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**FRIENDSHIP, CURIOSITY AND THE CITY: DEMENTIA FRIENDS AND MEMORY WALKS IN LIVERPOOL**

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## FRIENDSHIP, CURIOSITY AND THE CITY: DEMENTIA FRIENDS AND MEMORY WALKS IN LIVERPOOL

### Abstract

The city is not just a context for friendships or a problem to be solved through them; it can be a catalyst for these relationships, sparking and strengthening connections between individuals and groups. Shared experiences of and curiosity in cities – expressed through practices that including revisiting familiar places, and exploring others for the first time – can draw people together in beneficial ways. These principles underpin a health and wellbeing agenda, pioneered in Liverpool, which encourages people to ‘take notice’ and ‘connect’ – two of five ‘ways to wellbeing’ promoted through the Liverpool Decade of Health and Wellbeing. This paper focusses upon one particular set of schemes and relationships, which bring all this into focus: befriending schemes designed to support people with dementia, which engage with objects and places as catalysts for connection. These observations shed a broader light upon the meanings and uses of friendship, with particular reference to cities.

**Keywords:** wellbeing, friendship, dementia, curiosity, befriending

### Introduction: Walking, Remembering, Connecting

Two men are walking up an icy, cobbled street in Liverpool. Their conversation stops and starts as they move, noticing and being distracted by things along the way. Dave, in his fifties, is the chattier of the two. He is leading the conversation and seems to be enjoying the morning. Things along the way remind him of others – a cathedral sparks recollections of his daughter, who works in churches as a signer for people with hearing difficulties. Dog poo on the street starts a conversation about people who don’t pick up after their pets. Dave tells a story about a ghost, seen in a church in

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2  
3 Birmingham; he repeats this story several times. When they come across a patch of snow on the  
4  
5 ground, Dave stumbles and needs some help. Sean, his younger companion, steps in to guide him  
6  
7 around the obstacle. Later, when they are in the cathedral, Dave needs help again. He has forgotten  
8  
9 how to unbutton his coat.  
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15 Dave is living with dementia, and Sean is a volunteer with a charity, participating in a befriending  
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17 scheme, which supports people with this illness and their carers, friends and families. This morning,  
18  
19 as they have done many times before, they are walking together. They are visiting one of Dave's  
20  
21 favourite places – the Anglican Cathedral – and the café there. On other occasions they have been  
22  
23 on the ferry across the Mersey, and to the Museum of Liverpool. They find that the city, as well as  
24  
25 representations of it and objects from it, both of which are found in the Museum, spark memories in  
26  
27 Dave and conversations with his volunteer-befriender. Walking together gives shape to these  
28  
29 memories and interactions.  
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36 Sue, a staff member at the charity, helped put this walk in context. She explained that Dave *'likes the*  
37  
38 *old Liverpool part because that's where his memories are when he was a young lad'*.<sup>1</sup> These  
39  
40 memories also draw together Dave and Sean, at least during the time they spend together, when  
41  
42 they find a mutual interest in the city, and in each other. This curiosity forms a catalyst for  
43  
44 connection and a kind of friendship. This friendship has a special value, which another staff member  
45  
46 at the charity, Paula, alluded to. *'The benefit is for the person with dementia is to have a free-flowing*  
47  
48 *conversation with a person who is willing to listen and is interested and who is not your family*  
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50 *member, who is not your carer, who is a friend, he's there to befriend you.'*  
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3 These observations highlight the potential for places – cities in particular – as objects of and contexts  
4 for shared and mutual curiosity, to be catalysts for relationships, including forms of friendship, which  
5 in turn can be beneficial to wellbeing. In this paper, we examine relationships between cities,  
6 curiosities and friendships through the lens of befriending practices, directed at people with  
7 dementia and those that support them. This discussion brings new meanings to terms that have  
8 been coined by the Alzheimer’s Society in the UK: Dementia Friends and Dementia Walks.  
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20 We argue that the city is not just a vessel for friendships or a problem to be solved or mitigated  
21 through them. Georg Simmel presented such a case in his influential essay, ‘The Metropolis and  
22 Mental Life’, which identified metropolitan relationships with reserve, distance and distrust (Simmel,  
23 1903; see also: Giddens, 1992). According to Simmel, urban dwellers compartmentalize their lives  
24 and relationships, making it difficult to relate to others in a ‘holistic way’ (Pahl, 2000, p.36). This  
25 analysis of fragmented and alienated metropolitan, modern life has since been interrogated and  
26 largely refuted (Spencer and Pahl, 2006), but relationships between cities and friendships remain  
27 poorly understood – a gap in knowledge and understanding that this special issue is designed to  
28 address, and to which we seek to contribute. We do so by exploring how urban encounters – with  
29 things, places and others – can draw people together in ways that can be beneficial for wellbeing.  
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45 Of course, urban encounters do not always draw people together; for this to happen, they must be  
46 experienced in particular ways (Thrift, 2004). In this paper, we identify one catalyst that can draw  
47 people together in such contexts: relational curiosity. Curiosity has been defined as ‘a strong desire  
48 to know or learn something’ (Pearsall, 2002, p.351). Relational curiosity – being curious about  
49 others; and being curious with them – challenges commonplace assumptions that curiosity is an  
50 essentially private drive, motivation, desire or state of mind (Phillips, 2015). The concept of  
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3 relational curiosity develops Rachel Smith's (2008, p.159) assertion that curiosity has the potential to  
4  
5 'link people together and offer new modes of engagement with the world'. It also fleshes out Mark  
6  
7 Zuss's (2012, p.88) assertion that 'critical curiosity is manifest in acts of intervention into daily life in  
8  
9 the interest of transforming it'. Relational curiosity can take the form of shared interest in things and  
10  
11 places – illustrated by Dave and Sean's interest in the streets they walked through – as well as  
12  
13 mutual curiosity – Dave's interest in Sean and vice versa.  
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20 When we go on to speak of the relationship between Dave and Sean as a friendship, we are using a  
21  
22 term that means different things to different people. An influential, foundational thinker in this  
23  
24 context, Aristotle distinguished three overlapping types of friendship – the good (who know who we  
25  
26 really are), the pleasant (with whom we share activities and enjoy company) and the useful (who  
27  
28 help and support each other) (Barkas, 1985). This typology has been elaborated (Spencer and Pahl,  
29  
30 2006), updated and debated (Kathiravelu, 2013). Relationships experienced through dementia  
31  
32 befriending schemes take different forms, some of which can be understood on these terms, as  
33  
34 forms of friendship (Ward et al, 2012). As such, they also build upon the differentiated, critical,  
35  
36 sometimes counter-intuitive approaches to friendship advanced by political theorist and classicist  
37  
38 Danielle Allen (2004), the Christian-identified scholar, John Swinton (2000) and dementia worker  
39  
40 Gaynor Hammond (2002), all of whom are considered below. These scholars argue, in different  
41  
42 ways, that friendships can be important both for those who experience or are affected by them and  
43  
44 also for society more widely. As Liz Spencer and Ray Pahl (2006, p.1) put it, friendships can be a form  
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46 of 'hidden solidarities' and a kind of 'social glue', as well as a source of self-esteem, personal  
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48 happiness and hope.  
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3 This paper examines relationships between friendship, curiosity and the city through the findings of  
4 a research project, which investigated the Liverpool Decade of Health and Wellbeing (LDHW) and its  
5 promotion of 'five ways to wellbeing'. We focus upon two of the five ways – known as Take Notice  
6 and Connect – and examine their translation and dissemination through health and wellbeing advice  
7 and through specific schemes such as dementia befriending. To investigate this, we conducted  
8 participant observation, taking part in sessions involving befrienders and people living with  
9 dementia. We also conducted 27 interviews with people who were involved in the design and/or  
10 delivery of LDHW, focusing upon understandings of and reflections on the projects in which they  
11 were involved. Interviewees included staff members at the charity introduced above (Mary, Jenny  
12 and Paula), two volunteer befrienders (Sean and John), who were accompanied by one of their  
13 client-friends<sup>2</sup> (Dave). We also interviewed participants in a scheme called the House of Memories,  
14 which took place at the Museum of Liverpool, and a number of health and wellbeing professionals,  
15 some of whom are quoted below. This research took place between June 2012 and May 2013 and  
16 was carried out by Richard Phillips, Bethan Evans and Joanna Long, who joined this project as a  
17 Research Assistant. Informed consent was sought from all interviewees and all names (of individuals  
18 and organizations) here are pseudonyms except where anonymity would not be possible, or where  
19 explicitly agreed.  
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### 43 **Take Notice and Connect – in the City**

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46 The dementia befriending scheme introduced above and some of the venues visited and activities  
47 pursued by befrienders and their client-friends were allied to and/or supported financially by the  
48 LDHW. These schemes, venues and activities were selected on the basis of their relevance to one or  
49 more of the five ways to wellbeing. The five ways were identified and endorsed within a review of  
50 evidence-based health and wellbeing interventions, which was commissioned by the UK government  
51 and published in 2008 by the New Economics Foundation (NEF, 2008). Two of the five ways –  
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3 Connect and Take Notice – are particularly relevant to this study and are therefore most prominent  
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5 in this paper. The others, less directly relevant, are Be Active, Keep Learning, and Give.<sup>3</sup> The LDHW  
6  
7 was an early and influential adopter of the five ways ([http://liverpool.gov.uk/leisure-parks-and-  
10  
11 events/Events/healthandwellbeing/](http://liverpool.gov.uk/leisure-parks-and-<br/>8<br/>9 events/Events/healthandwellbeing/)). The health authority (Primary Care Trust or PCT) allocated a  
12  
13 budget to support schemes designed to promote one or more of the five ways (£300,000 was  
14  
15 awarded through grants of £2,000 to £7,000) (source: Interview with Mersey Forest Partnerships,  
16  
17 which administered some of this funding).  
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22  
23 Liverpool – the city in which these initiatives are situated – has a population of just under half a  
24  
25 million, within the Merseyside metropolitan area, which is home to around 1.4 million, and includes  
26  
27 the Wirral peninsula ([http://worldpopulationreview.com/world-cities/liverpool-population/  
30  
31 01/07/15](http://worldpopulationreview.com/world-cities/liverpool-population/<br/>28<br/>29 01/07/15)). Other points to note, which become relevant to this research, are the city's history as a  
32  
33 port, with dockside work and industry, some of which survives and is represented in the Museum of  
34  
35 Liverpool, situated in the regenerated Albert Dock (Haggerty et al, 2008). Following years of postwar,  
36  
37 post-imperial economic decline, the city has experienced high levels of deprivation, reflected in both  
38  
39 socio-economic indicators and also in measures of health and wellbeing (Belchem, 2006). Recent  
40  
41 economic renaissance has been driven, in part, by cultural projects such as the European Capital of  
42  
43 Culture festival, 2008 (Haggerty et al, 2008). Synergies between efforts to improve health and  
44  
45 wellbeing and a wide range of artistic and creative work have been reflected in some innovative  
46  
47 projects and networks (Sixsmith and Gibson, 2007), and this defines an interface in which the LDHW,  
48  
49 the five ways and the research described in this paper are located.  
50  
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55 The five ways overlap and interconnect. Chris Price, Health and Wellbeing Partnership Manager at  
56  
57 Liverpool PCT, stressed that *'it's the balance of the five together which people need to make it most*  
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1  
2  
3 *effective*'. He explained that, while connections with 'family, friends, colleagues and neighbours' are  
4  
5 crucial for wellbeing, Connect should not be seen in isolation, but in relation to the other ways to  
6  
7 wellbeing, which involve giving, being active, learning and taking notice. Intersections between the  
8  
9 five ways are recognised in many of the schemes that have been allied to and funded through the  
10  
11 LDHW. These include a community garden in suburban Liverpool, which is designed to build  
12  
13 connections between neighbours, peers and generations, while also encouraging participants to take  
14  
15 notice of the garden, in each case with positive implications for their wellbeing (Phillips et al, 2015).  
16  
17 These two ways to wellbeing are conceived as follows (NEF, 2008, p.3):  
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20  
21       Take Notice: Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the  
22  
23 changing seasons. Savour the moment, whether you are walking to work, eating lunch or  
24  
25 talking to friends. Be aware of the world around you and what you are feeling. Reflecting on  
26  
27 your experiences will help you appreciate what matters.  
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30  
31       Connect: Connect with the people around you. With family, friends, colleagues and  
32  
33 neighbours. At home, work, school or in your local community. Think of these as the  
34  
35 cornerstones of your life and invest time in developing them. Building these connections will  
36  
37 support and enrich you every day.  
38  
39

40 Synergies between connecting and taking notice in ordinary urban settings speak to broader  
41  
42 questions about how places can be used to benefit wellbeing. Such places – conceived as  
43  
44 therapeutic landscapes – are said to promote the physical, mental and spiritual wellbeing of those  
45  
46 who spend time there. Traditionally, therapeutic landscape research and practice have tended to  
47  
48 privilege 'exceptional', out-of-the-ordinary spaces such as forests and beaches (Conradson, 2005).  
49  
50 This tendency has been challenged through recognition of 'localized and ordinary spaces of care and  
51  
52 wellbeing' (Little, 2012, p.218) including 'urban, domestic and everyday places' (Milligan et al 2004,  
53  
54 p.1785).  
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6 David Conradson's observation that nowhere is 'intrinsically therapeutic' (Conradson, 2005, p.338)  
7  
8 and conversely that everywhere is potentially therapeutic raises questions about how to engage  
9  
10 with ordinary places in beneficial ways. Take Notice – attending to 'the world around you' – presents  
11  
12 one possible answer to this question. The evidence base for this way to wellbeing was derived  
13  
14 primarily from research on mindfulness practices as a treatment for depression and anxiety (NEF,  
15  
16 2008). Sam Thompson, a co-author of the NEF report that coined this phrase, told us that  
17  
18 mindfulness practices and philosophies such as meditation and yoga can be difficult to  
19  
20 communicate, and that it was necessary to '*give some examples that would feel quite normal in real*  
21  
22 *life to people*'. Merseycare's Mandy Chivers added that some might see mindfulness as '*new age or*  
23  
24 *weird*'. When she set up a working group to explore ways of implementing this way to wellbeing,  
25  
26 Chivers emphasised its concern with ordinary, everyday urban settings, calling this the '*Take Notice*  
27  
28 *in the City working group or action set*'. This group focused upon what it might mean in practice to  
29  
30 explore the 'beautiful' and the 'unusual' within ordinary, everyday settings such as 'walking to work,  
31  
32 eating lunch or talking to friends'.  
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40 The city plays an important, though not unique, part in this story. The Liverpool area is the locus of  
41  
42 health care providers and projects including the PCT, the LDHW and Merseycare. It also forms the  
43  
44 setting for the activities described in this paper – including museum visits and urban walks. Many of  
45  
46 these spaces and activities are funded and maintained by and through Liverpool institutions and  
47  
48 bodies including Liverpool City Council and National Museums Liverpool. These public and third  
49  
50 sector organisations play an important part in shaping accessible and walkable environments, which  
51  
52 researchers elsewhere have linked to the wellbeing of older people (Clarke et al, 2010). The city and  
53  
54 particularly the city centre is also a space in which people are thrown together with others and/or  
55  
56 have the chance to encounter them (Phillips, 2015). It is also a site of shared memories, such as  
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3 those gathered together in museum collections. That said, the activities described here are not  
4  
5 uniquely urban. 'Taking notice' is possible in rural settings too, of course. It is beyond the scope of  
6  
7 this paper to comment on the ways in which the issues discussed in this paper – health and  
8  
9 wellbeing provisions, dementia support charities, public space and museums resources, and so on –  
10  
11 vary between rural and urban areas. Still, the experiences described in this paper are at least  
12  
13 contingently urban.  
14  
15

### 19 **Dementia Friendship**

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22 Projects that engage with friendship within the ways to wellbeing include the befriending scheme  
23  
24 introduced above. Befriending refers to support and encouragement provided by a trained volunteer  
25  
26 to another person and tends to involve 'informal and supportive' rather than goal-oriented  
27  
28 relationships (Mulvihill, 2011, p.180). Befriending is typically used to support people experiencing  
29  
30 life transitions such as adolescence and ageing, health and/or relationship challenges, and those  
31  
32 caring for or supporting these individuals (Andrews et al, 2003; Stevens, 2001). Charlesworth et al  
33  
34 (2008, p.13) define befriending as 'a form of social support where a supportive other is introduced  
35  
36 to, or matched with an individual who would otherwise be socially isolated' and in which support is  
37  
38 provided through 'a range of interventions from emotional support to tangible assistance', and  
39  
40 through practices including 'companionship and conversation'.  
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48 Befriending schemes typically foster sustained relationships, which can sometimes be understood as  
49  
50 kinds of friendship. In the context of dementia befriending – directed at people with dementia  
51  
52 and/or those who care for or live with them – these might be termed dementia friendships. Such  
53  
54 relationships must be distinguished from the scheme known as Dementia Friends, which now claims  
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56 over one million participants in the UK and is run by the Alzheimer's Society. Somewhat confusingly,  
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3 given its title, this scheme does not arrange or encourage befriending. Rather, participants learn  
4  
5 more about dementia and 'some of the ways they can help people living with the condition'. This  
6  
7 ranges from 'being more patient in shop queues, to volunteering, to campaigning for change'  
8  
9 (<https://www.dementiafriends.org.uk/WEBArticle?page=how-to-get-involved> 15/05/15). In contrast,  
10  
11 the dementia befriending schemes considered in this paper and the practices with which they are  
12  
13 associated are given to depth rather than breadth, and they conform more closely to friendships.  
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19  
20 An expanded understanding of 'dementia friendship' may depart from commonplace assumptions  
21  
22 that friendship is a private, reciprocal and sentimental bond between individuals (Allan, 1979). This  
23  
24 has been expressed variously as 'an intimate relationship that is based on relatively free association'  
25  
26 (Descharmes et al, 2011, 13) and as 'a voluntary caring relationship between two or more persons  
27  
28 having no kinship or legal bonds' (Barkas 1985: ix). As a 'social construction involving specifiable  
29  
30 principles of organisation' (Allan, 1979, p.7), friendship is understood differently in different times  
31  
32 and places, and ideas about friendship can be challenged and reimaged (Descharmes et al, 2011).  
33  
34 Received and popular ideas about friendship tend to be idealized, reflecting stereotypes rather than  
35  
36 'actual flesh-and-blood relationships' (Spencer and Pahl, 2006, p.4). In practice, friendships are more  
37  
38 eclectic and elastic than is sometimes assumed. Spencer and Pahl (2006, p.33) argue that 'there is no  
39  
40 agreement about precisely what is meant or how the term should be used', some people referring to  
41  
42 their 'spouse or partner as a friend', some reserving this word for 'a select group of individuals' and  
43  
44 others for 'all those whom they know well enough to call by their first name' (see also Pahl, 2000).  
45  
46 These observations echo Aristotle, one of a number of key thinkers including Cicero and Plato to  
47  
48 have problematized this term, who distinguished the three types of friendship, introduced above:  
49  
50 good, pleasant and useful friendships (Barkas, 1985). The multiple forms and parameters of  
51  
52 friendship have more recently been the subject of a wide range of theoretical and empirical work,  
53  
54 with contributions by Michel Foucault (1997), Jacques Derrida (2006), Anthony Giddens (1992),  
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3 Danielle Allen (2004), Laavanya Kathriavelu (2013) and Tim Bunnell (2012). Aristotle's typology has  
4  
5 been elaborated and updated through distinctions between 'simpler' and more 'complex'  
6  
7 relationships (Spencer and Pahl, 2006, p.60); friendships with more and less contact, and with  
8  
9 stronger and weaker 'sense of presence' (Spencer and Pahl, 2006, p.74); and between those with  
10  
11 higher and lower levels of commitment, which can also be contrasted between 'chosen' and 'given'  
12  
13 bonds (Spencer and Pahl, 2006, p.198). The fluidity and multivalence of this term makes it necessary  
14  
15 to specify and negotiate its meanings, as they are and as they might be, and possible to contest  
16  
17 some variously cherished and unthinking assumptions about these relationships, such as the  
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19 assumptions that they are necessarily private, reciprocal, sentimental and permanent bonds.  
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25  
26 Dementia befriending practices resonate with a number of theoretical and practical interventions  
27  
28 that seek to reconfigure friendship and mobilise it as a vehicle for social change. Danielle Allen  
29  
30 advances an understanding of 'political friendship' that is not necessarily sentimental or based on  
31  
32 intimacy or 'closeness' (Allen, 2004, p. 119), but is practice-based and socially engaged (Allen, 2004,  
33  
34 p.127-129). Envisaging 'acts of care' (Allen, 2004, p.119) in 'interactions with strangers' (Allen, 2004,  
35  
36 p.138), she repositions friendship from the private to the public sphere, where it can be a cohesive  
37  
38 force within divided societies and fractured communities. Others more explicitly jettison  
39  
40 assumptions or ideals of reciprocity and equality within friendships (Allan, 1979). John Swinton  
41  
42 (2000) advocates 'radical friendship' organised around empathy and social justice, in which  
43  
44 communities reach out to people with dementia and mental illness. Drawing upon research and  
45  
46 practice in nursing and mental health care, he seeks to learn from 'the friendships of Jesus,'  
47  
48 envisaging 'radical friendship' that reaches out to 'the poor, the outcast, and the stranger' (Swinton,  
49  
50 2000, p.9). This approach speaks directly to friendships involving carer-befrienders and people with  
51  
52 dementia. In *The Friendship Club* (2002), Gaynor Hammond describes her experience of founding  
53  
54 and running a centre for people with dementia, 'a place where friendship would flourish'  
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3 (Hammond, 2002, p. 3). This anticipates the observations, introduced above, about the relationship  
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5 between Sean and Dave in Liverpool, which can be understood not simply as formal befriending, but  
6  
7 as a form of friendship (see Ward et al, 2012).  
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13 Though some befriending practices usefully question 'taken-for-granted assumptions about what  
14  
15 makes a friend a friend' (Pahl, 2000, p.1), it does not follow that every assumption about friendship  
16  
17 should be jettisoned. Empirical studies of friendship tend to concur that all relationships worth of  
18  
19 this name must have certain core qualities, one of which is a sense of connection. As Spencer and  
20  
21 Pahl argue, friendship 'can take many forms but, at its strongest, it is based on trust, commitment  
22  
23 and loyalty' (Spencer and Pahl, 2006, p.210). This is echoed in studies of befriending schemes. The  
24  
25 voluntary arrangements, which these schemes almost always follow, fit comfortably with  
26  
27 understandings that 'friendship is a relationship of choice' (Andrews et al, 2003, 350). And, though  
28  
29 befriending may be asymmetric in that one person or group sets out to help another, a degree of  
30  
31 reciprocity is important to most participants. A study of befriending services for older people in the  
32  
33 UK found that many participants attached importance to 'friendly reciprocity, which they recognised  
34  
35 as an ingredient of "real" friendship' (Andrews et al, 2003, p.349). Some form of reciprocity is also  
36  
37 crucial in negotiating the power relations of friendship. Though dementia befriending is inherently  
38  
39 asymmetric, since people with dementia are often forced to depend upon others for permission to  
40  
41 do ordinary things like walking, participants' freedom to opt in and out of these relationships is  
42  
43 important in ensuring that both maintain some agency and that neither feels nor is powerless.  
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51  
52 For most participants, befriending felt contrived at first, but at its best it developed into 'a reciprocal  
53  
54 and mutually reinforcing relationship that provides both parties with non-financial rewards'  
55  
56 (Andrews et al, 2003, p.351). By recognising that 'friends are people who like each other' (Spencer  
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3 and Pahl, 2006, 59), it is possible to avoid diluting this term or confusing it with other positive or  
4  
5 beneficial relationships. And, by recognising that friendships may take different forms, beyond their  
6  
7 common core, it is possible to see that the friendships advanced through some dementia  
8  
9 befriending schemes do not displace or threaten other understandings of friendship, which they sit  
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11 alongside and potentially complement.  
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16  
17 Befriending schemes advance an understanding of friendship that pays particular attention to the  
18  
19 *practices* through which friendships are formed and performed, and through which their potential  
20  
21 benefits are explored and in some cases realised. This borrows Danielle Allen's argument that  
22  
23 'friendship is not an emotion, but a practice'. It adapts Allen's argument, drawn from the specific  
24  
25 context of political friendships combatting racism (Allen, 2004, p.xxi), that: 'Friendship begins in the  
26  
27 recognition that friends have a *shared* life—not a common, nor an identical life—only one with  
28  
29 common events, climates, built-environments, fixations of the imagination, and social structures.' A  
30  
31 focus on practice also resonates with Thrift's (2004) discussion of the affective life of cities where  
32  
33 affects 'occur in an encounter between manifold beings, and the outcome of each encounter  
34  
35 depends upon what forms of composition these beings are able to enter into' (p.62). Thus, it is not  
36  
37 just the relationship between the person living with dementia and their befriender that matters, but  
38  
39 also their encounter with the city and material objects therein (Phillips et al., 2015).  
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### 47 **Friendship and Curiosity**

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50 The connection between two people, which Ray Pahl identified as the heart of friendship, depends  
51  
52 upon getting to know each other and finding ways to spend time together happily or beneficially. In  
53  
54 this context of befriending, this means moving beyond the initial sense that this may be 'contrived'  
55  
56 and pursuing a deeper connection and 'real' friendship (Andrews et al, 2003, p.349). Curiosity in the  
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3 other person – mutual or empathetic curiosity – is crucial to this development (McAvoy, 2014). Like  
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5 friendship, curiosity can be seen as a disposition – in this case, ‘a strong desire to know or learn  
6  
7 something’ (Pearsall, 2002, p.351) – and/or as the practices through which this desire is expressed.  
8  
9 Curiosity is not necessarily a catalyst for friendship – it can express a desire to know *about* people  
10  
11 rather than to know them – though curiosity can sometimes be a vehicle for forming, performing  
12  
13 and mobilising relationships including friendships.  
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19  
20 Empathetic curiosity can be expressed through a variety of means – from asking others direct  
21  
22 questions to finding out about them through less direct approaches. Richard Sennett (2012) argues  
23  
24 that ‘getting along with those who are different’ begins with finding out about them, which depends  
25  
26 upon communication skills (Sennett, 2012, p.230). These skills range from direct questions to non-  
27  
28 verbal communications including ‘listening well’ and ‘behaving tactfully’ (Sennett, 2012, p.6).  
29  
30 Sennett argues that ‘the listener’s empathy can be expressed by maintaining eye-contact even while  
31  
32 keeping silent, conveying “I am attending intently to you” rather than “I know just what you feel”’  
33  
34 (Sennett 2012, p.21). These insights are particularly relevant to dementia support. Phil McAvoy  
35  
36 (2014) stresses the importance of practical skills and dispositions including eye contact,  
37  
38 attentiveness to differences in needs, picking up on emotional cues, and being sensitive to pacing  
39  
40 issues in the course of conversations.  
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46  
47 These indirect approaches may be particularly helpful where certain dementia-related experiences  
48  
49 are present: where people may not be able to recall or articulate answers to direct factual questions,  
50  
51 remember what they are told, and/or demonstrate certain conversational competencies.<sup>4</sup> John, a  
52  
53 befriending volunteer, illustrated how it is possible to express curiosity without asking too many  
54  
55 direct questions. He tries to find out about a person by asking their relatives and working up a  
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3 'background story' which might contain clues about what they like and have liked when they were a  
4  
5 child or younger adult (John, Dementia Support Charity). Finding out about a person with dementia  
6  
7 can also involve broader enquiries. The Alzheimer Society's website explains that 'a Dementia Friend  
8  
9 learns a little bit more about what it's like to live with dementia and then turns that understanding  
10  
11 into action' by bringing additional insights to his or her existing networks and relationships including  
12  
13 with people who are living with dementia, and others too  
14  
15 ([www.dementiafriends.org.uk/WEBArticle?page=what-is-a-friend](http://www.dementiafriends.org.uk/WEBArticle?page=what-is-a-friend) 15/05/15). In more immediate  
16  
17 encounters, indirect and unchallenging conversational styles are recommended by experienced  
18  
19 befrienders. John contrasted the way we were interviewing him with his own interactions with two  
20  
21 men he befriends: 'You're asking direct questions. But if you knew that you were seeing me for a  
22  
23 year, every week, then questions come out in different ways' (John, Dementia Support Charity).  
24  
25 Conversations between befrienders and people with dementia can also use things as prompts.  
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28  
29 Gaynor Hammond (2002, p.14) suggests how this can be done:

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32       Avoid asking questions; rather, use things around you as a talking point. 'What a lovely  
33  
34 picture on the wall!' 'Isn't this is a pretty room!' 'What a lovely view!' A question requires a  
35  
36 correct answer. For example, the question 'What did you have for dinner?' could cause  
37  
38 distress because they cannot remember. Whereas 'What a nice picture!' requires only a  
39  
40 comment or opinion – they might say they hate the picture! That's ok.  
41  
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43  
44 This approach might easily come across as patronising and indifferent – showing little genuine  
45  
46 interest in a person as an individual – but it is evidently well meaning and it does hint at something  
47  
48 useful, in the form of indirect and undemanding conversation. Cues such as the picture in this  
49  
50 example variously spark memories (in the case of familiar objects) and prompt curiosity (about the  
51  
52 unfamiliar), in each case sidestepping short-term memory problems (affecting some but not all  
53  
54 people with dementia) that can make conversation difficult, and also providing common ground for  
55  
56 interaction and relationship building (Manchester, 2015).  
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6 Indirect conversational approaches can work with cues that either happen to be present or are  
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8 brought in deliberately for this purpose. It is common for family and friends of people living with  
9  
10 dementia to compile memory books and collections of objects, which can later be used in  
11  
12 conversations with them (Leanne, Dementia Services, Liverpool City Council), sometimes at the  
13  
14 suggestion of medical professionals (Varley, 2008) or with the assistance of volunteers through  
15  
16 charities (Paula, Dementia Support Charity). These principles and practices have been formalised  
17  
18 through a scheme, known as the House of Memories, which compiles and lends out boxes of objects  
19  
20 that can trigger memories that may be shared by members of a generation and geographical area.  
21  
22 This is one of a range of schemes that the Museum of Liverpool promotes for people with dementia  
23  
24 and their carers and family members, others including 'life story work' and 'talking mats'  
25  
26 ([www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/](http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/) ; Varley, 2008). These  
27  
28 schemes are explained in training days, explaining and exploring how friends and carers of people  
29  
30 with dementia might use memory boxes and Museum displays  
31  
32 ([www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/buddy-days.aspx](http://www.liverpoolmuseums.org.uk/learning/projects/house-of-memories/buddy-days.aspx)). Mary  
33  
34 explained how Dave benefits from this:  
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38  
39 *He loves museums, the art galleries, anything like that he really enjoys. And he's just able to*  
40  
41 *talk, because his short-term memory is so poor, when he goes to the museum and he sees all*  
42  
43 *the old things, it really does stimulate good conversation. And he really gets a lot out of going*  
44  
45 *there. (Mary, Dementia Support Charity)*  
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48  
49 Mary's colleague, Paula, echoed these points and also mentioned the Liverpool Football Club  
50  
51 Gallery: 'we took loads of people there, men mostly, and they wanted to go there more and more.  
52  
53 We encouraged befrienders to take people to the Liverpool Museum, to the new one because it's free  
54  
55 and there are quite a few objects and things all about Liverpool and we hope that triggers memories  
56  
57 as well' (Paula, Dementia Support Charity).  
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6 More-than-visual cues are important in this context, both in sparking memories and also in arousing  
7  
8 curiosity. Paula remembers how a 'stinky' orange soap opened up a conversation between herself  
9  
10 and a woman with dementia. It reminded Paula of 'the soap [her] mum used in Russia to wash to  
11  
12 clothes', while the woman spoke about memories of soap making on the Wirral. Throwing some  
13  
14 light upon the power of sensory objects to stimulate curiosity, philosopher Mark Zuss traces  
15  
16 curiosity to the 'immersion of bodies in the world' (Zuss, 2012: 128), arguing that sensory  
17  
18 experiences awaken the desire to know: 'like small flames, questions arise from the filaments of our  
19  
20 senses' (Zuss, 2012: 122).  
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27 As Paula's references to soap and the Wirral indicate, objects can be historically and geographically  
28  
29 situated. Depictions of times and places, such as photographs of places, work in similar ways. Mary  
30  
31 observed Dave liked the objects and displays in the Museum of Liverpool because they reminded  
32  
33 him of 'when he was a young lad' (Mary, Dementia Support Charity). Though this takes him back to  
34  
35 particular moments in his own life, it also takes him back to a shared past, a city he inhabited with  
36  
37 others of his generation. Fleshing out this point, Leanne (Dementia Services, Liverpool City Council)  
38  
39 explained the salience of everyday places and objects in retrieving personal and collective memories:  
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43 *Things like a docker's hook would be good if you'd worked on the docks, you might have some*  
44  
45 *residual memory of that... the cigarettes that you used to smoke perhaps you know, I think ...*  
46  
47 *and pictures, you know, sort of pictures of the city or places in the city that have now been*  
48  
49 *demolished and everything else, you know.*  
50

51  
52 She added that a similar approach had been adopted in her father's care home, which had recreated  
53  
54 important places and landmarks in Liverpool to enable residents to access place-based memories:  
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3 *It's a corridor. One side it's Goodison Park with the street sign from Goodison Road and a*  
4 *picture of Goodison Park and the crest and various other things. And on the other side it's*  
5 *Anfield Road and it's got ... yeah, so you've got Anfield and Goodison. Which of course is very*  
6 *specific to this city but ... I mean ... because every time he sees it, it's like the first time he's seen*  
7 *it (laughs) and 'Oh look at this, this is good'....I will sort of say to him because we were Everton*  
8 *fans and I'd say to him 'Oh Dad, here's Goodison Park, do you remember when we used to go?'*  
9 *and you know, you try ... 'Oh yeah, we used to sit down there' and you know, that sort of thing.*  
10 *And every time we go past it, I will talk about it to him.*

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21 The objects and themes illustrated here – dockers' hooks, bars of soap and football teams – illustrate  
22 a tendency to gravitate towards uncontroversial and impersonal themes, and away from others that  
23 might spark difficult memories or re-open old wounds. This indicates that in re-awakening  
24 memories, even those that seem safe, there is an element of risk. This risk is inherent in the variable  
25 affective responses to spaces (Thrift, 2004). We return to this point below.  
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36 In these examples, objects drawn from particular times and places and more direct depictions of  
37 those contexts are used to establish connections between individuals, including people with  
38 dementia and their carers, befrienders and other friends. This was apparent when Richard (one of  
39 the authors of this paper) joined Dave and Sean on the walk through Liverpool, described above. He  
40 writes:  
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47 *When we had coffee at the Cathedral, I talked about my favourite coffee in Liverpool (at Bold*  
48 *Street Coffee) and Dave talked about his (Costa lattes). Walking with Dave and Sean, I*  
49 *attempted to practice the non-interrogative, non-intrusive conversational style*  
50 *recommended by others (including John). So I talked a bit about myself and my interests,*  
51 *around objects that sparked conversations such as the coffee we were drinking at the*  
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3 *Anglican Cathedral, but I did also slip up a bit, including when I followed up some of Dave's*  
4  
5 *chat about his son who lives in a village, by asking which village (he didn't know). (Field*  
6  
7 *Diary, April 2013)*  
8  
9

10 The reference points for these conversations are the relatively neutral ground of public spaces,  
11 which can be distinguished from the emotional intensity of home, where other befriending activities  
12 typically take place, but which may be seen as more personal and private, as Ann Varley (2008) has  
13 shown in her moving account of her father's attachment to home. Understanding the importance of  
14 home to her father with dementia, Varley describes how she resisted advice she frequently received  
15 to send him into care. Home, she felt, was central to his sense of self. In contrast, experiences of  
16 public spaces such as churches, coffee shops and city streets such as those described within this  
17 paper tend to be less challenging, with more potential for encountering strangers and for finding  
18 common ground through which to form friendships, or at least to negotiate befriending situations.  
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### 33 **Memory Walks**

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36 In addition to their associational and representational references, places – cities in particular – can  
37 also stimulate memory and curiosity more directly. For people with dementia, particularly those who  
38 have greater mobility, it is possible and desirable to explore and visit actual places, as the vignette of  
39 Sean and Dave's walk in Liverpool illustrated. Paula explained:  
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45  
46 *If there are no mobility issues and if the family members are agreed, we do encourage going*  
47 *out as much as possible because for quite a few people with dementia not getting out there*  
48 *and not seeing ... not being in their community, not being able to go to the shops and pick up*  
49 *a newspaper, as they have been doing over the past ... well all their lives, it's a problem. So*  
50 *yes we encourage going out to places. (Paula, Dementia Support Charity)*  
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3 This rationale for activities such as these was echoed by the director of an organisation that works to  
4 promote the mental health and wellbeing of older people in Liverpool. His organisation regards  
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6  
7 *'memory walks'* as a way of *'getting people socially active'* and *'to get them walking'*, a way of  
8  
9  
10 *'promoting wellbeing and mental health'* (Director, Health Promotion Company).  
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15 These 'memory walks' must be distinguished from the Memory Walks convened by the Alzheimer's  
16 Society, which are simply short sponsored walks, which raise money for research into dementia and  
17 offer a public show of solidarity with people affected by the disease  
18  
19  
20 (<https://www.memorywalk.org.uk/find-a-walk/london/> 15/05/15). The common terminology is  
21  
22 suggestive, however, envisioning the possibility of a deeper kind of walking, which may directly  
23  
24 involve people with dementia, and be incorporated within befriending practices.  
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32 These activities can be beneficial to those involved, according to Leanne, Commissioner for  
33 Dementia Services at Liverpool City Council, who goes so far as to suggest that the stimulation of  
34 encountering objects and places can slow the course of dementia. She stresses that *'it's a*  
35  
36 *progressive disease'* but *'you would try and slow the progress as much as you can. Anything that*  
37  
38 *helps to keep people engaged and active really [helps].'*  
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46 Walking together can be a way of meeting a person with dementia on their own terms, mirroring  
47 their conversational competences, and helping to recall and reignite exchanges when memory fails.  
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49  
50 Dave and Sean's walk in Liverpool facilitated a non-linear, flowing conversation, with pauses and  
51  
52 silences, changes of direction, repetition, gaps and fractures. All this could start and end quite easily,  
53  
54 without the awkwardness that might accompany some other broken exchanges. As Rebecca Solnit  
55  
56 (2001, p.6) writes, 'walking inevitably leads into other subjects. Walking is a subject that is always  
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3 straying.' And, while walking facilitated this encounter between Sean and Dave, and it facilitated the  
4 development or continuation of their relationship. As mentioned above, things along the way  
5 reminded Dave of others – the Cathedral prompting recollections of his daughter and of a church,  
6 said to be haunted – and also this took place through a shared, slow-paced walk. Revisiting these  
7 memories also drew Dave together with Sean, at least during the afternoon they spent together.  
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17 Walking can also have special significance for people with dementia, many of whom lose or are  
18 denied the freedom to walk on their own. People with dementia are often characterised through  
19 terms such as 'challenging' or 'problem behaviours' or the 'behavioural and psychological symptoms  
20 of dementia (BPSD)'.<sup>5</sup> Walking is identified as problematic and referred to as wandering, over-  
21 activity, pacing, agitation or following or trailing others (Dewing, 2005). It is portrayed as a problem  
22 to be managed, particularly through surveillance and restraint, both physical and chemical, within  
23 hospitals and residential care settings ([http://www.alzheimer-europe.org/Ethics/Ethical-issues-in-  
24 practice/The-ethical-issues-linked-to-restrictions-of-freedom-of-people-with-dementia](http://www.alzheimer-europe.org/Ethics/Ethical-issues-in-practice/The-ethical-issues-linked-to-restrictions-of-freedom-of-people-with-dementia)). In this  
25 context, regardless of how his own mobility may have been managed, Dave's walk was not simply a  
26 banal, taken for granted, everyday event. Moreover, Dave was not only a participant in the walk  
27 with Sean and Richard; he also suggested the route and negotiated the pace, and he showed that he  
28 enjoyed the activity. Enabling walks, whether in city streets or within buildings such as museums,  
29 dementia befriending schemes can therefore enable people to participate in activities that may  
30 otherwise be difficult for them. These walks provide opportunities to be reminded of the past and to  
31 encounter the new, both in the form of a new relationships and experiences. For Dave, the cathedral  
32 was a familiar place, encountered earlier in life, but the Costa coffees were a relatively new find and  
33 also a catalyst for a new relationship.  
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3 Relationships such as these do not necessarily have a linear trajectory. Since some people with  
4 dementia can forget what has just been said, and even who they are with, building a relationship can  
5 be stop-start and one-sided. Still, the charity behind this befriending scheme recognises the  
6 importance of building relationships to the extent that this is possible and seeks to maintain stability  
7 in pairings between volunteers and clients (Mary and Jenny, Dementia Support Charity). These  
8 relationships have more scope to grow when the person with dementia takes real interest in the  
9 befriender, and vice versa. Like other forms of friendship, this is not always easy. Paula describes  
10 'tricky situations' in which befrienders are drawn into talking about their lives and then feeling  
11 judged, such as the lone parent volunteer whose client with dementia advised her to '*give your child*  
12 *up for adoption and go and get married*'. Paula, telling the story, explained that '*he was very curious*'  
13 and appears to have enjoyed passing judgement on his young befriender, even though this left her  
14 distressed. A number of others, experienced in dementia support, told us that it can be painful to  
15 follow people with dementia into their worlds, and painful for the latter to revisit difficult times in  
16 their own lives such as memories of wartime bombing (Leanne, Dementia Services, Liverpool City  
17 Council). Even when overtly obviously difficult subjects are avoided, remembering is fraught with  
18 risk. But, for people living with dementia, many areas of everyday life bring heightened risks, which  
19 cannot simply be avoided (Clarke et al, 2010). If they come with risk, this is what makes dementia  
20 friendships 'real' friendships.  
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## 45 **Conclusions**

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48 Befriending schemes in Liverpool and the practices they entail, including time spent walking  
49 together in the city, bring a new meaning to established terms such as dementia friends and  
50 memory walks. Encounters between befrienders and their client-friends, which make use of objects  
51 and museum displays and involve walking together in the city, rekindle memories and spark  
52 curiosity, which can act as a catalyst for connection. This can cultivate a range of relationships, some  
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3 of which conform to or extend notions of friendship, within the expansive and critical  
4  
5 understandings of friendship considered in this paper. Dementia friends, as we have used this term,  
6  
7 depart from some commonplace assumptions about friendship, which revolve around sentimental  
8  
9 bonds between individuals, but find agreement with some critical (but not always new) approaches  
10  
11 to friendship, which focus upon practical rather than purely emotional relationships, and  
12  
13 acknowledge the value of useful, altruistic, situational and ephemeral friendships. These  
14  
15 relationships bring some of the benefits of other friendships (Andrews et al, 2003, p.349) including  
16  
17 enhanced 'wellbeing'. This is why friends and friendships are specifically mentioned within the five  
18  
19 ways to wellbeing, particularly Take Notice and Connect. Memory Walks, as have used this term, use  
20  
21 the rhythms of walking to engage with the conversational competences of people with dementia,  
22  
23 working the stop-start, interrupted, repetitive form of a walk. They also work with the settings of  
24  
25 such walks, the relatively neutral common ground of the city, which can bring two near-strangers a  
26  
27 little closer together, without touching upon the more deeply personal issues that can be associated  
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29 with some other settings such as the home (Varley, 2008).  
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37 But where do these practices take those who participate in them? Though sometimes described as a  
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39 bond, friendship does not always last. It is sometimes said that modern relationships 'have become  
40  
41 fleeting and transient' (Spencer and Pahl, 2006, p.1) and, though this may be true, this does not  
42  
43 necessarily mean that these are not friendships, nor that they are bad friendships, nor any worse  
44  
45 than the friendships of earlier generations. Friendships – including those cultivated through  
46  
47 dementia befriending schemes – can run their course. Paula explained that '*some befrienders ...*  
48  
49 *develop these lasting friendships but I wouldn't say many do because once they move on, they move*  
50  
51 *on and they don't come back*'. But the charity is happy for relationships to continue, once voluntary  
52  
53 befriending activities have ceased, and some relationships do continue in this way. In one case, even  
54  
55 after the person with dementia died, '*the friendship is still there ... with the family member*'. But the  
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3 majority of these relationships do come to an end: *'usually it's shortish-term; if someone's with us*  
4 *for a year, that's a great achievement but then they move on because they either find employment or*  
5 *there are other things they're interested in'* (Paula, Dementia Support Charity). Not all such  
6  
7 relationships are ended by the volunteers. Their client-friends also back out in some cases or lose  
8  
9 the ability to practice friendship, for example through the skills of recognising and conversing with  
10  
11 volunteers. Paula has witnessed *'really lasting and meaningful friendships [between befrienders and]*  
12 *people with dementia'* (Paula, Dementia Support Charity) but says these relationships are harder and  
13  
14 rarer in later stages of the illness.  
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24 The risks of dementia friendships need to be taken seriously by both parties, but to some extent  
25 these are the risks of any friendship: risks of rejection, loss, and misunderstanding. But the potential  
26 rewards of such friendships are very real too, and these include the self-esteem that comes with a  
27  
28 'feeling of being liked and needed' (Barkas, 1985, p.ix) and reduced isolation (Interview, Mary and  
29  
30 Jenny, Dementia Support Charity). But we have not tried to formally assess the consequences of  
31  
32 these practices for those who take part. Others have attempted more systematic evaluation of  
33  
34 particular practices and schemes through quantitative and qualitative evaluations of volunteer  
35  
36 friendship programmes, assessing the impacts of friendship upon 'physical or mental wellbeing'  
37  
38 (Andrews et al, 2003, 352). But, while any assessment of the friendship practices discussed here  
39  
40 should be measured and not idealised or exaggerated, the research presented here suggests (but  
41  
42 does not of course prove) that such practices, including taking notice and connecting with others,  
43  
44 can be beneficial.  
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54 Through the dementia befriending practices examined in this paper, we have also ventured a  
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56 broader argument, concerned with cities and friendships. We have argued that the city is not just a  
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3 vessel for friendships or a problem to be solved or mitigated through them. The ordinary places and  
4  
5 everyday encounters, encompassed in the physical fabric and fundamental sociality of the city, can  
6  
7 be catalysts for relational curiosity, directed at things, places and others, which in turn can draw  
8  
9 people together in ways that can be risky and imperfect, but also stand to be positive and beneficial.  
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7 <sup>1</sup> Research methods and sources are explained below.

8  
9 <sup>2</sup> We use the language of volunteer and client since these terms were adopted by the individuals and  
10 charity concerned, though we note concerns about using the terminology  
11 (<https://fightdementia.org.au/sites/default/.../full-language-guidelines.pdf>).

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14  
15 <sup>3</sup> The Year of Health and Wellbeing was technically a 'task group' set up by the PCT; it subsequently  
16 became the Decade of Health and Wellbeing (Phillips et al, 2015).

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18  
19 <sup>4</sup> We follow Bartlett and O'Connor (2007) in speaking of experiences rather than symptoms, and of  
20 personhood rather than sufferers or patients.

21  
22  
23  
24 <sup>5</sup> This paragraph draws upon correspondence with Lyn Phillipson.  
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