Using the heterotopic mirror to reveal tensions in public reaction to a photographic essay of eldercare staff and older adults

Janet Sayers[a], Margaret Brunton[b],*

[a] School of Management, Massey University, Private Bag 102 904, North Shore Mail Centre, Auckland 0745, New Zealand
[b] School of Communication, Journalism and Marketing, Massey University, Private Bag 102 904, North Shore Mail Centre, Auckland 0745, New Zealand

ARTICLE INFO

ABSTRACT

This paper analyses a photographic essay of older adults and workers in a nursing home environment, as a day-in-the-life documentary photographic essay Who cares published in Kai Tiaki, Nursing New Zealand in 2006. We discuss the essay, which intended to make eldercare work more visible and valued. The purpose of this paper is to ask, 'Why were these photographs so uncomfortable to view, and why did they elicit such strong polysemous reactions from viewers?' We argue that in order to address this question, sites of eldercare may be understood as heterotopias, or places of exclusion from social norms. While the photographs were meant to make it possible for viewers to look into the daily reality of eldercare work, we suggest the visual essay instead acted as a heterotopic hall of mirrors, revealing tensions that obscured the labour value to viewers. As observers looked into the mirror of their own lives, the utopian discourse of a residential care 'home' was disrupted, as the idealised version of eldercare work we have become attuned to in the media was punctured by the powerful heterotopia of the photographic essay. This article illustrates the way in which eldercare work is made invisible through complex social processes involving sight and site related to contemporary visual and spatial practices of aging and eldercare.

Introduction

In this paper we focus on the publication and subsequent ceasing of distribution of a photographic essay of eldercare workers in nursing home settings, published in 2006 in the Kai Tiaki Nursing New Zealand journal. The project, Who cares, involved collaboration between the New Zealand Nurses' Organisation (NZNO), eldercare facilities, residents, their families, eldercare workers, unions, and photographer Alan Knowles (2006b). The project's purpose was to make eldercare work more visible, but in doing so it precipitated a public outcry and a Privacy Commissioner's Report. Publication in a professional nursing journal was intended for an audience of health practitioners. However, subsequently, public media focussed on some of the images in the Who cares photographic essay, which showed care workers attending to the bodily rituals of daily ablutions with residents. Eventually, the public furore that ensued prompted an inquiry by the Privacy Commissioner and the withdrawal by the NZNO of the issue from further distribution. It was at this point that the events came to the notice of the authors of this article.

The content of this article does not discuss specific ethical issues around photography relevant to this project; a full discussion can be found online in an independent Privacy Commissioner's report (Shroff, 2007), but in brief, no ethical breaches were found as the project's purpose had been fully explained and participants' consent obtained at every stage. The Commissioner noted however, that there were broader ethical concerns related to the 'unpredictable nature' of the public responses to the photographic essay, and so the public response to the essay is the focus of this article.

We first introduce the context to give background to the photographic narrative and the controversy over its content. We then introduce the two inter-related concepts of heterotopia (and utopia) and the heterotopic mirror. Heterotopia involves understanding aged care facilities as sites of crisis, deviation and dislocation (Foucault, 1986). We then suggest that Foucault's related concept of the 'heterotopic mirror' may help to provide insight into the potential role of the photograph in mediating between utopic and heterotopic sites. Foucault is also used to reflect on how the essay on eldercare work was received by viewers in order to appreciate how work is made invisible, despite having been made visible. We refer to media reports and 59 letters (6% from non-nurses) to the editor of Kai Tiaki regarding the photographic essay (see Appendices 1 & 2) to unfold our argument through discussing tensions arising in three interrelated dichotomies; first, familiarity/

* Corresponding author.
E-mail addresses: j.g.sayers@massey.ac.nz (J. Sayers), M.A.Brunton@massey.ac.nz (M. Brunton).

unfamiliarity which we explain using heterotopias and utopias; second, proximity/distance which involves appreciating the dominant discourse of medicalised geographies of power and embodied care in eldercare work; and finally, visibility/invisibility which we discuss in relation to the political body.

Background *Who cares*: what happened?

This section provides background or necessary context to understand the relevance of this analysis of responses to *Who cares*. The photographic essay was produced in Aotearoa-New Zealand (NZ), a nation with similarities of aging demographics and associated challenges of other developed nations (Statistics New Zealand, 2015). In the current context, as the population bulge of the baby boomer cohort ages, it is projected in the latest national NZ Census to comprise 20% of the national population by 2043. For a variety of reasons, including complex health needs in older populations, global mobility, decreases in the number of children in a family, and the dissolution of many families, older people are often without sufficient support at the end of life. Consequently, it is increasingly common for people in economically developed countries to live the end of their lives, and die, in institutional contexts (Broad et al., 2015) with the assistance of paid labour (Folbre, 2001).

Alongside demographic change and the privatisation of eldercare, there has been a growth in employment of those working with older adults. However, like other governments that adopted business models during the 1980s, in NZ many eldercare processes have been outsourced to private companies. Care for this group increasingly takes place in long-term residential or respite care facilities where much of the interaction of residents is with staff who are employed to assist them with living; eating, drinking, standing, sitting, walking, talking, laughing, socialising, keeping clean and comfortable, administering prescribed medications, and enjoying their lives. Eldercare is labour-intensive and as a major expense, businesses often try and keep labour cost as low as possible (except for exemplary residential nursing homes). At the same time, the work is often reported as both stressful and exhausting (King, 2017, December 4) and many argue it is undervalued and thus underpaid (Baines, Charlesworth, & Daly, 2016; Palmer & Eveline, 2012). Making eldercare work more valued and better paid is key aspect of increasing the quality of eldercare work according to research (McGregor, 2012). It was in this context of the undervaluing of eldercare work with older adults that the NZNO commissioned *Who cares* to raise the profile, and therefore appreciation and value, of staff who support nursing home residents.

Eldercare work is 'invisible work'. The reason for the 'invisibility' and subsequent devaluing is largely because it is seen as domestic, private, and dirty involving 'worthless' older bodies (Hyde, Burns, Hassard, & Killett, 2014). Low value is assigned because it is assumed to be natural 'women's work' (Hebson, Rubery, & Grimshaw, 2015) and 'dirty work' (Twigg, 2004), rendered invisible. Anteby and Chan (2013) argue there are four factors that define invisible work. First, invisible work is literally 'unseen' by others in broader society and so is not usually a 'social performance' for an audience. Second, when work is unpaid or low paid the labour is not taken as seriously as work that is valued and well-paid. Third, the work is highly routinised and is taken for granted, which contributes to its invisibility; e.g. cleaning and other domestic chores. A fourth and final factor is when work is associated with marginalised groups, including women and some ethnic minorities. By all definitions, eldercare work in institutional care settings is prototypical invisible work. It involves work conducted beyond the public eye, it is low-paid, highly routinised, and conducted primarily by women and increasingly, marginalised new immigrants. Invisibility, according to definitions, contributes to the assignation of low value. The implication therefore is that making this work more visible might make it more valued.

Eldercare work has historically been undervalued, with medical knowledge practices and wider social norms around aging inscribed in institutional contexts. Health scholars have written extensively about spatial practices of health care and embodiment and how eldercare labour is devalued in institutional geographies of health power/ knowledge. Power in the health sector is associated with technical knowledge which emphasises the epistemological to the detriment of the ontological. However, these assumptions underpinning assigned value are also contested. As Zelizer (2005) argues, eldercare work conjures up visions of 'formalized and commercialized' care (p. 60), but the evidence is that the opposite is often the case where care workers give generously of themselves beyond their contract of care. As Buch (2015) contends, 'Care is simultaneously moral, relational, historically specific, and embedded within forms of governance' (p. 287). Caring for others is deeply embodied, filled with interactive, relational and moral dimensions, reflecting the centrality of the psychological contract associated with healthcare workers (Liaschenko, 1997, 2000), which relies on face-to-face contact in sites that sit outside where power/ knowledge is institutionalised and secured (Kittay, 1996).

Valued knowledge about the body is abstract, technical and distant, whereas care knowledge is relational and close, involving touching. As the body is 'inscribed into the production and reproduction of social and institutional practices' (Latimer, 2009, p. 3), the structural arrangements of social order also occur, consigning care in families or pseudo-families, homes, and institutions away from where techno-economic and social forces decide on what is to be valued (Bolton & Laaser, 2013). This work is forgotten because it is routine and care is a type of taken-for-granted social 'glue' that holds together relations, even to the extent of requiring care workers to subsume their own needs in order to prioritise the personhood to enable those they care for to live valued lives (Buch, 2013, 2015). This further renders eldercare work invisible, despite the reality that without such people, health systems could not function at all (Allen, 2014).

The *Who cares* photographic essay was published in the May 2006 edition of *Kai Tiaki Nursing New Zealand,* a journal produced by the NZNO, a membership-based professional and industrial body of nurses. The photographs were taken in two nursing homes in Christchurch and Wellington and were featured in a special issue on palliative and eldercare in the NZNO magazine. The five-page article of 39 images pictured various duties of care workers and the residents they supported, using a day-in-the-life documentary approach. Brief quotes from care workers interspersed the images such as: 'We clean and clean and clean, non-stop', 'I wore a pedometer and did 17,000 steps on a single shift', '$10.50 an hour isn't enough – not with our new baby', 'We have to be very careful because she has thin skin that tears very easily', 'I like caring for the old people. It's the best thing that's ever happened to me.' Tasks pictured included: assisting with walking, comforting, feeding, shaving, ablutions, laundering, and making beds. In the photographic essay it is possible to discern the emotional and intensely intimate physical nature of the work in a context of caring routines carried out on a mass basis. (Please see Appendix 1 for a full description of the essay).

The physical and emotional labour involved in the direct front-stage work care as well as the physical labour involved in routines of preparation like laundering, making beds, cleaning and preparing food is evocatively expressed. Alan Knowles (2006b), the photographer, introduced the essay thus;

> Photographing and interviewing caregivers has been a privilege that became an epiphany and left me reassured that our elderly are in good hands. I dedicate these photos to all aged-care workers in the hope that the images bring a wider and truer appreciation of their work.

The *Kai Tiaki* article was aimed specifically at members of NZNO, who had access to the magazine because they are paid members of the union. The crisis around *Who cares* was precipitated when a person claiming to be a family member of an older gentleman in one

photograph complained about the content and media picked up the story. The complaint was that the image of the man being washed on a commode was their family member, and their consent had not been given (Andrew, 2006, 17 May; Davis, 2006, 17 May). Within a short time, a second family came forward who claimed the man was their relative, which NZNO confirmed. Permission had been given by the man's family for the photographs to be published. However, because of the publicity, the family now wished to withdraw their consent (Johnston, 2006, May 18). The NZNO stopped further distribution of the journal, although it had already been widely disseminated to 36,000 members and regional libraries.

The *Kai Tiaki* article was widely commented upon by both detractors and supporters. For example, negative comments were reported from a representative of an advocacy group for senior citizens (Radio NZ, 2006), whose chief executive said that he was 'concerned that older people were portrayed in such a demeaning manner' (Davis, 2006). At the same time, the photos were reported by health professionals as 'a form of elder abuse' (Radio NZ, 2006), and gerontology nurses wrote to *Kai Tiaki* to argue that the images 'infringe the Health and Disability Code of Rights' (J1–1) and others argued that the images 'demonstrate neither respect nor dignity' (RN2).

Detractors were reported as 'outraged' in the media, especially by photographs of a woman being showered and helped into her clothes (Nude nursing home photos fuel New Zealand controversy, 2006, May 15). Those against the *Who cares Kai Tiaki* article believed that those pictured were being exploited as they were forced to reveal themselves against their interests which contravened their dignity. Nurses who judged *Who cares* negatively did so because they considered it contravened their traditional role as protectors and advocates for older adults (Ritchie & Watson, 2006), with one RN even going so far as to assert 'The so-called photo-essay is a vile betrayal of your profession' (J1-20). Others, with a focus on the aging body questioned the validity of consent (e. g., J2-29, J2-41) with an argument that the 'obvious frailty' of residents suggested a lack of ability to consent (J1-4, J2-40). However, one *Kai Tiaki* contributor argued, 'What I do find degrading, though, is the negative reaction these photos have received. There seems to be the widely spread assumption that when people are old, wrinkly and possibly incontinent they can't make well informed decisions (J2-46). Nonetheless, even those supporting the essay still focused on the elderly, failing body.

Divergence of opinion arose between those who viewed the images as a loss of dignity for the older participants, and those who deemed the essay as evidence of the agency of those same individuals to make autonomous choices about how they would be portrayed. As Sayer (2007) points out, treating individuals with dignity must recognise the agency of people and the right to choose independently. However, that autonomy was also raised as a question as a nursing home manager and registered nurse was reported as saying that the photographs were an 'appalling abuse of elderly people's right to dignity and privacy' (TVNZ, 2006). The features editor for *The New Zealand Listener* wrote an editorial regarding the photographs, and said that 'part of what makes the *Kai Tiaki Nursing* images offensive is their use in a campaign to get more money – not for the elderly, but for their caregivers' (Black, 2006, p. 5).

There was a tension that arose between the perceived dignities of those in the photographs and the interrelated dignity of workers who were being paid less than a living wage. A further issue which arose was the question of whether empowering care workers through visibility of their work necessarily means disempowering the older people as subjects. These tensions appeared to be central to the debate, for example, an editorial for the *Sunday Star Times* drew attention to the rest of the special issue, claiming the standard of care at nursing home facilities often involved 'abuse and neglect' (Brett, 2006). Nurses blamed *Kai Tiaki* for 'a huge error of judgement… in exposing naked old people in the mass media (J2-35), which was 'disgusting and demeaning' (J2-23) when 'there are many positive images of elderly people that could be presented' (J1-8). Throughout, both those who were nurses and those

outside the sector referred to the decrepit nature of the pictured bodies.

Conversely, the NZNO defended the images on the grounds of their practical representation of the reality of providing care: 'Caregivers deal with people 24 hours a day and they often see them naked, and they often have to clean them and feed them and toilet them. That is the nature of their work' (*Kai Tiaki* co-editor Anne Manchester, cited in TVNZ, 2006). Academics such as Professor Charlotte Paul supported the essay (Manchester, 2013, 16 December) as did Jane Ritchie, a nursing academic who pointed out that the essay was a work of art which revealed the frailty of aging and the centrality of caregiving in contrast to media portrayals of 'aging positively' (2011). The majority of media columnists defended the essay (Macdonald, 2006, 21 May; McLeod, 2006; Woodham, 2006). McLeod pointed out that 'many of us will end up like that' and require care, and Woodham reminded us that 'images of old people are seldom seen…unlike the young, firm surgically refined bodies deemed ideal'. As a 75-year old citizen who wrote to *Kai Tiaki* to say that the photos 'express care and love' and were 'moving and beautiful' (J1-13) also asked 'I wonder why there's not a similar furore about the undignified photographs of babies in nappies that regularly appear in TV commercials?' (J1-13).

Manchester (2013, 16 December) reported that more letters to the editor of *Kai Tiaki* were received about this incident than any other in its history. There were 59 letters identified in this analysis: 23 letters of support and a further 36 letters opposed to the photographic essay. Respondents were primarily registered nurses or care workers (5), but 6% were not, including managers, academics, a GP and older people (see Appendix 2 for an overview of comments). The photographer, forced to defend his work, referred again to how the project affected him personally: 'I went through an epiphany seeing the closeness of the relationships and the trust and the humour … The depth of understanding and humanity was extraordinary'. He was grateful he said to all those who had 'so willingly allowed me to document the matter-of-factness of their lives' (Knowles, 2006b).

The Privacy Commissioner stepped in and instigated an Inquiry under s13 of the Privacy Act. The office of the NZ Privacy Commissioner was initiated to administer the Privacy Act 1993, put in place to protect the privacy of the personal information of citizens. Complaints are usually dealt with under a different process, typically lodged when individuals have been directly affected by a breach of personal privacy. In this case, because complaints were issued by five individuals who had no direct personal stake in the events, the Commissioner instead chose to invoke her 'wider inquiry powers' because of the level of 'public disquiet' (Shroff, 2007, p. 4). Her report confirmed the ethical integrity of the *Who cares* project. She noted there was an atmosphere of informed consent at every stage, saying:

> Great care was taken over a period of time to ensure that the residents and carers involved were fully aware of what they were consenting to … and individual subjects of the photographs or their representatives chose to allow photography and publication for a cause they believed in (p. 9).

Additionally, in line with normal ethical protocols for publishing photographs in different media, the photographer had gone back to participants and regained their consent before the *Kai Tiaki* article was published. However, the Commissioner also highlighted two concerns. The first was 'unintended consequences' flowing from the 'wider consequences' from 'well-intentioned decisions made within a narrow context' (p. 11). Elaborating upon this concern, she warned about larger implications around dignity and privacy and the sharing of 'private' information of individuals. Her second concern was that some consent forms she sighted did not specify that further permissions for other uses of the photographs were required. She warned that further permissions would be required for future use, as 'any further use of the photos might not meet privacy standards' (p. 10). Consequently, although the Commissioner affirmed the ethical integrity of the project, the overall tenor of the report was ambiguous and ambivalent around issues of

vulnerability, privacy and dignity, and also if and how the *Kai Tiaki* article and/or images could be used in the future. However, she did not recall the 36,000 copies of the essay, which remain in circulation and libraries.

The controversy obscured the purpose of the photographic essay and thus did not initially promote understanding of the work of eldercare. Nevertheless, these photographs will now always exist to focus attention on the site of the work (nursing homes), the actual work (supporting older adults) and on the sight of the work (the work's representation). Although it is not possible to include the images because of the Commissioner's statement, Appendix 1 is included to summarise the content for the reader. We argue in the next sections that in order to understand the pictures and reaction to them we may first understand the spatial context of the nursing home environment as a heterotopia, and second the ways that photographs act as a heterotopic mirror between sight and site. Once we appreciate how photographs mediate experience between sites of power, the issue of how the labour value was obscured may be better explained.

Heterotopias and the heterotopic mirror

Foucault's (1986) work on heterotopias is found in 'Of other spaces' and can be read especially in relation to 'The order of things' (1970/2001) which shared concern with spatial practices of power. Foucault's work is directly relevant in the present study because he creates a useful conceptual scheme of space, time and vision; especially in the terms heterotopia, utopia, heterochronies, and the heterotopic mirror. Heterotopic sites are places of crisis where social processes considered as deviation from norms are separated out from society, and includes rest-homes as heterotopias of crisis and deviation. Foucault (1970/2001) suggests heterotopic sites can be studied by describing the set of relations that 'bifurcate the familiar' and thus challenge the established order of things. Utopias and heterotopias are related but not opposite concepts. Heterotopias are 'real' places and utopias are imagined places. For instance, residential home utopias are represented by advertising images populated by warm, smiling staff and contented residents in sanitised, homely settings (Featherstone & Hepworth, 1995). The photographic essay showed a heterotopia – a realistic version of the work and experience.

Heterotopias are both spatially and time significant. Foucault coined the term 'heterochronies' to indicate how places can accumulate time (e. g. museums and libraries) or suggest 'absolute breaks' in time (Foucault, 1986, p. 26), e.g. as for cemeteries (and residential homes). Eldercare homes share historical features with cemeteries as they are also real places related to dissolution and disappearance (Foucault, 1986; Wilson, 2004). Foucault's notion of the heterotopic mirror suggests that between sites – utopias and heterotopias – there is a mixed, joint experience, which he calls a heterotopic mirror. Utopias and heterotopias form a continuum with the mirror placed between them. Foucault says that the mirror 'exerts a sort of counteraction on the position that I occupy' (1986, p. 24). Foucault uses the metaphor of the skein, by which he means an intersecting lace of connected threads, to describe space. The way that Foucault understands sites as 'sets of relations' on this skein is important; sites are defined by their relations to other sites and interpretation comes through the act of looking, meaning the body is involved in making interpretive sense of space.

Analysis

Familiarity/unfamiliarity – Heterotopias and utopias

Nursing homes are towards the end of the journey between the idealised home of independence and loving family, and the finitude and immensity of death. The time-in-between is potentially 'fragmented or undifferentiated' (Wilson, 2004, p. 29). Nursing homes as heterotopic sites, according to Foucault (1986), exist on a spatial continuum

between the home and the cemetery. Heterochrony means that, similar to modern cemeteries, residents in nursing homes collectively 'disappear' creating an 'absolute break' in the temporal existence of a generational cohort (Wernick, 1995). The utopia to which heterotopias are counter-posed is the 'home' and its 'family'. The 'home' is a utopic ideal of independence, freedom and family love; however 'home' is a 'fabled discourse' or a social, cultural and imaginary construct (Foucault, 1970/2001). The home and the family are the absent presences, the 'utopian' fable, in the photographic essay. Although nursing homes in reality exist on a continuum from 'open, homely and connected to the community' to more 'institutionalised and private' they all still vacillate between utopian ideals and heterotopic realities.

Foucault's definition of heterotopia involves the principle of 'juxtaposing in a single real space several spaces, several sites that are incompatible'(Foucault, 1986, p. 25). Thus an eldercare 'home' reveals material practices as 'messy, ill constructed, and jumbled', rather than the illusory 'perfect, as meticulous, as well arranged' (p. 27) utopian 'home' we desire to see. For instance, we can see that the labour process is personal and intimate, but there is also evidence of the factory/production process increasingly being taken in the cash-starved eldercare sector. The essay includes jumbles of walkers, rows of food being prepared in the kitchen, stacks of toilet paper, the stainless steel and white shower and toilet area: these all evoke a sense of people being processed through older age, as rituals of cleaning, eating and ablutions are made bare in this service production process.

Thus, Foucault's (1986) principle of the illusory notion of the 'perfect' or utopian space (in this case, of home) is always in tension with heterotopic inversions of a 'homely' site to engender a disruption that splinters the ideal. Home, where we typically have control and privacy, is juxtaposed against the reality of lesser control and privacy in institutional space. As Johnson (2006, p. 84) remarks, 'heterotopias draw us out of ourselves in peculiar ways; they display and inaugurate a difference and challenge the space in which we may feel at home', as they 'exist out of step,' thereby causing a dislocation in our perceived reality.

The *Who cares* essay makes visible the nature of giving and receiving of the support of older adults. At the same time, for the viewer, it reveals an increasingly likely future for many of us. Aging populations in western nations means that demand for eldercare is increasing and there will be significant pressure on services provided to older people. Within this age group is another statistically growing group; older people in long-term nursing home care over the age of 80 who are frailer, have more complex needs, are more likely to experience dementia and are high dependency (Lunenfeld & Stratton, 2013). The very old are the new norm in nursing home facilities where they are often placed when their needs become too complex and demanding for families to manage.

The structural arrangements of the social order, including families, homes, and institutional requirements, directly influence how the co-production of service work is enacted. This is the reality for eldercare workers and the people they support; they exist in this tumbled jungle of conflicting requirements and expectations, managing its contradictions and paradoxes on a day-to-day basis: delivering and receiving care that family members for many valid reasons can't provide, but in a routinised fashion in an environment that sometimes appears like a factory. However, when others, (the viewers of the images), see it from their utopian perspective, they may experience disjunction and disruption between their ideals and what they see. Even professional familiarity with the context of both bodies and caregiving did not always mean viewers came to terms with the images. Despite an 83-year old retired RN who argued the photos 'show how it is, what is real', asking, 'How can that be seen as offensive?' (J1-19), other health professionals, those more familiar with sites of care, also saw images that they argued left them feeling 'uncomfortable and disturbed' at the 'disgusting and demeaning' (J2-23) portrayal of 'the ageing and failing body' (J1-8) the sight of which one nurse argued 'depict emaciation, dependence and

loss'(J1-4).

Proximity/distance – Geographies of care

Space is always connected to body, even when we are not in direct proximity to the space represented. As Merleau-Ponty (2004) has taught us, perception is always embedded in the relationship between the body and the world, *in* the 'world', and accordingly the issue is 'one of knowing with which particular 'world' to fit' (Munro & Belova, 2008, p. 88). The body is not an external object 'but as a mediator that situates us as a being-in-the-world' (López & Domènech, 2008, p. 182). This insight is relevant to our discussion in two ways: first because of the embodied experience of support that is actually happening in the perceived heterotopia, and second because we experience the vision offered us from a distant space and time, but we feel bodily as though we are connected to the represented space.

First, the devaluing of care work derives from geographies of power/knowledge in the medical and health industries more generally. Valued knowledge about the body is abstract, technical and distant, whereas care knowledge is relational and close, involving touching. Power in the health sector is associated with technical knowledge linked to technology and focuses on those who can be kept alive. In older age, 'biomedical accounts occupy a privileged and dominant position' (Twigg, 2004, p. 60). The body work of healthcare professionals is hierarchical and imbued with power and organisational authority (Wolkowitz, 2011). This power and authority was clearly evident in this case, reflected in the paternalistic arguments from health professionals against the essay, who argued that 'good practice recognises the nurse's power and the person's vulnerability' (J1–7) and that 'frail, dependent residents are in a powerless position' (J1-1). The agency of the older participants was refuted.

Second, aging is a political and ethical issue, as lower economic value, i.e. a 'lack' of productivity, is linked to aging bodies (Duncan, 2003), and in turn, devalues those who provide care (Wellin & Jaffe, 2004). However, the photographic images provided poignant insight into the affirmation of older adults' sense of self and place in a heterotopic space, reminding the viewer that 'compassionate workplaces are not utopian visions' (Miller, 2007, p. 240), rather that nursing home routines and rituals are local, specific, repeated and meaningful in helping people 'feel at home'. Supportive eldercare work is an act of touching, one which can both communicate empathy and invoke trust as workers deal with 'private' bodily spaces and functions (Dunlop, 1994). This perception of caring in the images was reflected in a letter from a GP who said that the essay was 'a touching testament to the humanity of the old and those that care for them' (J1–16). A 65-year old non-nurse wrote, 'Mentally I cannot imagine that I will ever be that wrinkled, old or that vulnerable. I don't think any of us thinks that age will come to us in this form… this story needs to be told' (J2-52).

The second issue of proximity/distance relates to the bodily experiences of the viewer in viewing the images. Barthes (1981) and Sontag (1973/1977) have both eruditely demonstrated that photography places us in a reflective state of mind, but we would like to add that they also place us in a reflective state of body. Photos can 'confront' viewers, they have a certain violence; Barthes (1981) called this their 'punctum' which is the subject's ability to reach out from the picture to affect viewers in a highly personal way. The older subjects of *Who cares* had tremendous punctum; no one seemed to see beyond them and all understanding of *Who cares* was filtered through them. While the rituals of caring pictured show the embodied and relational nature of work in a heterotopia, it is possible that the audience experiences the photographs through a heterotopic mirror that reflects the embodied anxieties, purposes and orientations that exist for the viewers. For example, nurses argued that 'there was no necessity to publish the degrading photos' (J2-29), when 'it is obvious none of them would have understood their photos would be lying around New Zealand sitting rooms' (J2-32). Conversely, another nurse asked, 'Are these outraged people

ashamed with this portrait of reality? This is what sometimes happens to people when they become elderly (J2-34).

It is possible that for many people the visual narrative of work with older adults living in long-term eldercare facilities inadvertently provided a poignant reflection on their own embodied subjectivity as fading bodies. In the here-and-now where we are conscious and continent, we grasp the essence of the stories and events in the images, which endow our world with dissonant meanings. Older age appears to be a deviant state in a society where youth and beauty are core values. These pictures troubled the cultural norms of aging, which require that older adults are kept hidden, because then we may 'avoid contemplating our own mortality' (Greenberg, Arndt, Simon, Pyszczynski, & Solomon, 2000, p. 98). Responses to the photo essay even included references to portraying the 'degrading' (J2-38) exposure of 'naked old people' (J2-36), which one nurse heartlessly described as 'a 21st century version of photos of holocaust victims' (J2.35).

As embodiment focuses on subjective experience, what we are feeling and experiencing is central to the social representations that surround us as aging to be 'avoided', compounded by visions which make it difficult for individuals to integrate common images of aging within their own identities (Bytheway & Johnson, 1998). As a result, the work, which was the intended focus of the essay and was anchored by words from the workers themselves, faded into the situational horizon of the older adults pictured, as viewers were required to confront their own vulnerability. In so doing, the intended focus of the photographic display – the workers – was attenuated and circumvented, as they were vilified by some.

Visibility/invisibility – Political bodies, vanishing points

Some criticism directed at the *Who cares* essay inferred residents were vulnerable and thus 'used' in a political way by the NZNO. On the other hand, it could be argued that the assumption that residents were being taken advantage of tends to deny the subject-hood of the older adults pictured. For example, one of the subjects, Daphne was 92 years old and becoming frustrated with her failing body and its bodily betrayals. Daphne, who has since died, was described as a fully cognisant being, full of personality, an ex-school principal, who spoke French, still enjoyed talking about tramping, and listened to classical music.

One of the most profound insights from this essay is in its representation of the political aged body that Daphne personifies. Her courage is emblematic of the value of care work because in revealing herself she speaks for the Other - the carer – with a fully cognisant, powerful political presence. Daphne's presence was confirmed by a respondent who wrote to *Kai Tiaki,* saying that she knew Daphne, 'a woman I admired in life, a woman of great vigor, intelligence and dignity.' She believed that Daphne 'would be delighted to still be making a powerful statement… after her death' (J2-44). This political coproduction of value at the site of the body was fundamentally transgressive of the status quo. In picturing a naked older woman, it did shock many viewers. These images make older adults more than just visible; they make them visible, political and wisely sentient. Individuals who could, and did consent, like Daphne and Pop agreed to be photographed because they wanted to help those that helped them. Pop ordered: 'Paint me, warts and all!' (Knowles, 2006a). In so doing, it could be argued that these older adults exerted their autonomy to be active participants (Quinnan, 1997). Those who may be viewed as 'too frail to participate, who are most at risk from being excluded from opportunities to have their voices heard' (Petriwskyj, Gibson, & Webby, 2017, p. 1351) chose to be seen and heard by identifying 'issues important to them' (p. 1367).

This transparent positioning fundamentally ruptured many of the discourses that surround older people in western cultures, as the tension between the seen (utility) resonates with the unseen (relationships) encapsulated in the images. Rather, the status quo of dependence, frail bodies and intellectual incapacity was espoused by some RNs who

exhorted that 'vulnerable residents' (J2-48) with their 'ageing and failing' bodies (J1-8) 'are compliant with requests from people who are caring for them' (J2-43). Agency was denied with questions, such as 'Would younger people have been asked or used in such a deplorable fashion?' (J2-43). Even personhood was questioned by a nurse in the most incendiary manner, 'Pop and the special things about his life should have been the focus of the article, but then it was not really him was it?' (J3–56).

The second issue relates to the value of labour perceived in the photographs. In the above paragraph we suggest a counter-intuitive reading of Daphne, not as vulnerable and old, but as courageous, political, and generous. We have privilege in looking; we become involved in an 'ethics of seeing' as the photographer has changed what we have the right to observe (Sontag, 1973/1977) by being present himself. Knowles has opened a window into a 'new world' for us in the photographs where the residents take centre stage and thus the affirming nature of eldercare work is made tangible in the photograph.

> Alan Knowles, when defending these images in a later edition of *Kai Tiaki,* expressed what he was trying to evoke about a relationship between care workers and their charges: '…what touched me to the core of my being was the intangible bond I detected between the carers and the residents. It was a lyrical amalgam of tenderness and familiarity, briskness and concern, patience, humour and love, edged with exasperation on both sides' (Knowles, 2006a).

The older adults in the *Kai Tiaki* article were intensely focused upon, as social norms acted to protect them. Nonetheless, in doing so those same social norms contradictorily silenced residents by insisting on their vulnerability, and that dignity equates to privacy. This happened in spite of the residents' clear desire to support the work of their carers by making themselves visible (Tornstam, 1997). They chose to 'open up spaces' (Petriwskyj et al., 2017) for participation. Some members of the public observed this and were uplifted by the respect and care that can be integral to residents' relationships with care workers. Others saw older adults being 'exploited in the most insensitive way' (J2-44). However, the last word must be reserved for a moving, and arguably well-informed, letter writer, 'As a resident for the past year of a rest home/hospital in [], I have read with interest, sadness and relief the many letters… But for me there was a beauty, dignity and compassion in the actions of the nurses and caregivers…. As a nurse who trained nearly 70 years ago, I'm impressed with the skills of today's nurses (J2-55).

Discussion

Our interpretation of a photographic project looking at care work in a heterotopic site draws on the central spatial/geographic meaning that resonates throughout the literature on caring and photography. We have discussed this in relation to three main areas: familiarity/ unfamiliarity, proximity/distance and visibility/invisibility, and suggested that our vision 'distorts' when looking 'through' a heterotopic mirror. The body is always part of the social world, and as we experience bodily dislocation in time and space, as we individually experience the same essay differently dependent on our disposition to, our preconceptions of, and familiarity with, the implications of the subject being depicted.

In interpreting the *Who cares* essay and the reaction to it, we have applied Foucault's notion of heterotopia to emphasise tensions in the relational space in which the care of older adults is represented in the photographic narrative. We have shown that the principle of Foucault's heterotopia as creating 'a space of illusion that exposes every real space, all the sites inside of which human life is partitioned, as still more illusionary' (Foucault, 1986, p. 27) makes explicit the contextual cultural arena of eldercare imbued with the spatial politics of the new millennium. Inevitably, because eldercare work is relational, the dignity of residents is inextricably interlinked with worker dignity. One cannot be

discussed without the other. The quality of life of older people and the quality of working life for those working with them are dependent upon each other (Gilleard & Higgs, 2010). When the dignity of residents came under scrutiny, the dignity of the workers themselves was invoked; criticisms of pictures of the work they do, which is normally hidden, was framed as unacceptable for public scrutiny by a vocal and influential minority of responders.

We must return to the question of why the photographs were so uncomfortable to view, and why they elicited such strong polysemous reactions from viewers. This analysis of the photographic essay *Who cares* underlines the importance of understanding practice as representational. First, although we are aware of insitutionalised eldercare work for older adults as normalised activity, the fundamental assumption is that we share a common view of the 'facts'. But there is a difference between the 'facts on the ground', the representation of the facts, and the interpretation of those same facts. As Bytheway and Johnson point out, 'the image evokes more than just the reality before the camera' (1998, p. 250). In this case, meaning was not located in the photograph; people filled the images with meaning. This photographic essay uncovered the 'real' work within a heterotopia, as contrasted with the utopia of the sanitised experience of eldercare. In this case, the politics of space and place meant that a transparent image of the very reality of an occupation which is minimally understood and poorly valued was obscured as even well-informed spectators focussed on the truth of older bodies. Second, as a result, the essay was not received as the senders intended, rather as a simplistic representation. The outcome was a result of a failure to recognise that we 'can never stand or think in a cultural vacuum' (Crossley, 1995, p. 56). As Foucault (1986) shows us, in understanding the nature of looking itself, we might understand it as a practice of both looking and meaning-making.

Nobody disputed that *Who cares* provides a realistic representation of eldercare work, which not only requires dealing with failing bodies, but also engaging relationally with older adults imbued with agency and histories. All western representation involves separating subject from the reified object (Shapiro, 2012) and we often forget how this fundamental initial act of inscription is imbedded and iterated in geographies of power. This case serves not only illustrate the way in which a workspace will shape (or constrain) performance, but also shows us the important catalyst contributing to visibility of that same workplace is the subjectivity of the viewer, as they wrestle with the act of viewing the corporeal body as lived, versus the ideologically inscribed body as a social object with a master narrative of old age as decline.

Different interpretations of the visual essay were powerful enough to move the focus away from the intended external subject (eldercare workers) to the internal reflexivity of the viewer (self) as revealing a (future) reality ethically and politically charged with an image exhorting the viewer to contemplate human mortality. In this case, the ethical and political significance of the photographic essay extended knowledge through exposing the discomfort of disrupting a world comprising an entanglement of society, work, aging and agency. This article argues that it is possible that the construction of meaning and subjectivity in viewing the future through the heterotopic mirror caused a level of discomfort, even to those who were already professionally aware, and a subsequent inducement to repel the vision. As the invisible was made visible, worlds were disrupted and fragmented by a reminder of frailty in the spatial politics of modernity, and so the essay, and consequently the labour had to be rendered invisible.

Conclusion

We have drawn attention to the processes of embodied subjectivity that are involved in the act of looking, showing that looking is a political act. We contend that the construction of meaning and subjectivity in eldercare work within a culturally and politically contested space reveals influences that are often unrecognised as conflicting and divergent ideologically inscribed beliefs. We also suggest that even when

the value of invisible work is realistically portrayed, it can be silenced and made invisible by a contrived psychological distance from the heterotopic site of the work. Despite the attempt to uncover the true quintessence of the labour, spectators of the heterotopic space substituted the vision with their utopic representation of that same reality, as they chose to privilege the rational physical body in the present, and subjugated the inexorability of the non-rational moving from youth into advanced age and life into death.

The future of *Who cares* is that it will remain a significant photographic publication of the work of supporting older people which offers rare insight into residential homes, the realities of aging, and the nature of the work within. Also revealed was the context of the self and citizenship, with systems of meaning embedded in rapidly changing social structures and expectations, including the process of aging. The environment of informed consent verified by the Privacy Commissioner suggests that the older people who took part over two years expressed their agreement with the project. However, because of the actions of five strangers, now, we can never know.

In turn, this raises the question of who benefits from *Who cares* being repressed? Repressing and not seeing this *Kai Tiaki* article will not benefit the older adults or their care workers. It merely helps reinforce the status quo and elide the most important and obvious lesson *Who cares* tells us: the quality of eldercare depends on the quality of working conditions for the workers, because at the end of life it is highly likely most of us will be depending on the comforts provided by employed strangers. This article has shown that a number of factors undermined the attempt to render invisible work visible, helping to explain how social relations (in this case about aging) work to devalue labour, even for those enculturated into healthcare environments. The work is visible if one wants to see it; the work was further made invisible as the embodied practices of care workers were subsumed by their devotion to the personhood of those they support. By giving visibility to the existential commitment of care workers, it is hoped this article will contribute to better understanding of the significance of the *Kai Tiaki* article and help bring about a greater awareness of the importance of eldercare work. Always, the question should be; who cares?

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jaging.2018.12.002.

References

Allen, D. (2014). *The invisible work of nurses hospitals, organisation and healthcare.* London: Routledge.

Andrew, K. (2006). 'Degrading' photograph could spark legal action. *The Southland Times,* 3.

Anteby, M., & Chan, C. (2013). *Invisible work, Sociology of work: An encyclopedia.* eBook: SAGE.

Baines, D., Charlesworth, S., & Daly, T. (2016). Underpaid, unpaid, unseen, unheard and unhappy? Care work in the context of constraint. *Journal of Industrial Relations, 58*(4), 449–454.

Barthes, R. (1981). *Camera lucida: Reflections on photography. (Trans R. Howard).* New York: Hill & Wang.

Black, J. (2006). Feeble excuses. *New Zealand Listener,* 5.

Bolton, S., & Laaser, K. (2013). Work, employment and society through the lens of moral economy. *Work, Employment & Society, 27*(3), 508–525.

Brett, C. H. (2006, May 21). Inside story: The real shock horror. *Sunday Star Times,* A2.

Broad, J., Ashton, T., Gott, M., McLeod, H., Davis, P., & Connolly, M. (2015). Likelihood of residential aged-care use in later life: A simple approach to estimation with international comparison. *Australia and NZ Journal of Public Health, 39*(4), 374–379.

Buch, E. D. (2015). Anthropology of aging and care. *Annual Review of Anthropology, 44,* 277–293.

Bytheway, B., & Johnson, J. (1998). The sight of age. In S. Nettleton, & J. Watson (Eds.). *The body in everyday life* (pp. 243–257). London: Routledge.

Crossley, N. (1995). Merleau-Ponty, the elusive body and carnal sociology. *Body & Society, 1*(1), 43–63. https://doi.org/10.1177/1357034x95001001004.

Davis, J. (2006). *Photos 'degrading, insulting'. No photo consent given, family says.* The Press3.

Duncan, C. (2003). Assessing anti-ageism routes to older worker re-engagement. *Work, Employment & Society, 17*(1), 101–120.

Dunlop, M. J. (1994). In P. Benner (Ed.). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness* (pp. 27–42). London: Sage Is a science of caring possible?.

Featherstone, M., & Hepworth, M. (1995). Images of positive aging: A case study of Retirement Choice magazine. In M. Featherstone, & A. Wernick (Eds.). *Images of aging: Cultural representations of later life* (pp. 29–47). London: Routledge.

Folbre, N. (2001). *The invisible heart: Economics and family values.* New York: The New Press.

Foucault, M. (1970/2001). The order of things: An archaeology of the human sciences. London: Routledge.

Foucault, M. (1986). Of other spaces. *Diacritics, 16*(Spring), 22–27.

Gilleard, C., & Higgs, P. (2010). Aging without agency: Theorizing the fourth age. *Aging & Mental Health, 14*(2), 121–128. https://doi.org/10.1080/13607860903228762.

Greenberg, J., Arndt, J., Simon, L., Pyszczynski, T., & Solomon, S. (2000). Proximal and distal defenses in response to reminders of one's mortality: Evidence of a temporal sequence. *Personality and Social Psychology Bulletin, 26*(1), 91–99. https://doi.org/10.1177/0146167200261009.

Hebson, G., Rubery, J., & Grimshaw, D. (2015). Rethinking job satisfaction in care work: Looking beyond the care debates. *Work, Employment & Society, 29*(2), 314–330.

Hyde, P., Burns, D., Hassard, J., & Killett, A. (2014). Colonizing the Aged Body and the Organization of Later Life. *Organization Studies 2014, 35*(11), 1699–1717.

Johnson, P. (2006). Unravelling Foucault's 'different spaces. *History of the Human Sciences, 19*(4), 75–90.

Johnston, M. (2006, May 18). Two families claim patient in photo. *The New Zealand Herald,* A4.

King, H. (2017). Aged-care sector warns of workforce crisis. Retrieved from https:www.stuff.co.nz/business/99454652/agedcare-workers-fears-for-future

Kittay, E. F. (1996). *Love's Labor: Essays on Women, Equality and Dependency.* New York: Routledge.

Knowles, A. (2006a). 'Paint me warts and all': The co-editors invited photographer Alan Knowles, who shot the photo essay, 'Who cares' in last month's Kai Tiaki Nursing New Zealand, to background the project and reflect on the debate the images have provoked. *Kai Tiaki Nursing NZ,* 3.

Knowles, A. (2006b). Who cares: A photographic essay by Alan Knowles on caregiversworking with the elderly. *Kai Tiaki Nursing NZ,* 5.

Latimer, J. (2009). Introduction: body, knowledge, worlds. *The Sociological Review, 56,* 1–22. https://doi.org/10.1111/j.1467-954X.2009.00813.x.

Liaschenko, J. (1997). Ethics and the geography of the nurse-patient relationship: Spatial vulnerabilities and gendered space. *Research & Theory for Nursing Practice, 11*(1), 45–59.

Liaschenko, J. (2000). The moral work of housekeeping issues in home care. *Home Care Provider, 5*(1), 12–13. https://doi.org/10.1016/S1084-628X(00)90031-5.

López, D., & Domènech, M. (2008). Embodying autonomy in a home telecare service. *The Sociological Review, 56,* 181–195. https://doi.org/10.1111/j.1467-954X.2009.00822.x.

Lunenfeld, B., & Stratton, P. (2013). The clinical consequences of an ageing world and preventive strategies. *Best Practice & Research Clinical Obstetrics and Gyaecology, 27,* 643–659.

MacDonald, F. (2006, 21 May). Timely snapshot of vulnerable and invisible world. *Sunday Star-Times,* 9.

Manchester, A. (2013). *Email and telephone conversation between Anne Manchester, and authors names added in after review.*

McGregor, J. (2012). Caring Counts: Report of the Inquiry into the Aged Care Workforce. Retrieved from http://www.hrc.co.nz/eeo/caring-counts-report-of-the-inquiry-into-the-aged-care-workforce.

McLeod, R. (2006, 21 May). Photographs put plight of the aged in stark contrast. *Sunday Star-Times,* 9.

Merleau-Ponty, M. (2004). *The world of perception.* New York, NY: Routledge.

Miller, K. I. (2007). Compassionate communication in the workplace: Exploring processes of noticing, connecting, and responding. *Journal of Applied Communication Research, 35*(3), 223–245. https://doi.org/10.1080/00909880701434208.

Munro, R., & Belova, O. (2008). The body in time: Knowing bodies and the 'interruption' of narrative. *The Sociological Review, 56,* 85–99. https://doi.org/10.1111/j.1467-954X.2009.00817.x.

Nude nursing home photos fuel New Zealand controversy (2006, May 15). Retrieved from www.seniorjournal.com/News/Eldercare.

Palmer, E., & Eveline, J. (2012). Sustaining low pay in aged care work. *Gender, Work and Organization, 19*(3), 254–275.

Petriwskyj, A., Gibson, A., & Webby, G. (2017). What does client 'engagement' mean in aged care? An analysis of practice. *Ageing and Society, 38*(7), 1350–1376. https://doi.org/10.1017/S0144686X17000095.

Quinnan, E. J. (1997). Connection and autonomy in the lives of elderly male celibates: Degrees of disengagement. *Journal of Aging Studies, 11*(2), 115–130. https://doi.org/10.1016/S0890-4065(97)90016-5.

Radio, N. Z. (2006). *Greypower critical of resthome photographs.* Scoop.

Ritchie, L. (2011). Photographs of the ageing body in a nursing journal: A profession's response. *Nursing Inquiry, 20*(2), 1–10.

Ritchie, L., & Watson, P. (2006). Reflections on the photographic essay. *Kai Tiaki Nursing New Zealand, 12*(5), 12–13.

Sayer, A. (2007). Dignity at work: Broadening the agenda. *Organization, 14*(4), 565–581. https://doi.org/10.1177/1350508407078053.

Shapiro, M. J. (2012). *Discourse, culture, violence.* New York: NY: Routledge.

Shroff, M. (2007). Commissioner initiated inquiry under section 13 of the Privacy Act, 1993. Publication of photographs of elderly people and their carers. Privacy Commission inquiry report, 11. Retrieved from http://www.privacy.org.nz/assets/Files/93520879.pdf.

Sontag, S. (1973/1977). *On photography*. London: Penguin.

Statistics New Zealand (2015). 65+ population on the rise – age group has nearly doubled since 1981. Retrieved from http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/qstats-65-plus-mr.aspx.

Tornstam, L. (1997). Gerotranscendence: The contemplative dimension of aging. *Journal of Aging Studies, 11*(2), 143–154. https://doi.org/10.1016/S0890-4065(97)90018-9.

TVNZ (2006). *Mag defends naked photos of elderly*. RNZ/One News.

Twigg, J. (2004). The body, gender and age: Feminist insights in social gerontology. *Journal of Aging Studies, 18*, 59–73.

Wellin, C., & Jaffe, D. J. (2004). In search of "personal care": Challenges to identity support in residential care for elders with cognitive illness. *Journal of Aging Studies, 18*(3), 275–295. https://doi.org/10.1016/j.jaging.2004.03.005.

Wernick, A. (1995). Selling funerals, imaging death. In M. Featherstone, & A. Wernick (Eds.). *Images of Aging: Cultural Representations of later Life* (pp. 280–293). London: Routledge.

Wilson, E. (2004). *Mocked with death: Tragic overliving from Sophocles to Milton*. Baltimore, USA: John Hopkins.

Wolkowitz, C. (2011). The organizational contours of body work. In E. Jeanes, D. Knight, & P. Yancy Martin (Eds.). *Handbook of gender, work and organizations* (pp. 177–190). Chichester: Wiley Blackwell.

Woodham, K. (2006, May 21). Indignity of ageing and poor pay beautifully illustrated. *Herald on Sunday,* 33.

Zelizer, V. (2005). *The Purchase of Intimacy*. Princeton, NJ: Princeton University Press.