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Relaying Experiences for Care Home Design

Pirkko Liisa Raudaskoski

Aalborg University, Denmark

pirkko@hum.aau.dk

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Abstract

The paper discusses organizational planning and decision making as situated material-semiotic practices in which various local and non-local meaningful elements (e.g. texts and photos) are invoked and resemiotized. The discussion is based on an analysis of a seminar meeting where different stakeholders (researchers, family members, etc.) could put forward their ideas and wishes about the facilities of a soon-to-be-built care home for people with brain injury. In other words, the seminar was part of a wider diagnostic endeavor that was to be started in a specially designed building. The future occupants themselves could not be present to express any views; their point of view was mediated by others. The paper discusses with what communicative resources this mediation was done and how the performance was geared to the audience present. The analytical focus will be how in one talk the speaker makes a transition from sharing experiences to making specific suggestions.

Introduction

In 2009, a municipality in the Danish province of Northern Jutland was in the process of planning a care home/rehabilitation center for people who have in later life acquired a severe brain injury (that is, people in a vegetative state or otherwise unable to care for themselves). The people responsible for the home contacted an interdisciplinary university center to cooperate in planning a 'living lab' for the researchers, patients, care workers and family members. So, the two centers are involved in a diagnostic process (Büscher et al. 2009; Büscher et al. 2010) the results of which should benefit the future occupants. The municipality has undertaken several projects towards becoming an attractive site for knowledge based industries and, also, it has a wish for becoming an expert in brain injury care. Thus we are dealing with an aim to be part of a knowledge culture (Knorr Cetina 2007) that is realized through the epistemic culture of a living lab. What is at stake at many levels in the care home project is that of learning: Learning about the occupants and learning about the best private and institutional care for them.

In April 2009 the municipality arranged a seminar that would bring together various stakeholders to discuss the facilities needed in the care home. The aim of the seminar meeting was to learn from each other, as was indicated in the invitation that the potential participants received by e-mail (my translation):

Formålet med seminaret er at afklare de forskellige brugeres behov og krav til bygningernes funktionalitet og indretning. Forskellige interessenter vil blive inviteret til seminaret. fx: forskere, kommunen, medarbejdere, pårørende, arkitekt, ingeniør, interesseorganisationer mfl.

På seminaret får de forskellige interessenter/brugere mulighed for at fremlægge hver deres fortælling om, hvilke krav og ønsker de har til bygningen. Dette skrives sammen til et samlet oplæg, som skal danne baggrund for arkitektens første tegninger af den kommende bygning.

“The aim of the seminar is to clarify different users’ needs and demands in relation to the building’s functionality and furnishing. Various interested parties will be invited to the seminar. E.g.: researchers, the municipality, care workers, family members, an architect, an engineer, interest organizations etc.

In the seminar the various interested parties/users get a possibility to put forward their story about which demands and wishes they have as regards the building. A summarizing proposal will be written from all this which will be the background for the architect’s first sketches for the future building.”

Before the seminar, the municipality had already been engaged in the process that had required meetings within and among the different sections in the municipality, and, from fairly early on, with researchers from the university. The seminar was a typical example of its genre with talks and short Q-A sessions afterwards in which the various stakeholders could express their opinions and suggestions. In the presentations, printouts, transparencies, power point slides and other memory and display devices were used.

Theoretical background

The present paper takes a practice theory (Reckwitz 2002) approach to knowledge work such as organizational and other planning/designing. Practice theory gives a good general background for understanding discourse as constitutive, multimodal interaction. Any recognizable routine, like that of the seminar meeting, consists of practices that are the locus of embodied meaning-making systems placed in concrete material settings. No preference is given to the mind or language use as the site of knowledge work in meaningful action. So, practices should be regarded as material-semiotic undertakings. One approach that recently has tried to capture this aspect of practices is complex multimodal ethnographic analysis (Atkinson, Delamont & Housley 2008) that seeks to understand both the nuances of embodied action and the practices that are constituted by them. The authors claim that the recent division of ethnographic research into specialized areas (for example, interaction and material culture) loses the phenomenon in its totality. There are some analytical approaches that also fit well with practice theory and complex ethnography: Goodwin’s contextual configuration (Goodwin 2000) and Scollon’s mediated discourse (Scollon 2001) tackle the embodied nature of practices as meaningful action. In the present paper, the analysis is based on these two approaches, with the focus on how the participants situatedly and embodiedly accomplish story-telling about their wishes.

Reckwitz (2002) lists ethnomethodology as one of the key practice theories. One of the foci of ethnomethodology is to study the ‘seen but unnoticed’ methods that members of society resort to when going about their everyday business. Thus, this paper wants to contribute to a better understanding of epistemic, knowledge gathering and producing, processes as inevitably material-semiotic and sometimes tacit practices.

Data

As an interested party from the university, the author was also invited to the seminar. To capture the practice of the seminar she brought along a video camera and recorded the seminar for 4.5 hours from a back corner seat she occupied during the day. The seminar had around 40 participants, and talks were given by 16 people in all that represented the stakeholders mentioned in the invitation.

Informing, persuading, building identities

For the sake of the length of this paper, the focus will be on the presentation by a female municipal leader. The ultimate aim is to understand how organizational practices such as talking in a seminar contribute to the identity construction of those talked about and the one who is doing the talking. Further, the interest in dissecting the presentations is to get closer to the accepted ways of conveying information about other, maybe marginalized people.

The female leader's presentation was about (the success story of) a recently built care home for disabled people that she as the municipal leader is in charge of. She introduced the building with photos copied onto overhead projector slides – where the audience could see the buildings from outside – the architectural plan of the building complex, and photos from indoors. To finish, the leader compared the experiences with the building and the building process to the future care home for people with brain injury. In addition to the slides, she had a printout with her that seemed to have a word-for-word script of her presentation. However, even if at regular intervals she consulted the papers, she very seldom engaged in a reading aloud mode. The papers were often consulted for a longer time when a new topic started. The presentation lasted for 30 minutes in all. From the presentation, the places have been analyzed in which she talks about people who either live or will live in this (kind of) specially designed building.

When talking about the architectural plan of a recently finished building, she went through all the parts of the building complex. When appliances were mentioned, they were mentioned as a given. In her references to occupants, appliances form what is called a Standardized Relational Pair in the ethnomethodological Membership Categorization Analysis (Eglin and Hester 1992): If you are disabled, you have appliances. And in all mentions of appliances/occupants, the leader turned to the audience and left the screen with its architectural plan. In other words, she embodiedly separated accounting for the plan/place and accounting for the people.

In her presentation about the recently built care home, she mentioned occupants only once without looking at the audience. This happened when she was showing a photo from a glass corridor, explaining how people can move about through the corridors that join the different parts of the building. She explained the visuals, and did this in a very soft voice. (She had given the same information before when she went through the architectural plan of the building complex.) She began to talk about the practical consequences of having the glass corridors immediately after, and the photo was used to talk about actions that are taking place in these concrete corridors, rather than talking about the affordances of the building in the abstract.

Thus, concentrating on the actions of the occupants in a concrete setting was conveyed differently from the more generalized explanations. For example, the occupants were talked about as agents that do something rather than being discussed in a 'humane' way with the gaze to the audience.

Towards the end of her presentation, she returned back to talking about the glass corridors, and, instead of showing a photo, she gave a discursive visualization of what they had seen before. The imaginary seeing was done to understand the carers' work practice. Then she turned to the occupants' perspective and her point of view shifted between that of an observant perspective (*beboeren går* "the occupant goes") and closer to the situated experience of the linguistically generalised other (*man går* "one goes"). She continued that she found it really nice and said: *så jeg tillader mig og tolke at de altså beboerne oplever de har fået en rigtig rigtig meget mere frihed end de før har haft*, "so I take the liberty of interpreting that they I mean the occupants experience they have gotten a really really a lot more freedom than they before have had." The interpretation of the occupants' experience was formulated carefully with a self repair, it was not a strong knowledge claim.

It is only towards the very end of her talk that she turns to people with brain injury as a special category:

.h: i forhold til byggeriet til de senhjerneskedede borgere (.) som jo nok måske har speciel interesse i den her gruppe så øhm: har vi gjort rigtig rigtig mange overvejelser over hvilke behov sådan et byggeri skal tilgodese. .h::> altså jeg vil sige< vi har når nå når jeg u=tillader mig at udtale mig på senhjerneskedeområdet så er det ud fra erfaring med h. konkret fire (.) senhjerneskedede borgere som har haft massive problemer og nogle af dem også har øh: været øh udadreagerende .h: vi har oplevet atf senhjerneskedede ofte har sanseintegrationsproblemer, det vil sige mange er signalstyret og det vil jo sige at man jo tvunget de oplever de tvunget til at reagere på det de ser.

“.h: in relation to the building for the citizens with brain injury (.) that most probably has a special interest in this group so erm: we have given really really many thoughts on which needs

such building has to meet. .h.: >I mean I'd say< we have when we when I e=allow myself express myself about the brain injury field so it is out of experience with .h: concretely four (.) citizens with brain injury who have haft massive problems and some of them also erm: have been reacting outwards .h: we have experienced that people with brain injury often have problems with the integration of senses .h: that is many are signal-controlled and that means of course that one is actually forced they experience they are forced to react to what they see”.

This transition space (cp. Jordan and Henderson 1995) to a new topic will now be taken under closer scrutiny as it covers all the aspects that are of interest for practice theory (body, mind, things, knowledge, discourse/language, structures/process, agent/individual). When the female leader mentions the disabled people she actually moves her gaze to the papers. To begin with, the embodied categorization of the disabled people is done differently from the humane way that was seen earlier (and that the speaker also resorted to a bit later). In fact, this is the only place where she turned her gaze to the papers when mentioning people with brain damage (see Figure 1 – cp. Norris (2004) for visual transcription, though the transcription conventions for talk are those of Conversation Analysis).



Figure 1. Turning gaze to papers.

Turning to the papers emphasizes the institutional, preplanned and careful nature of the delivery. She is not talking about familiar specific cases (even when talking about “occupants” when describing the already existing place, she would personally know who those people are) but turns to a generalization (“citizens with brain damage”). In membership categorization terms, she constitutes the people she is talking about as having certain rights, such as being taken care of by the state. She also constitutes herself as somebody who would take care in talking about the people she is serving. Her following formulation, visible in Figure 2, (“that most probably has a special interest in this group”) is oddly uncertain. She keeps consulting the papers, and at points that she most probably does not need any help from the text (that is, she is not reading aloud what she sees in front of her) as can be seen from Figure 2.

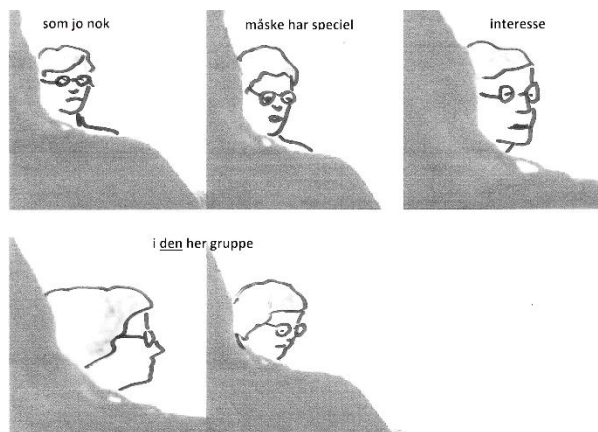


Figure 2. Turning gaze to, but not reading, the papers.

In fact, she produces the sentence in Figure 2 with a little lower velocity and more speed, constituting it thus as an aside, as additional information. So, instead of being a mitigated claim about the mind of the hearers, it is, rather, a routinized formulation that at the same time 1) evaluates what was talked about so far from the audience perspective (thus showing reflexive understanding of what it is to be an audience member) and 2) announces the following talk as important. The checking of the papers emphasizes the second aspect, too: She is preparing to say something central. In what follows (see Figure 3) she grammatically continues (reverse word order) the sentence from Figure 1, thus also producing the one in Figure 2 as an extra sequence.

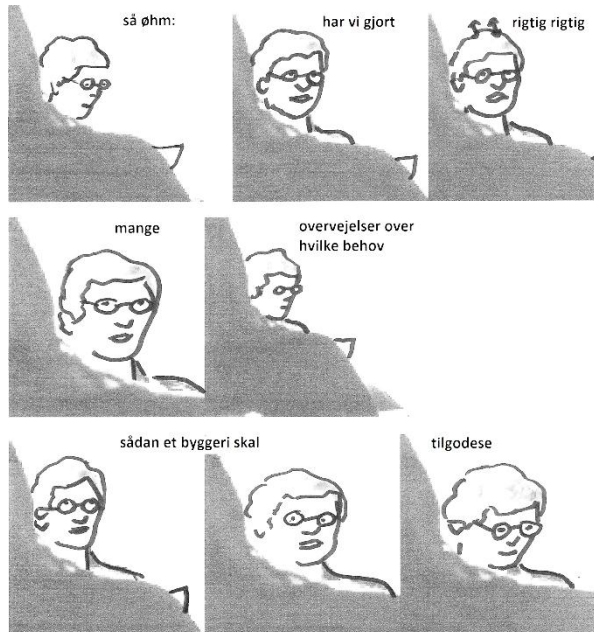


Figure 3. Finishing up the sentence, resorting to papers.

She accentuates the amount of knowledge work spent on the building project by nodding with every *rigtig* (“really”). Again, she resorts to the papers much more frequently than what she did in her presentation of the already existing project. In what follows, she verbally and embodiedly shows uncertainty or kind of modesty when she turns to making comments about people with a brain injury and what kind of building would be best for them (see Figure 4).



Figure 4. Showing uncertainty verbally and embodiedly.

When saying in a fast tempo *altså jeg vil sige* (“I mean I’d say”) she does a head movement to her right and to her left. The movement could be interpreted as “I don’t know” or “I’m not sure”. She also uses 1st person pronoun instead of the general *vi* (“we”) she otherwise uses. She next turns her head in silence to gaze the corner where the chairperson of the day is sitting, making her the primary recipient of this hesitation (cp. Figure 2 when she says *i den her gruppe*, “in this group”). She starts her next utterance (see Figure 5) at first without hesitation (*vi har*, “we have”), but does a self repair with repetitive “when”.

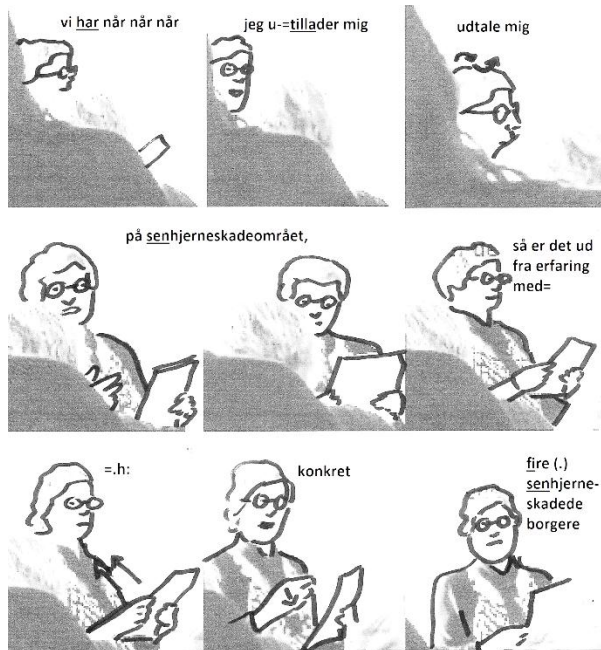


Figure 5. Orienting to different parts of audience and text.

Then she turns briefly to the audience and continues the new utterance but self repairs again to add “allow myself” to the beginning of the sentence. Next she turns to the corner again and nods with “express myself”. After that she turns to the audience and lets the right hand go from the papers and down to accentuate the topic. Again, when talking about brain injury, now in the compound “brain injury field”, she turns to the text and holds it with both hands. She positions herself as somebody who is not from the field (and she mentions brain injury as a field here, not as people). In what follows, the leader gives grounds for why she is willing to give good advice in this situation. She has had experience with four individuals with brain injury. She emphasizes the factuality of this experience through language use and embodiment (emphasizing the word “concrete” with the hand movement and accentuating “four” with stress and a tiny pause after it). And now, when she is talking about persons she knows, the gaze is in the audience. Next, she starts explaining closer what kind of people with brain injury she has had to deal with (see Figure 6): They have had massive problems, a description that is emphasized with hand movements.

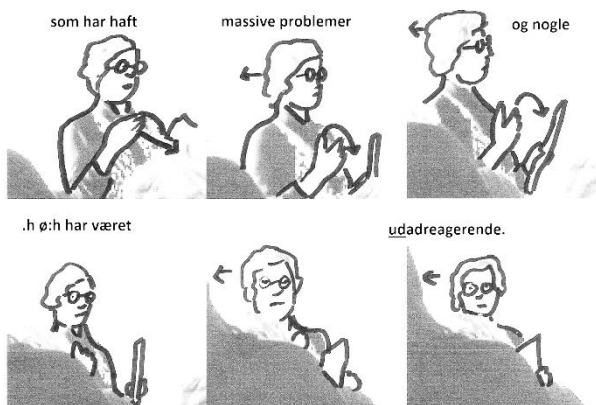


Figure 6. Constituting information as credible.

That people have had massive problems implies that they have not been able to function in a normal way. The leader then turns to what some of them have been: reacting outwards. This means in practice that their behavior causes problems to those around them. The presentation is constituted embodied and linguistically as credible: She knows what she is talking about. The leader continues with the experiences of the personnel, this time (Figure 7) talking about “we” rather than “I”.

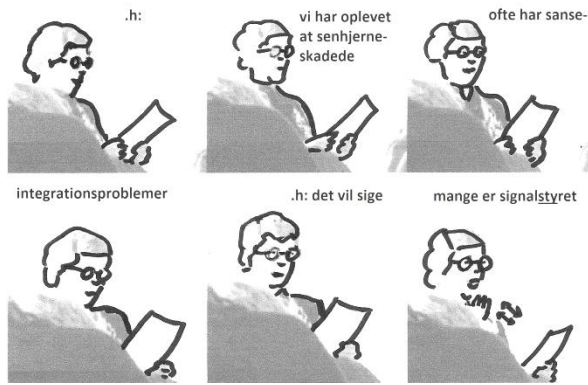


Figure 7. Using medical vocabulary.

She uses professional terminology “problems with the integration of senses” that she translates to mean “signal-controlled”. She makes a hand movement on both “signal” and “controlled”. It is ambiguous whether she refers to some of the four occupants she knows personally or to the general category people with brain injury when making the generalization “many”. Anyway, the vocabulary is medical and giving an account of the perception of these kind of disabled people. Next, she gives yet another explanation of what she means by these concepts (Figure 8).

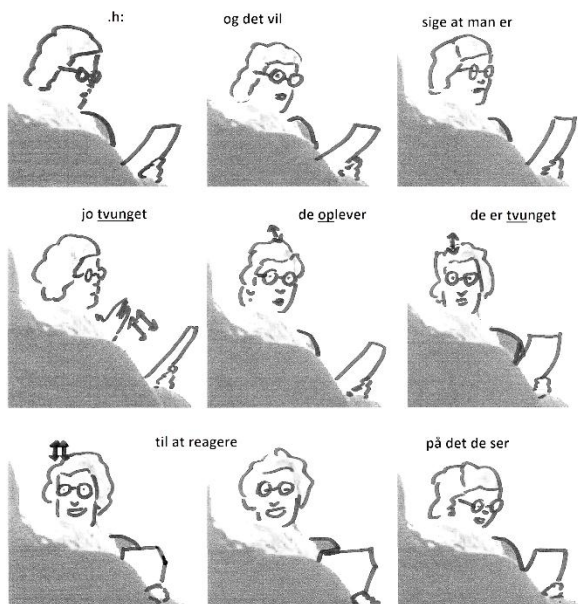


Figure 8. Explaining in lay terms.

The leader checks the text while inhaling and gives an explanation of the two professional terms in lay language. The point of view comes closer to the disabled (*man*, “one”) and their immediate dealing with the world (“one is actually forced”), the impact of which is conveyed also with two quick hand gestures. The speaker self-repairs, stressing that disabled people have an experience of being forced to react to what they see. The emphasis (embodiedly also through tiny head movements) on the new formulation depicting an internal process indicates a Cartesian mind-world distinction.

After this, the leader concretizes even more what is meant by “problems with the integration of senses”: When the patient sees something, he or she thinks they have to act on it (open a door, take a bus, etc.). She makes a recommendation that the occupants would not have too many of these disturbing signals.

Conclusion

What has been analyzed above is how the leader does **convincing** – she does not simply state what she thinks is good to take into account when building the new premises. After giving a long presentation about an already existing home, in Figures 1-8 we get an idea of how she in the transition to making suggestions to the present project conveys both hesitancy and assuredness. This combination constructs her as someone who is not giving opinions but evidence-based suggestions. The evidence is not founded on personal experiences only; medical concepts are used to talk about the people with brain injury. She consults the premediated version of her talk in her hands often, enhancing the feeling of knowledge that surpasses private experiences. This is remarkably different from the humane way of talking about the people in the

care home she is leading. The sources for her information are varied; what she has done when writing the facts down and now using them in the presentation is resemiotization (Iedema 2001) that will again be transformed in the summary from the seminar and the ensuing first architectural plans.

What is witnessed here is a glimpse into a typical organizational knowledge sharing situation. The project is to build something, so suggestions can be costly and, therefore, should be made with care. However, the analysis can serve as a good example of what the immediate design project in the care home as living lab might want to get away from. Instead of doing the traditional evidence-based design cycle, the aim is to give place to vague noticings, and other ‘anecdotal’ ways of interpreting the world of the occupants. The problem might be that the same carefulness as was witnessed in a fairly experienced person’s presentation about her observations might be anticipated also from the ones that work in and visit the home regularly: What can be reported on?.

The goal of the living lab is to do participatory design that would be based on continuous feedback on the lived practices rather than second-hand reports of them. The future research is planned to aid the personnel and family members make organizationally available observations that could be deemed ‘hunch’ or ‘intuition’, that is, tacit knowledge. The design challenge in this routinized institutional environment is: Which with socio-technical systems 1) to best collect the observations and in a non-invasive manner and 2) to best share this data with others for learning and design. Future research on the everyday epistemic practices are needed to fit in a system that provides a way of enhancing the well-being of the occupants without being a disturbance, that is, too much ‘extra work’ for the people around them. So, an open environment that is easy to redesign for the evolving needs of its occupants needs careful planning. This has to be done to avoid problems that come with the practice of reporting as seen in the institutional practice of seminar as a knowledge gathering practice.

Engeström (2007) discusses a new addition to his theory of expansive learning, namely learning by experiencing. He wants to expand ‘experience’ from its individual base to be that of an organization. The present paper has also taken experiences as a starting point, as in situ actions that have various consequences. But, instead of treating explicit cases – be those video recordings or other narratives of specific situations – as revelations of the importance of experience, the situated practices are the starting point: claims are made on the basis of them and not with the additional help of them.

For communication researchers, the task is to research how in various design and other practices we are bound by the routines that help us understand each other in the first place. Knorr Cetina (2007) claims that experts have a special relationship with the objects they use for their knowledge work. Us humanists are in a good position when trying to understand planning and designing: We do not necessarily need a new or improved technological product to be satisfied; we have the expertise to show how language as the central, though often taken-for-granted, planning resource is a multimodal and embodied semiotic tool among others, a detailed analysis of which might help also those who want to build material tools.

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