> Maureen said I should go back with her and I said no I don't think so — I was quite happy there but she said she couldn't leave me, she said "I shall be worried out of my life that you're lying on the floor." I quite thought I was going home — I kept my house for four years before selling it — I suppose in my heart I knew I wouldn't get back — I am happy with my daughter — they're marvellous — my son-in-law's marvellous but it's not like your own home — no — I don't advise anybody to give up their home if they can possibly help it.

However, Lilly enabled the purchase of the present three-generational household by making a substantial financial contribution after her daughter persuaded her to part with the proceeds of the sale of her house:

> When this one came on the market of course there was no other for her when she saw it and she said "oh it's beautiful mummy what do you feel about chipping in" and I had only just sold my house — so I said "well no dear because if I have to go into a home I shall want a bit of money" — it was the first time I ever said no to her — so she said "mummy you've no need to worry we'll never see you in a home" so I said "well all right dear" so bang went all my money — but still I thought well she is my daughter and it will be a nice home for her and I thought to myself if I had to go into a residential home I expect someone will help me don't you — and they've both got very good jobs my daughter and her husband — Maureen's been promoted four times in the last couple of years.

Nevertheless, Lilly is physically and socially isolated both within the household and from the community. She may only cross the boundaries between her rooms, (her bedroom and sitting room) on ritual days. She says "I never go out into their rooms — only on Christmas day." This ritual movement entails departing from her territory and entering a separate domain. And, since the house is set in large grounds and is protected by a complex alarm system which prevents her from opening the front door she usually sees no one during the day, except when her daughter returns at lunch-time:

> Sometimes Martin will be away and she'll still eat her sandwich in the other room and I'll say "I wish you'd come in and eat with me" — but if that's what she wants — but it is difficult — but I know what I can say and what I can't say and I wouldn't interfere with anything — sometimes I think oh gosh I wonder if I've upset her and I say "do you know dear do you think I'd be better off in a residential home — then you wouldn't have to bother with me" and she says "mum you're no bother — you're no trouble" and I say "well I try not to be."

Although she cannot fully manage her own domestic and personal care, she is very anxious about making any demands on her daughter:

> I make my bed and I have my wash — I put the toilet seat on top of the commode in my bedroom and I cover it up with a towel and I wash my feet and legs as best I can but I can't put them in the water you see — there isn't room to have a bowl in there and I wouldn't ask Maureen to have one in the kitchen in case I spilt any water — oh no I wouldn't want to do that.

Thus Lilly experiences a residual routine of care in which some of her most basic needs for food and warmth are met. Other needs, for personal hygiene and emotional comfort, are not. Recently, at a case conference at the local day hospital, it was decided to cut her respite care and day hospital provision — which are the only forms of social contact outside the domestic arena that Lilly has.

Nora. Nora is also 84 and has been widowed for 7 years. She was a dressmaker for "most of my days" as a home worker. She has recently moved into a residential home from the council house where she lived for most of the 52 years of married life. Nora has Parkinson's disease, high blood pressure, and fluid retention, and, after a severe bout of diarrhoea, she decided she did not want any longer to struggle with the fears and anxieties which living alone with physical risk present. Over the time I have known Nora she has often told me that she would never go in a home because they were "terrible places" where people sit all day. However, on finding herself on the brink of admission to residential care she says:

> I never thought I would come to it I always said I'd never go in a home — I've always said that but what can I do — I haven't got any choice — I can't do anything you see — I always said I would never leave my home — I always said I wanted to die in the bedroom where my husband died but it isn't to be — now I've got to make the big wrench.

Nora's daughter emigrated to Australia 20 years ago, and on a recent visit to England she tried to persuade her mother to return with her live in Australia. Nora refused and a family rift ensued. Nora felt her daughter was only asking her in the knowledge that she would refuse. Moreover, this brought to a head the conflicting feelings Nora experiences about her daughter's emigration:

> I wish she hadn't moved but then I mustn't be selfish — I had my choice and she must have hers — it's no good to be selfish with your children — they've got their lives to lead haven't they? — but no if it had been my life I wouldn't have left my mother and gone over there. Still I've had my life and she's got to have hers.

Nora's son lives locally and, due to his chronic asthma he hopes for an early retirement. Because of his poor health he has been restricted in the amount of help he can offer his mother in her household. What is more, Nora would not want or expect to live with them:

> They wouldn't want me to live with them — they haven't got the room — they've only got two bedrooms and then they have the telly on the whole time and stay up late — well it wouldn't suit me. I brought my mother to live with us when my dad died and I had her for nearly 13 years. We all got on well together — my husband and she got on well together that was the main thing. She loved my children and she'd do anything for them — we could always go out and she'd look after them. I was lucky to have her because she was a help to us. It's the money situation now that's so bad isn't it — women want the money to help don't they — times are hard now — there are so many people buying their houses now that the women have to go to work — it isn't like years ago.

There are few people on the estate where Nora has lived for so long who she now knows or even recognises. Rather than offer her support, her immediate neighbours are a source of aggravation because of overheard scenes of domestic violence. Furthermore, the neighbourhood symbolises disturbing social change and represents a general source of anxiety and fear, most especially since an elderly female neighbour was mugged in her home:

> It's miserable here — it's a miserable place — the neighbours don't seem to associate with you and they won't do anything for you.

Nora's life has centred on her companionate marriage in which she took responsibility for the household economy:

> I've always been happily married and I feel sorry for people that don't get married really — there's nobody like your husband — we love our children but it's different from the love of your husband — I always looked after the money — I looked after the home and I saw to the money — he gave it to me and I paid all the way. I wanted to go in for buying a house but my husband didn't believe in it and so I said 'well what we'll do is save our money and have some nice holidays.

However, when Nora was widowed she was quite unprepared for the cessation of her husband's occupational pension:

> He worked for 25 years and when he died his pension died too — he had a pension when he retired but I didn't get it. My son went over to B* and he came back and told me "father's pension has finished" — so of course I didn't have anything — I didn't have his pension because it was his retirement pension and that died with him.

Nora can no longer perform her normal daily round of domestic duties, and, leading up to her admission to residential care, she had four home-carers coming to feed, dress, and bath her round the clock:

> It hurts me that I can't do things — the home helps are very good mind you but I wish I could vacuum my floors. I've always been able to do things you see — but I've got to an age now where I've got to do as I'm told.

Mabel. Mabel is in her late 80s and spent the years before her marriage in service. After her youngest daughter went to school she fostered children born to "unmarried mothers" until her retirement. She has been widowed for 10 years. Although she lives in local authority sheltered housing she usually sees no one from day to day except her home-carer and one of her daughters who looks in once a week for what Mabel describes as a "flying visit just to check on me." Mabel relies on her home-carer to do domestic work and some shopping, while a neighbour collects her pension. However, she does not consider the home-care provision to be adequate, reliable, or sensitive enough to the difficulties which older people experience in having to receive care:

> These home-carers need supervising. You should see what they do to help people — it's very upsetting for an elderly woman to be told "I can only give you 20 minutes" — they need an older one to keep an eye on them — like domestic servants — they can't be trusted and it's a job of trust. You need to build up a relationship — now the one I had before — Sandra — she worked for me for six years — she had to give it up when she got a hiatus-hernia. I know they get filthy awful jobs to do — cleaning up messes in beds and that kind of thing — things people haven't been able to help — but they should be kinder — it makes me feel uncomfortable — if the housework is neglected and you are feeling poorly it makes you feel worse.

For the last 3 years Mabel has performed an elaborate and difficult strip wash every day because she could not safely get in and out of the bath. With a great deal of persistence Mabel has arranged for the council[2] to provide a walk-in shower with a seat. It is very important for her to wash every day in order that she keeps what she perceives as a problem with continence under her control:

> I must wash everyday — elderly people smell — they can't help it — the body is beginning to go off — at night I might have another wash — I can please myself.

Unlike Nora, Mabel sees some positive opportunities for friendship and social contact in residential care, and indeed she has recently attempted to gain admission to a home of her choice. Her choice, however, is not on the local social service approved list. Although she is reluctant to go elsewhere, she is also resigned to the fact that she will inevitably go into residential care chosen by social services according to their financial constraints, under recent community care legislation. Because of her experience with her own mother and her understanding of the pressures of three-generational living, Mabel would not expect or want to live with any of her three adult daughters. All of her daughters are in full-time employment, two of their husbands are unemployed, and between them are supporting children in full-time education, one lone parent and one divorcing daughter:

> I had three young children and I had my own life to lead — I was longing to get back on my own — so I could be me — and I couldn't do something with my mother around me — so I got her into a nice home — and she died there — that is my only regret — my mother — that's why I don't want to lose my independence — I only have one daughter who could have me. And you have to accept — it's their home. I would have to give up a lot — I would have to be quiet — you haven't got to say anything — you have to keep your tongue quiet — to be careful what you say and do — and you mustn't mind if you'd like to do something — to cook or something if they say "oh no — I've got time I'll do that" the older generation must accept these things — but it's hard — like accepting the home cares — it's a skilled job.

DISCUSSION

I was able to arrange interviews with Nora and Mabel in their homes without any manifest difficulties. However, although Lilly was enthusiastic about taking part in the research, she was reluctant for me to visit her at home. We agreed to talk the next time she went into respite care. When she sensed that our meeting would involve some form of disclosure in speaking about her present life she quickly suggested meeting in a neutral space. Being aware that speaking about her life would mean talking of ambivalent feelings in relation to her daughter she cannot speak such words in what she perceives to be her daughter's house. Edwin Ardener's (discussed in S. Ardener, 1993) theory of "muted groups" suggests that the dominant groups in society generate and control the dominant modes of expression. Shirely Ardener argues that:

> The theory of mutedness does not require that the muted be actually silent. They may speak a great deal. The important issue is whether they are able to say all that they would wish to say, where and when they wish to say it. (Ardener, 1993, p. 8)

Lilly's self-silencing is reflected to greater or lesser degrees in the lives of other participants in this study. However, Lilly's particular position within the three-generational household gives some indication as to why care-receivers' voices have been absent in discussions of care. Even though Lilly's position within her family appears to correspond to mythic idealisations of the family as the basis of care, her living arrangements are far from ideal for her and, it may be imagined, for her daughter, son-in-law, and granddaughters too. Social gerontology and social policy literature has debated whether or not any decline in coresident living should be interpreted as an attendant decline in familial obligations. Lilly's story demonstrates that coresident statistics alone cannot provide all necessary knowledge about the strength of family ties.

Nora's transition from a mix of home-based family and domiciliary care to residential care highlights many material realities of care in later life. Her apprehension of institutional public care provision reflects commonly held perceptions that residential care is "the last resort," and the lack of any alternative arrangements contributes to her feelings of powerlessness. The decision to enter residential care is increasingly one taken in crisis conditions since the official aim of community care in relation to older people is to enable people to stay in their own homes supported with a "package of care." Thus, paradoxically people subject to community care may experience higher levels of physical, social, emotional, and mental hardship at the point of entering residential care from their own homes than might otherwise be the case. As a consequence, they are not well placed to take a considered decision. At this transition point, Nora has no access to financial or familial resources. Lack of occupational pension, her daughter's emigration, her son's chronic health condition, low income, and constrained housing all combine to produce material limits to alternative locations of care. Nora's story demonstrates that the idea of choice in relation to total dependency on state provision of care is, at the very least, questionable.

Mabel receives domiciliary care, which enables her to continue living in her own home in the community. However, experiencing community (Bornat, 1993; Williams, 1993) as an older woman who has spent her lifetime constrained within the domestic sphere and its attendant territory and who now finds herself "incarcerated" (Barrett, 1993) within the community is a contradictory process. However isolated, Mabel positively values living alone and, from her own experience of care for her mother would not consider a coresident living arrangement, which would, in her view, result in alienation for herself and her daughters. At one level, her aim is to protect her own, and her daughters' "independence."

In constructing those with care-needs as cognitively, physically, and emotionally tractable, and carers as active, effective, and committed, there is no sense of receiver participation in feminist models of care. Accounts of care have been based on care-giver knowledge of care-receiver needs, and as such it is the former who proved the solution for the latter. Yet, when care-receivers articulate their position, forms of care provision are seen to be a burden not just for care-givers but also for care-receivers. The majority of care-receivers are confined in the domestic sphere, where the premium of privacy is bought at the price of an isolation that is experienced as an individual, rather than social, problem.

Nevertheless, if care-receivers are not the passive consumers of care that dominant conceptualisations intimate, the question of what constitutes the practices of care-reception arises. Bernice Fisher and Joan Tronto (1990) identify four interconnected phases of the "ongoing process" of care; caring about, taking care of, care-giving, and care-receiving. Joan Tronto (1993) has gone further to develop these phases in her analysis of an ethic of care. She identifies four ethical elements of care arising from these phases: attentiveness, responsibility, competence, and responsiveness. She argues that in the process of care the care-receiver is required to respond to care. Applying Tronto's analysis to care-receiving reveals that all ethical elements are relevant to the position of those with care-needs. The question of whether those with care-needs are attentive to the needs of others will depend to some extent on personal experience in similar situations. As Mabel and Nora's cases demonstrate, people in need of care who have been involved in care for their own parents will be differently attentive to the needs of their own potential adult child/care-giver, depending on the quality of that experience. Similarly, as Nora's situation illustrates, the capacity and desire to take responsibility for one's own care rests on the influences of gender, class, generation, and culture as well as health.

Moreover, the work of shaping needs to available care provision requires emotional and physical effort. Similarly, taking care not to be a burden — what might be described as "being careful with care" — entails cognitive skills and moral awareness, as Lilly's continuous self-monitoring makes clear. Only in recognising the emotional, physical, and cognitive labour involved in care-receiving is it possible to recognise the care-receiver as a moral agent and as a care worker in the division of care work (Stacey, 1988). The insights gained from the ethic of care debate have yet to be extended to the position of older people in need of care. If care reasoning is situated and contextual (Fisher & Tronto, 1990; Gilligan, 1982; Sevenhuijsen, 1992; Tronto, 1993), then this is especially germane for those who have experienced a lifetime of situated reasoning and who now face their needs in relation to the needs of others.

A range of sociologically important issues are embedded in these narratives. They contribute to different definitions of care in a variety of family household situations, suggesting that we need to recognise the significance of wider demographic social change in relation to care than the two demographic trends most usually associated with care: the availability of a generation of women as care-givers and an ageing population:

> The consequences for care in old age of the change in the generational picture in Western societies during recent decades have also not been seriously discussed or analysed. The fact that we nowadays live in a multigenerational rather than a three-generational world, not only on the societal but also on the family level, has not yet been taken into account in social policy planning. (Waerness, 1990, p. 127)

Kari Waerness' analysis of the significance of complex demographic and cultural changes for the nature of care in old age suggests that it is increasingly unlikely that care will be experienced as a dichotomous all-family provision (best) versus residential care (worst). Rather, it is more likely that families will continue to be the main providers of support in old age as long as they have the capacity, but that individuals in need of care will have a greater wish for independence and the freedom which independent living provides. It is evident from this study that individuals in need of care cannot easily be reincorporated into existing nuclear family units in either a material or emotional sense. The "ordinary" life events of the privatised family household include: retirement, unemployment, sickness, divorce, lone parenthood, geographical and social mobility, poor housing and increasing mortgage involvement, women's changing labour market activity, and associative lack of child care. Insertion into this framework is unlikely to provide equality of opportunity for older people with care-needs.

ENDNOTES

1. Age Concern is a registered charitable organisation formed by a network of over 1,400 independent local UK groups. The groups are staffed by some paid but mainly volunteer workers, and their aim is to "improve the quality of life for older people and develop services appropriate to local needs and resources" (Meredith, 1993, p. 167).
2. Under the 1989 Government White Paper Caring for People (which set out the funding and organisation of local authority social services for community care provision), local authorities have the power to adapt a person's home to enable them to carry on living independently — however, they do not have a duty to provide

such improvements. Therefore, such provision is highly dependent on local resources and priorities. Critics argue that the importance of housing has yet to be recognised in community care planning (Meredith, 1993).

REFERENCES

Arber, Sara, & Ginn, Jay. (1991). *Gender and later life.* London: Sage.

Ardener, Shirley. (1993). Introduction. In Shirley Ardener (Ed.), *Defining females: The nature of women in society* (pp. 1–33). Oxford: Berg.

Baldwin, Sally, & Twigg, Julia. (1991). Women and community care: Reflections on a debate. In Mavis Maclean & Dulcie Groves (Eds.), *Women's issues in social policy* (pp. 117–135). London: Routledge.

Barrett, David. (1993). *Older people, poverty and community care under the tories: Out of sight, out of mind.* Aldershot: Avebury.

Berger Gluck, Shema, & Patai, Daphne. (1991). Introduction. In Sherna Berger Gluck & Daphne Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 1–5). New York: Routledge.

Bertaux, Daniel (Ed.). (1981). *Biography and society: The life history approach in the social sciences.* Beverly Hills: Sage.

Bjerrum Nielsen, Harriet, & Rudberg, Monica. (1993). Whatever happened to gender? Female subjectivity and change in a generational context. In Janneke van Mens-Verhulst, Karlein Schreurs, & Liesbeth Woertman (Eds.), *Daughtering and mothering: Female subjectivity reanalysed* (pp. 44–53). London: Routledge.

Bornat, Joanna. (1993). Representations of community. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 21–30). London: Macmillan.

Bourke, Joanna. (1994). *Working-class cultures in Britain 1890–1990.* London: Routledge.

Broch-Due, Vigidis. (1993). Making meaning out of matter: Perceptions of sex, gender and bodies among the Turkana. In Vigidis Broch-Due, Ingrid Rudie, & Tone Bleie (Eds.), *Carved flesh, cast selves: Gendered symbols and social practices.* Oxford: Berg.

Challis, David, Chesterman, John, Darton, Robin, & Traske, Karen. (1993). Case management in the care of the aged: The provision of care in different settings. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 184–203). London: Macmillan.

Chodorow, Nancy. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender.* Berkeley: University of California Press.

Cornwell, Jocelyn, & Gearing, Brian. (1989). Doing biographical reviews with older people. *Oral History, 17*(1), 36–43.

Cotterill, Pamela. (1992, February). *Care of the frail elderly: Attitudes towards giving and receiving primary home care between mothers and daughters-in-law.* Paper presented to the BSA/PSA Conference, The politics of care. LSE, London.

Crow, Graham, & Allan, Graham. (1989). Constructing the domestic sphere: The emergence of the modern home in postwar Britain. In Helen Corr & Lynn Jamieson (Eds.). *The politics of everyday life* (pp. 11–36). London: Macmillan.

di Gregario, Silvana. (1986). Understanding the 'management' of everyday-living: A study based on the life-histories of everyday-living. In Chris Phillipson, Miriam Bernard, & Patricia Strang (Eds.), *Dependency and interdependency in old age: Theoretical perspectives and policy alternatives.* London: Croom Helm.

Douglas, Mary. (1994). *Purity and danger: An analysis of the concepts of pollution and taboo.* London: Routledge.

Doyal, Len. (1993). Human need and the moral right to optimal community care. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 276–286). London: Macmillan.

Evers, Helen. (1981). Care or custody? The experience of women patients in long-stay geriatric wards. In Bridget Hutter & Gillian Williams (Eds.), *Controlling women: The normal and the deviant* (pp. 108–130). London: Croom Helm.

Fennell, Graham, Phillipson, Chris, & Evers, Helen. (1988). *The sociology of old age.* Milton Keynes: OUP.

Finch, Janet. (1984). Community care: Developing nonsexist alternatives. *Critical Social Policy, 33,* 6–18.

Finch, Janet. (1989). *Family obligations and social change.* Cambridge: Polity Press.

Finch, Janet, & Groves, Dulcie. (1980). Community care and the family: A case for equal opportunities? *Journal of Social Policy, 9,* 487–511.

Finch, Janet, & Groves, Dulcie (Eds). (1983). *A labour of love: Women, work and caring.* London: Routledge and Kegan Paul.

Finch, Janet, & Mason, Jennifer. (1993). *Negotiating family responsibilities.* London: Routledge.

Fisher, Bernice, & Tronto, Joan. (1990). Toward a feminist theory of caring. In Emily Abel & Margaret Nelson (Eds.), *Circles of care: Work and identity in women's lives* (pp. 35–62). Albany: State University of New York Press.

Fox, Nicholas. (1993). *Postmodernism, sociology and health.* Philadelphia: OUP.

Gilligan, Carol. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Gittins, Diana. (1985). *The family in question: Changing households and familiar ideologies.* Basingstoke: Macmillan.

Glendinning, Caroline, & Millar, Jane (Eds.). (1992). *Women and poverty in Britain in the 1990s.* Hemel Hempstead: Harvester Wheatsheaf.

Graham, Hilary. (1983). Caring: A labour of love. In Janet Finch & Dulcie Groves (Eds.), *Labour of love: Women, work and caring.* London: Routledge and Kegan Paul.

Graham, Hilary. (1991). The concept of caring in feminist research: The case of domestic service. *Sociology, 25,* 61–78.

Graham, Hilary. (1993). Feminist perspectives on caring. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 124–133). London: Macmillan.

Groves, Dulcie. (1992). Occupational pension provision and women's poverty in old age. In Caroline Glendinning & Jane Millar (Eds.), *Women and poverty in Britain in the 1990s* (pp. 193–206). Hemel Hempstead: Harvester Wheatsheaf.

Guardian (1994, August 13). Guidance on patients' long-term care 'inadequate'.

Harris, Robert. (1985). End points and starting points: Some critical remarks on Janet Finch, Community care: Developing nonsexist alternatives. *Critical Social Policy*, *43*, 115–122.

Hazan, Haim. (1980). *The limbo people: A study of the constitution of the time universe among the aged.* London: Routledge & Kegan Paul.

Hazan, Haim (1994). *Old age constructions and deconstructions.* Cambridge: Cambridge University Press.

Jerrome, Dorothy. (1989). Virtue and vicissitude: The role of old people's clubs. In Margot Jeffreys (Ed.), *Growing old in the twentieth century.* London: Routledge.

Kohli, Martin. (1988). Ageing as a challenge for sociological theory. *Ageing and Society*, *8*, 376–394.

Laslett, Peter. (1989). *A fresh map of life: The emergence of the third age.* London: Weidenfield and Nicholson.

Leiss, William. (1978). *The limits to satisfaction: On needs and commodities.* London: Boyars.

Lewis, Jane, & Meredith, Barbara. (1988). *Daughters who care: Daughters caring for their mothers at home.* London: Routledge.

Lonsdale, Susan. (1990). *Women and disability: The experience of physical disability among women.* Basingstoke: Macmillan.

Mason, Jennifer. (1994). *Gender, care and sensibility in family and kin relationships.* Paper presented to British Sociological Association Annual Conference, Sexualities in social context. University of Central Lancashire.

May, Carl. (1992). Individual care? Power and subjectivity in therapeutic relationships. *Sociology*, *26*(4), 589–602.

Mens-Verhulst, Janneke, van, Schreurs, Karlein, & Woertman, Liesbeth (Eds.). (1993). *Daughtering and mothering: Female subjectivity reanalysed.* London: Routledge.

Meredith, Barbara. (1993). *The community care handbook.* London: Age Concern.

Mills, C. Wright. (1959). *The sociological imagination.* New York: OUP.

Morris, Jenny. (1993) 'Us' and 'Them'? Feminist research and community care. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 156–163). London: Macmillan.

Nissel, Muriel, & Bonnerjea, Lucy. (1982). *Family care of the handicapped elderly: Who pays?* London: Policy Studies Institute.

Oliver, Michael. (1990). *The politics of disablement.* Basingstoke: Macmillan.

Peggs, Kay, (1994, May). *Will you still feed me when I'm 64?* Paper presented at the British Sociological Association Annual Conference, University of Central Lancashire.

Phillipson, Chris. (1992). Challenging the 'spectre of old age': Community care for older people in the 1990s. In Nick Manning & Robert Page (Eds.), *Social Policy Review 4* (pp. 111–133). London: Social Policy Association.

Phillipson, Chris, Bernard, Miriam, & Strang, Patricia. (1986). *Dependency and interdependency in old age: Theoretical perspectives and policy alternatives.* London: Croom Helm.

Qureshi, Hazel, & Walker, Alan. (1989). *The caring relationship.* London: Macmillan.

Reinharz, Shulamit. (1986). Friends or foes: Gerontological and feminist theory. *Women's Studies International Forum*, *9*(5), 503–514.

Sevenhuijsen, Selma. (1992, February). *Paradoxes of gender: Ethical and epistemological perspectives on care in feminist political theory.* Paper presented at the BSA/PSA Conference 'the politics of care'. London School of Economics.

Sixmith, Andrew. (1986). Independence and home in later life. In Chris Phillipson, Miriam Bernard, & Patricia Strang (Eds.), *Dependency and interdependency in old age: Theoretical perspectives and policy alternatives* (pp. 338–347). London: Croom Helm.

Skeggs, Beverley. (1994). Situating the production of feminist ethnography. In Mary Maynard & June Purvis (Eds.), *Researching women's lives from a feminist perspective* (pp. 72–92). London: Taylor and Francis.

Stacey, Margaret. (1988). *The sociology of health and healing.* London: Routledge.

Stevenson, Olive. (1993). Vulnerable to abuse. In Julia Johnson & Robert Slater (Eds.), *Ageing and later life* (pp. 144–150). London: Sage.

Tronto, Joan. (1993). *Moral boundaries: A political argument for an ethic of care.* New York: Routledge.

Ungerson, Clare. (1987). *Policy is personal.* London: Tavistock.

Ungerson, Clare. (1990). The language of care: Crossing the boundaries. In Clare Ungerson (Eds.), *Gender and caring* (pp. 8–33). Hemel Hempstead: Harvester Wheatsheaf.

Waerness, Kari. (1990). Informal and formal care in old age: What is wrong with the new ideology in Scandinavia today? In Clare Ungerson (Ed.), *Gender and Caring* (pp. 110–132). Hemel Hempstead: Harvester Wheatsheaf.

Warnes, Anthony. (1993). Being old, old people and the burdens of burden. *Ageing and Society*, *13*(3), 297–338.

West, Peter, Illsley, Raymond, & Kelman, Howard. (1984). Public preferences for the care of dependency groups. *Social Science and Medicine*, *18*(4), 287–295.

Williams, Fiona. (1993). Women and community. In Joanna Bornat, Charmaine Pereira, David Pilgrim, & Fiona Williams (Eds.), *Community care: A reader* (pp. 33–42). London: Macmillan.

Zarb, Gerry. (1993). Ageing with a disability. In Julia Johnson & Robert Slater (Eds.), *Ageing and later life* (pp. 54–59). London: Sage.