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Freedom in Dementia Care?

On Becoming Better Bound to the Nursing Home

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The progression of dementia is characterised by increasing loss of orientation. People living with the condition are seen as at risk of endangering themselves and potentially others when left to move freely and unsupervised.¹ For this reason, nursing homes in the Netherlands for people living with dementia have traditionally adopted closed door policies to keep residents from harm. The closed doors can thus be seen as simultaneously caring for residents' safety and controlling their movements by restricting their liberty.

As part of the larger shift away from what in Dutch are called 'vrijheidsbeperkende maatregelen' ('liberty restricting measures'), care homes such as De Herbergier have adopted an open door policy.² The mission statement on De Herbergier's website reads: 'People who are locked up tend to want to "escape".³ [...] Knowing that one is not locked up provides a sense of

calm, and automatically decreases the urge to run away'.⁴ The statement shows that control and care are not separable in nursing homes with open doors either: granting residents' freedom seems to be another way to control their state of mind and movements.⁵ However, the statement reflects the fact that it matters how control and care are done: different ways of disciplining and caring make up different realities. De Herbergier claims that, while confrontations with closed doors meaning to ensure safety may produce the desire to run away and cause restlessness when this is not possible, open doors keep residents safe by producing a sense of calm, and a desire to stay.

Ethnographic research in a De Herbergier care home allows us to investigate De Herbergier's claim in this article.⁶ In doing so, we are less concerned with *idea(l)s* of freedom but rather draw on material semi-

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otics and practice theory in anthropology to focus on routines and practices that enable doors to be open, and what evolves from them.⁷

We show how the possibility to open doors – to, for instance, a dog, or to step outside and come right back in – leaves residents feeling less confronted with their mobility restrictions, and thus more at home in the nursing home. These ‘door interactions’ offer residents the possibility to have a position to ‘speak’ from, even if in non-verbal ways (cf. Pols 2005). We draw upon what Driessen has elsewhere described as ‘sociomaterial will-work’ (forthc.) to show how care workers seek to bring about residents’ wanting to stay inside, reconfiguring staying inside as something positive. Thinking with Antoine Hennion’s notion of ‘attachments’⁸ (Gomart and Hennion 1999; Hennion 2007) and Bruno Latour’s elaboration to think about freedom in terms of being ‘well’ or ‘poorly’ attached (1999: 22-23), we contend that the practices that allow the doors to be open bring a different dimension to the home, which contributes to residents’ being ‘better bound’ to the nursing home.⁹

Dealing with risk

Open doors require that care workers pay more attention to residents than when doors are locked. This raises the question of how De Herbergier manages this in light of the chronic shortage of time in care work. As a private organisation, De Herbergier employs a higher number of carers per resident compared to state funded care organisations. They also have many volunteers to help them to attend to people when they need it. Furthermore, in choosing staff, the organisation priori-

tises ‘the right attitude’ towards their specific care philosophy over formal training.¹⁰ The importance of the ‘right attitude’ is particularly articulated in how risk, safety and the individual needs of residents are dealt with. Bram, the *zorgondernemer*¹¹ of the home in which Ilse conducted fieldwork, illustrates De Herbergier’s approach to risk in the following way:

When I see the stairs in the corridor, I think: yes, that is dangerous because one day Ellen fell down the stairs [in the corridor]. So when Ellen starts wandering, we close the corridor doors. If the inspection sees the stairs, they would tell me to build a fence around it. [...] That would just be a false sense of safety. You cannot hide everything that might be risky. Risks are a part of life.¹²

Bram expresses how in the care home risks are attended to in relation to individual residents and their way of doing things. Because Ellen is expected to fall again if she enters a staircase, and Bram and the care workers have observed that Ellen tends not to open doors when walking, they decide to close, yet not lock, the doors. In doing so, Ellen is unlikely to fall again, whereas others can still enter the hallway.

Rather than merely closing the doors to her as a paternalistic defence of her best interests, the care workers ensure Ellen’s freedom based on their observations of her (she does not open the door from the living room to the corridor where the staircases are) without confronting her with restrictions. We see here what a shift from locked doors to open doors entails in practice. It engenders a shift in who (or what) does which tasks: while locked doors to the staircase would have ensured

that residents do not fall down staircases, open doors require observant managers and caregivers who act on their knowledge of specific residents. The risk and safety of the stairs are assessed in relation to one *specific* resident, taking into account the progression of her condition and abilities.

Working in this way requires the acceptance of accidents, despite the efforts that go into their prevention. For instance, Marie, one of the residents, broke her hip after tripping over the blanket that she was carrying. There were no staircases, open doors, or other 'risky' things involved. Rather, it was an accident that could have happened to anyone. While Bram and his team are committed to doing all they can to foreclose foreseeable and unacceptable risks, accidents such as Marie's are accepted as 'part of life'.¹³ Working in this way requires acceptance that risks can never be completely erased. Indeed, this strengthens De Herbergier's position that accidents cannot be prevented, even if doors were to be locked.

When it comes to the main door, risks other than falling become prominent: residents are at risk of getting lost and, potentially, hurt or worse. De Herbergier organisation seeks to protect residents from bodily harm through an assessment of each new resident's ability to go outside and find his/her way back. If a resident is assessed as able to find his or her way back, the resident is allowed to go out unaccompanied (for instance for a walk, or to visit nearby shops) although the assessment must be continuously reviewed. At the time of this research, none of the residents were assessed as able to go outside by themselves. Still, this did not lead to locking the door. All the same, not locking doors may result in the occasional incident.

When Ilse asked care worker Jannie if residents have ever become lost outside, she was told:

Oh, quite often. But we always notice within, I think, fifteen minutes that they are gone and we just get on our bikes and search for them. [...] You know that there is a possibility that residents get lost, you just don't want that to happen during your shift.¹⁴

Here we hit upon a tension between the care home's vision and the practices that bring this vision into practice. Recall Bram's position that some risks need to be accepted as 'part of life'. Yet, the comment that 'you don't want that to happen during your shift' highlights the difference between accepting risks and accepting actual accidents, which may in the most extreme cases result in the death of a resident. Jannie indicates that she still feels responsible when something happens. She, too, is attached, to residents and their well-being.

While De Herbergier's vision statement does not say much about how their open door model is realised in practice, care workers doing the actual work do not have the liberty of remaining vague about how to achieve the vision of the care home. As such, keeping the doors open demands efforts to keep residents from harm through techniques other than locking the doors, and this requires a lot of work. Such work begins before the resident leaves the building.

Opening doors

A common practice to keep residents from going out alone is to take residents on accompanied walks. Everyday, the care workers do groceries for dinner in the nearby supermarket, usually taking some residents with them. If the residents cannot join for groceries, the care workers (or volunteers) take them outside for other activities. Sometimes this happens in groups (for example gym class on Wednesday and swimming on Friday) and other times on an individual basis (think of going for a ride on the 'duo-bike', taking an ordinary walk, feeding the ducks, and so on). The care workers keep track of who went outside during the day or week and who still needs to go out, making sure that everyone can go outside.

Time permitting, and aside from these daily walks, care workers also accompany residents who want to leave the property on a walk around the block. As most residents are in their seventies and eighties, tiredness hits fast – at which point going back home for a warm cup of tea can often be easily agreed to. Because of the 'ordinariness' of going outside (with walks part of the daily schedule of the care home and not something that feels forbidden or special) venturing out unaccompanied seems to become less appealing. Interestingly, as stated in De Herbergier's self-description, being able to make use of one's freedom at set times, seems to result in a decreased desire to make use of it at other times. As such, the open doors open up a way to be more positively attached to the nursing home.

Needless to say, care workers are not always available for walking with residents. In such moments, the ideal of placing as few restraints as possible on residents'

freedom becomes difficult to accomplish, as sometimes residents *do* leave the building unaccompanied.

Ilse found that with the doors unlocked, care workers carefully observed how residents behaved around doors. This included, for instance, a sensitivity to whether residents could open the unlocked doors themselves, or to how they moved within the building, as described in the first example of Ellen who needed to be protected against falling down the stairs. When care workers were busy completing other tasks, they made use of arbitrary characteristics of the built environment to keep an overview of what residents were doing. The kinds of door handles on the doors that open onto the backyard are a good example of this: the doors may be unlocked, yet they are complicated to open.¹⁵ The handles have to be pushed upwards, then pressed downwards to open the door. Most of the residents do not (immediately) understand the specific movements required. They start pulling or pushing the door while it is still closed, producing a noise (a kind of rattling) that alerts care workers to a resident wanting to leave and it allows them to intervene. Indeed, as far as Ilse could deduct, these handles and sounds were not planned to restrict freedom of movement, but emerged as doing so in relation to residents' increasing difficulty to grasp the mechanism.¹⁶

A creaking door offers another example involving arbitrary noises that were used by care workers as an 'alarm', as Ilse described in her field notes:

When I [Ilse]¹⁷ enter the care home every morning, I make sure to announce myself soon after entering because otherwise a care worker may come to the hallway to check why she heard the main door creak;

it could be a resident walking out. I notice that the creak is important to some care workers, as a signal that somebody is opening the front door. For instance, I was in the toilet facilities with a care worker and a resident on a day that José kept going outside unaccompanied. During the 'toilet work', the care worker heard the front door creak and asked me to take a look at who was opening the door.

Several days later, some care workers remark that the creak is gone; you can no longer hear the door opening. 'It is a pity that you don't hear the "creak" anymore, someone repaired it', I am told. Then Wilma walks out of the door without saying a word (she usually announces that she is going to leave or gathers belongings that she wants to take with her). Care worker Marja sees Wilma and follows her to bring her back inside. Had she not seen her, the only warnings from the door now would have been the vibrations felt when Wilma closed it roughly.¹⁸

Although not all care workers hear and react to the creak, the rattling, or the vibrations, some do draw on these arbitrary characteristics of the building to monitor residents' movements. The sounds and sensations give care workers the possibility to attend to other care tasks, while still keeping an ear open for the door. Care workers may then accompany the residents outside, or seduce them into doing something else.

Staying in

What quickly became clear is that residents were often opening doors, but were not always intending on going out. Consider the following field note by Ilse:

I approach the care home. Before I can open the front door, Marie opens it for me. Marie is a resident here. She often walks around in the care home with her stuffed animals and sings happily, so when people enter the care home she immediately stands out. Now she says: 'Come in, honey'. At first I think I am in her way and stopping her from leaving. But moments later, Marie opens the front door again. I go to check whether she wants to leave, but I see, again, that she is just welcoming somebody inside. After this, I notice that over many days she has several interactions with doors without actually going outside. Marie opens the door and closes it again right away. She sticks her head around the corner, mumbles something and closes the door. When the weather is cold, she mumbles 'brrr, cold', quickly coming back inside.

I observe another 'door-interaction' that involves Bram's dog, who is often present in the care home. Marie loves animals and is always smiling when the dog approaches her in the living room. Sitting in a chair next to the door to the backyard, the dog comes to her, touching her knee with his nose. She strokes his head, and leaves the chair to open the door for the dog. Apparently, she understands the movement the modern door handle requires, moving the handle upwards and then downwards to open

the door. I do not know if he [the dog] is allowed out, so I block the door with my leg. The dog turns around and walks back into the living room, greeted by Marie's 'come inside, sweetie' – as if she just let the dog in, instead of trying to let it out.¹⁹

Based on many similar observations and what care workers told Ilse, it seems that using the door to let the dog out (or in) is satisfying for Marie. Where it would be impossible to take care of the dog who wants to go outside if the door were locked, Marie smiles when opening the door for the dog.²⁰ The example shows that unlocked doors open up the possibility to interact with doors in different ways. The open door also enables Marie to relate to, and interact with, the dog, and creates the possibility to let others inside, or to check the weather and then decide to return to the warmth of the house. The possibility to engage in the various interactions has a calming effect on Marie: if she could not have let the dog in, Marie would have become upset. Instead, she returns to her sofa chair with a smile.

To return to Latour, Marie's 'door-interactions' arguably contribute to an alternative way of being attached to the care home. They open up possibilities for residents to enact a different reality to one in which she stands in front of a door waiting. Opening and closing the door, and letting the dog in and out, allows her to be otherwise (cf. Moser 2005: 689) in the nursing home. In our interpretation, by unlocking them, the doors no longer represent a general risk but become an opportunity for interaction. Paradoxically, unlocked doors aid in decreasing the confrontation with restrictions on freedom, thus reducing residents' desire to go out.

Interestingly, both closed and open door policies seek to keep residents from harm, but the practices we have described that make open doors possible seem to change residents' experience for the better. Instead of waiting and frustration, residents do not encounter restrictions on their freedom and, moreover, encounter new possibilities of interaction. Through being experienced as non-restrictive, the nursing home transforms into a kind of 'home', a place where one is able to check the weather by stepping out of the door. As a consequence, residents become 'better bound'.

Going out

While the door interactions are rather unproblematic with regard to safety, the question is what happens when a resident opening a door is indeed heading out – something the care workers would rather prevent to keep them safe. How are possible risks and freedom navigated then?

To capture how good care is done in the face of situations where residents' wants differ from those of their care workers, Annelieke (first author) coined the term 'sociomaterial will-work'. The concept 'will-work' departs from taking 'the will' as a bounded entity that simply awaits expression, and instead proposes to understand it as an outcome of interaction. This opens up an analysis of how 'wanting' is worked upon in the context of unfolding sociomaterial interactions in dementia care (Driessen forthc.).

To clarify what the concept offers us here, recall the doors that were closed, but not locked, for Ellen. Since the intervention relied on the observation that Ellen

did not open doors but walked elsewhere when they were closed, she did not have to be forced away from the door, or stand in front of it for long stretches of time without understanding why she could not pass through. Instead, the closed door changed her 'wanting to go down the stairs' to a 'wanting to walk elsewhere'. Ellen thus maintains her freedom to do as she pleases, even though she is acting on a changed desire.

Such strategies of distraction and diversion greatly complicate notions of freedom and control or restriction. They can be read as techniques of governing and the molded desires of residents may be seen as 'distributed technologies of the self'²¹. At the same time, the newly emerged desires become valued on their own. This becomes apparent in one of the most frequent ways of doing will-work, in this case coffee drinking, described in field notes by Ilse:

As I walk through the corridor to the living room, Wilma suddenly throws her pillow from the top of the stairs. She comes downstairs, crying from anger and frustration. The care workers tell me that Wilma is known to 'flee' when she feels distressed, unwanted or unfairly treated. Care worker Veerle hears Wilma and comes to check on her. She invites her to the living room and gets her a cup of coffee, while Wilma sits down on the couch. While Veerle makes coffee, I sit down next to Wilma and ask what happened. She repeats a story from a few days earlier, about a boy who took her belongings, and tells me that she wants to go away and never come back. She tells me that she takes care of everything, but that no one seems to notice or appreciate it. Veerle returns with coffee and joins the conversa-

tion, saying how difficult it must be for her [Wilma]. Veerle takes a handkerchief from the closet behind the couch and gives it to Wilma to wipe away her tears. Veerle then goes back to what she was doing earlier and I stay next to Wilma without continuing the conversation. Wilma cries quietly and takes a few sips of her coffee. She seems to calm down. After a few minutes, I see her smiling at the husband of another resident who cheerfully recounts his holidays in the United States.²²

Although the open doors are not yet directly involved, they are present as a possibility in the interaction. Seeing Wilma throw the pillow makes Veerle suspect that she might go outside as soon as she sees the door. She therefore decides to distract her from the corridor by inviting her for a cup of coffee. This comforts Wilma: she calms down and joins the companionship of the other residents and visitors in the living room. Veerle attends to Wilma's emotions and creates a new situation. This is a salient example of how one particular activity, namely offering Wilma a cup of coffee, can be many things at the same time. It is a way to move Wilma away from doors that she might otherwise open to go outside, a way of making Wilma feel heard and showing her understanding, and a way of cheering her up. Wilma seems to not feel limited in her '*eigen regie*' in this interaction, because she allows herself to be convinced to stay. Her and Veerle's desires are 'aligned' in this interaction (Driessen forthc.). Let us turn to another example from Ilse's field notes:

Paula's son and daughter-in-law are visiting. They sit together at a table in the living room. I sit at

another table, talking to a care worker about my research, while most of the residents are watching television in the couch-area. When Paula's guests leave, the care worker gets up from our table and walks with her and her guests to the door to see them off. Then she immediately distracts Paula from 'being left behind' or 'being unable to leave with her visitors' by inviting her back into the living room for coffee and asking if she wants to join in watching television or to join us at the table.²³

Here too, the cup of coffee is used to distract Paula from the painful moment of saying goodbye to her son and being left behind. Paula is quite new to the care home, and quite young compared to the other residents. She is very sad about having to live there and the departure of her son is hard for her. Yet coffee introduces a different mode of interaction into the situation – it enables Paula to switch from 'saying-goodbye' to 'sitting at a table'.²⁴ Sitting at the table with Ilse and the care worker is easy for Paula to want – while she does not always enjoy group activities with the other residents, she usually enjoys the company of care workers.

Another way in which ways will-work may be done is through adjusting the surroundings, as Ilse's field notes show:

Care worker Mona goes to help Marie in her room, then suddenly comes back, puts on her scarf and walks to the front door while telling her colleagues: 'I saw Wilma walking outside'. She noticed Wilma passing by Marie's window. So she goes outside, guides Wilma back in and pins a safety pin to her sweater with a card that has her name and the phone

number of the care home on it, in case she goes out again. After that, Mona closes the curtains to hide the front door from sight.²⁵

Mona draws the curtains so that Wilma may no longer want to go outside. She attempts to align Wilma's desire with her own, that Wilma would participate in doing something inside instead of going out. Drinking coffee and drawing curtains are both activities used to prevent residents' possible confrontation with restrictions on their freedom.²⁶ At the same time, however, 'coffee-drinking' and 'going out' are not mere distractions, but enjoyable activities in themselves. They keep residents occupied in meaningful ways and create more positive attachments to the nursing home.

Conclusion

Today's nursing homes surely no longer bear a close resemblance to the 'total institutions' Goffman (1968) analysed in the 1960s. Nonetheless, most residential care institutions for people living with dementia still have closed door policies, restricting the freedom of their residents. In this article, we have examined the case of a nursing home with an open door policy – which, like closed door policies, can be read in terms of control and discipline, but with very different outcomes.

We were interested in routines and practices that enable doors to be kept open, and what evolves from them. In the practices we observed and analysed in De Herbergier, open doors and freedom open up ways to relate to the care home through door interactions, drinking coffee, or sitting with somebody around a

table. We suggested understanding these transformations in terms of Hennion's attachments, and Latour's addition to consider the nature of these attachments.

The ethnographic examples bring out five points about what changes and emerges when open doors and the practices surrounding them render each other possible. Firstly, when doors are opened, the relation to risk changes. In De Herbergier, ensuring residents' safety at all costs is not the most important value. Instead, freedoms are granted and protected, as they are thought to contribute to a life one has *'eigen regie'* over – that is to say, a life in which one can determine for oneself how one wants to live. Indeed, there is an attempt to accept risk as a part of life, even though consequences of this acceptance can still be difficult to deal with. At the same time, risks are not simply permitted. Rather, they are cared for with attention to individual abilities and inabilities.

Secondly, what becomes clear when doors are opened is that sometimes residents do not go out (unaccompanied) at all. Doors may transform into something more than a way out. They become an opportunity for 'door-interactions', which include letting the dog in or out, or stepping outside and coming right back in again. What is gained here is a new attachment to the care home, and a new position to speak from, through doing and interacting.

Thirdly, by doing will-work, for instance 'coffee-drinking' or 'curtain-drawing', residents' freedom is neither enabled, nor restricted. Residents' desire to go out may change when care workers and residents engage in will-work (Driessen *forthc.*). Thus, freedom becomes being able to act on a changed desire. Indeed, when care workers do not succeed in finding ways to

align the resident's and their own desire at their first attempt, they do not just give in but may try in different ways.²⁷ It is important to note that this may also include that carers go out with the residents, attesting once more to the point that will-work is not uni-directional.

Fourthly, to keep an eye on residents, while at the same time fulfilling many other tasks, care workers must improvise on the spot. They often do so by making use of the material environment, such as the creak of the door, or the rattling of door handles, to be alert to residents leaving the building. If residents nevertheless do tend to go out unaccompanied, there are safety pins with names and the care home's phone number, and bicycles to cycle after them.

The examples of care workers using different socio-material arrangements (coffee, the building, pins) suggests that freedom always emerges in a set of heterogeneous relations between different materialities and people. These arrangements may constrain residents, just as locked doors do, or indeed enable forms of freedom. Care workers may use materialities to be alerted to a situation which requires their attention, or they may use them to prevent these situations altogether. Hence, material settings and the ways in which they work, and are mobilised, must be taken into account when thinking about freedom.

This brings us to our fifth point. Because freedom only 'is' and can 'become' in relation to materialities and in specific practices, it becomes possible, or rather necessary, to think of freedom in a plural form. The question then becomes, which freedoms are most valuable for residents, and how can these be granted and protected? It became apparent that freedoms may be restricted in many ways – and where freedom must

be restricted to protect a resident's flourishing, care is thought of as the restriction that is as un-confrontational as possible. It is here that will-work becomes so important. Will-work is a way to allow residents to be attached to the nursing home in more positive ways, through door interactions, drinking coffee, and sitting with somebody around a table.

It is worth noting that there are also unproblematic cases of residents coming and going through the unlocked doors. Yet it is the problematic cases, in which freedom collides with concerns for safety, that raise interesting questions. The question remains to what extent open doors may increase stress for care workers, as it requires them to constantly adjust and employ ad-hoc tactics instead of routinised doings. Thinking through the examples of door-interactions and the creaking door, it becomes clear that the freedom of residents with dementia comes at a price. Such freedom is only possible with the help of care workers who are constantly attentive to the possibility of residents leaving the home unaccompanied and who can spontaneously run after residents, which requires sufficient resources to have staff or volunteers available to keep an eye on those left behind. It would also seem essential that care workers are supported in dealing with the consequences of the open doors that may be 'part of life' yet nevertheless difficult to deal with if they 'happen on your shift'.

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Notes

- 1 See Jennings (2001) for a theorisation of freedom in relation to Alzheimer's Disease, the most common sub-form of dementia. Jennings differentiates three basic models that attempt to deal with the tension between individual liberty and safety, each foregrounding different values, and whose interests are to be prioritised: public safety (the public health model), keeping the individual safe (the guardian model) and facilitating individual flourishing (the conservator model).
- 2 'De Herbergier' (which literally translates to landlord, inn-keeper or host) is the name of a dementia care home organisation in the Netherlands (cf. www.herbergier.nl). De Herbergier has over 40 locations in which care is provided to people diagnosed with dementia. Besides the open door policy, the organisation advocates against other forms of restriction of liberty, such as the use of sedative medication. By emphasising

face-to-face care, rather than administrative tasks and professional meetings, De Herbergier aims to create a 'safe environment' for its residents in which they may retain 'eigen regie', that is the chance to direct one's life according to one's wishes to the best of one's ability. The overall aim is to enable residents to live their lives 'as they were used to'. These goals align with the increasing emphasis placed on independence in care policy in the Netherlands (Da Roit and De Klerk 2014): people should become more responsible for their own independence. This includes that people should live at home longer (see also the work of Laura Vermeulen in the Anthropology of Care research group at the University of Amsterdam), and that care institutions should encourage self-reliance and self-responsibility among their residents and staff (see also the work of Susanne van den Buuse in the Anthropology of Care research group at the University of Amsterdam).

- 3 Unfortunately, the English language offers no words to describe the residents' intention to *go somewhere* rather than to *go away from somewhere*. As such, this verb unintentionally describes the view of those who are trying to keep residents safe by keeping them 'in place'.
- 4 Authors' translation from the website of De Herbergier: <http://herbergier.nl/wonen.aspx>
- 5 How control and power get dispersed via care practices is central to Foucault's work. In his later work (see for instance Martin et. al. 1988) on technologies of the self, Foucault is concerned with individual freedom and practices of self-care and the question of whether these are forms of resistance or subjugation. An interesting question (which lies beyond the scope of this article) is what 'technologies of the self' become if the self has memory problems. Dementia requires the analyst to let go of a subject that can remember and reflect. The consequences of this are manifold and we are only scratching at the surface of what this means for social and cultural theory. Theo-

ries which allow us to think of distributed agencies, such as material semiotics and writings that have been become known as Actor Network Theory (see Law 2009 for a concise introduction into ANT and material semiotics) seem more helpful to thinking about what is happening in dementia care than theorisations that try to grasp the question of the subject in diverse forms of interpellation. Questions that follow from this are, for instance: What do 'technologies-of-the-self' become in cases where there is no coherent subject that can exercise them? What else does giving-more-freedom become if the agency of the subject is distributed between heterogeneous agents (carers, cared for, doors, coffee-drinkers)?

- 6 Ilse conducted eleven weeks of fieldwork. While 'De Herbergier' is the real name of the organisation, we have chosen not to mention at which location the research was conducted to protect the anonymity of informants. All care worker and resident names have been changed. Consent was verbally obtained from the organisation and all participating care workers. The family members of residents were informed of the study, and some met Ilse while she was in the field. Ilse wrote her Master thesis on the subject matter (the thesis can be found in the UvA Scripties Online Repository). Ilse was supervised by Annelieke (first author) and Kristine (third author). Annelieke and Kristine took the lead in writing the article.
- 7 Following Reckwitz (2002) we suggest that there is a loose, even if hardly ever acknowledged, kinship between these bodies of literature. Following Sherry Ortner (1984), practice theory emerged in anthropology as an alternative to meaning-centred approaches and frameworks which foreground structural forces. Instead of searching for a mental model guiding behaviour, in practice theory meaning becomes knowing, and behaviour becomes doing (cf. Swidler 1986). The turn to practices furthermore helps to overcome a monolithic understanding of structures. Rather than conceiving power and ways of ordering

- (Foucault 2005 [1966]) that achieve stable outcomes, following ‘doings’ in practice brings into view surprises, and ways of ‘being otherwise’ (Law 2009: 149; Moser 2005: 689).
- 8 Hennion uses the term attachments for that which ‘links us, constrains us, holds us, and what we love, what binds us, that of which we are a part’ (Hennion 2007: 109).
 - 9 Latour here mobilises Hennion’s notion of ‘attachments’. In Latour’s text, attachments are not necessarily positive – sometimes detachment may be followed by better attachments (1999).
 - 10 As such, the number of highly specialised (and therefore more costly) care workers is considerably low in comparison to other care homes.
 - 11 Each De Herbergier location is owned and managed by a married couple that lives in their own part of the building, who are called ‘*zorgondernemers*’. The term freely translates to ‘care entrepreneurs’ and is preferred over ‘managers’.
 - 12 Interview with Bram, 05-04-2016.
 - 13 This way of dealing with risks resonates with Sonja Jerak-Zuiderent’s work on accountability (2015). Jerak-Zuiderent suggests thinking about accountability in concrete situations, ‘from somewhere for someone’, rather than from a general model of accountability. She theorises accountability and care as co-emerging in a specific situation, ‘instead of presupposing there is only one way of caring [for all]’ (Puig de la Bellacasa in Jerak-Zuiderent 2015: 431). Similarly, in the care home, risks are de-generalised and situated, and risk aversion is not always the primary goal.
 - 14 Interview with Jannie 12-02-2016.
 - 15 These practices of improvisation could be understood as tactics, as coined by De Certeau (1984). He juxtaposes tactics with strategies, which he describes as actions done from a privileged and resourceful position, and that are well planned and mapped out. Tactics, in contrast, have an opportunistic nature and poach into the terrain of strategies.
 - 16 Interestingly, we learn something about the conceptualisation of freedom here: a lock is imagined to curtail freedom, where a complicated door handle does not. In practice, however, both may do so.
 - 17 The first person in the field notes refers to the fieldworker, Ilse.
 - 18 Compilation of data from 01-03-2016, 03-03-2016 and 04-03-2016.
 - 19 Compilation of data from 24-02-2016 and 23-03-2016.
 - 20 See Pols 2005 for an analysis of patient’s doings as ‘enacted appreciations’.
 - 21 We say ‘distributed’ technologies of the self because will-work includes the resident who is seduced to want something else, but he or she is not the sole locus of it.
 - 22 Data from 11-03-2016.
 - 23 Data from 12-02-2016.
 - 24 In line with our practice theory approach it is significant that Wilma is not drawn to ‘ideas’, but to ‘doings’, such as ‘sitting-at-a-table’ with company.
 - 25 Data from 19-03-2016.
 - 26 Interestingly, if Mona succeeds, her freedom of movement is not restricted, but the desire to act on it has disappeared. Other freedoms may now become possible.
 - 27 This is central to doing care (Mol, Moser and Pols 2010).

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