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(Hardback); \$40.95 (Paperback and eBook).

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*Care at Home for People Living with Dementia: Delaying Institutionalization, Sustaining Families* provides a *tour de force* contribution to nursing studies and the anthropology of aging, care, and dementia from Christine Ceci and Mary Ellen Purkis, with a foreword by Jeannette Pols. Since their research about home care nurses in the 1990s, Ceci and Purkis spent decades teaching and researching in the field of nursing studies in Canada. As co-authors and separately, they have extensively published about the changing roles of healthcare practitioners and unpaid carers for older adults in their home environment (Ceci, Björnsdóttir, and Purkis 2012; Ceci, Symonds Brown, and Purkis 2019; Ceci and Purkis 2015). Their most recent book continues this trend, drawing on a research project about families caring for people living with dementia at home that was funded by the Canadian Institute of Health Research.

Ceci and Purkis describe care as a “loose concept” (11) that cannot be determined in advance but takes shape empirically. With this definition they situate their work within the tradition of anthropologists of care such as Jeannette Pols, Annemarie Mol, and Ingunn Moser (Mol, Moser, and Pols, 2010; Pols, 2023). This commitment to letting care emerge empirically is echoed in their methodological approach. Between 2014 and 2019 they followed four families living with dementia at home in two midsize Western Canadian cities using ethnographic methods and interpretive analysis. Additionally, they interviewed fourteen stakeholders involved in local dementia care services, such as clinicians, caregiver support therapists or managers of community-based health centers. Experiences of the four families are skilfully juxtaposed with those of health and social care practitioners and with the wider narratives and policies about dementia. While their ethnographic observations are rooted in the Canadian context, they offer valuable insights for cross-cultural comparison and broader theoretical debate.

Ceci and Purkis’ book addresses a central question in dementia care: how can health and social care systems better support families caring for people living with dementia at home? In response, the authors argue for an ontological departure from the instincts of formal healthcare to *contain* messiness, instead embracing what Jeannette Pols (ix) describes in the Foreword as a “patchwork of care provisions, where different fabrics of problems, needs and arrangements are linked together by using different kinds of stitches”. The concept of patchwork features throughout the book, reliant on a “sensitivity to the possibility that social and material relations don’t add up, semiotically or strategically” (39). By the conclusion, Ceci and Purkis suggest ‘patchwork’ may also be the key to better dementia care, and can support critical analysis, not simply to describe ‘patchy’ or inadequate health and social care systems, but also as a conceptual tool.

The authors self-describe their work as a “quieter book” (5) when compared with the louder calls to action of other dementia research. They aim instead to provide a thick description of caring at home that goes beyond the tropes of “care burden” or the “isolated caregiver-recipient dyad” (Purkis and Ceci 2015: 1424). To do so, in the first three chapters of the book the authors start with unpacking how and why dementia policy and formal health and care systems support practices of caring at home. In the first chapter, Ceci and Purkis critically examine the “problem of dementia” (1), framing it within an economizing logic of healthcare that prioritizes keeping people at home longer for financial reasons rather than genuine care concerns. Based on their interviews with practitioners, this policy agenda is then unpacked locally where interventions mobilize a narrow understanding of dementia: following early diagnosis, families act as informed caregivers poised to access the resources available for people with dementia to live at home for as long as possible. These early chapters build a compelling parallel between “what appears as stable” (43) such as national dementia strategies to local interventions, and what “shows itself as unstable” (43) when families negotiate these structures.

The last five chapters delve deeper into the families’ experiences of caring at home. The reader is first introduced to the four families who participated in the research: two sets of spouses from wealthy families (James and Colleen, Ken and Marla), two spouses from a larger, less wealthy family (Helen and Albert), and an immigrant family where parents lived with their two adult sons (Katherine and David). Ceci and Purkis’ ethnography immerses the reader in their family homes (with their equipment, routines and inadequacies) and introduces the practitioners and infrastructures they encounter. Recruited through caregiver support groups and day programs, the families’ eagerness to participate in the study is clear. This leaves readers wondering how inclusion of the perspectives of less ‘eager’ families, of families who are not taking recourse to home supporting services, or who live with dementia without diagnosis would have enriched the findings. Moreover, while spousal relationships feature prominently, there is little insight into how and if other family members contribute to caring at home (apart from Katherine and David’s sons), and how these processes may be shaped by ethnicity or socio-economic status. Perhaps a matter of personal preference, this reader would have also welcomed more author reflections, as their experiences informed by a long career may prove insightful for more junior scholars.

One of the book’s key strengths is its ability to navigate the ontological disjunctions between the world of dementia policy and healthcare, and the world of everyday care within family homes. While other works in the anthropology of aging hastily proclaim the first as lacking in order to highlight the insights of the second, Ceci and Purkis are slower to dismiss one in favour of the other. With help from philosophers of science such as Isabelle Stengers, they write about the different ontologies of dementia care in a critical, yet caring way. For example, in Chapter 5, the authors use Stengers’ work inspired by an ecological framework to start from “an assumption of divergence” (106). Rather than presuming that families and service providers share aligned interests, Ceci and Purkis argue their interests are meant to diverge. Using the example of the safety of people living with dementia, they describe how interests diverge in two settings. The first is a café outing where both human and non-human actors must be considered to ensure ‘safety’ and its contingencies. The second is a visit to the doctor where discussions of ‘safety’ remain abstract and located in an institutional framework where surveillance and monitoring are commonplace. Instead of simply focusing on the failures of the second setting, Ceci and Purkis outline how these divergent interests may best work towards symbiosis, that is working together to benefit each other, rather than aiming to simply become aligned.

Another strength of the book, perhaps related to the one above, is its ability to turn ‘dementia speak’ inside out ethnographically. A compelling example comes in Chapter 6 where the authors explain how

families engage in “patterning” (110) by learning about and deploying established patterns of dementia, such as the ‘dementia journey,’ to make sense of and receive support at home. The authors trace Ken’s progress as he writes letters to the doctor about his wife Marla and learns how to describe her dementia’s progress in biomedical terms. The authors showcase how families use patterning to impose some order on their daily lives, despite significant parts of life still escaping the pattern. Even for Colleen, who educated herself to embody the successful caregiver for her husband James, attempts at patterning fail when James is discharged from his day program due to aggressive behavior despite Colleen alerting staff to take measures. When Colleen’s warning is not heeded, we see how caring for people living with dementia at home is marked by many failed exchanges between practitioners and caregivers.

Ceci and Purkis’ most recent book provides an accessible, yet theoretically sophisticated account of the processes of caring at home for people living with dementia. Its contents would be suitable for both researchers and students, including those new to dementia research as it provides a comprehensive window into international and Canadian dementia policy. The book could also provide a critical analysis of dementia care to practitioners, drawing on engaging but concise examples of family experiences. *Care at Home for People Living with Dementia* is set to become a valuable teaching and research resource, attesting how ethnographic analysis can provide solutions in the ‘louder’ debates in dementia care by care-fully understanding the experiences of caring for people living with dementia at home.

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