

# Constructing Cultures of Caring Consumption: An Exploratory Study of the Lived Experience of Embodiment Within an Elderly Care Environment

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## ABSTRACT

In recent years the lived quality of everyday life within elderly community care homes has attracted much media interest within Europe and the USA. This interest often takes the form of policy reports highly critical of the typical quality of care services and lifestyles available to communities of elderly consumers. In the context of an ageing population, the financial implications of different systems of engaging with elderly residents to deliver life experiences consistent with a caring culture have attracted much political interest. The empirical study reported in this paper investigated the lived experience of the context of caring and community among elderly consumers in resident care homes. Using an existential-phenomenological design (Thompson et al. 1989), the study set out to construct a picture of the lived experience of caring, dignity and quality of life, framing those issues through material culture and embodiment. Findings reveal that quality of life is inscribed on the body and that elderly bricoleurs have to work hard to find ways out of institutionalization.

Everyday life within care homes has been the focus of much media interest within Europe and the United States of America over recent years. This interest has taken the form of reports that focus on the ageing population and the financial implications of care for the elderly in care homes (see Morris 2004; Duffy 2003; Carvel and Meikle 2002), profit over care (see Duhigg 2007), maladministration (see BBC 2007), inaccurate reporting of problems (see Copple 2008), the stress associated with relocating groups of elderly people from one care home to another (see Grant 2004; Portlock 2003; Sapsted 2002), nutritional standards (BBC 2009) government legislation (see Butler 2003; Cunningham 2002), physical, mental and/or racial abuse of elderly people in care homes (see Fackelmann 2007; Smith 2007; Gonzales 2004; Marsh 2003) and the spread of infection (BBC 2009). In the light of these mass media representations the notion emerges whereby these accounts have focussed on a range of problematic issues associated with elderly consumers who live in such institutions.

However, as Thompson (1998) suggests, this problem centred approach can be critiqued for not explicitly considering the individual lived experiences of elderly consumers as meaningful human situations in their own right. Moreover, elderly consumers' voices are often muted within gerontological studies of consumption within care homes (Stone 2009; Wilson 1997; 1991). Thus, there is a distinct lack of studies that attempt to understand what it means to be a consumer within such an institution. To this end, which body of literature can be used to illuminate this study? Whilst an argument can be put forward for any number or combination of theoretical building blocks from various worthy academic disciplines, this research project now turns to review literature that draws upon issues of culture and consumption.

## CULTURE AND CONSUMPTION

Culture is "a system of inherited conceptions expressed in symbolic forms by means of which [wo]men communicate, perpetuate, and develop their knowledge about and attitudes toward life" (Geertz 1973, p.89).

Following in the relatively recent footsteps of scholars who have attempted to theorise "culture" within consumer research (e.g., Arnould and Thompson 2005) this study refers to the functional

anthropological theory of Geertz (1973) to suggest that culture plays an important part role in continually enabling symbolic meaning to emerge, develop, structure and transform shared everyday experiences and belief systems throughout the life course. Reflecting upon such a proposition, the notion emerges whereby culture can be thought of as a systematic framework that provides the basis for a huge proportion and wide range of life experiences and knowledge generation practices (see Martin et al. 2006; Bengtsson et al. 2005; Goulding and Shankar 2004; Maxwell 2003; Fung 2002; Goulding et al. 2002; Hill 2002; Kates 2002; Kozinets 2001; Schouten and McAlexander 1995). By virtue, it could be argued that, from such a functionalist perspective, people are suspended in the cultural webs of significance that have been spun over a significant amount of time (Geertz 1973).

However, current thought within anthropology, suggests that the functional approach to culture that is based on an assumed, coherent and fixed cultural boundary (as implied within the metaphors of "a system of inherited conceptions" and "a web of significance") is problematic. As Ingold stresses, "what we do *not* find are neatly bounded and mutually exclusive bodies of thought and custom, perfectly shared by all who subscribe to them, and in which their lives and works are fully encapsulated" (1998, p.330 *his italics*). Meditating upon similar issues leads Kottak (2008) to claim that "the tendency to view culture as an entity rather than a process is changing" (*ibid*, p.287). Contemporary anthropologists now emphasise life processes by focussing on human beings whose every lived experience is characterised by being reflective and effectively engaged (Rapport and Overing 2007). As Ingold concludes, "it might be more realistic... to say that people live culturally rather than they live within cultures" (*ibid*, p.330).

Within consumer research the work of Arnould and Thompson (2005) is often referred to when discussing issues related to Consumer Culture Theory (henceforth CCT) despite its slight functional orientation. The preceding observation is not meant to imply that CCT has little value in attempting to craft a suitable theoretical building block within this paper. Part of CCT's value resides in a call to encourage consumer researchers to reflect upon the contextual, productive, symbolic and experiential aspects of consumption and how these shape (and are shaped by) lifestyle goals, and personal & social circumstances (*ibid*.). More importantly, Arnould and Thompson also remind us that "CCT concerns the co-constitutive, co-productive ways in which consumers, working with marketer-generated materials forge a coherent, if diversified, and often fragmented sense of self" (*ibid*: ??).

Schau et al. (2009) forward an argument that suggests it is of significant value to utilise CCT to investigate issues relating to older consumers. To this end, the authors reject the structural functional gerontological theory of Erikson (1982) that suggests that cultural and societal factors merely affect the specific identities of older people in favour of viewing the dynamic fluctuations of culture as a meaningful enabler to create new identities through consumption. Following on from this, this paper suggests that everyday lives of elderly people within a care home can be thought of in a very similar way and are equally worthy of scholarly study. Thus, the fundamental issue that this paper addresses is: How do elderly consumers create meaningful everyday experiences within care homes?

TABLE 1

Case	Name	Residential Care Home
1.	Violet.	Robinlew House.
2.	Lottie.	Robinlew House.
3.	Doreen.	Robinlew House.
4.	Harry.	Robinlew House.
5.	Rita.	Robinlew House.
6.	George.	Cedar View.
7.	Anne.	Cedar View.
8.	Bill	Cedar View.

### SELECTING A METHODOLOGICAL APPROACH THAT IS SENSITIVE TO THE NEEDS OF THE ELDERLY

A major factor in selecting methodological tools derived from existential-phenomenology is because the outlined approach enables consumer researchers to engage with elderly consumers in such a way that enables them to reflect upon the flux of their everyday lived experiences. Viewed in this way, existential-phenomenological methods enable deep understandings of the nature of what it *means* to be a consumer within a care home to emerge. Furthermore, existential-phenomenology is a methodological approach that enables the researcher to gain in-depth first person atheoretical descriptions of participants lived experiences (Thompson et al. 1989). Thus, to understand elderly consumers lived experiences, it is necessary to appreciate how they define their own lives (Aberg et al. 2005). In this case, the researcher invited participants to give a relatively unrestricted account of their lives within their respective care homes. By virtue, each participant was invited to talk about some of the things in their room with the goal of obtaining first person descriptions (Thompson et al. 1989) of these things.

The identification of suitable care homes that could enable the initialization of the fieldwork depended on practical considerations such as the type of care home and the number of people who were fit enough to be interviewed. Following on from this, letters were written to several care homes within the United Kingdom containing information about the nature of the research project, enquiring whether it would be possible to conduct interviews with elderly people within that particular institution. By virtue, the managers of Robinlew House and Cedar View (names changed) provided the researcher with access to their respective institutions and suggested potential participants. As such, it was necessary to work around the routines of daily living, such as meal times, visiting professional carers (such as physiotherapists, vicars, chiropodists etc.) or social activities (such as trips to the theatre, tea dances, visiting friends etc.), in an attempt to ensure that any interview would not disrupt the social and/or care needs of the potential participants. In light of this, sixteen potentially suitable participants were approached and informed of the research objectives in the hope that they would agree to participate. Of this group, eight participants happily gave their consent to be interviewed at a mutually agreeable time. These are identified within Table 1.

### THE CASE OF BILL

In line with Stone (2009) and Thompson (1998), a single case-study description will be presented in an attempt to provide sustained and detailed insight into the consumption experiences that shape Bill's everyday life within Cedar View. To this end, the text derived from the interview is presented in such a form that uses his own terms and category systems (Thompson et al. 1989). As such, these interpretations do not contain any external verifications, inferences, and conjectures that exceed the evidence provided by

the transcript. Furthermore, the entire interview transcript has been read on many occasions, and individual passages have been related to those preceding and proceeding in order to improve interpretive vision. It is difficult to illuminate the interpretive process beyond this characterisation because "the process is more a matter of tacit knowledge than explicit application. The process has a fundamental ambiguity to it in that the researcher must "know" how to interpret" (Pollio et al. 1997, p.50). Moreover, the actual practice of interpretation "may also be a non-representable form of knowledge" (ibid.).

At the time of the interview 'Bill' was a 94-year old man who had lived in Cedar View for about four years. Set within the idiographic context of the death of Bill's wife, the transition from his former home to his room and his increasingly frail body, Bill opened the discussion by delineating his thoughts relating to the other residents that lived in Cedar View. The opening portion of the fifty-minute interview can be accessed within Appendix A. The findings and interpretations are as follows.

### ATHEORETICAL E-P FINDINGS AND INTERPRETATIONS

In the light of the text contained within the appendix it would seem that, in the main, Bill appears to be relatively content with his life in his room and within Cedar View despite his age (at the time of the interview he was 94) and not being able to stand or walk. To this end, the text reveals that the strength of Bill's mind & upper body (chest, arms, hands etc.) enable him to request assistance to meet his care needs, maintain his social ties within Cedar View and to occasionally access consumer services at his local Post Office. However, given that Bill's body seemed to be weakening it would seem reasonable to suggest that, at some point in the not-too-distant future, Bill would no longer be a position to be an independent consumer. In the light of this possibility, his body could be thought of as existing in an iron cage that could quite literally restrict his ability to move, socialise and consume.

Arguably, such a scenario brings the need for personalised and sensitive care strategies into much sharper focus. Whilst the text suggests that Bill seems to get on well with at least one or two of the carers within Cedar View it would seem reasonable to suggest that he may need to develop stronger affectual relationships with more of the care home staff in order to resist the inevitable pull of the iron cage. With such a scenario in mind, good carers could be seen to play a very important role in delaying this life event. By virtue, the proposition emerges whereby such figural service providers could be thought of as cultural buffers that protect Bill from the chronological pull of the iron cage. Conversely, it is conceivable that less sensitive carers may prefer to push Bill towards this physically restricted future if they believe that their job will become easier over time.

The vignette then moved on to reveal that Bill was still capable of flexing and using those bodily muscles that control the appropriate limbs (i.e., arms, hands etc.) required to engage with a very important

object of material culture—the help cord that hung next to his bed. However, Bill claimed that he very rarely attempted to attract the attention of the carers by using this signalling device. Despite this claim, the text indicates that when Bill signalled to the carers that he required help they responded efficiently and effectively to his requests. Such a scenario seems to suggest that Bill maintained a sense of independence during the day. However, this may well have become more difficult at night as he could not get out of bed on his own. For example, this can be seen through his recent experience of waking up during the night because he was feeling cold, pulling the cord, and the carers responding by bringing him additional bedding. However, in this case, the response by the carers was slightly tempered by the same carers waking him up again at six o'clock in the morning so that they could prepare Bill for the day ahead. The resultant dialogue suggests that Bill could not understand why he was the first person to be prepared for the day ahead by the carers.

Certain sections of the interview text draw the reader's attention to Bill's relationship with Diane (manager of Cedar View). As such, it would seem that a clash of personalities had arisen as a consequence of Bill's outspoken nature. Perhaps this could be seen to be an attempt to resist some of the more rigid rules and regulations that were put into place in order to ensure that the care home runs as smoothly as possible. Following on from this, the text moves on to reveal that the manager of Cedar View had recently experienced a cancer scare and that this seemed to have reduced the tension that existed between Bill and Diane. Reflecting upon such an issue may have led Diane to consider her own mortality and to view the residents of Cedar View through a more sensitive and caring lens as opposed to strictly adhering to institutional rules and regulations. Such a scenario may have led Bill to suggest that she toned down a lot since her health problems

The preceding passages also reveal that Bill was no longer in a position to go for a walk as he was becoming increasingly frail and had been using a wheelchair so that he could go to the Post Office. With this example in mind, the passages under consideration suggest that Bill had recently resisted the intentions of two carers who tried to prevent him from going to the Post Office. Such an experience seems to be inscribed with the strength of Bill's mind, arms and hands and the figural role of his wheelchair to compensate for his lack of mobility. This being the case, the interview text suggests that whilst Bill's wilful nature caused some tension between himself and the carers as he exited Cedar View, the same patterns of lived experience can be seen to propel Bill and his wheelchair along a path with many hollows. By virtue, the interpretation can be forwarded that whilst Bill's legs had become increasingly frail, his mind, arms and hands were still incredibly strong and enabled him to resist certain aspects of institutionalisation and maintain a certain amount of independence as a consumer.

### **DISCUSSION: BODILY MOVEMENT AND CONSUMPTION**

The preceding idiographic interpretations reveal that Bill's everyday lived experiences were characterised by a range of life-course conditions that restricted what sort of person Bill could become at this time in his life (Grayling 2009). Such a scenario appears to be underpinned by a range of institutional rules and regulations and a gradual loss of bodily independence that led to a reduction in Bill's ability to move his legs, socialise and consume within such an institution as Cedar View. Despite such a proposition it could be argued that the findings and interpretations appear to suggest that Bill's movement within and out-with Cedar View enabled life to occur within the flux of dynamic cultural activity (Schau et al. 2009).

If the reader were to accept such a proposition, then rather

than thinking of the body as being suspended within a functional "web of meaning" (Geertz 1973) that structures understandings of cultural codes, social practice, emotions, cognitions and consumer goods, this paper argues that bodily knowledge is derived through the process of reflecting upon and engaging (Rapport and Overing 2007) with interactions and movement between social and material cultural processes (Kottak 2008; Ingold 1998) throughout the life course. Viewed through such a lens, Bill's bodily movement enabled him to forge a relatively coherent sense of self (Arnould and Thompson 2005) through the consumption of both care services and Post Office counter services. The latter experience arguably became more meaningful in the light of the need to continually watch, listen, feel, reflect upon and respond to cues that prompted Bill to fine tune his orientation and pace on route to the Post Office (Ingold 2007). Moreover, perhaps it can be argued that life happens and elderly people consume whilst moving (ibid.).

However, given the amount of physical effort required to travel to the Post Office it would appear that a dynamic tension may have existed between Bill's expectations and the reality of his everyday lived experience. As Aberg et al. (2005) suggest declining physical function may have subsequently influenced Bill's perception of his physical capabilities and the extent to which he was able to express himself, consume and bear witness to positive life meaning without the need for assistance from other people. The ability to move (albeit in a restricted manner) seemed to be particularly important to Bill as this enabled him to address a small number of carefully chosen material artefacts (Levi-Strauss 1966)—most notably a wheelchair, a help cord and carers. Viewed through this lens, perhaps Bill could be thought of as an elderly bricoleur (ibid.) who used items of material culture (or bricolage) as symbolic social resources (Schau et al. 2009; Epp and Price 2008; Visconti 2008; Arnould and Price 2006; Arnould and Thompson 2005; Maffesoli 1996) or condensed expressions of necessary relations (Levi-Strauss 1966) to enable transient meaning and comforting, stimulating, gratifying and occasionally independent emanations of consumer culture to emerge within his everyday life within Cedar View.

Furthermore, it is argued that Bill (re)created highly meaningful and distinctive cultural worlds (Arnould and Thompson 2005) and a sense of identity (see, for example, Venkatesh and Meamber 2008; Brownlie and Horne 1999; Belk 1988; Wallendorf and Arnould 1988) by speaking through and calling out (Dant 1999) from such items of bricolage on a regular basis. To these ends, the notion can be forwarded that both the aforementioned elderly bricoleur and his items of bricolage can be seen to sustain each other to the extent that they can be theorised as "inscriptions of movement" (Wagner 1986, p.21 in Ingold 2007, p.79). By virtue, perhaps much of what Bill experienced within such an institution were inscribed by nature (Miller 2005), subconscious habits (Bauman 2004; Gray 2002; Levi-Strauss 1966), institutional rules and practices that are associated with meaningful engagement and movement within consumer culture despite his physical limitations.

### **CONCLUSION: CONSUMING WITHIN A CARE HOME**

Rapport and Overing (2009) write that "There is no longer traditional, bounded cultural worlds in which to live—pure, integrated, cohesive, place rooted—from which to depart and which to return, for all is situated and all is moving" (ibid., p.298). In this paper we have sought to further understanding of the character and nature of consumer culture through reference to a particular research context—that of the residential care home. Our analysis, which we argue offers value to consumer culture theorists, reveals that critical to such contexts is the view of identity as in process and transition, a perspective which

places especial attention on notions of movement and the practices of doing over having or even being. Our perspective focuses on the constraints of such contexts, but also the forms of action they make possible. In this sense, we offer, in line with Rapport and Overing (2009), the suggestion that movement and motion is a fundamental consumer condition. This criticality reveals itself through the suggestion that consumers conceive of their lives by way of motion in terms of identities, relations, people, things groups, societies, cultures, spaces and moments throughout the life course. In this way, the care home is a bounded context within which movement and movements occur. More so, such institutions as the care home can further be understood as spaces within which particular kinds of consumer movement are inscribed into the social and material fabric of such institutional contexts and the institutional lives which they make possible. In this sense we contend that consumers operating within such contexts often draw upon available local resources to generate their own resources for the articulation of their own identity projects. In this manner, choice may be severely constrained but attention to such extreme consumption contexts may be necessary to further understanding of the character and nature of consumers identity projects.

The study reveals that contrary to common understandings, elderly living and lifestyles are subject to transience and renegotiation in ways which suggest that earlier states of being are safely tranquil and controllable. We have discovered that the body, and its decline, not only becomes the site of transformative experience, but that the lived nature of that decline generates channels through which forms of interaction, including consumption of caring services and the provision of a community culture, become the points upon which self-understanding and quality of life turn. Movement is a basic feature of the human condition and the study shows that the elderly, just like the rest of us, conceive of their lives by way of movement between human identities, relations, people, things, groups, societies, cultures, environments and times throughout the life course. A residential care home is somewhere where movement should occur and opportunities for the experience of movement should be provided. By virtue, such institutions need to be understood as places where certain kinds of consumer movement are inscribed into the social and material fabric of institutional life.

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APPENDIX

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**Interviewer:** Why don't we start by talking about some of the things in your room?

**B:** *At the end of this month it will be four years since I moved into this room. I didn't like it at first, but now I don't have any problems at all. If I don't like anything I say so and it's generally put right. On the whole everything is all right. I have this room to myself. Now, I can't walk, I can't stand up. I'm 94 at the end of the year—it's my birthday on the last day of the year. My wife died 6 years ago. I get on well with everybody here. There are only 3 men and the rest of them are women [coughing].*

*I've got a cold, but, er, my head is all right, well, I'm all right in myself. I told you I'm now 94. One or two of the carers here are really great. There's one who's been on holiday. She should be back today and I expect to see her very shortly. She's a lovely lady in my opinion. That's my opinion, other people may differ.*

*[Bill experiences another small bout of coughing].*

**Interviewer:** Are you OK?

**B:** *Yeah, I'm OK. I just wish I could walk. I used to walk round here. Walk, walk, walk, that's all I did.*

*[Noise interruption; bleeping sound]*

**Interviewer:** What is that noise?

**B:** *Can you hear it now?*

**Interviewer:** Yes.

**B:** *I've got used to hearing it. I don't know what that is but I can hear it now. I've got no idea. Well everything is wired up here. If I want something I just pull this cord which operates a buzzer down there. They come up and turn it off in here and see what the trouble is. I can hear it now and yet I can't hear other things.*

**Interviewer:** Do you pull the cord often?

**B:** *Very rarely. I use it when I'm in bed there. I actually used it earlier this, or was it yesterday morning? I can't tell which. They come in and said, "What's the matter?" "Cor," I said, "I think I'm getting cold." Of course, everyone here sleeps with their windows and doors shut. I can't sleep with the window shut, I must have it open. Of course, I've never smoked in my life, never. But anyway, they said, "What's the matter?" I said, "I'm cold. I can't sleep." So they put some more blankets on. I was just getting warm and drifting off to sleep and I heard a trolley wheel in, "Come on Bill, time to get up." Six o'clock in the morning it was. They always come to me first. I don't know why. They say, "You can stay there in bed." But I thought now I'm awake, what's the point of another quarter of an hour? So they got me up and I sat in the chair.*

**Interviewer:** What do you think about being woken up at six in the morning?

**B:** *When I first came here I got up myself, but not now, I can't. I used to get up pretty early and go for a walk. I used to meet some of the early workers coming in, and they used to say, "What are you doing here?" I used to say, "I'm just going for a walk." But once I found I couldn't walk I got that frame. I hadn't had that for long before they put me in that chair—I operate it myself. The other day I wanted to go to the Post Office. Well, I didn't know I was supposed to keep within the grounds and one of the carers here didn't know either. She's a lovely lady. So, I went out and someone came running after me. "You've got to come back." I said, "I'm not coming back, I will be back in a little while but I'm going to the Post Office." So, to the Post Office I went. I carried on and then another carer came after me. "Where are you going?" "I'm going to the Post Office." "You've got to come back." "No," I said, "I'm going to the Post Office," and I went to the Post Office. When I got back, I was all exhausted; I don't know how I got back. The path goes up and down and the chair went in every hollow it could. You had to be really careful how you handled it. But anyway, I did get back and they reported me to Mrs. whatever her name is, I can't remember. She said to me, "Cor, you must have some strong arms." I thought I did n'all. If you can walk, you can walk out and come back again, which I did in the first place. But anyway, I've been out in it this morning, out in the front there to the top of the drive and watched the traffic...[pause]...whatever was I gonna say?...[pause]...who sent you here?*

**Interviewer:** Well I contacted Diane (name changed) a couple of weeks ago to see if it was OK to come into Cedar View to speak to people such as yourself.

**B:** *And she suggested me [laughing]?*

**Interviewer:** Well, I'm sure it was because of the sort of conversation we've had this afternoon. It's been very interesting.

**B:** *Well when I first came here I didn't like Diane. But, just after Christmas she was struck down with cancer. Then she went to hospital and what have you for treatment and they cured her. She's toned down a lot now. A while ago I had an argument with another man who has just died. "What's going on here?" she shouted. Well we were having a bit of a barney. I am very outspoken.*