

# Tinkering Care Moves





# Tinkering Care Moves

Senior Home Care in Practice

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#### ABSTRACT

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This dissertation builds on the current anthropological studies of care relations in practice. It draws inspiration from science and technology studies (STS) and postfeminist technoscience. A qualitative ethnographic approach grounds the empirical data collection and analysis. This entails ethnographic fieldwork with senior home care in the United States and Sweden during 2007–2008 and 2011–2012. Analytical attention centers on how movements situate various tensions of senior home care in practice. Four interrelated published works comprise the main thematic chapters. Each article exemplifies how human and nonhuman relations move and mediate care. They develop several heuristic terms that advance ideas about how older people, aging bodies, technologies, spaces, and times that tinker each other through movements of care in practice. The comprehensive summary frames these articles with an overview of the primary thematic orientations and methodological concerns. A discussion of the main contributions and implications of the dissertation concludes the work.

Keywords: care moves, tinkering, senior home care, Sweden, United States

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*To my family—especially my sons Jacob, Jonathan, and Aaron*



# Contents

Part One: Comprehensive Summary .....	1
Introduction .....	3
Methodological Concerns .....	22
Presentation of Published Works .....	32
Conclusions .....	43
References.....	49
Part Two: Published Works .....	59
I. Clutter Moves in Old Age Home Care .....	61
II. Surfacing Moves: Spatial-Timings of Senior Home Care .....	81
III. Multivalent Moves in Senior Home Care .....	99
IV. Comparative Tinkering with Care Moves .....	121





## List of Published Works

The following publications ground this dissertation.

- I Lutz, P. A. (2010). Clutter Moves in Old Age Homecare, in: Schillmeier, M. and Domènech, M. (Eds.), *New Technologies and Emerging Spaces of Care*, (pp. 77–94). Farnham: Ashgate.
- II Lutz, P. A. (2013). Surfacing Moves: Spatial-Timings of Senior Home Care. *Social Analysis*, 57(1), 80–94.
- III Lutz, P. A. (2015). Multivalent Moves in Senior Home Care: From Surveillance to Care-Valence. *Anthropology & Aging*, 36(2), 145–163.
- IV Lutz, P. A. (2016). Comparative Tinkering with Care Moves, in: Deville, J., Guggenheim, M., and Hrdličková, Z. (Eds.), *Practicing Comparison. Revitalizing the Comparative Act*, (pp. 220–250). Manchester: Mattering Press

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## Preface and Acknowledgements

“Getting old is not for sissies!” my mother joked. She will soon turn 80. She has lymphoma, a form of blood cancer. She has already recovered once from cancer with the help of doctors, chemotherapy treatments, family, friends, optimism, and joking. This time her doctor reports that her cancer is not as aggressive. She lives with it for now but the cancer hangs on, like a parasite. She recently had a tumor removed near her right eye. Meanwhile, cancer is not her only concern. Her back is not in very good shape either. She has spondylolisthesis—vertebral slippage. She also has arthritis.

My mother’s various aches and pains generate not only bodily effects but also infrastructural ones. They influence her mobility in and out of bed, up and down stairs, in and out of the car. She lives alone in a big house. The idea of relocation to a retirement community is a possibility, yet she enjoys her home and the privacy it offers. On the good days—days with less pain—she manages trips to the grocery store, yard work, cleaning, desk work, visiting friends, knitting, or surfing the Internet from her iPad. On the bad days, her pain redraws her daily activities and social connections. She may not

even go online because it hurts too much to sit up, even in the bed. Resting on her side, waiting for the pain to subside, is the only position available.

My mother wants to maintain her house and her efficacy. She does not need or want pity. The idea of paid home care teases her, while she realizes that it is likely unavoidable. For her, it marks just one more step towards getting “old.” She employs occasional help for some of the more strenuous tasks, but she is not ready for full-blown formalized senior home care. In this way, her physical or literal movements entangle her social, emotional, and figurative ones.

Seniors move and so must their care. This much is clear. But movements in care are multiple. How do these moves matter differently, in different situations of senior home care? As older people’s relations to home care change, how might these align or not with their movements and inevitably remake such relations? In other words, the multiple and diverse movements of care suggests implications for figuring bodies, technologies, communities, senior persons, homes, and care itself. It matters for the spacing and timing of care as much as the analysis of care. What about the heirlooms and other possessions collected over the course of a lifetime—how do these things move with home care in practice? Moreover, how do different actors negotiate the frictions that such human and nonhuman movements inevitably generate? What new kinds of technology will they require and how will these affect the sense of home? Such questions are a sample of the ones I encountered while following senior home care in the United States and Sweden.

Indeed, for many of us, senior care is a topic that weighs heavily. Although we might not yet personally identify with being “old,” there are likely older people in our midst who concern us. Senior home care remains on my mother’s horizon. While I do not base this dissertation’s findings on her story, it resonates with many of the concerns I met in fieldwork. It also evidences how research can often hit close to home. My mother continues to offer her loving support and certainly care, in more ways than words can express.

\* \* \*

So many other people have nudged me along on my path. One point of origin stems from my work for Philips Research Europe in Eindhoven, Netherlands. Together with Boris de Ruyter and William Green, I developed my initial plans for ethnographic research in senior home care. This early research was initiated within the “Social Intelligence for Tele-Healthcare” (SIFT) research project. SIFT was hosted by Philips and financed by the European Commission’s Marie Curie Actions Host Fellowships for the Transfer of Knowledge (ToK), under the Sixth Framework Programme (FP6 grant number 14360). Boris and Will were both receptive to my anthropological sensitivities in an otherwise corporate research setting. During my time in the Netherlands, I also had the opportunity to meet with Annemarie Mol. More than anyone else, Annemarie has influenced my thinking about how to think through human and nonhuman relations as they move around together in practices of senior home care.

Later, I developed my research interests in senior home care at the IT University of Copenhagen (ITU). The ITU and the European Commission’s Marie Curie Actions European Reintegration Grant (ERG), under the Seventh Framework Programme (FP7 grant number 249322), co-financed this research. Several ITU colleagues in the Technologies in Practice (TIP) group influenced my ideas about the interdisciplinary relationship between anthropology and science and technology studies (STS). These colleagues included Karen Boll, Christopher Gad, Casper Bruun Jensen, Nis Johannsen, Randi Markusen, Naja Holten Møller, Antonia Walford and Britt Ross Winthereik. I also wish to thank colleagues at the Department of Anthropology, University of Copenhagen. My analytical perspectives have benefited from participation in its various research seminars and intellectual activities. In particular, Tine Tjørnhøj-Thomsen was instrumental with her careful review of my drafts and arguments.

In 2011, I spent a few months as a visiting scholar at the Anthropology Department, University of California, Santa Cruz (UCSC). Karen Barad, Don Brenneis, Nancy Chen, Donna Haraway, Susan Harding, Andrew Matthews, Lisa Rofel, Danilyn Rutherford, Heather Swanson, and Anna Tsing were especially welcoming and shared my intellectual curiosities. During this period I also met and discussed my research with other California-based anthropologists who include Vincanne Adams, Lawrence Cohen, Sharon Kaufman, George Marcus, Keith Murphy, and Ian Whitmarsh.

Of course, I am indebted to all of the people who participated in my research as informants. Without their actions and words I would have no material on which to base my dissertation. For the purpose of anonymity however, they will go nameless.

As I published my articles, various editors have offered their feedback and guidance, which significantly improved the flow and quality of my arguments. These colleagues include Steffen Dalsgaard, Jason Danely, Joe Deville, Miquel Domènech, Michael Guggenheim, Zuzana Hrdličková, Philip Kao, Morten Nielsen, and Michael Schillmeier.

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Over the years, colleagues at the Department of Cultural Anthropology and Ethnology, Uppsala University, gave continued support and inspiration. In the last stages of writing, Oscar Pripp helped with the necessary administrative arrangements and Hugh Beach made final editorial corrections. Above all, I am indebted to my dear

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This list of acknowledgements is certainly incomplete, so please forgive any omissions. Such absences are the result of my own flawed memory and should not overshadow the deep appreciation I have for everyone who has carefully nudged me along the way. Any textual errors are solely my own.





## **PART ONE: COMPREHENSIVE SUMMARY**



# Introduction

## Thematic Orientation

“Population aging”—the statistical increase in the median age in a given population—is now an acknowledged global demographic phenomenon. By the year 2050, people over 60 are expected to exceed the younger age groups for the first time in world history—a total of 2 billion older people (United Nations, 2002:xxviii,xxix). Experts consider that the main enablers of this phenomenon are improved standards of living and advances in technology and medicine, all which increase longevity and reduce mortality (Brodsky et al., 2003:5). Along with its health-related concerns, population aging influences social, political, and economic systems at the local, regional, national, and international levels. Population aging has widespread implications for nearly every country, while the consequences will certainly differ in each (United Nations 2002:xxviii). This historical moment of an unprecedented increase in population aging, together with its interrelated effects and concerns, suggests a unique opportunity to study the care of seniors and how it relates with the home and the wider society at multiple levels. As Buch (2015b:278) stresses, the longer life spans in concert with

complex social changes is a strong motivation for the anthropological study of care in later life.

The anthropology of care, an amalgamating line of inquiry in medical anthropology, inspires and frames this dissertation. This interest in care has grown as scholars have focused on relations that emerge with aging, childbearing, and illness (Buch, 2010:18), but defining the anthropology of care itself is tricky. Like Pandora's box, it appears innocent enough at first but once opened it discloses a swirl of challenges and tensions (Drazin, 2011:499). Scholars point to at least two disparate yet interconnected trends in the literature. One treats care as a regime of power, embedded in and reproducing biopolitical inequalities, amid neoliberal and globalizing projects (Ticktin, 2011; Feldman & Ticktin, 2010; Fassin, 2007; Stan, 2007; Pfau-Effinger & Geissler, 2005; Robinson, 1999; Lindenbaum & Lock, 1993). Another highlights care as a moral and intersubjective domain, immersed with personhood and subjectivity (Vanlaere & Gastmans, 2011; Kleinman & Van Der Geest, 2009; Lock, 1996, 2002; Morgan, 2002; Lamb, 2000; Conklin & Morgan, 1996). The labels “critical” (emphasizing inequality, power, and political economy) and “interpretive” (highlighting experience, meaning-making, and narrative), respectively, can also help distinguish these two strands.

In recent and comprehensive review of this literature, Buch suggests a “multiscalar” approach to highlight “the connections and fissures between large-scale social transformations and the most intimate aspects of everyday life” (Buch, 2015b:279). With this approach, Buch denotes one emphasis on “transnational circulations of care” that comprise economic chains (Yeates, 2012; Sassen, 2006), migration of care workers (Benson & O’Reilly, 2009; Yeates, 2008; Ehrenreich & Hochschild, 2003) and retirement migration (Benson & O’Reilly, 2009; Oliver, 2008) as well as epidemics that disproportionately effect older people (Block, 2014; Christensen & Castañeda, 2014; Livingston, 2005, 2007).

Another scale in this literature, according to Buch, attends to the complex webs of “intergenerational circulations of care.” This comprises reciprocal kinship obligations and how these mix with national care policies and market economies, as well as how care remakes kinship. For instance, Borneman argues that care and kinship are interrelated to the extent that an analytical focus on care can reorient kinship studies away from marriage, sexuality, and gender toward “a concern for the actual situations in which people experience the need to care and be cared for and to the political economies of their distribution” (Borneman, 2001:43). As new modes of social organization take hold, in some countries familial care obligations overlap with paid care and national healthcare systems. For example, during most of the twentieth century social welfare programs in Western Europe have increasingly taken the responsibility for older people’s care, while neoliberal health care policies in both Europe and North America promote paid home care (Buch, 2015b:284). This has led some scholars to conclude that such policies transform the experiences and meanings of home and care (Buch, 2015a; Angus et al., 2005; Gubrium & Sankar, 1990). Yet, the institutionalization of care for older people remains uneven in places where hegemonic expectations of familial care persist (Buch, 2015b:285).

In her review, Buch (2015) summarizes that the rich variations in how care reflects and shapes its relations point to the analytical importance of attending to how the broader sociopolitical and economic transformations, together with national healthcare policies, come together in everyday practices. We might think of this as a scale-within-scale or interconnected scalar approach (Green et al., 2005; Strathern, 1996, 2004; Riles, 2000). Yet, the norms and standards of intergenerational and transnational care relations never fully equate with the situated complexities found in the paradoxical ways care moves and mediates its actors in practice.

Such observations have prompted some scholars to study the specificities of everyday care practices and how these entangle and (re)scale multiple actors, including aging bodies and healthcare

technologies. This literature emphasizes how practices of care might generate different realities, as opposed to preexisting perspectives on care. Moreover, it offers another way to read the anthropology of care, and resonates most closely with the concerns I trace in this dissertation. It is not exclusive of other (transnational or intergenerational) versions or “scales,” but attends to the doing of care as a deeply situated and relational practice that mixes different ratios of nonhuman (technologies, material objects, even animals) and human entities (Yates-Doerr, 2012; Hardon et al., 2011; Mol et al., 2010; Taylor, 2008; Mol, 2008). We can also label this a “relational” version because it treats care as a potentially uneasy, yet a persistent dimension of relating between human and nonhuman others.

In this vein of analysis, we can understand care as an emerging process entangled with the negotiated tensions of valuing what matters and what does not in practice. It draws on relational anthropology and other interdisciplinary influences including science and technology studies (STS), philosophy of technology, and post-feminism. Here, Annemarie Mol’s work is exemplary. An important contribution is her analysis of care as a specific way or style of doing things—what she terms “the logic of care” (Mol, 2008). The following passage helps articulate Mol’s approach:

[...] I am after the rationality, or rather the rationale, of the practices I am studying. Here the term “logic” helps. It asks for something that one might also call a style. It invites the exploration of what it is appropriate or logical to do in some site or situation, and what is not. It seeks a local, fragile and yet pertinent coherence. This coherence is not necessarily obvious to the people involved. It need not even be verbally available to them. It may be implicit: embedded in practices, buildings, habits and machines. And yet, if we want to talk about it, we need to translate a logic into language. This, then, is what I am after. I will make words for, and out of, practices. And I will do so comparatively, using contrast as a way of gaining insight (Mol, 2008:8).

Mol's work centers the particular kind of anthropology of care that I pursue in this dissertation. It focuses on how "care"—as a logic, style, mode, rational, or relational frequency of moving—contrasts with other ways of doing things in practice, and tunes analytical sensitivity to the emergence of care in and on its own terms. Within this anthropological approach, I attend to movements of care in practice. Next is a passage from fieldwork that helps to highlight the human-nonhuman relatedness of senior home care on the move.

Anna, a Swedish care worker, explained that she sometimes found it difficult to balance her clients' allotted time with the attention they actually required. She told the story of her work with one of her clients, an elderly blind woman named Birgitta. One day, Birgitta had asked Anna for help to move her new washing machine. However, Birgitta had not submitted the formal request required for this extra help. Anna faced the decision of whether to bend the rules and help with the machine, or deny Birgitta's request and only take her to the store. Anna knew Birgitta had no one else to ask and Birgitta's care was contingent on good relations. Anna decided to help Birgitta, but on the condition that they hurry with the shopping. This was not as easy as it might sound. On Fridays the store is full of people. The employees were busy unpacking large pallets that blocked the aisles with assorted goods. Since Birgitta was blind, Anna continually checked that Birgitta's route was clear and safe. Part of Birgitta's shopping routine involved selectively touching the goods before she purchased them. But this also took time. Anna mixed audible confirmations of Birgitta's choices with requests to hurry. When Birgitta got stressed she quipped back, "Oh, you nag all the time!" On their way back up the hill to her home, Birgitta realized that she forgot fresh cream. However, Anna was running late for her next client visit. The cream would have to wait. Anna urged Birgitta to go faster. Nevertheless, Birgitta was wary of the speed and resisted by braking with her body. She could do this because they walked together, hitched at the elbows. When Birgitta resisted, Anna realized that there was no point in trying to hurry more than they were doing, and that the journey would need to take its own time.

In my study, I find that senior home care typically involves rough and syncopated moves rather than smooth and flowing ones. These moves often entail human-nonhuman tensions, which further tinker with care. As they move with different sensitivities, ethnographic passages like the one above trace these tinkering care moves—each one relating different sets of care arrangements. Like many from my fieldwork, this passage relates how the complexities of senior home care negotiate and tinker relations on the move. For instance, in the above passage we find pallets of store goods, steep hills, cumbersome shopping bags, hiccupping starts and stops, and hitched bodies. In this way, movement emerges as an essential dimension of care. In this dissertation, relational attentions to human-nonhuman movements inspire the following research questions:

- How do movements of care generate *relational differences*?
- How do movements mediate *who and what* counts in care?
- How do movements mediate *when and where* care matters?

These questions shape the themes of this dissertation and forecast its methodological and theoretical implications. In the next few subsections I background these themes further.

## Care as Relatedness

Focusing care as a relational phenomenon in practice contrasts with previous interdisciplinary studies of care. Mol et al. (2010:12) suggest that the first studies of care focused on medical ethics in healthcare professions, especially doctors and their apparent control of life over death. Medical anthropology and medical sociology broadened this inquiry to include issues of inequality and discrimination between doctors and nurses. This shifted the focus from ethical questions about “good” or “bad” care to concerns about gender inequality, class and power, including studies of the status of (female) nurses versus that of (male) doctors, as well as the disparate



class distributions embedded in the medical professions (Mol et al., 2010:8–9). From this focus, on medical ethics, alternative studies have emerged that broadened the understanding of care in different ways—namely disability studies and the ethics of care.

In conjunction with the disability movement, several scholars founded “disability studies” in Great Britain and the United States during the 1970s (Winance, 2010:93). These studies criticize medical assumptions about disability and, by extension, normativity. They center on the idea that disability is a social construction prescribed by social norms. For example, buildings can carry implicit assumptions about the abilities and needs of the able “normal” human body. This might result with architectural designs that assume and enable certain ways of getting around but inhibit others, such as maneuvering a wheelchair down a narrow hallway or stairs designed only for walking. Thus, a key ambition of disability studies was to rethink assumptions about the relationship between the medical and social body, as well as the material environment.

The “ethics of care” approach emerged mainly in the United States in the 1980s (Winance, 2010:94). This approach positions itself firmly in feminist scholarship and—in contrast with studies of disability and medical ethics—stresses relational interconnectedness, and interdependence over the independence of individual persons. This emphasis is clear in Fisher and Tronto’s definition of care, which is “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web” (Fisher & Tronto, 1990:40). Highlighting our shared relatedness, which is necessary for cohabiting in the world, this approach seeks to establish care as a legitimate ethical model. The ambition is to move away from the concern with medical ethics and justice, based on a liberal philosophy of universal principles. Also in contrast to concerns with medical ethics, the ethics of care does not aim to establish moral codes for medical practice or behaviors (Winance, 2010:94). Mol et al. clarify this emphasis further:

Unlike medical ethics, the ethics of care never sought to answer what is good, let alone to do so from the outside. Instead, it suggested that “caring practices” entail a specific modality of handling questions to do with the good. The opposition was to other traditions in ethics, and especially to the ethics of justice. In the ethics of justice, “ethics” is taken to be a matter of sorting out principles by means of argumentation. Suitable ethical principles are general, or, better still, universal. In the ethics of care it was stressed that in practice, principles are rarely productive. Instead, local solutions to specific problems need to be worked out (Mol et al., 2010:13).

With this emphasis on interrelated ways to maintain and repair together, the ethics of care offers an alternative to both the disabilities and medical ethics approaches. The ethics of care approach takes a step closer to shifting ideas about care as a passive “gift” or “service.” Rather than treat care as an unproblematic move that flows from giver to recipient, the ethics of care opens up an interest in how the agency of the care “giver” and “receiver” are remade in care. In other words, the ethics of care begins to open up questions about the relational complexities of care that (re)situate notions like (in)dependence, (dis)ability and the “self” of care.

An emphasis on the logic of care in situated practices can be thought of as an extension to the ethics of care approach. For instance, it champions the idea of care as inherently entangled mix of complex relations. One distinction, however, is how these two studies attribute agency. Ethics of care tends to emphasize human individuals as the bearers of “ethics,” who then determine good or bad care in a given situation. In contrast, the logic of care stresses the emergent similitude of heterogeneous human and nonhuman relations, which negotiate different “goods” and “bads.” In this light, the logic of care itself equates closely to social-material fitting, handling, adjusting, or “tinkering” (Mol et al., 2010; Mol, 2008). The anthropology of care in this vein, then attends to the relational tinkering of human-nonhuman efforts that make and unmake—but which are simultaneously made and unmade—as they move around together in practice.

## The “Whos” and “Whats” of Care

The version of anthropology of care I adopt in this dissertation traces how care in practice tinkers and is mutually tinkered or mediated through relational moves. In home care for seniors, this entails analytical attention to the negotiated interactions between older people and their “others” including home care workers (when present), home environments, and their relational moves with different socio-technical collectives. Thus, an important theme for my work concerns the study of care in terms of how it matters when aging bodies move around with technology. We might refer to these relations as human-nonhuman, social-material or “somatechnic” (Sullivan & Murray, 2009). Like the other themes of this dissertation, this theme draws on several interdisciplinary strands of inquiry.

One strand includes anthropological literature on the body, which has increased in recent years (Hoeyer, 2013; Lock & Farquhar, 2007; Taylor, 2005). This literature has typically approached the body in relation to subjectivity, selfhood and embodiment—with both poststructuralist and phenomenological approaches. However, the category of the body itself (and the aging body even more so) typically remains untouched or implicit (Hoeyer, 2013:65). Offering a similar critique, Janelle Taylor suggests that there is a prevalent tendency in anthropology “to presume, rather than ask, what a body is and where its significant boundaries are located” (2005:749). Taylor points to Mol’s (2002) study of the diseased body—and how it is enacted differently—as a good model for rethinking the body and its relations. Along these lines, Mol and Law (2004:45) propose that one way to cut through the objective/subjective dichotomy between “the body we have” (as an object of medical knowledge) and “the body we are” (part of the fleshy subjectivity that makes us persons) is to situate analytical attention on “the body we do” or enact in practice. Following this lead, I propose one way to trace how care makes and unmakes bodies is how it mingles and moves with its material others, namely technology, in practice.

Writing from the intersection between anthropology, design, and the philosophy of technology, Verbeek (2012) offers a useful overview of three different ways or trains of thought to think about the relation between humans and nonhumans—primarily somatechic relations. He labels these “dialectic,” “hybridity,” and “mediation.” The dialectic view considers humans (meanings, subjects, bodies) and nonhumans (materials, objects, technologies) as innately separate. In this view, technologies are ontologically external to the human body,<sup>1</sup> which give rise to inherently adverse or negative tensions or struggles. In contrast, the hybridity view approaches humans and nonhumans—namely bodies and machines—as an inseparable or fully integrated meld. Haraway's (1991) conception of the cyborg—part human part machine—is a key exemplar in the hybridity view. Verbeek proffers that conceiving human-thing or body-technology relations in this way, as inseparable, prompts a radical reconsideration of such categories.<sup>2</sup> At the same time, it is difficult to do away with such categories completely. This point helps motivate the mediation view of body-technology relations, and serves as a middle ground between the dialectic and hybrid views. The mediation view emphasizes how humans and nonhumans mutually shape one another in infinite ways. Importantly, here agency is not predetermined as objective or subjective but must be traced in different situations. Verbeek writes: “In this approach, there is neither a firm opposition nor a full symmetry between humans and things. Rather, material objects play a role in the relations between humans and their world, helping to give shape to the nature of their experiences and activities” (2012:167).<sup>3</sup>

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<sup>1</sup> Verbeek suggest a key idea here is that of technology as a bodily extension: a hammer is an extension of the fist, a saw the teeth, a telegraph network the nervous system and maintains that this view reverses the Cartesian mechanistic view of the body: heart as pump, vessels as tubes, skeleton as framework, and so on (2012:168).

<sup>2</sup> Verbeek notes that classic Greek philosophy already distinguished these as *techné* (technology) and *physis* (nature)—two versions of *poiesis* or making (2012:169).

<sup>3</sup> Verbeek points to a number scholars who have contributed to the mediation view, including the philosopher Don Ihde. However, Verbeek points out that Ihde tends to retain the discrete categories of human and technology. Verbeek suggest that new immersive technologies such as brain implants or Philips’ ambient intelligent environments challenge Ihde’s view of technical mediation (Verbeek, 2012:172).

In this dissertation, my approach to human-nonhuman relatedness in care most clearly resonates with the mediation view. A key inspiration includes Bruno Latour's (1997, 2005) figuring of social-material agency along a continuum between what he terms "intermediaries" and "mediators." In "Trains of Thought," Latour (1997:172) illustrates this idea with an anecdote he calls the paradox of the twin travelers.<sup>4</sup> This is a tale about a hypothetical twin brother and sister, each of who pursues the same direction and destination, but with a different "mode" of travel. In one mode, the brother sits effortlessly in a speeding train, made possible with the arrangement of "invisible" entities or intermediaries. This intermediary assemblage includes the train engineers, conductors, train companies, the miles of aligned steel tracks with their switches and signals, as well as the mechanical design of the train itself. The geo-political-economic situation also helps produce this mode of travel. In this human-nonhuman collective, agency emerges as intermediary and can be thought of as "displacement without transformation" (Latour, 1997:178).

However, sometimes things and their relations breakdown. Relational connections may weaken or not hold. The train may run off the rails or the engineers might decide to go on strike. A cow could get stuck on the track. Latour acknowledges that achieving intermediary agency is not easy. Intermediary relations require "invisible" work.<sup>5</sup> Suddenly, human-nonhuman relatedness can shift from intermediaries into mediators. To illustrate this, Latour presents us with the brother's twin sister, who fights her way along a parallel but very different path. Instead of smooth travel, resting on invisible intermediaries, the twin encounters a rocky overgrown jungle path that is chocked with a thick clutter of roots, snakes, and trees. Here, in this assemblage, humans and nonhumans work

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<sup>4</sup> Latour's anecdote of the twin travelers bears a striking resemblance to the "twin paradox" in Einstein's theory of relativity. Notably, he debated with Bergson in 1922—a debate that Bergson apparently lost. For a fascinating exposé of the Einstein-Bergson debate, see Canales (2005).

<sup>5</sup> This idea is akin to his notion of "immutable mobiles" (Latour 1987; see also Star and Strauss 1999).

against one another in tension or friction. Along this route, human-nonhuman relations mediate transformations across her body in the form of sweat, cuts, and bruises. Rather than invisible intermediaries that operate in a submerged and “invisible” presence, human-nonhuman relations surface with visible force and obtain a stark agential mediating presence. As they interfere with and resist her passage, they draw attention to themselves. As mediators, human-nonhuman relations alter the ratio of transportation-transformation and produce displacement with transformation. In turn, their frictions require ongoing tinkering and care to sustain the relation.

In sum, the mediation view asserts that human-nonhuman relations vary between hybridity and tension. We might again use Latour’s terms intermediary and mediator. In this view, they remain uncertain, paradoxical, ambiguous, and multivalent. Following suit, I proffer that determining human and nonhuman agency in care (for instance as subjective or objective) must entail the tracing of how entities (we could as well use the terms actors or agents) move around together in practice, as well as how they merge and disperse. This concerns somatechnic mediations between bodies and technologies in care and how these tinker the objective-subjective distinction of time(s) and space(s).

## The “Wheres” and “Whens” of Care

Time is a central concern in senior home care. Aging bodies and the fading memories of youth mix with present concerns about health and future wellbeing. It is also a primary concern in the delivery of healthcare services. As the literature on the social analysis of time suggests, acknowledging an objective versus subjective distinction is often the first step for considering spatiotemporal differences in practice (Evans, 2003; Orlikowski & Yates, 2002; Nowotny, 1992).<sup>6</sup> This typically takes the form of various dichotomous guises:

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<sup>6</sup> The social analysis of time has increased significantly since the early 1990s, aided with the inauguration of the journal *Time & Society* in 1992.

absolute-situational, quantitative-qualitative, clock-event, material-social, and so on. On this point, Vyvyan Evans notes: “On the one hand, we have the common-place view and the view of modern physics which has built a theoretical edifice on the foundational axiom of the reality of time. Yet, on the other hand, time is ‘elusive,’ ‘intangible,’ ‘stealthy’ and ‘imperceptible’” (Evans, 2003:4). Similarly, Ramón Ramos Torre (2007:158) concludes that, “this is a broad field of research, often oscillating between two futile extremes [...] Time in sociological research is often caught in this bind, between triviality and obscurity.”

Anthropologists who write about time follow a similar path. Some argue that the tension between objective and subjective time is a Western phenomenon, yet one that serves to generate ethnographic knowledge. For instance, Tim Ingold (2000:336, ff) suggests that the apparent incommensurability of clock time and task-oriented time has sustained much anthropological thought. He roots this tension in historical transitions that include capitalism and industrial manufacturing. Alfred Gell (1992), drawing on a range of philosophers including McTaggart and Mellor, offers another example. Gell develops a distinction between “A-series time,” which encompasses the subjective human experience of temporal change in terms of past, present, and future. This exists in contrast to “B-series time,” which is objective and real, that is, “it reflects the temporal relationships between events as they really are, out there” (Gell, 1992:165). Once again, objective-subjective distinctions comes into play.

One way through the subjective-objective opposition of time is to consider how different “whens” emerge with different “wheres” in practice—that is to consider how different timings are situated or spaced. This approach joins others who posit the inseparability of time and space and instead argue for their amalgamation in a relational field (Munn, 1992). Bruno Latour takes a similar stance by directing attention to the flux of the world and the relational differences that precede the conceptual division space and time. He writes: “We never encounter time and space, but a multiplicity of

interactions with actants that have their own timing, spacing, goals, means and ends [...] Long before we can talk of space and time, it is these sorts of connections, short circuits, translations, associations, and mediations that we encounter, daily” (Latour, 1997:182–83). Thus, in this dissertation, a third theme focuses on how care mediates different spatial-timings. Rather than pursue a temporal verses spatial analysis—one that pits the objective against the subjective—this dissertation traces how entities move together in care and mediate or tinker different spatial-timings in practice.

## Care moves in practice

The gerontological literature often posits a positive association between seniors’ mobility and their independence and wellbeing (Yümin et al., 2011; Martin et al., 2011; Johansson et al., 2008; Ball et al., 2004). This same association helps drive the development of new mobile technologies for seniors and their care. Yet, some authors suggest that mobility in old age has not received sufficient attention (Schwanen et al., 2012; Schwanen & Ziegler, 2011; Kaiser, 2009). They point out that this absence does not correspond with the recent and wider attention focused on mobility in the social sciences—what Urry (2007) has coined the “mobility turn.” This includes the need for more conceptual work on how mobility practices change in later adult life, which in turn “offer myriad opportunities for examining the social construction of aging, identities and subjectivities” (Schwanen et al., 2012:1314). The point here is not that gerontological inquiries have failed to consider the functional importance of mobility in old age. Rather, it is that such inquiries, often framed in relation to aging in place and senior home care, often leave the conceptual category of mobility unturned. This has several analytical consequences, for instance the positive connotation mobility has with notions of independence and wellbeing—although these notions are also sufficiently fuzzy.

The analytical attention on how people and things move together in senior home care emerged gradually in this project. For instance, in



the ethnographic fieldwork I found numerous tensions linked with the use of technologies including rollators (wheeled walkers) too awkward to control, wheelchairs too cumbersome to operate, and stairs too steep to climb. In turn, this dissertation delves into the importance of movement for senior home care, especially in terms of how technologies generate tensions and other sociotechnical effects. It emphasizes care moves or movements over mobility to distinguish it from more conventional gerontological studies of mobility. In other words, it does not aim to challenge work already done in gerontology, nursing, and other medical studies of the functional or literal mobility in senior home care. Instead, it sets out to add another focus to these shared concerns.

Movement is a term with literal-figurative richness.<sup>7</sup> As a literal concept, the OED (1992) defines movement as the action or process of moving or changing positions from one place to another (spatially and temporally). This sense is similar to other transportation related terms like mobility, motility, and motion. However, movement also encompasses more figurative or transformational dimensions. For instance, the OED also explains that in music it denotes the ways in which a melody moves in melodic progression, rhythm, and tempo. In fine art, it is the quality of carrying the audience's interest with the figuring of lines, colors and forms. In philosophy, it is the coursing of ideas through processes of reasoning. In social or political usage, it signals the collective direction of a body of persons, more or less working towards shared ends, such as in the Civil Rights Movement or the Environmental Movement. This more figurative sense of movement also connotes emotional affects. For instance, the OED explains that the Latin prefix *ē* meaning out, and the verb *movēre*, meaning to move derives the term emotion—literally the action of moving out. This might seem like a curious meaning in comparison with the contemporary

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<sup>7</sup> In philosophy, the study of movement as a literal-figurative process enjoys a long tradition that stems from the classic Greek philosophers (Zeno and Aristotle) to Bergson, Deleuze and Massumi. Rather than discuss this literature in detail, I will only footnote it here.

usage that depicts emotion as an internal or figurative state of feeling. At the same time, this also underscores how a focus on movement can situate the relational “intraplay” between literal and figurative affects and effects, as well as the flows between transportation and transformation.

Like music or art, moving matters of senior home care entangle bodies and technologies, rhythms and tempos, motions and emotions, subjects and objects. These simultaneously intertwine spiraling affects and effects centered by aging needs and wants. How care moves matter in practice depends on how they “become with” (Haraway, 2008; see also Heidegger, 1977) bodies and technologies, in motion, through the sputtering timings and spacings of practice. However, similar to the risk of equating mobility with wellbeing, one must observe a caveat or crack in the prism of care as movement: this is rarely smooth or fluid motion. Rather, the senior home care moves I engaged with in practice were matters of juggling good intensions with what Tsing (2005) calls “frictions” (see also Nielsen & Jensen, 2013). Along with Mol’s work on care in practice and the notion of “tinkering,” Tsing’s work is also inspirational. I understand the term friction as the relational tensions generated by different moving actors as they come together and move apart. Of course, some care moves entail more friction than others. Analytical attentions that value care and its moves remain selective and even “perspectival” (Viveiros de Castro, 2004). Thus, siting care moves analytically does not move beyond the problem of perspective. Nor can the analysis assume the view of everything from nowhere—what Haraway terms the “god trick” (1988:581).

As a heuristic, “care moves” presents an effort to remain situated through reflexive ethnographic analysis and travel. I employ the notion of heuristic to evoke its use as an experimental device for conceptual-empirical tinkering in ethnographic passages. In sum, this dissertation treats care moves as a conceptual-empirical heuristic for focusing how human-nonhuman mediations—namely people, things, times and places—produce differentiated tinkering that surface with relational frictions in practices of care. This entails

reflexive product of careful intra-relational ethnographic passages in-between fields and desks.

## Contributions

This dissertation offers an interdisciplinary study of senior home care in practice. It develops theoretical inspiration from anthropology and science and technology studies (STS). Ethnographic fieldwork in the United States and Sweden frames how humans and nonhumans move together with care and it provides rich examples of these moving relations. It also adds several ethnographic-based concepts or terms of care to think through how movements in care mediate its human-nonhuman relations. These include “clutter technology,” “surfacing,” “care-valence,” and “comparative tinkering.” Clutter technology focuses attention on seniors’ relations with their domestic clutter and the effects of these relations. Surfacing draws attentions to the spatiotemporal differences that emerge as care moves. Care-valence offers an analytical compliment to discussions about monitoring and surveillance in care. Comparative tinkering denotes an analytical conceptual-empirical line through the challenges of comparison in this study. Collectively, these terms relate to discussions about the ontology of care and its complexities.

## Structure of Dissertation

This introduction presents the relational version of the anthropology of care. This version draws on interdisciplinary inspiration from mainly STS and post-feminism/humanism. It proffers that attention to the mediations that occur between humans and nonhumans as they move together and become with care is key for this anthropological study. It also outlines several central themes in the dissertation, which the published articles develop.

Next, the methodology section will present the ethnographic approach that grounds this dissertation. This includes deliberations on ethnographic fieldwork and writing, as well as ethical considerations. It points out that working anthropologically with care demands a particular analytical move or ethnographic passage in-between fields and desks. This is simultaneously an empirical, conceptual, and ethical move.

Presentations of the four published articles follow. These publications, which are appended at the end of this summary chapter, comprise the dissertation's main empirical and conceptual contributions.

“Clutter moves” (Lutz, 2010) opens with questioning the assumption that clutter presents a risk in senior home care. Based on an ethnographic analysis of human-nonhuman relations in senior home care in practice, it proposes rethinking clutter as a form of care technology.

“Surfacing moves” (Lutz, 2013) questions the practice of time management in senior home care. Again, based on ethnographic analysis of human-nonhuman relations, it argues that separating time from space for management endangers the “goods” of care. Instead, it proposes the term “surfacing” as another way to think through the spatiotemporal multiplicities in care.

“Multivalent moves” (Lutz, 2015) extends the interest in how the multivalent ways humans and nonhumans mediate one another in care, and develops this idea in relation to the notion of care surveillance. While many healthcare scholars employ the notion of care surveillance, this third article adds the term “care-valence” as an additional way to trace the effects and affects of care attention.

“Comparative Tinkering” (Lutz, 2016) situates the challenge of transnational comparison in the midst of attending to the complex, multivalent moves of care in practice. Rather than attempt standard comparison, in other words, one that tends to freeze comparative

categories (*tertium comparationis*), it proposes the term “comparative tinkering.” This is a heuristics term for anthropologically tinkering together—and thus caring with—transnational comparisons in a more fluid and robust way.

The concluding section summarizes the main implications of the dissertation. This includes the theoretical and methodological implications for a relational anthropology of care in practice.

# Methodological Concerns

## Ethnographic Fieldwork

Ethnographic fieldwork in US and Sweden began in the context of a larger European research project.<sup>8</sup> The objective of this first project was to inform the future design and development of “ambient intelligent telecare.” Ambient intelligence is a term that references the artificial capacity to sense and respond to environmental cues and human expectations, while telecare is a general term for technology that supports home care. This earlier project sought to contribute comparative transnational knowledge that could intervene with design assumptions about senior home care, and thereby support the robust design of such technology.

Various interests in the project influenced the decision to pursue fieldwork in the US and Sweden. In part, these stemmed from the

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<sup>8</sup> Social Intelligence For Tele-Healthcare (SIFT) was a European Marie Curie Actions funded research project (2006–2008), hosted by Philips Research. It had interlinking interests from business, technology development, healthcare, and government. However, I deem this discussion beyond the focus of this dissertation.

project's management. Philips Research, the research and development division of the Dutch multinational conglomerate, Philips, led the project, and the European Commission financed it. Both actors were interested in the development of technology to meet the challenge of population aging. In addition, Philips had recently acquired a North American telecare business (Lifeline), which offers a popular emergency response service based on wearable wireless technology. The project's assumption was that a comparative ethnographic study of senior home care in practice could inform the design of new healthcare technologies in North America and Europe. In addition, since I had previously lived in both countries, the project leaders maintained that my firsthand knowledge of Sweden and the US could ease the challenge of fieldwork access. In this way, the practical considerations influenced the direction of my comparative efforts with senior home care.

Certainly, some scholars would argue that applied or otherwise practical conditions “dirty” more “pure” academic ambitions—in other words, by introducing industrial or business constraints. Nevertheless, I would argue that any social scientific research project must cope with multiple constraints that demand ongoing negotiation and tinkering. Thus, I maintain that the notion of pure research is misleading. The complex struggle remains to integrate the “field and desk” (Strathern, 1999).<sup>9</sup>

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<sup>9</sup> Strathern is particularly lucid on this point: “[Ethnographic] practice has always had a double location, both in [...] ‘the field’ and in the study, at the desk or on the lap. [...] Insofar as the ethnographer's locations can be seen as alternating, then each offers a perspective on the other. One of the elements which makes fieldwork challenging is that it is carried out with a quite different activity (writing) in mind. [...] At the same time, the ideas and narratives which made sense of everyday field experience have to be rearranged to make sense in the context of arguments and analyses addressed to another audience. Far from being a derivative or residual activity, as one might think of a report or of reportage, ethnographic writing creates a second field. The relationship between the two fields can thus be described as ‘complex’ in that each is an order of engagement which partly inhabits or touches upon but does not encompass the other. Indeed, either may seem to spin off on its own trajectory” (Strathern, 1999, pp. 1–2, original emphasis).

As my travels and materials grew, my certainty about a standard transnational comparison weakened. These include differences in how these two countries finance and manage senior home care. Difficulties of comparison also linked to the different specificities of my informants' care collectives, which sometimes lacked the fleshy presence of other human care workers. These differences also mingled with my abilities to establish trust and rapport. With each new situation, my uncertainties about the potentials of comparison increased. Endless complexities stemmed from the shifting concerns about aging bodies, relations to household clutter, and the different spatial-timings of senior home care. Emergencies like falling related to contrasting perceptions of stable versus unstable bodies. Some seniors concerned themselves about the present conditions, but these concerns mixed with past memories and future hopes of where the directions of care should go. Despite the project's initial comparative ambitions, it was clear that a standard translational comparison would face difficulty.

The ethnographic passages of my fieldwork interlinked with the wider national healthcare contexts, which also challenge efforts to pursue a standardized comparison. In the US, telecare users were my primary pool of informants. After a series of initial telephone screenings from a randomly compiled list of one hundred telecare customers living in Washington State, I selected seniors willing and interested to meet for face-to-face home interviews. After retracted interest and scheduling conflicts, I eventually met with approximately twenty seniors. These first-time meetings were usually one-on-one engagements with a senior informant. When available, family members also joined the meetings. With six of these seniors, I carried out more extensive fieldwork engagements including participant-observation with their home care activities. To complement these meetings and broaden the picture of senior home care, I also added interviews with home care administrators, nurses, and local senior healthcare advocates.

In Sweden, my routes of fieldwork proceeded along very different lines. Although private home care organizations are on the increase



in Sweden, I believed I could reduce any conflicts of interest by recruiting in public home care organizations alone, instead of trying to recruit in privately owned home care businesses. With the absence of a customer database, I recruited the Swedish senior informants in person, with the help of three municipal home care service organizations. After briefing the managers and their staff about my project, they agreed to identify senior clients whom they felt could best participate. Overall, health and mental alertness were among the factors the staff took into account and considered important. For instance, I did not recruit people with dementia in either country.

Once the seniors had confirmed their interest and availability, I proceeded in one of two ways. Either I contacted seniors myself for the initial interview, or I joined the care staff on their rounds to meet the interested seniors in person. The different needs each senior required, as well as the relations between seniors and their care workers, also influenced my ability to recruit. Seniors who had good relations with the care workers were generally more eager to participate. I observed well over forty home care situations and interviewed many of the seniors in these situations. Approximately half a dozen of these seniors I then met on repeated occasions. Like in the US, these follow-up visits provided opportunities for more in-depth participant-observation.

The US fieldwork generally produced more individual accounts based on one-on-one interactions, while the Swedish ethnography favored one-on-three (or more) human interactions—namely a senior client, one or more care worker, and myself. These variations also linked with the differences in how these two countries organize senior home care. In the absence of Lifeline customers in Sweden, or public home care workers in the US, my ethnographic passages increasingly prompted the problem of incongruent comparisons. In turn, these came into tension with my own empirical-conceptual moves. This included the rethinking of key terms such as bodies and technology, all of which enfolded vastly different heterogeneities.

## Ethnographic Passages

The scholar Puig de la Bellacasa (2011, 2012) asserts that the matters of care entail “gathering” but that in the gathering of things together, matters of care also demand selection and “cutting.”<sup>10</sup> She explains: “We cannot possibly care for everything, not everything can count in a world, not everything is relevant in a world [...] there is no life without some kind of death” (Puig de la Bellacasa, 2012:204). Similarly, I wish to suggest that stitching together an ethnography amounts to careful gathering and cutting movements between the field and desk. I think of this movement as simultaneously empirical and conceptual, and what I suggest we can relate as “ethnographic passages.” As I worked the field, my attentions to relational movements gathered and cut the passages of my ethnography with care. To illustrate this idea, I retrace three ethnographic passages that gather and cut the fieldwork relations of my ethnography.<sup>11</sup>

*Falling with.* I am with one of my older participants, Robert, whom I met on several occasions. We are preparing to sit down for a chat in his kitchen. However, as he sits down he misjudges the distance to the chair and slips off the seat backwards onto the floor. I have no time to catch him and I have no immediate idea of how to help but of course his fall attracts my full attention. All I can do is to try to get him up and back onto the chair. I start to grab him from the front, in a bear hug. He laughs with embarrassment and instructs me: “Just take my hands!” Robert shows me how to care. After we finally rearrange ourselves into the more usual proximity, I get the chance to ask him what he would have done if I had not been around to help. He explains that he would probably crawl over to a chair and nudge his body up using the chair as support. He certainly

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<sup>10</sup> For related conceptual uses of the term gathering see Heidegger (1977), Latour (2004), and Law (2004) and for cutting see Strathern (1996, 2004).

<sup>11</sup> Two of these passages appear in my published articles. The passage I label “falling with” appears in Lutz 2015 and “waiting with” appears in Lutz 2013.

would not use his emergency button. He did not want to let on that he was falling.

This incident led to additional insight about how Robert manages when someone is not around to help. While this was an unfortunate accident, it also offered a glimpse into how he negotiates his own care technology through disuse of technology. This passage is also a good example of how ethnography “becomes with” its care collectives. In this passage, his falling body and escaping chair gather ethnographic attentions (and arms). This movement is transformative—the chair becomes a culprit, my arms a pulley, his legs are like tangled spaghetti, and the kitchen floor is a danger zone. Frictions are in the air and they gather in an ethnographic passage about how care can move and transform its relations.

*Pulling with.* During my interviews, I often ask my hosts to show me their living areas. This provides an opportunity to pose contextual questions about their situation. This time I am with David and his dog, Jake, “The Protector.” Though his living area is full of clutter, David had cleared several narrow paths through the mess, which he maneuvers with his manual wheelchair. This he does by pushing himself backwards with his one good leg. He is not strong enough to propel himself forward in the usual way. As a result, he often backs himself into difficult situations. His movements are sticky. Eventually he gets stuck in one of the corners and cannot easily free himself. He tries several times and then gives up. He needs my help to realign himself and his wheelchair. Suddenly, I find myself pushing and pulling to help him along. Simultaneously, I am also pushed from viewing his situation as a research object into becoming a part of his relational movements of care. In essence, this ethnographic passage—a care move in its own right—transforms me from observer into participant.

This passage offers an example of how my ethnography “becomes with” relational care moves. While David got stuck in a corner, I got pulled into the subjective-objectives of my research in his care collective. Eventually, with my help, he got unstuck and we moved

on. Likewise, this sticky situation opened up additional opportunities for rapport and mutual respect, and led to further ethnographic passages with care moves. At a minimum, it produced a gathered-cut of my own ethnographic writing.

*Waiting with.* This passage involves sitting and waiting with Inga at her kitchen table. We are waiting for the care workers to deliver her lunch. They are running late. Inga, a few years over eighty, suffered a stroke some years back and was hospitalized. But with some assistance she now lives at home in her three-room flat. The local home care services help with meals and other daily routines. There is a lull in our conversation. They should have been here by now. I happen to notice that her wooden table, a rustic Scandinavian design, is relatively smooth and clutter-free. Inga asks me for a glass of water. I get it and she places it front of her, ready to lubricate her meal. The hallway clock is visible from where I am sitting. Its swinging pendulum calls out the seconds. The clock only seems to amplify the waiting, a perpetual creator of passing time. However, Inga mentions that she is accustomed to waiting. She sits and watches a passerby out her ground-floor window, as if on a train. Conversation is difficult for her since the stroke. I resign to sit and wait with her. Eventually the care workers do appear, with their fast food time, leaving as quickly as they arrived. When she finishes I help clear the table, ready to host the next meal. Inga retires to her easy chair. I realize amidst all the activity time had snuck away. Now it surfaces again between Inga's invisible digestion and the clock's repeated reminders.

In one of my articles (Lutz 2013), I use this passage to illustrate how movements in senior home surface spatiotemporal differences. In contrast with the previous two passages, this care move surfaces multiple frequencies, from tedious waiting to a surprising rush of activity. This waiting with Inga, in her own time, was admittedly a bit dull at first. Yet, in retrospect, carefully waiting with Inga offered an exciting opportunity to consider the spatiotemporal differences in collective care practice. Here it also serves as an example of how tempo variations in care moves gather and cut a specific ethno-

graphic passage. It is something that stuck out in my material and thus caught my interest as well.

As I wrote my articles, the notion of care moves helped gather and cut the ethnographic passages. This process of gathering and cutting also implicates co-actorship as well as co-authorship. The collective “we” has figured specific care moves that have simultaneously gathered and cut the ethnographic passages. Thus, while the ethnographic passages traced in this dissertation emerge as very different—be it David’s backward moves through his hallway with dog in tow, or Inga’s varied tempos of dinnertime—each one assembles a specific collective of gathered cuts in the multiple care moves that I witnessed and ultimately had a hand in performing. In this way, the care moves and ethnographic passages mix heterogeneous collectives of humans and nonhumans, in the fields and desks of my ethnography.

## Ethnographic Ethics

The anthropologist as witness is accountable for what she sees and for what she fails to see, how he acts and how he fails to act, in critical situations.

—Nancy Scheper-Hughes (2005:85)

Ethical considerations were pervasive in my research process—inherent in the way my careful moves with ethnographic passages proceeded. Explicitly clarifying my research intentions, obtaining informed consent, and developing good rapport with the informants are examples of such consideration. When queried about my research intentions I answered as openly and clearly as I could and was forthcoming with the project information. Throughout my research I also reconfirmed that my informants understood that their participation was voluntary and that for any reason, without explanation, they could discontinue.

Several different ethical review boards have vetted and approved this research. These included internal reviews by the Marie Curie Actions (European Commission) and national reviews in Sweden, Denmark and the United States. This was in accordance with the ethical requirements for human subject research stipulated by the Marie Curie Actions Fellowship Programme, which has largely financed this research. In addition, the American Anthropological Association's "Code of Ethics" helped guide my ethical review applications. In short, I have taken into account the formal ethical considerations, including the anonymization of the informants' identities.

The explicit intention with these ethical formalities was to protect and help insure against various risks such as the informant's loss of privacy, confidentiality, indirect physical or psychological harm as well as embarrassment, stigma, and stereotyping (Oakes, 2002). Yet while I aligned my work with such ethical formalities as far as possible, these also added a degree of ethical complexity that rubbed against the more subtleties of my ethnographic approach.<sup>12</sup>

The written informed consent offers one example. For instance, several informants expressed an eagerness to share their stories right from the start of our first meeting, which in turn detoured around my efforts to formally confirm their informed consent. Rather than rudely stop them in mid-sentence I let them continue, not wishing to put them off. As as soon as there was a lull in their story, I presented them with the form. At that point, some informants expressed surprise. It was as if I had not listened or trusted their clearly signaled willingness to participate. Had this formality somehow discouraged their interest or given them the wrong impression? Occasionally, seniors had poor eyesight and needed to

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<sup>12</sup> To be certain, these regulations also imposed practical demands. Approval required extensive time and resources, which detracted from my other necessary research activities. Each vetting process made different assumptions and requirements about the necessary level of documentation and review fees. Given the disciplinary and international breadth of my research, it was difficult to find conclusive guidance for these different vetting applications.

have the form read out loud. Initially, this seemed like a reasonable response but I also wondered if this action also drew attention to their disability, thereby causing embarrassment. A few seniors were suspect of signing anything but wished to participate anyway. They suggested that such formalities were unnecessary and simply happy to have someone interested in their situation.

All the seniors I worked with gave their written consent. Yet, written consent is not always sufficient. For instance, ethnographic work, which depends on multiple layers of trust and the on-going maintenance of field relations, suggests a longer and more nuanced process of informed consent. Fieldwork which proceeds in a responsible way, and which empowers the informant's status as the source of information seemed to offer a more nuanced guarantee of consent.

Another example of ethical complexity surfaced with the Swedish paid care workers' offer to recruit senior clients. The advantage to this approach was that seniors unwilling to participate could decline anonymously. On the other hand, these seniors were dependent on the workers for care and thus, it was feasible that they may have felt that participation was implicitly required. While I never found any indication that this might be the case, it does illustrate one of the many inherent ethical considerations in which I found myself becoming caught up.

Ethical reviews are clearly only part of a broader ethical picture. When doing ethnographic research, ethics entailed much more than ethical approvals or formalities such as informed consent. For instance, I have demonstrated that there are distinctive ethical responsibilities beyond impassive witnessing. Echoing Schepers-Hughes, ethnographic ethics are about how we enter and relate, what we see and do not see, as well as how we interfere and how we account for our observations. Ethics were inherent in the ways I moved between my fields and desk, and back again.

## Presentation of Published Works

This dissertation comprises four previously published works, each of which develops the thematic concerns presented above. In doing so, these texts contribute to a relational anthropology of care. Moreover, each publication develops a specific conceptual-empirical term for each topic of concern. In other words, the dissertation equates to a repertoire of terms for care, which is a response to Mol's (2008) call for the study care in practice, in and on its own terms.

### I. Clutter Moves in Old Age Home Care

The first article (Lutz 2010) considers the relation between domestic clutter and how it mediates senior home care. The article starts with the observation that many older people coexist with “messy things.” The gerontological literature often classifies clutter as a hazard that leads to the risk of falling. Of course, falling down is a real problem for seniors who live at home, and can lead to complications and lasting changes to their quality of life. The recommendation is to remove it. Yet, does clutter merely present a hazard or risk? What



other possible vistas emerge when the analytical attention focuses on the relational movements between older people and their cluttered collections of homey things? This article unpacks the idea of risky clutter and what it might mean for senior home care collectives consisting of human-nonhuman relations. It reveals that home clutter is often a more complex category than portrayed in the healthcare literature. For instance, some of my US informants refer to their household clutter as mess or junk, while others find particular and even surprising uses for it. It traces domestic clutter as a kind of utility that influences how seniors move in their homes, both literally and figuratively.

As noted, gerontology and geriatric studies of senior home care typically identify domestic clutter as a major hazard. The Centers for Disease Control and Prevention (2007:29) offers a compelling statement. It reports that falls are the leading cause of injury deaths among people over the age of sixty-five and home clutter is listed as a significant environmental factor implicated in one-third of these falls. Several studies stress how clutter threatens independent living and physical movement at home. Most of this literature employs quantitative analysis of rated questionnaire responses from older people and care professionals. Here, the “home clutter” category is often calculated alongside multiple other categorized hazards. The distinctions between some of these categories—such as slip-trip-stumble and chance event—are highly ambiguous. Depending on how each respondent perceives the term, “clutter” could be implicated in a few or several of its sister categories.

While the literature documents the correlation between home clutter as hazard and the risk of falling very clearly, there is a surprising lack of description about what the category of home clutter actually entails or why it is there in the first place. These studies sometimes explicate the clutter contents—for example, rugs or loose telephone cables—but typically the analysis leaves this term unpacked, thereby masking the diversity of objects and situations. Here, then, is a disjuncture between recommendations for clutter removal and knowledge about the multiple forms and meanings that it may

occupy. Without denying the risk of falling, this article argues that there are additional cluttered moves available for analysis.

The article presents several ethnographic passages that illustrate how clutter orients multivalent human-nonhuman moves. For example, one informant keeps a cluttered hub of objects near her armchair that helps her send prayers and thoughts for others. At the same time, this method also eased the need to move physically around the house. The article defines such behavior as “nesting” relations, and argues it can comprise many things—from reading materials to pillboxes, eyeglasses, mobile phones, and remote controls. Other more “sentimental” collections suggest another type of clutter care technology, which mix with concerns about getting old and personal memory. Examples here include love letters, family photographs, and favorite antique heirlooms. In addition, some seniors had relatively elaborate systems of organization. One US informant kept a series of shoeboxes for each of his children. Every time he found an item concerning one of his children, he put it in the corresponding box for later distribution. In this way, cluttered things present more than a risk.

The article concludes that clutter presents a messy interface for moving around with challenging human-nonhuman relations in senior home care. In turn, it proffers the term “clutter technology” to denote how cluttered human-nonhuman relations mediate senior home care. In doing so, the article tinkers with the category of care technology in its broadest socio-technical sense. It argues for the tracing of material objects as they shift the matters of care, rather than simply generic objects or artifacts used to signify some predetermined theoretical concern. This ontological repositioning of things also implicates studies of risk assessment in healthcare, which the article references in its introduction. Such studies often leave the category of clutter unexplored and simply assert the assumption of a hazardous risk. Here clutter technology also helps to rethink messy human-nonhuman relations in senior home care on its own terms. Clutter can also link to concern about the past, present, and future.

The next article also relates and develops this theme of temporality in care.

## II. Surfacing Moves: Spatial-Timings of Senior Home Care

The second article (Lutz 2013) opens by noting that scholars of healthcare note competing perspectives on time, for example between management and staff (Szebehely, 2007; Vabø, 2006; Green-Pedersen, 2002). Some term this the “politics of time” (Dahl, 2009; Bryson, 2007; Ellingsæter, 2007), which relates to the objective-subjective distinction discussed above. This article works through this distinction by tracing how senior home care in practice generates different spatiotemporal relationships through its moving collective tensions. Based on fieldwork with Swedish home care, it draws on Latour’s (1997) argument that the moving together of people and things produces different ratios of intermediaries and mediators. It proposes the heuristic term “surfacing,” which draws in part from Taylor (2005), to trace how human-nonhuman relations can generate different spatial-timings. It argues that this term helps tune ethnographic attention into spatiotemporal differences in senior home care. The article also points to implications for time management policies in senior home care. Such policies aim to economize and standardize senior home care. The article shows how these policies can also add to the complexity of care and its spatiotemporal surfacing, which care workers must adjust and tinker to sustain good care.

Senior home care organization depends on different forms of scheduling and coordination. This is certainly the case in Sweden, which has a history of public subsidized welfare. Since the 1970s, with the introduction of “Taylorization” in the Swedish public sector, senior home care has been reconfigured as a system of products and services (Szebehely, 2007). Like in many countries these market-inspired reforms have intensified in recent decades, and includes the privatization of home care (Szebehely & Trydegård, 2012). Many welfare scholars identify this as New Public Manage-

ment (NPM) (Dahl, 2009; Pollitt & Bouckaert, 2004; Rose, 1999), which includes not only the shift towards wider choice of services and providers (Trydegård, 2000) but also the standardization of activities of daily living (ADLs) as timed tasks. These time management policies aim to reduce expenditures and increase accountability and efficiency of welfare services. For instance, administrators use numerically specified time segments, typically allotted in minutes, to standardize and control home care. The assumption behind this arrangement is that senior home care conforms to pre-designated tasks and specific units of time, which are generalizable across multiple situations.

One key example in the article centers on the use of technologies for scheduling Swedish senior home care. It entails how a home care scheduler interacts with her software, using her finger and mouse to orient multi-colored blocks on the computer screen. These blocks represent different spatiotemporal entities, which she orders into rows and columns on the screen to determine the weekly home care schedule. This spatiotemporal surfacing connects care workers with different seniors and their allotted needs. The scheduler translates these needs from several standardized entries, including ADL codes that index client needs with their available hours of care work per week. Simultaneously, this same finger-mouse move triggers the software to automatically calculate the necessary times and routes for each senior client.

However, this formalization of space-time was impossible without first transforming people and things into what Latour calls intermediaries—entities that move other entities “invisibly” with little or no mediation or transformation. This transformation required effort so that different spatial-timings can fit and travel. In part, the scheduler must select and compare several different resources. These comprise archive documents of past care schedules, consultations with the other care workers, as well as the managers overseeing the care services. Of course, she also draws on her own experience as a care worker. Sticky notes left by her colleagues, stuck to the edge of her desk and keyboard, were also of

central importance. These notes concerned updates in the clients' care routines. On any particular day, senior care needs could conflict with the planned home care routines. This might entail a rescheduled doctor's appointment or emergency hospitalization. Thus, when it came to the actual hands-on doing of care, workers must tinker with the timing and spacing of care. The article argues that kind of spatial-timing is neither subjective nor objective, but moves with different ratios of clock/objective and event/subjective time.

This article presents a contribution to scholarly deliberations about time management in home care and suggests a complement to the subjective-objective distinction of time and space. It argues that the concept of spatiotemporal surfacing has important implications for the time management, which set out to economize and standardize care. In contrast, the article show how such policies can also add to the complexity of care and its spatiotemporal surfacing, which actors must in turn adjust and tinker to sustain good care. By acknowledging multiple spatiotemporal surfacings rich fluctuations, tones, rhythms, and tempos emerge that can help nuance the doing of care in practice. Thus, a future direction of study is how spatiotemporal surfacing becomes tinkered in practice, and how this relates to the optimal speeds for care. A second implication concerns how the notion of surfacing can intervene with how ethnographic method attends or "sees" its own subject-objects. As the bearers and guardians of ethnographic fields and desks, anthropologists are co-implicated with surfacing differences—temporal, spatial, or otherwise. In this way, closer attention to surfacings in ethnographic passages can better tune it to the expansive possibilities of spatiotemporal differences.

### III. Multivalent Moves in Senior Home Care

The third article (Lutz 2015) opens by pointing out that scholars of surveillance studies have argued that surveillance entails both the logic of control and the logic of care. At the same time, scholars working on the topic of care make a similar argument. Idioms like

“looking after,” “watching out for,” and “keeping an eye on” all exemplify this mix between surveillant control and care. It reflects the collective decision-making in care work, and multivalent effects that emerge with ongoing efforts to adjust attentions to the changing needs of their clients. Following Mol’s (2008) proposal that we need to relate to care in and on its own terms, this article aims to compliment the notion of care surveillance.

The article acknowledges how Michel Foucault’s work has inspired surveillance studies and the notion of care surveillance in particular. He argues for interrelations between discipline, punishment and care. For instance, he remarks that: “Is it surprising that prisons resemble factories, schools, barracks, hospitals, which all resemble prisons?” (Foucault, 1995:228). While Foucault’s ideas remain influential in surveillance studies, some scholars critique the notion of panoptic surveillance for insufficiently characterizing the complexities of contemporary surveillance practices (Dubbeld, 2006). Stemming from this critique some scholars have revisited the overlap between surveillance and care. For instance, David Lyon, a leading scholar of surveillance argues that surveillance is best understood as a dynamic process that intertwines the logic of care and the logic of control (in Walsh 2010). Similar claims exist in studies of care. In her study of telecare in Swedish senior home care, for instance, Anna Essén (2008) proffers that surveillance and control are both inherent to care. At the same time, Essén acknowledges that these categories are empirically and conceptually difficult to distinguish in practice.

In line with such observations, the article presents a series of ethnographic passages from fieldwork. One passage involves how a group of Swedish home care workers prepare their daily rounds. The care workers service older people living in two adjacent villages and those living in the in-between rural areas. Before starting out in teams of two, they reserve a few minutes to sit down to chat. One of the care workers keeps a transparent plastic folder beside her on the table, with the schedule of all the allotted home care tasks. The folder remains closed during their discussion—nevertheless it

remains present. Out of interest, I ask how they divide the work between themselves and decide who goes where. The care worker with the folder mentions that they check the client schedules before their rounds, but that they rarely consult the schedule otherwise. “We know all our clients,” one worker adds. They have worked with them many times. But they also explain that they alternate their rounds every week between the two different villages. “Otherwise” they remark, “we have no real perspective.”

In this and other ethnographic stories, surveillance related notions like perspective, observation, and monitoring are pervasive in care work. Yet, these views are not static but mix with how various entities move together, from one moment to the next. In response, this article proposes and develops the term “care-valence” to help focus the analysis on how care interrelates with its attentions to bodies with technology. It argues that the term care-valence helps train anthropological attentions on how multivalent human-nonhuman relations in care generate in/visible bodies with technologies—that is, how they matter in practice. Moreover, it argues that care-valence entails elements of bonding, screening and encouraging and hence helps to thicken the relational approach to care in practice. The key advantage with these terms is that they help refocus analytical attentions onto the mediating, generative, and surfacing human-nonhuman relations in care.

#### IV. Comparative Tinkering with Care Moves

Comparisons are pervasive in anthropology and neighboring disciplines in the social sciences. We compare incessantly, yet we rarely theorize explicitly about our comparative practices. For instance, how do we determine the “whos” and “whats” or “wheres” and “whens” of our comparisons? This dissertation proposes that tinkering carefully in the ethnographic material can achieve new avenues for comparison that destabilize normative categories and terms.

The fourth article (Lutz 2016) addresses the anthropological challenge of comparing situated complexities in Swedish and US senior home care practice. In the diverse field of care, certain comparisons seem unwieldy, while others become irrelevant or mundane. It grounds the discussion on two previously published articles (Lutz 2010, 2013) that bypass this transnational comparison. Turning to recent ideas about comparison in anthropology and STS, it reconsiders the potential for comparisons in these earlier publications that first appeared unworthy. Rather than use assumed categories, it sets out to tinker ethnographically—and thus cares with—transnational comparisons in a more fluid manner.

The analysis compares different human-nonhuman relations as they move together and mediate one another, and how these mediations matter in practice. With this material, it develops the notion of “comparative tinkering” to attend to the in-between tensions that surface when heterogeneous entities move together for care. The article proffers that this term helps highlight the tinkering required in both senior home care and ethnographic comparison, which standard social scientific comparisons often overlook or discard. In this way, comparative tinkering marks a slightly different path for weaving empirical-conceptual comparisons.

The article points out that although the healthcare literature is ripe with comparative studies, there are relatively few publications that explicitly compare home care in the US and Sweden. This is not a knowledge gap *per se*. Rather, like apples and oranges, it would seem that this particular comparison is unworthy to pursue. Parker (2001), for instance, suggests that such a comparison risks absurdity, given the vastly different ideological views on healthcare in these two countries—namely public welfare versus a private market-driven system.

While such differences have lessened to some extent in recent years, differences between economic disparity and national population remain. It is thus not surprising that such studies typically find that Swedish seniors are more likely to access sufficient healthcare.



(Hence, the absurdity of the comparison Parker notes above.) To reach such conclusions, scholars define comparators that fix the conceptual ground of comparison. Examples include: privatization, decentralization, convergence (Parker 2001); ADL support (Davey et al., 2005; Shea et al., 2003); and economic healthcare indicators (Wang & Aspalter, 2007). However, the article argues that such comparators tend to sidestep the empirical complexities of doing senior home care in practice. We can think of this as regionalizing or domaining comparison without magnification (Strathern, 2004). As such, the article questions if comparison can do more, such as challenge the conceptual assumptions built into the comparator. In other words, how might we pursue a comparison that appears unworthy?

To answer this question, the article takes a retrospective turn to some of the comparative challenges in writing of the earlier articles. One example concerns the degree of household clutter. Although material clutter is obviously present in some Swedish home care situations, it appeared in great quantities and with greater intensity in the US fieldwork. Given this contrast between the US and Sweden, initially the comparison of clutter seemed lopsided, uninteresting, and not worth noting. However, the article argues that by “tinkering” with the category of clutter analytically can open up new opportunities to compare. In this case, it involves the inclusion of other, namely house pets, to realize new avenues for comparison in the ethnographic material.

The article concludes that rather than avoid comparison, one can embrace its challenges and use them productively. In other words, rather than avoid unworthy comparisons because they interfere with the production of clean and authoritative accounts, the article stresses the importance of opening up comparative tensions for further comparative potentials. Similarly, another implication concerns the role of retrospective ethnography for comparison. Rather than seek new ethnographic material, the article suggests that earlier material may still offer relevant comparative insights. In this way, comparative tinkering represents a conceptual-empirical effort

to tune into the troubling moves of care. This is a different breed of comparison untethered from modes of comparison found in the standardized scientific repertoire.

## Conclusions

Ethnographic research in Sweden and the United States with seniors home care grounds this dissertation. It has roots in an earlier industrial research project that concerned the development of “smart” technologies for senior home care. The scholarly and popular literature often positions technology development for senior home care as “solutions” to the “challenges” of population aging. However, the empirically studies of care in practice reveal how the use of these and other technologies often produce paradoxical frictions in the moves of practice.

This dissertation sets out to explore such moving frictions. It identifies care as process of heterogeneous collectives achieved through relational movements, which reside at the core of such friction. Specifically, it considers how relational movements mediate human and nonhuman actors in senior home care. The analytical departure situates a general interdisciplinary stance that draws on influences from (posthumanist) STS and the anthropology of care in practice.

The dissertation contributes to this intersection of interests. The ways care becomes with—in other words ontologically mediates—its human and nonhuman movements comprise the key concern. It opens with three primary research questions: how do movements of care generate relational differences; how do relational movements mediate human and nonhuman actors (subjects and objects) of care—in other words, who and what counts in care; and how do relational movements of care mediate its times and spaces—in other words, when and where does care matter? In the course of the research, it also develops questions about how this study situates ethnographic comparison. In the remainder of this section, I further nuance its main theoretical and methodological implications.

*Extends anthropological thinking on relatedness and the "ontology" of care.* This dissertation puts the intra-play of human-nonhuman relations front and center. Rather than take bodies, technologies, times, spaces, et cetera as categorical givens, it peers into the in-betweenness of these relations as they move together in practice. This approach differs from conventional thinking in medical anthropology and elsewhere that adopt such categories as analytical givens. In contrast, this work deliberates about the ontological becomingness of care—what Mol (1999) has also discussed as “ontological politics”—which relates to the ontological turn in the social sciences and humanities. It focuses care as a process of generative mediation, which potentially tinkers “new” human-nonhuman (sociotechnical, somatechnic, spatial-temporal) relations through relational movements. In doing so, it also complicates assumptions that figure care as a commodity, gift or service that simply flow from giver to receiver. Rather than a distinct object, it traces care as a logic or mode of relations that can generate multivalent ontological effects.

*Develops a focus on relational movements of care in practice.* Similarly, this dissertation proposes a conceptual-empirical focus on “movement” to study how care surfaces as a collective achievement. Care as “tinkering”, an idea developed by Mol is an analogous phase for thinking with care as a mediated/mediating logic or mode of relations. As such, this dissertation opens up a way to tune

ethnographic attentions towards the frequencies or variations of care that surface through its relational movements. To distinguish this approach from other gerontological studies of mobility, this dissertation opts for the term “movement”. In this way, it does not directly challenge work on mobility in gerontology, nursing or other medical studies of the functional or literal mobility. Rather, it adds a different set of concerns that relate to a shared interest.

*Offers “care moves” as a general heuristic.* Proponents of the relational anthropological study of care recognize a need to develop new analytical terms that resonate with the ontological differences that emerge with care in practice. However, such terms are not readily available. Sometimes care moves with noisy commotion—pulling and pushing as it goes. Other times it remains subtle and silent. Subtle care relations are often ephemeral or unavailable for analytical attention. In response, this dissertation asserts care moves as a general conceptual-empirical heuristic offers a way to think through its multiple, and often paradoxical, ontological becomings.

*Comprises a repertoire of new analytical concepts.* Similarly, this dissertation adds new terms that complement the heuristic of care moves. It develops these terms in the four published articles. This repertoire of terms situates additional analytical attentions that vary between the conceptual, empirical, theoretical and methodological. For example, clutter moves and clutter technology are two terms for tracing the productive messiness of human-nonhuman care relations, and explore assumptions about the category of clutter as risk. Surfacing relates to ways relational movements of care mediate spatiotemporal differences. Care-valence disrupts assumptions about care surveillance and monitored ontological singularity and helps shift analytical attention towards somatechnic relations. Comparative tinkering is a reflexive and interpretive term for the analytical moves that work through transnational ethnography.

*Situates the importance of nuanced ethnographic attentions for the challenge of comparison.* The introductory section explains how ethnographic fieldwork came about in the guise of an international comparison of

senior home care in the United States and Sweden. The relative lack of comparative literature on senior home care in these two countries suggests a knowledge gap and the opportunity for a contribution. On the other hand, given the multi-scaled sociocultural differences situated by these two countries, a transnational comparison is analytically difficult to realize. However, this dissertation carefully tinkers through such challenges, which in turn situates another contribution that stresses the value of a nuanced ethnographic engagement. It positions an ethnographic approach sensitive to the specific ways care moves and mediates its heterogeneous relations. This includes efforts to carefully weave method and theory. This echoes a relational STS approach, which tends to blur such distinctions and emphasize notions like “method assemblage” (Law, 2004), “conceptual-empirical hybrids” (Jensen, 2014), “conceptual-empirical mixtures” (Gad & Ribes, 2014) and what Marilyn Strathern (Strathern, 1999) discusses analogously as the “field-desk” relation.

Through the analytical process of writing it was necessary to (re)gather and (re)cut different ethnographic passages. This careful analytical tinkering between the field and desk is one more way care moves matter. In other words, to write about movements in senior home care remains simultaneously a conceptual-empirical move—as much as an ethical, theoretical, or methodological one. These gathered-cuts do not always line up neatly in the analysis. To engage comparison rather than shy away from it, the dissertation argues that analytical attentions must be tinkered. Rather than adopt standardized social scientific comparisons of two national healthcare systems, this dissertation develops a mode of careful comparison that resonates with the multivalence of care moves—namely the reflexive tinkering with transnational comparisons.

*Challenges conventional thinking about the design of care technology and policy.* With roots in the research and development of new IT systems that support active aging and independence at home, this dissertation’s findings are immediately applicable to the practical design of such technologies. For instance, it proffers that the most appropriate

technologies for care are not necessarily “new” or advanced but more often mundane objects that can accommodate tinkering. It also argues that technological clutter does not simply present risks in situations of senior home care, as some gerontological literature suggests, but that it may offer advantages that differ from current risk assessment policies. In addition, it deliberates on how care moves “surface” multivalent spatiotemporalities that challenge mainstream conceptions of time (and space) in managed senior home care. It also demonstrates how so-called surveillance technologies do not always produce unobstructed views on reality but instead they themselves can generate ontologically multivalent realities. This, in turn, raises questions about the ontological assumptions that become designed into new technologies.

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This dissertation offers an interdisciplinary anthropological study of care in practice, which draws on inspiration from science and technology studies (STS). Based on ethnographic fieldwork in the United States and Sweden, it focuses on how humans and nonhumans mediate one another through the movements of care. It adds several empirical-based concepts to help think with and through these relational care moves. It also deliberates on the ethnographic challenges of doing transnational comparison. These symmetrical attentions to how relational movements of senior home care contribute to discussions about the ontological complexities of care in practice and potentially the design of future healthcare technologies and policies.

While this dissertation evidences the complexities of senior home care and generates new analytical terms, it does not set out to build a solidified or holistic account of senior home care. Rather, it brings a series of care moves together in a partially connected arrangement that interferes with holistic assumptions about senior home care. Future work can explore the interplay between the complex moves of care in the field and how the analysis can distill these to further extend an anthropology of-and-with care.

Tracing cluttered, surfacing, multivalent, comparative care moves are ways this dissertation extends the anthropology of care in practice. Indeed, the tinkering logic of care often moves in tattered and twisted ways, sometimes with no place to turn around. Yet, while care may appear weak or strange, it often finds ways to persist. It keeps on moving and mediating its binaries: bodies and technologies, fields and desks, in-between the in-betweens. To keep up with these moves analytically, it is necessary to continually (re)think how multivalent movements make, unmake, and remake care relations in practice. In this way, tinkering care moves offers implications that are not only relevant for the anthropology of care, but also for the design of future care technologies and policies.



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