling, I am not just stressing embodiment but relational extension, and would like to press for forms of organization

embedded in a view of care routed in body-world relations. Within this view I am pressing that there can be vitality in frailty, and that helplessness is not just a condition that inheres in the frail. Helplessness is, as Deddie helps us to understand, relational: it is a construction of the interaction of a person and his or her environment, a body-world relation. My example of the film about Bauby, helps illustrate this point: that there can be vitality in frailty.

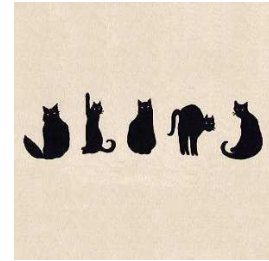
Critically, then, there is a need to press for forms of organization that recognize and make available alternative discourses to that which route quality only through face, place and self. Here, what is kept (a pendant, a speech therapy technology) can be understood as having the possibility for engaging the frail *and* practitioners in *mitsein*, in the art of dwelling as world-forming a space of care.

Rather than thinking care simply as provision in the fulfilment of needs, however individuated, even where this is directed at maintaining face, self and choice, a space of care can be rethought for how it affords people (staff, patients, family, friends) a life, of creativity, vitality and building, no matter how frail some participants are. The point is how to organise spaces of home care in terms of bringing being-with (*mitsein*) alongside being-in-the world, to think home care in ways that switch between privileging the idea of locale and relationality, and the emphasis on individuality, face and self. It is possible, but it requires different imaginaries to those put into play through care-as-provision.

Recently I have been engaged in research with colleagues in Humanitas in the Netherlands and have visited one of their communities for elderly people, Akropolis. I want to end with a story from Akropolis to illustrate an approach that helps us to see that what is kept decides our lives, but that keeping is as much to do with *mitsein*, affect and building, as with effects, and face, self, and choice. Akropolis consists of several different spaces: it is like a communal undercover 'open' village, with hairdressers, an internet café, a restaurant, a bar, places to sit and talk, and large artefacts, or conversation pieces, such as huge Buddha's or Totem poles; a memory museum (Bendien 2010) and individual apartments for couples or singles. It is a charity funded by public and private finance initiatives, and the residents are from less well off backgrounds. People, as their need for care intensifies, simply receive more care, they do not have to move to another facility. The philosophy of Akropolis is to emphasise the art of living and not health and safety needs. The key strategic principles are happiness, community, privacy and family, with carers and residents constituted as family. Carers are not permitted to just say no to a residents wishes: like Jean-Do and the speech therapist, they have to find a way together.

An elderly woman wanted to come and live at Akropolis, and she wanted to bring her five cats. In this case after much discussion and dialogue, and organizing, it was agreed that one cat who was very old and frail himself should (ironically) be put down (aged 21), two cats should go to live with another resident who would love to have the cats and who lived two apartments along from the new resident's allocated apartment, so the cats would be near enough for the new resident to meet with her cats everyday; the other two cats would go on living with the new resident in her new

apartment. My point is that the disposal as well as the keeping of (and being with) the cats, in many small ways, could not but help reorder the world of Akropolis.



Endnotes

ⁱ This is the objective of many of the authors in a recent book (Latimer and Schillmeier 2009), including new perspectives on spaces of care, the frail, especially those with dementia and other (dis)abilities, as well as those who are 'locked in' (e.g. Kraeftner and Kröell 2009, Letiche 2009, Rudge 2009, Schillmeier 2009).

ⁱⁱ In a recent bid to the MRC with colleagues in medicine to study centenarians in Wales the doctors summed up how frailty is viewed normally as something that inheres: 'Frailty is an important concept for all those who plan and provide care for older people. It is closely linked to advanced age and disease-related processes, yet is a distinct construct. Frailty status provides a more precise quantification of individual vulnerability than chronological age alone; those who are frail are at increased risk of death, institutionalisation and worsening disability. Understanding frailty has become the focus of extensive research. The associations of frailty with increasing age, female gender, functional dependence and chronic disease are now well described. However, little is known about frailty at exceptional ages or whether the offspring of those who live longest have lower frailty as well as longevity advantages.'

ⁱⁱⁱ As Vincent (***) has pointed out just like other businesses, nursing and residential homes, as well as private home care and telecare providers can fail or be sold on, so that the residents may find that rather than moving to somewhere or being provided with care in ways that they can feel themselves at home 'for life' in they may very well have to be moved on. In addition, older people as their mobility and capacity for self care decreases may become inappropriate for residential or home care and may need to be moved into a nursing home in which they can receive more and more support.

^{iv} Reflecting William Wordsworth's famous lines:

The world is too much with us; late and soon,
Getting and spending, we lay waste our powers.

^v That the trope of keeping does not exhaust the possibilities here is brought out in Schillmeier's (2009) reading of Heidegger (1978) in terms of what 'stays'. We find this to be a fruitful way of also rethinking dwelling which further research might pursue.
