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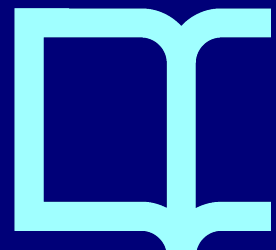
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Dwelling the Telecare Home: Place, Location and Habitality

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Home has become a newly fostered place for care giving in what might be called an aging in place paradigm. As a result, thinking about how the home's spatialities are configured and how they might transform caring has become an important issue for the social sciences. This article is a contribution to this line of thought and looks at being-at-home from a non-anthropocentric point of view. By focusing on the telecare cases of an ongoing ethnographic project and drawing on Heideggerian insights on dwelling and place, we coin the term habitality. We think this term is useful for two purposes: (1) to think about the home as a materially heterogeneous set of spatialities and subjectivities and (2) to understand being-at-home not as a way of living in an enclosed and protected shelter of routine activities, but as a way of combining those spatialities and subjectivities and the differences (and oddities) they might bring.

Keywords: *dwelling; telecare; home; location; habitality; aging in place*

All really inhabited space bears the essence of the notion of home. Bachelard, 1994, p. 5

It is becoming more common every day that elders are being cared for without having to leave their own homes to move into their children's houses or into some sort of residential care facility (Kearns & Andrews, 2005). Older people's own homes have acquired a renewed importance as places of care provision in the wake of an *aging at home* strategy in social and health care policies.²

Some decades ago, placing an elderly person in a residential care facility Residencial Care Facility (RCF) was encouraged whenever he or she was beginning to need continuous care attention as a result of impairments and dependency associated with aging. However, nowadays this is not the trend anymore. Autonomy is the new cherished value, and it entails delaying any such decisions (Cookman, 1996; Rowles, 1993).

For gerontological, economic, and cultural reasons, living at home is taken to be a vital measure to ensure that elderly people continue to be active and maintain control over their lives. Furthermore, it is valued as a way of regulating and making sustainable the growing demand and rising costs associated with care provision caused by progressive population aging. In fact, the home (together with "the community") is the most important place of what has been termed "healthy (or active) ageing" (Bartlett & Peel, 2005).

That is the very reason why in those approaches that support *aging in place* policies, the home has grown to be a matter of great concern (Wiles, 2005b). To study this issue, different approaches from the social sciences might be of interest. From the rather classical interest in the practice of "space" and its social construction as "place" (see the work by de Certeau, 1984), to disciplines related to social studies of health practices, there has arisen an increasing need to understand (a) how place affects old people's aging processes and well-being, as well as (b) how these persons give meaning and transform these places while growing older, thus facing new challenges in their lives (see Cutchin, 2005). Indeed, the phenomenon of aging in place has been very important in the flourishing of a new discipline called *gerontological geography* (Andrews, Cutchin, McCracken, Phillips, & Wiles, 2007; Gleeson & Kearns, 2001; Wiles, 2005a).

Gerontological geography studies the relationships between place and elderly people from a physical-material and cultural-symbolic point of view. Of special interest are this discipline's studies on the home. From gerontological geography's perspective, place is a physical location, the features of which can

affect the health and aging of the elderly and, by the same token, the care practices that take place in this location. Moreover, place is something emotionally and symbolically loaded from the point of view of elderly people and, as these scholars argue, this can have an effect on carework and aging (Leith, 2006). Remaining at home is not simply to stay in a location but in the place that older persons associate with close and intimate relationships, cherished memories, and a sense of historical continuity (Bowlby, Gregory, & McKie, 1997; Cookman, 1996). Some research carried out from this perspective highlights that the home is a kind of private shelter in which they can “be themselves” without intrusions or interference from others (Kearns, Hiscock, Ellaway, & Macintyre, 2000, p. 389). However, there are findings that problematize this romantic understanding of the home as an intimate shelter by stressing that gendered personal conflicts and tensions are embedded in aging at home (Milligan, 2003). Actually, a number of contributions criticize this belief concerning the inner benefits of aging at home by showing that, depending on the adjustment between autonomy and caring necessities, it is much more possible to feel at home and autonomous in an institutional setting where they could face new challenges other than those in one’s own home (see Martin, Nancarrow, Parker, Phelps, & Regen, 2005).

This article is mainly a theoretical contribution to this field. Given the fact that we are involved in an ethnographic project studying the changes in the home produced by the introduction of telecare technologies, its aim is to discuss the theoretical grounds of research devoted to the study of the relationship between telecare and home geographies.

In specific, we would like to (a) problematize the definition of home as a distinctive place where elderly people feel safe, independent, and active, and (b) throw light on what being-at-home with telecare means. To do this we would like to reflect on Heidegger’s concepts of *location* and *dwelling* and put forward the idea of *habitality* as a way to apply some of his intuitions to the study of being-at-home with care technologies.

Telecare and the Home

I live on my own now. Robert passed away last year, but I’m busy with my friends, social clubs, exercise class, my gardening, cooking and even a little golf. I love my home and like having my own schedule. My daughter lives nearby, but she has two teenagers and they do keep her busy! She can’t be over here all the time. And my son lives outside of this state and travels a lot. I’m perfectly able to live on my own but sometimes I think. . . . What if something happened to me and I couldn’t call for help? How would anyone know? How would I get help? What can I do? (Excerpt from a QuiteCare brochure, an American telecare provider)

Although symbolic, material, and functional tensions shape the home, the romantic imaginary associated with this place is acquiring renewed strength in community care. Community care policies addressed to elderly people have taken “keeping people at home” as their main duty to foster autonomy and thus promote active aging. This has become so prevalent that watching elders moving away from their homes might be considered as a defeat (Martin et al., 2005). *Identity consistence*, *stability when facing constant outer changes* (security), and *individual freedom* (privacy) are values associated with this project of aging at home. In this vein, the praise of “homey” values is especially evident in those services in which privacy is equated with autonomy. This is the case in the discourses of Home Telecare Services, where the home is staged as a shelter for identity, individual freedom, and privacy.

This depiction allegedly distinguishes telecare from traditional domestic care provision, given that the latter invades the home, something that does not happen in the former. But how can these services respect such values while constantly monitoring their inhabitants and delivering immediate attention when required?

In this sense, telecare provision discourse revolves around two important features: on the one hand, privacy and autonomy and, on the other hand, proximity and closeness. Telecare services “respect” the boundaries of the home. They deliver attention without interfering in the private space of the user (contrary to what might happen in home care; see Angus, Kontos, Dyck, McKeever, & Poland, 2005). The telecare device must camouflage itself in the user’s home to encourage the user to take control over his or her life using the “invisible” scaffolding of telecare.³

This is why the initial introduction of telecare technologies into the user’s home is a key part of the process to ensure that the device works. In this phase, some elements are crucial. First, the device has to be “user friendly” in terms of functional use as well as in the meaning the user gives to being at home. Thus, from the very beginning, designers have tried to “hide” the devices’ interfaces to “blend” them, aesthetically speaking, with the user’s home. For instance, pendants are becoming lighter and lighter and more similar to a kind of ornament or piece of jewelry. Because telecare terminals have to be placed either in those rooms of the house where the user usually spends most of their time, or near to the phone that is used to call relatives, their design is becoming more compact. (See Figure 1.) The important goals telecare providers seek in using these design strategies are (a) not to interfere – or to interfere as little as possible – in the user’s life while (b) occupying a central place in the home to facilitate monitoring of the house should anything occur that might require their intervention.



Figure 1. Maria, Wearing the Pendant, Sitting Near the Telephone. (Photo Taken by Daniel López With Permission).

However, at the same time, “the home” is reified as a space neatly distinguished from “the outside.” In an attempt to establish a sort of

continuity between user's privacy and autonomy, telecare providers describe themselves as the connectors, as that which bridges the gap with "the outer world." Thanks to the service, the elderly person is brought closer to their relatives and friends and to public and/or private social and health services. Somewhat paradoxically, telecare fights against solitude while reinforcing privacy. A paradigmatic illustration of this is the way service providers want the device to be used: They always tell the users "Call us whenever you want, and rely on us to contact your children or an ambulance if you need it."⁴ Telecare is projected as a "social technology."⁵ It tries to become the "obligatory passage point" of the inhabitants' care and social networks.

The Placeness of Home Telecare

However, in spatial terms, the incorporation, appropriation, or domestication of telecare is quite confused (see Michael, 2000): It demands a deep shift in the definition of the home and of what being-at-home implies in this reification of home-related values and home borders. Where and what is "the home" when using a telecare device?

Let's think about it through an empirical anecdote encountered when undertaking this research. Isabel is an 82-year-old grandmother who is living alone in the Barcelona neighborhood of Sants. Because of a chronic cardiopathology and given the fact that she did not want to leave her home even though her daughter lives in a nearby town, her son – who was moving to a village 200 km away – decided to hire a telecare service for her. She was really happy with the service, and it seemed to be perfectly clear that she knew how the service worked and what she needed to do to use it. "When there is a kind of emergency I must press the button on the pendant. Besides that, when getting up and going to bed I press this button as well. And this is a good thing for me." The telecare terminal was located in the sitting room, which was the mainstay of the flat, and the pendant was hanging around Isabel's neck during our visit. However, a new actor suddenly came up in the interview. According to her, if something wrong did happen to her, she was positive that the incident would occur while in bed. This is why she sleeps with a handy telephone close to the bed.

I've got the telephone just there and if I need something, I call my daughter immediately, and she always calls me once or twice a day as well . . . so I do not want to leave my home or move to an old people's home.

When she said this, the researcher wondered if the telecare really was part of her daily life and her home. The pendant has supposedly been at least carefully designed for elderly people, and the act of wearing and using it is fostered by teleoperators, volunteers, and relatives. However, when she described a stroke episode, the telecare pendant turned out to be totally absent (as if no telecare service had been installed in her home).

When my son left he hired the service because I was going to be alone. So I already had the telecare service when the stroke happened . . . and then it was my daughter who came in and pressed the button. When she noticed that something wrong was going on she came to me and when I couldn't open my eyes and answer her questions, she pressed the button.

This is just one instance of a situation that is extremely common. In spite of the efforts to design user-friendly telecare devices so that these technologies become be the central node in the user's social network, plenty of elderly

people—even in case of necessity—abandon the pendant to oblivion inside a drawer or go to the kitchen or bedroom to call their relatives by phone. According to what they say, the phone is “closer than the pendant,” even though the latter is actually hanging from their necks. In cases of extreme need, the pendant is “just too far”: It is something they only use occasionally and that connects them to people they actually do not know.

The above case gives us an insight into something usually stressed by gerontological geographers in their accounts of aging in place homes. Telecare’s effects—in terms of how it shapes the domestic space—go beyond the architectonic limits that delineate and create an “inside” and an “outside” with respect to the dwelling; and, by the same token, these effects go away beyond the contraction of distances that Information Communication Technologies (ICT) might produce. What is at stake here is the redefinition of a material and symbolic border which permits one to separate those things one can control from things out of control or controlled by others. In other words, what Kontos (1998) has called a *home frontier*.⁶

This is the reason why the telecare device, even though it is placed inside the house, might not be part of the home. It remains outside the home frontier and, hence, is constructed as a threat to the user’s stability and control over their life. The incorporation of telecare devices forcefully entails a renegotiation of this border. This cannot happen fast or easily, given that it requires changing everyday routines and the meanings associated with different parts of the house.

In relation to this, the closeness or proximity that these devices afford could be interpreted as something not only metric but also sociosymbolic. The phone might be perceived as “close” because “socially speaking” it brings them closer to their relatives, to those with whom they talk or chat every day. Telecare operators, on the contrary, are in most cases anonymous and unknown. Therefore, what is at stake here is not if immediate and at-a-distance proximity (i.e., telecare) is “technically possible,” but if it is “real,” socially speaking. Or, to put it more briefly, if the telematic space, which connects elderly people to their relatives, friends, and community services, implies social proximity or a greater degree of solitude and isolation.

Thus, the perimeter or border that separates “inside” and “outside,” private space and public space, as well as the proximity of elderly inhabitants, their relatives, the teleoperators, and other community resources is not something fixed. It seems to depend on what the users do with the devices. Installing a telecare device does not necessarily mean that it will be part of the home or that it will fit into the user’s everyday activities naturally just because it is placed inside the house. At the same time, it in itself does not bring the loved ones or other community resources closer (see, for instance, Fisk, 1997; Hanson, Percival, Adred, Brownsell, & Hawley, 2007; Percival & Hanson, 2006; Söderlund, 2004). It all depends on how the home is constructed as a “place,” how users actually live at home with these technologies. And this is why some studies have shown that, indeed, the home itself might be considered to be at times a transitory or “in transit” space (see Gibson, 2007; May, 2000), as well as a place where different rhythms of life clash (Twigg, 1999). Moreover, the home with telecare or home care might be viewed as an institutionalized place in which private-public boundaries blur (Milligan, 2000, 2003). Even when users define their home as the place where they can express themselves and do as they wish without anybody telling them what to do, their relationships with relatives, carers, and medical and assistive technologies suppose a reconfiguration of the public and private spheres “within” the home (Moss, 1997; Twigg, 1999). Also, the aging in place home is seen as a gendered place of domination involving the cared-carer roles,

making its “happy” image more blurred and harsher (Wiles, 2005b).

Most authors would state that the impact of these telecare technologies in the shaping of the home is mainly based on the socio-subjective, symbolical-cultural features of the home as a “place” (see Blunt, 2005; Dyck, Kontos, Angus, & McKeever, 2005; Poland, Lehoux, Holmes, & Andrews, 2005⁷): that is, on the practices taking place there and the processes of meaning-making or signification and symbolic-mediated use or appropriation of the devices (e.g., Silverstone & Hirsch, 1992). And this is precisely what should be studied to understand the implications of these devices in the construction of the home as a place.

Thus, the home as a place of care can be seen as being fragmented, blurred and a multifaceted place where public/private boundaries and the regimes of closeness/ proximity change and are negotiated in the very practice of inhabiting it as a socially constructed practice. However, is the placeness of the home only located in the human activity? Is it merely a question of practical and social meaningful appropriation? The main aim of these questions is not only to discuss the materiality of place (see Hetherington, 1997), but also to rethink the ontology of home placeness and of being-at-home in a broader sense. In the following, we would like to propose an initial path to begin answering these questions: to discuss the ideas of *location* and *dwelling* developed by Heidegger. Going back to his thoughts we would like to open up a space for a more symmetric and nondualistic approach to how being-at-home is achieved and practiced in a home with telecare. By doing this we would like to discuss the anthropocentric and geometric bias that the geographies-of-care literature usually has when treating the home as a distinct place.

Dwelling and Locations

Martin Heidegger, together with Gaston Bachelard (1994), is one of the philosophers most usually mentioned when discussing what being-at-home means. In fact, as some authors state, his very work could be defined as “homely” based on the importance the concept of dwelling has in it, praising nearness and authenticity (Harrison, 2007). For this same reason, the Heideggerian concept of dwelling is regarded as a sort of ideological statement in favor of rigid and traditional identities against the “total mobilisation of the world” represented by modernity. His philosophy has been seen as a way to rethink place as something qualitatively different from a mere location in space. Hence, from this point of view, place is characterized by (a) a kind of kairological temporality, thus sacred and vital, and by (b) a spatiality based upon an irreducible quality of place in contrast to a homogeneous extension of space. In this sense, many authors have seen in the Heideggerian conception of dwelling a revaluation of the study of home as a distinct human space in contrast with the spaces of mobility and labor. At the same time, others have regarded this as dangerous nationalist, romantic, and male-centred praise of the home (see Mallet, 2004, for a complete review on this).

However, there is a third possible version of Heidegger available, which is usually overlooked. The Heideggerian reflections on dwelling try to go beyond thinking of the spaces we inhabit either as an objective (i.e., as a mere receptacle for life) or egocentric (space being a product of human activity⁸) extension. In this vein, we think his work might be of interest when thinking about the home:

The relationship between man and space is none other than dwelling, strictly

thought and spoken. (Heidegger, 1971, pp. 156-157)

As Heidegger states in his essay "Building, Dwelling, Thinking" (Heidegger, 1971), dwelling is the constitutive relationship through which space is opened up and subjectivity is comprised. Hence, "dwelling essentially thought," is the very relationship through which subject and space are defined. As Malpas (1998) states, for Heidegger,

place is not founded on subjectivity but that on which the notion of subjectivity is founded. Thus one does not first have a subject who apprehends certain features of the world of the idea of place; instead the structure of subjectivity is given in and through the structure of place. (p. 135)

In the same vein, space is not an objective, preexistent extension, but what is defined by location. This means that in the very relationship of dwelling or inhabiting, "the spaces through which we go daily are provided for by locations" (Malpas, 1998, p. 155). According to this, an initial insight comes from the very idea of location and dwelling. A place like the home is not just a "practiced" piece of space, as if it were made habitable through appropriation by the human activity located within it. It is, indeed, the other way around. A location is defined as that which makes room for a space. It opens up a specific configuration of distances, of nearness and closeness. But a location is not an objective position in the space apart from the human being. A location makes the human being a dweller, as Heidegger considers their subjectivity to be essentially spatial.

It is not that there are men, and over and above them space; for when I say "a man", and in saying this word think of a being who exists in a human manner – that is, who dwells – then by the name "man" I already name the stay within the fourfold among things. Even when we relate ourselves to those things that are not in our immediate reach, we are staying with the things themselves. (Heidegger, 1971, pp. 156-157)

Going back to the case of Isabel, her use of the telephone, and the pendant depicted above: What is or is not part of the home and what do we mean when we use the terms close or far? In light of the Heideggerian approach, this is neither a matter of intersubjective customs or beliefs nor of metrical distances ("spaces"). Closeness/remoteness between the user, the pendant, and the phone constitute and are opened up by a location. Locations are things in a very topological sense: As Heidegger (1971, p. 153) says, "Gathering or assembly, by an ancient word of our language, is called thing." Heidegger uses the instance of a bridge to make this statement clear.

Always and ever differently the bridge escorts the lingering and hastening ways of men to and from, so that they may get to other banks and in the end, as mortals, to the other side. Now in a high arch, now in a low, the bridge vaults over glen and stream – whether mortals keep in mind this vaulting of the bridge's course or forget that they, always themselves on their way to the last bridge, are actually striving to surmount all that is common and unsound in them in order to bring themselves before the haleness of the divinities. The bridge gathers, as a passage that crosses, before the divinities – whether we explicitly think of, and visibly give thanks for, their presence, as in the figure of the saint of the bridge, or whether that divine presence is obstructed or even pushed wholly aside – The bridge gathers to itself in its own way earth and sky, divinities and mortals. (Heidegger, 1971, p. 153)

Thus, when we are discussing what is closer or farther away, whether it is the phone or the pendant, we must think of them as different locations, different forms of spatializing bodily movements, the pendant, the phone, and certain events. This is not a result of the way the users behaves, as if dwelling was a kind of human activity or action. In a Heideggerian sense, to dwell is to relate to places like homes as locations. Dwelling and location are intermingled concepts. A home as a location is dwelled in because it establishes connections between entities, giving them a place to exist as entities with certain features.

Following this line of thought, locations could easily be associated with the topological objects discussed in Actor-Network Theory (ANT; see Jones, McLean, & Quattrone, 2004; Latour, 1996; Law, 2002). These objects are, in effect, an assemblage of humans and nonhumans, mortals, and deities, but at the same time, they are the way those elements are spatialized: gathered or separated, brought closer or moved far away, and so on.⁹

However, there is a slightly different nuance with respect to the theses of ANT that should be mentioned. Locations refer to spatialities and heterogeneous materialities, but also to ways of living and, hence, to subjectivities.¹⁰ In this sense, the Heideggerian locations are more than “mere spatialities.” Coining a new term, they might be rather understood as *habitalities*.

Home Habitalities

Spaces are habits and habitats which precede the inhabitant, which make an inhabitant. (Pardo, 1992, p. 163; authors’ translation)

In Heidegger, as well as in the work of other authors, such as Bachelard (1994) or Merleau-Ponty (1962), there is an intimate relationship between life, habit, and place. According to the idea that Heidegger develops in “Being and Time,” the *dasein* dwells the world because it is already in-the-world. In this sense, life is not something shapeless: It finds itself defined, limited by the relationships that link it to other lives and objects. Life is a habit in two senses: (a) in the spatial sense of being defined amongst things and, at the same time, (b) in the sense of being accustomed to such things and hence not being able to differentiate those things apart from life.

For Heidegger, human beings exist spatially, and hence, spatiality is inherent to life itself. In fact, this statement illustrates very well the importance the home has when reflecting on the life of the users and the role it has in their definition of themselves. Place, habit and life,¹¹ all of these are tightly linked. However, this does not mean that users see in their homes an expression of themselves, as if it was a representational issue. Instead, there is an embodied continuity between home and life. Through home they constitute themselves as its inhabitants and aim to define themselves as such. That is the very reason why moving into another dwelling means a change of life, of habits. Thus, any habit is a location in the Heideggerian sense: a gap through which spatiality and subjectivity are constituted.

These nuances shed light on the complexity implied in incorporating a telecare device in the home. Designers, even though they have naturalized the telecare device’s functions through a user-friendly approach, when constructing an artefact are actually “building into it” a way of dwelling with it and through it: spatiality and subjectivity (in the same vein as what is implied in Akrich & Latour, 1992, namely ideas on “scripts”). The introduction of a telecare device in a new home entails not only the installation of an artefact, but the enactment of a concrete way of “being at

home.” This means not only spatializing actions, objects, and events, but also embodying them. In the particular case of home telecare, that means wearing a pendant or bracelet whenever one is at home, pressing the red alarm button whenever one feels any sort of discomfort, not locking the entrance door, pressing the red button whenever one goes to bed and wakes up, or whenever one leaves the home for a long period of time. Thus, this means connecting bodily movements, memories, events, and objects in such a way that they would be part of the same scheme, each element resonating in others. That is the very sense of our own notion of habituality: It is not only an assemblage of elements that conform a place, but also a certain embodied disposition that results in certain elements working and being gathered together.¹² For this reason, habit is not a mere psychological construct, but rather an ontological principle—a force that spatially arranges the telecare user’s bodily movements, the phone, and the pendant in a certain way. As the Spanish philosopher J. L. Pardo says (1992, p. 163), “any habit is a habitat, a location” and vice versa.

However, even though the installation of telecare devices might presuppose a habituality in which the pendant is part of the home and brings relatives, friends, and resources closer, this is not something happening in a vacuum. It crashes into and hybridizes with other habitualities. As we have seen, users employ the phone to get in touch with relatives much faster than they do by pressing the red alarm button of their pendant or bracelet. Many users do not wear the pendant to warn the telecare providers; they do not wear it when having a shower or when they have guests. Others simply put the pendant or bracelet inside a drawer. Some lock the door and keep the key in the lock. And others do not press the green button on purpose to check if their relatives are really looking after them.

For these reasons, every habituality implies the enactment of an interiority and an exteriority. It constitutes a boundary helping to distinguish what is inside and what is outside, as well as establishing closeness/proximity or remoteness to things. And this is neither the goal of the inhabitant’s daily activities nor the natural effect of the objective configuration of space. On the contrary, both the inhabitant and the space are defined by it. In one case the perimeter includes the phone and the relatives with whom the users get in contact with every day, but excludes the telecare providers. In the other habituality, the pendant is included but the phone excluded. The phone is implied in the management of that common, familiar thing that care is, which entails certain duties, at the same time as it defines the regular/usual (habitual; familiar) ones and the foreign (nonhabitual) duties. In the case depicted before, the closeness of the phone is indistinguishable from that of her children and their common solidarity: Her daughter calls her, goes to her house to have lunch or dinner together, helps her with her chores (e.g., going to the supermarket, meeting the doctor). At the same time the user takes care of her grandchildren occasionally, calls her children to see if “they are OK” and if they need her. The pendant brings her close to her children as well as to other community resources, but always through the means of the service providers. Pressing the button whenever she needs something makes the service operators the closest—the operator knows everything about her, but at the same time the operator remains a complete foreigner. Every time the user calls, a different operator answers. They do not have names, and it is impossible to build up even a minimal intimate relationship with them. In addition to that, pressing the button makes her children equal to any other type of professional carer. That is the very reason why the phone is part of a habituality that opens up the home as a family space and shapes the user as a grandmother who takes care of the family while the family takes care of her.

Conversely, the pendant is part of a habitability that opens up the home as an open, immediate space of care giving and security delivery where the user becomes an anonymous care consumer and her daughter a care-giving resource commanded by the service.

Rethinking Being-at-Home: The Question of the Home Boundary

Life begins well, it begins enclosed, protected, all warm in the bosom of the house. (Bachelard, 1994, pp. 6-7).

According to the ideas of location and habitability, the definition of home has turned into something more complex, with no clear boundaries. Is there something like a true home-place? This is something we would like to consider in the following.

The boundaries of the home are usually considered as excluding ones. Departing from the idea that the boundary's function is to preserve the integrity of its inhabitants, to do so it is vital to establish a clear and stable distinction that separates and protects the inside from the outside. As we have seen, the "protection bias" in the conceptualization of the home is indeed underpinning most of the common dilemmas concerning home care and aging in place: struggling to reinforce privacy and autonomy of the elders as something irreconcilable to reinforcing the attachments with relatives and institutions (independence vs. dependence), leaving people in their home or getting them out of it (freedom vs. subjugation), or guaranteeing autonomy as hardly reconcilable with care giving and safety provision (autonomy vs. safety), and so on and so forth. Thus, it seems that the home boundary is only thinkable as something that must be either preserved or violated.

But we would like to go back to Heidegger and focus on the notion of boundary outlined in his ideas on location.

Only things that are locations in this manner allow for spaces. What the word for space, *Raum*, *Rum*, designates is said by its ancient meaning. *Raum* means a place cleared or freed for settlement and lodging. A space is something that has been made room for, something that is cleared and free, namely within a boundary, Greek *peras*. A boundary is not that at which something stops but, as the Greeks recognized, the boundary is that from which something begins its presencing. That is why the concept is that of *horismos*, that is, the horizon, the boundary. (Heidegger, 1971, p. 154).

The Heideggerian notion of dwelling presupposes an understanding of the boundary not only as a closure but also as an opening. In this way, being-at-home is for him a sort of paradoxical liminal enclosure, which entails the openness of the strange to the strange (Duque, 2008, p. 130). This means that any location entails a boundary that makes it distinguishable (different from anywhere else) but, at the same time, connects it with other places making it alien to its own dweller. That boundary encloses, creates limits, but at the same time it brings the strange closer.

In this way, "being-at-home" would not be a kind of defense of the sacred perimeter of the home against the violence and uncertainty coming from the outside. The perimeter opens up to the world. In fact, it would be completely necessary to do this. Simmel (1994) put it clearly in his essay on "Bridges and Doors" when he defined the door as a boundary point so that "in the unity, the bounded and the boundaryless adjoin one another, not in the dead geometric form of a mere separating wall, but rather as the possibility of a

permanent interchange" (pp. 7-8).

This is of special interest because, as we have seen, the home is usually understood as a place of protection, integrity, and autonomy because it is split apart from the outer space. But this happens because we do not start thinking about the home beginning with the boundary, as Heidegger and Simmel suggested. If we did this, we would realize that the boundary is extremely complex (like any frontier) because it is the site where the pure as well as the impure is produced and where continuities and discontinuities are mixed up.¹³

Thus, if we go back to the idea of habitability, we will realize that it does not necessarily entail erasing any kind of boundary that distinguishes near, far, inside and outside, but to multiply the boundaries and to consider it in another way. Any habitability is a force that connects by disconnecting (bringing close by moving away) and the other way around: It is a force that produces subjectivities by opening up to constant changes. Hence, being-at-home is not just having habits as if they were static spatial and subjective configurations. As if it was just a matter of duration and custom. Being-at-home is also a matter of shocks and events. (As Massumi, 1998, has suggested, we must think of habits alongside with hiatus.) Thus, living at home would mean establishing a secured interiority essentially open and connected to the strange. That is the reason why we should not think about the home on the basis of the territories that are built by the use or nonuse of telecare. That would mean that the house would be in the spatiality either of the phone or of the pendant. In a slightly different way, we propose a concept of home based on the ground of the disconnection—the limit—that ties one spatiality to another. The home would not only be a space of control and protection, but also a fluid, dynamic, and fragmented one, traversed by different colliding habitabilities that introduce differences. The house would not be a by-product of the activities that take place in it, not an objective container of them. The house might be thought of as an enactment of the ongoing precarious arrangement of different habitabilities. Thus, going back to our case, being-at-home could be interpreted as a production of the ways in which the habitabilities of the phone and the pendant are articulated.

Concluding Remarks

In conclusion, we consider that through the Heideggerian notion of dwelling we might open up an ethical discussion about the implicit presuppositions underlying the study of aging in place in the approaches of social science and the development of home-assistive technologies.

Does being-at-home mean living according to our own habits or customs and in a place where we feel secure because we are safe from the interference of others and the harshness of chance? That is what is implicit in many of the public campaigns and policies in favor of elderly people's autonomy and the use of technologies such as telecare. Then again, we believe it might be possible and even necessary to define "being at home" otherwise. This is what we have tried to do, introducing the concept of habitability. Given that every habitability opens up and closes down, creates perimeters and connects, being-at-home might not be the construction of a closed shelter or the carrying out a routine life, but instead the combination and conciliation of diverse habitabilities and the differences they bring. Moreover, from our account it might seem that habitabilities are static. But habitabilities also entail the constant and ongoing production of nearness and remoteness. Habitabilities might be thought of as *habits*, *virtualities*, or *dispositions* that

emerge out of relational enactments, frictional and multiple processes of “attuning” and “retuning” that create and recreate different sorts of distances. (Some related reflections have been developed elsewhere by López & Domènech, 2008.)

We think that this theoretical contribution might be valuable when considering care spaces – especially home settings – from a different theoretical perspective. Our aim in this text has been to push relational approaches in care geographies a step further by pointing out that the spacing of the house might be considered as the process and rise of multiple and competing spatialities that are made up of different materialities. At least, this theoretical aim might have three ethical outcomes that we would like to highlight in conclusion. First, because it problematizes the romantic ideal of the home, the main matter of concern of the aging in place project should shift from preserving the home frontier to keeping alive the possibility of getting in touch with the otherness that this frontier brings about. Second, we might change the way we usually approach the introduction of assistive technologies in the home. Due to the fact that every home space is composed of multiple habitalities, the introduction of these technologies would not necessarily tear apart the home space, as though it were a sacred and homogeneous space. Instead, it might introduce new challenging complexities. Finally, the notion of habituality might help us become aware of the multiple spaces and subjectivities that emerge when elderly people continue living in their own homes using different kinds of assistive and remote care resources.

Notes

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2. As Wiles (2005b, p. 79) states, “Demand for home care is increasing everywhere . . . [it] is a substantial and rapidly growing element of the health care system in many Western industrialised countries.”

3. The best example for this is the new type of assistive environments in which lifestyle monitoring is undertaken using hidden sensors placed in different areas of the home.

4. A common feature of Spanish telecare services is the idea that the Users might call at any time without fear of penalty, even if the situation does not turn out to be an emergency. For instance, the telecare service of the city hall of Granada, specially oriented toward health prevention in case of heat waves, encouraged the users to call whenever they wanted: See <http://www.dipgra.es/inicio/noticias.php?noticia=689&area=113> (accessed September 1, 2008).

5. An instance of this can be seen in this piece of news by the BBC, containing live footage of a telecare service in which users help and contact each other through webcams: See http://www.bbc.co.uk/mediaselector/check/player/nol/newsid_7210000/newsid_7217000?redirect=7217080.stm&news=1&bbram=1&nbram=1&bbwm=1&nbwm=1&asb=1 (accessed September 1, 2008).

6. “Home Frontier is more than a physical setting and a functional environment. It is a home setting that shapes and maintains personal identity by maximizing a sense of personal competence and control; it is also a ‘place’ in that it is a shifting social space

maintained through resistance, negotiations, and collective social life. Home Frontier is a home-place: both a space which facilitates independent daily living, and a local construction that is negotiated and contested in the practice of its use" (Kontos, 1998, p. 168).

7. "The objective (location, as defined above) and subjective (experience, sense of place) aspects of place are thus intimately intertwined in a dialectical relationship (each affects the other), and both must be taken into account when seeking to understand manifestations of health and social care in specific locales. Indeed, these elements are what crucially constitute the contextuality of place (as distinct from space)" (Poland et al., 2005, p. 172).

8. See also Dreyfus (1991) and Ariska (1995) for a critical discussion on this subjectivity centered interpretation of spaciality in Heidegger.

9. Drawing on ANT and Heidegger, Cloke and Jones (2001, p. 651) state: "Dwelling is about the rich intimate ongoing togetherness of beings and things which make up landscapes and places, and which bind together nature and culture over time."

10. There are some contributions in health research that are trying to study place as a relational and heterogeneous arrangement (see Cummins, Curtis, Diez-Roux, & Macintyre, 2007).

11. In fact, the common root in Spanish and in other Latin-based languages of inhabiting/ dwelling (*habitar*), habitat (*hábitat*) and habit (*hábito*) expresses this intimate connection.

12. Something close to it is what Merleau-Ponty (1962) defined as a bodily schemata or Tim Ingold (2000) defined, from an ecological approach to embodiment and cognition, as a skill.

13. Serres's reading of Maupassant's tale "Le Horlâ" introduces this complex and topological conception of home boundary through the idea of *Horlâ* (*hors là*). As he says: "Hors indicates what is exterior, outer, remote, excluded, while *là* designates the nearby, close place: the *horlâ* describes then a tension between what is adjacent, adjoining, contiguous and the distant, remote or inaccessible starting from this proximity Paradox: due to its familiarity, or rather due to this custom that emerges out of dwelling, the excess of proximity is equivalent to a getaway" (Serres, 1995, p. 64; authors' translation).

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