

Care practice as aesthetic co-creation: A somaesthetic perspective on care work

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Abstract: *Drawing on Dewey's theory of aesthetics, Shusterman's notion of somaesthetics, and an elaboration of the notion of co-creation, this study analyzes care practices as aesthetic co-creations, that is, inquiries of impressions and expressions through which actors and practices are co-created. A care situation from elderly care serves to analyze the body as a locus of sensory aesthetic appreciation and the potential process of somaesthetic experience and learning. How to learn to appreciate the somaesthetic dimensions and the importance of somaesthetic attention for subtle forms of power in care situations are discussed.*

Introduction

Care work is described as bodywork through which care workers handle the bodies of others (Twigg, 2000). Care work is often defined as “dirty work” (Dahle, 2005; Twigg, 2000) because of its intimate contact with human bodies and their fluids and waste; with dirt, disgust, nakedness, touch, and intimacy; and with bodies' sicknesses, decay, and death. Care workers have to go beyond bodily boundaries that are considered strictly private (Dahle, 2005) and perform intimate bodywork tucked away in bedrooms and lavatories and behind the scenes in nursing homes. To avoid confrontation with human decay and impermanence, care work is performed in the shadows of society:

Fundamentally, care work is hidden work, 'dirty work', because it deals with aspects of life that society, especially modern secular society with its ethic of material success and its emphasis on youth and glamour, does not want to think about: decay, dirt, death, decline, failure. (Twigg, 2000, p. 406)

In the literature, attention to the older body is scarce. The body is mostly studied as a locus of pleasure and consumption (Twigg, 2000) and as an instrument of self-presentation (Dahle, 2005). The body, then, is omitted in humanistic studies (Shusterman, 2006), and the aging body in particular is socially marginalized (Hansen & Grosen, 2019). Care work is mostly performed by low-educated groups and (female) care workers. Moreover, care work studies often sideline bodywork: “Though bathing, washing and other forms of personal care are central to the day-to-day realities of care work, they have received little attention.” (Twigg, 2000, p.

394). Status in this field is emphasized by distancing the bodily aspects and attending to the body as a territory of bio-medicine (Twigg, 2000). Moreover, welfare technologies have enabled bodily distance and “hands-off” care (Hansen & Grosen, 2019). The distanced position to the elderly body recognizes a privileged, professional approach that ignores the embodied sensible knowing in care work, which is collectively deployed through aesthetic interactions (Gherardi & Rodeschini, 2016). The bio-medical approach and political administration enhance efficiency, standards of competence, and an evidence-based rationality that assimilates healthcare with any other “industry,” and as a result, there is a risk of rationalizing care and losing sight of the ethics of care (Gherardi & Rodeschini, 2016). Consequently, the central characteristics of care work are overlooked. However, one cannot fully understand care if its embodied dimensions are unattended (Hamington, 2004). As care work requires the endurance of physical nearness to other people, taking care of their bodies requires the enactment of aesthetic sensibility in an embodied presence and the adjustment to care relations and situations. Drawing on John Dewey’s theory of aesthetics (1934), Shusterman’s further elaboration of somaesthetics (1994, 1999, 2006), and the notion of co-creation as my add-on, this study explores bodywork in care work, which is defined as aesthetic inquiries of impressions and expressions through which the involved actors and care practices are co-created. Inspired by Dewey’s view on aesthetics, the actors’ expressions are analyzed as artifacts that make impressions and give shape to care practice. Acknowledging the body as a locus of sensory aesthetic appreciation (Shusterman, 2006) draws attention to care workers’ capacity to tune in and act intuitively to the emerging and spontaneous character of care situations. Based on these considerations, this study raises the question of how care practices can be seen as aesthetic co-creations and thus as processes of somaesthetic experience and learning.

In the following section, the study and analytical methods are introduced. The theoretical perspectives of aesthetics, somaesthetics, and aesthetic co-creation are then outlined. A micro-communicative analysis is conducted on a singular care situation from elderly care that examines the body in care work as a locus of sensory aesthetic appreciation and, thus, care practice as a potential process of somaesthetic experience and learning. This study also discusses how care workers can come to learn and appreciate the somaesthetic dimension of care work and how this pragmatic understanding of aesthetics differs from existential wonder-driven understandings as an “embodied art of living” (Shusterman, 2006). How somaesthetic attention is crucial for the awareness of subtle forms of power in care communication is also discussed.

Setting and method for studying the body in care work

This study draws on an empirical doctoral study of learning in elderly care performed in Denmark from 2018 to 2021. The study involved various participants from elderly care (i.e., care workers, trainees, supervisors, elderly people, managers, and different organizational consultants). Fieldwork was conducted using the shadowing method (Czarniawska, 2007; McDonald & Simpson, 2014) to study care work at nursing homes. The focus was to recognize the potentials for learning within the work itself and in the interactions between the care workers, the elderly, and the work tasks. Shadowing as a method gives researchers the possibility to study the work of people who move from place to place as they work, rather than staying in one place (Czarniawska, 2007). Therefore, shadowing offers the possibility of gaining rich insights into everyday practices and processes as they unfold in various places and paces at microlevels throughout an observed timespan (McDonald & Simpson, 2014).

While shadowing can be a method of following individual actors (Czarniawska, 2007), the object of shadowing can also be a phenomenon in the unfolding of situations (Buchan & Simpson, 2020). In this case, the studied object is the phenomenon of learning as it unfolds in the organizational practices of elderly care. Drawing on Dewey's philosophy of learning (Dewey, 1916), the study shows the embodied practice of care work as a situated site for learning, defined as both the process of experiencing and the result of richer experiences. The analysis of care relations reveals how learning potentials unfold in close relation to the emerging bodily, discursive, and non-discursive interactions between care workers and the elderly. However, bodily aspects are not the initial focus, and empirical experiences foster insights into the aesthetic and sensory aspects of care work and communication. To further elaborate on the empirical experience, I found inspiration in Dewey's pragmatism and Shusterman's notion of somaesthetics, which developed and critically added to Dewey's philosophy of experience and aesthetics.

By focusing on the phenomenon of learning from an embodied perspective, the data took the form of experienced, responsive data (St. Pierre, 1997) and were stumbled upon instead of collected (Brinkmann, 2014). This study contributes to pragmatism-informed research that emphasizes making available future experiences of high quality (Rosiek, 2013). The ameliorative ideal is the transformation of insight that creates the possibility of new experiences of bodywork in care work as processes of co-creation and learning. This is aligned with Shusterman's (2006) intention to enrich both discursive knowledge and lived somatic experience about the body and mind. The goal is not knowledge per se but improved experience and, in relation, concepts that serve us better (Shusterman, 2006). For this reason, this study presents an analysis that intends to make impressions and produce new insights into learning (as a process and a result) in care work.

To conduct a fine-grained micro-analysis, this study presents a single empirical care situation, a 'small story' (Bamberg & Georgakopoulou, 2008) constructed from extended fieldwork in everyday care work. Inspired by the pragmatist theory of knowledge, the intention is to give an illustrative example that helps to analyze the "breath" of experience and the potentials for learning that unfold within experiences. The criteria for the selection are two-fold. First, the situation should have a certain quality of experience that made an impression on the researcher. Inspired by Dewey (1934), I describe this as an aesthetic quality that has a certain expressiveness. Second, the expressiveness of the situation should have the quality to trigger the reflexivity of the researcher. Accordingly, the selected situation was *an* experience, as Dewey (1934) calls it, of a situation that steps out of the stream of the experiences made, in this case, of care situations in nursing homes. The reliance on *an* experience is trust in the aesthetic quality, the expressiveness (Dewey, 1934) of a situation that makes impressions noticeable, open, and undetermined, and in the fostering of a situation that ignites reflexivity and critical analysis. Therefore, the situation triggers the construction of a mystery (Alvesson & Kärreman, 2007), of something experienced but not yet understandable with the theory at hand. To this expense, the construction of a mystery from the base of a situation makes it possible to know more (Alvesson & Kärreman, 2007) of the qualities needed in attending the body in care work as a locus for aesthetic appreciation and to open the potentials for learning in and of care work by acknowledging and fostering this attention.

However, drawing on a single situation for analysis requires some considerations of why and how the situation is chosen, as it deviates from the ideals of the representations of objective entities given in reality that we might have learned as "golden standards" in qualitative research (Revsbæk & Simpson, 2022). The study is driven by an effort to grasp the fluid and ever-changing

dynamics of living experience (in this case, in care relations) and the subtleties (of communication and learning) that are fragile, vulnerable, and unnoticed (Revsbæk & Simpson, 2022). Certainly, it centers the researcher as an observer, and the narrative “I”, from a privileged position, can point to and select *an* experience. This position generates the need for reflexivity and transparency in the researcher’s way of knowing. However, as a productive alternative, Jackson and Mazzei (2008) suggest a re-imagination of the subjective “I” as a performative becoming. This means that not only is the narrative constructed, but the researcher is also changed by what is happening in the situation through aesthetic appreciation. Through the act of narration, experience also produces the researcher’s “I.” For the researcher, it calls for ethical attention to think of events from different perspectives and to give a voice to aspects that are silenced or less noticed (Jackson & Mazzei, 2008). Moreover, it requires attention to how one story is presented as if it is a defined entity, even though, when experienced, it does not have a clear beginning and ending. The idea is not to represent a reality of care work but to bypass the ideal of an objective description and enable the possibilities of enriching future experiences about the body as a locus of aesthetic appreciation in care work (Rosiek, 2013; Shusterman, 2006). Aligned with Shusterman (1999), the current study shows the potential utility of the concept of somaesthetics, not the radical novelty of the idea of care work as bodywork. In the following, I outline how Shusterman understands the somaesthetic perspective and how he, with this term, is inspired by and differs from Dewey’s view of experience and aesthetics. Moreover, I contribute with the notion of co-creation, inspired by Dewey, to emphasize the radical social foundation of experiences.

The body as a locus of aesthetic appreciation

Care work entails a fine-grained attunement to often vague and unspecific expressions of the elderly and to situations in which the elderly’s verbal responses are scarce. To this subtle communication, the notion of somaesthetics can serve as a useful analytic perspective for understanding the fine lines of bodywork. The elderly’s responses may be a sigh or a moan uttered to express discomfort, a gaze that is undetermined, or a hint of a movement that indicates an uncertain intention. The folded and unopened newspaper or a coffee cup that is untouched can be signs of the elderly’s mental status. A pause in words or a certain intonation of a word can express a feeling that is unspoken. To notice fine lines like these in communication entails bodily attention, in which the body functions as a sensory apparatus that takes in and is moved by the expressiveness of a situation (Dewey, 1934). Shusterman (1999) claims that we can gain a better mastery of the actual workings of our actions and our will’s application in behavior if we explore our bodily experiences more deeply through somaesthetic attention. He defines somaesthetics “as the critical, meliorative study of the experience and use of one’s body as a locus of sensory-aesthetic appreciation (aisthesis) and creative self-fashioning” (Shusterman, 1999, p. 302). This comprehension has a normative and prescriptive character that is uncommon in a more descriptive and analytic aesthetic (Shusterman, 1999). The pragmatic claim is that our knowledge about the world is improved by enhancing our awareness of our bodily states and feelings and by perfecting our bodily senses, not by denying them (Shusterman, 1999). It is about cultivating our bodily habits:

To improve our bodily habits and psycho-somatic integration we need to bring our somatic functioning and its attendant feelings into greater consciousness, so we can learn both to detect subtly different modalities of posture and movement and to assess the quality of their coordination and their attendant affectivity (Shusterman, 1994, s. 138).

In his masterpiece on aesthetics called “Art as Experience,” which inspired Shusterman’s development of somaesthetics, Dewey writes poetically that “experiencing like breathing is a rhythm of intakings and outgivings” (1934, p. 58). Experience, then, is the continuous process of taking in the world and giving out responses, and through this process, man and the world are created (Shusterman, 1999). In the context of this paper, these considerations can help us understand how care practices and the actors involved are created and re-created (and co-created, as I will argue) through continuous intakings and outgivings. Therefore, Dewey and Shusterman point to the double status of humans as both objects and subjects—as objects of materiality taking form as something in the world and as subjects of sensibility that experience, feel, and act in the world (Shusterman, 2006). As highlighted by Shusterman (2006), we both *are* bodies and *have* bodies, and this fundamental ambiguity in human lives constructs the body as a source of perception and action *and* as an object of awareness. Therefore, perceiving vague expressions as valuable signs in communication requires care workers to recognize that their experienced impressions of a care situation are not merely private or individual but are resonances of something going on in a shared situation (Dewey, 1934). This means that sensory and emotional experiences should be analyzed in close interactions with the situations in which the impressions are experienced as indicators of something that is possible to experience in the situation. Therefore, the impressions carry valuable information about the situation, the elderly, and the care workers themselves.

An important point raised by Shusterman (2006) is that somaesthetic attention “needs to be primarily directed not to the inner feelings of our embodied self but to the objects of our environment in relation to which we must act and react” (p. 11). This means that feelings are part of somaesthetic attention, but they are not handled as inner representations of internal aspects but as a result of the interaction with the environment—in this case, the care situation. Metaphorically, Shusterman (2006) writes that our eyes are naturally looking out toward the world, not into our innerness. Somaesthetic awareness involves seriously taking the impressions of a (care) situation and perceiving bodily reactions without devaluing these impressions. However, it is challenging, as Shusterman (2006) claims, that we tend to cultivate moral rationality against the “brute flesh of the body.” Dewey (1934) points out the following:

We undergo sensations as mechanical stimuli or as irritated stimulations, without having a sense of the reality that is in them and behind them.... We see without feeling; we hear, but only a second-hand report, second hand because not reinforced by vision. We touch, but the contact remains tangential because it does not fuse with qualities of senses that go beyond the surface. We use the senses to arouse passion but not to fulfill the interest of insight. (p. 21)

“The interest of insight” is the potential to go beyond the surface, but this is not understood as a psychodynamic or subconscious surface. Dewey discusses the value of exploring the potentials in aesthetic experiences to give insights into what is going on in a shared situation. This means going beyond the surface of an impression of a situation and taking seriously the impulse that triggers aesthetic appreciation (Shusterman, 1999). It is the inward part of experiencing, the intaking and impression that resonates with our individual (and shared) world of experiences. “Taking in” is having an experience, the passive, surrendering, or undergoing of an experience, while “giving out” is the active process of doing and expressing. Therefore, expressing is a word for the outward consequence: the outgiving (Dewey, 1934). This perception centers the body as the basic, yet necessary, instrument of human performance, perception, action, and thought—a tool of tools (Shusterman, 2006).

Somaesthetic attunement as an offset for reflection and co-creation

However, even though Shusterman builds the notion of somaesthetics on Dewey's theory of experience and aesthetics, he also raises criticisms of parts of Dewey's understanding. One part regards the emphasis Dewey places on the non-discursive and immediate quality of experience as unifying and fundamental in itself for our thinking. Instead, Shusterman (1994) emphasizes the role of the immediate experience, not as the foundation but as a means for the reorganization of experience and for thinking. The controlling criterion is how the quality of the immediate experience functions to bring into consideration what can be thought about and done in a situation to create better coordination and integration (Shusterman, 1994). In other words, Shusterman's critique of Dewey is that the immediate experience is not, by its mere appearance, the foundation of thinking but rather that it works as a trigger for reflection. It is through noticing the experiential quality and consciously reflecting on it that thinking is improved (Shusterman, 1994). Aesthetic quality gives the immediate experiences a degree of expressiveness (as *an* experience) (Dewey, 1934) that can create impressions for the experiencing actor, the receiver. The expression then forms a materiality (an expressive object) (Dewey, 1934) that the receiver aesthetically can appreciate and that, if fostered, can initiate reflexivity. However, it needs to be cultivated, a point that Shusterman (1994) seems to believe is understated by Dewey.

Through my reading of "Art as Experience," I have noticed a part of Dewey's theory of aesthetics that I, by now, still have not found to be well elaborated by Dewey scholars. My concern is to understand the notion of "co-creation" that I find underlying and often implicit in much of Dewey's work. From this point, I will argue for somaesthetic attunement as an offset for co-creation, that is, joint creation, elaboration, and, if taken seriously, inquiry of somaesthetic experiences. I agree with Shusterman's critiques that Dewey elsewhere (e.g., in his works "How We Think" and "Logics") downplays the function of aesthetics in experience as a trigger for reflection. However, inspired by the way Dewey (1934) describes the subtle social and artful process of creation and re-creation entangled in experience, I apply the notion of "co-creation." The idea is to understand more of the transformative entanglement of impressions and expressions in experiences—in this case, in care work experiences. The notion of co-creation underlines that individuals and practices are not final, definite constructions but that they are created in continuous social processes as artifacts by creators and receivers (Dewey, 1934). Care workers must ask themselves what elements experienced in the care situation resonate with their experiences. In undergoing the expressiveness of the situation, in other words, by establishing a reflexive standing to it, the situation and relation are merged into a continuous whole. As Dewey (1934) points out, this is an "intertwined interaction that reorganizes our prior experience while it as well reorganizes the expressiveness of the object" (p. 108). The entangled interaction gives rise to something that is more than the interacting actors in isolation. The fine texture in interactions is the result of the co-creation of creators and receivers of the practices that function as expressive objects (Dewey, 1934). In this creative process, the care worker and elderly take turns acting as the creator of expressions that serve as impressions for the other and as the receiver that carefully appreciates the expressions of the other. It is a joint accomplishment in which they share an interest in securing the flow of communication (Dewey, 1934). The co-creation of care work requires, on the one hand, the capacity to contribute with adequate expressions and, on the other hand, to take in and appreciate the impressions made: "Constant observation is, of course, necessary for the maker while he is producing." (Dewey, 1934, p. 49). In care work, care workers (as the makers/creators) embody the attitudes of the elderly (the receiver) while they work (produce care responses), and vice versa. As I will now analyze, departing from a small

care work narrative, this entails that care workers pose themselves as recipients and appreciate how their expressions can be experienced.

The narrative: A care situation

In the care situation, I followed Anne, a care worker in a nursing home. I had previously met Anne as she took part in a series of workshops with stakeholders of elderly care I had held as part of my doctoral study. This morning, Anne was working with two colleagues on the second floor of the nursing home, which houses eight elderly residents. She was about to begin her third visit this morning at Karen's place. Karen needed help getting through her morning routine before taking her breakfast in the common dining room. There was, in fact, nothing extraordinary about this situation. However, it met the criteria of the study's analytic strategy because it had the ability to foster impressions and reflections about the embodied nature of care work and, specifically, about the body in care work as a locus for aesthetic appreciation, making it possible to analyze care practice as aesthetic co-creation. The narrative is as follows:

Anne knocks on the door at Karen's place. "Good morning, Karen," she says as she enters Karen's bedroom. Karen is still in bed. "Have you slept well? You are sleeping in such a fine blouse," Anne continues. Karen points toward the wardrobe. "There are..." she says, without completing the sentence. Anne follows with her eyes the direction of Karen's hand movements, which seem to fulfill her expression. "Yes, I did the laundry yesterday. You have plenty of clean clothes. There are clean panties and all. They probably haven't arrived from the laundry room yet." Karen sighs, "Oh, how lovely." Anne goes to the bathroom next door. The sliding doors are open. As she walks in, she says out loud, "I will get the things ready. Will you be having a bath today?" Karen replies, "Yes, I will." Anne places a transfer tower in front of Karen and says, "Now, you have to move your legs out." Karen sighs heavily and tries to move her body. Anne supports her legs as Karen manages to swing her legs off the edge of the bed. Anne says, "Good. Now, you need to place your left arm on the platform. I will raise the bed a bit." Karen sighs and pulls herself up slowly in a standing position, leaning on the transfer tower for a while. Anne helps Karen undress. She pushes a bathing chair in position behind Karen and asks her to sit. Karen sinks heavily into the chair, and Anne moves the chair to the shower. She turns on the shower and wets Karen's hair and body. "Now, tell me if the water is too cold or hot." Karen sighs. Anne washes her hair. "It foams well. You will only need one lap." Karen sighs, "Oh, how lovely," and closes her eyes. Anne washes her body. Karen helps by raising her arms one by one. Anne says, "This is good teamwork, Karen." Karen sighs. Anne says, "I need to get you a new bag [stoma] and a new bandage for your hip wound."

This narrative illustrates an everyday care situation in which the care worker and the elderly need to cooperate and communicate with the elderly to get out of bed and be ready for breakfast. The situation shows a care situation in which the professional care worker supports the elderly. For the care worker, it is a work task, and for the elderly, it is a daily life accomplishment that she previously managed on her own. It is an ordinary care situation that positions the elderly as care recipients and the care worker as caregivers. However, a micro-communicative analysis with emphasis on bodily communication illustrates that the actors are not maintained in positions

exclusively as caregivers and care receivers because they fluently shift positions as creators and receivers several times during the course of action in a co-creative and bodily aesthetic process. This perspective makes possible an analysis of the interaction between the care worker, the elderly, their bodies, and the morning routine as an aesthetic co-creative inquiry and helps to understand more the dimensions of sensuousness, imagination, and reflection, which are at stake in the care situation.

The morning task—getting up, having a bath, and getting dressed—is a concrete task to deal with in collaboration with Anne, the care worker, and Karen, the elderly. Handling this task is not merely a cognitive and intellectual affair but is also a sensuous, emotionally, creative, and imaginative affair (Dewey, 1934). Therefore, the situation requires more than practical and technical skills. Anne needs more than knowledge of how to transfer a body to different positions; she also needs to know how to communicate bodily and emotionally with Karen in order for her to participate in the processes of the body's transfer. Anne takes the position of Karen to help her move her leg out of bed and get up standing. How would Karen experience it? How can Anne support Karen's response? The impressions that the situation creates are decisive for the outcome of the situation and for the quality of the task solution. Taking in the appropriate impressions requires Anne to be profoundly present in the situation. However, there is a lot for Anne to be attentive to if she is to succeed with the bath. What is the current state of the elderly mentally and in terms of their health status? How was her sleep? Is she awake and ready for the day? Will she collaborate mentally and physically in getting out of bed? Will she understand her guidance? Will she agree on the terms of the tasks?

This situation shows that Karen's verbal abilities are limited. She answers with one-syllable words, sounds, simple and short sentences, and gestures. As most of the communication is based on sounds, glances, and touching, Anne is left with very little verbal response to guide her (re) actions. Shusterman (2006) gives the following example of how the body's position and status are at work and, thus, how delicate communication is:

I need to be aware of my own body positioning and breathing, the tension in my hands and other body parts, and the quality of contact my feet have with the floor in order to be in the best condition to assess the client's body tension, muscle tonus, and ease of movement and to move him in the most effective way. Otherwise, when I touch him, I will be passing on to him my feelings of somatic tension and unease (p. 15).

The care worker's assessment of the status of both the elderly and herself provides her with data to analyze how to react adequately. Anne must practice this subtle and highly bodily-based means of communication for her to attend to Karen's needs and communicative intentions and to her own bodily resonance. Therefore, if Karen is to experience herself as a part of the communication, Anne must communicate in a language other than strictly verbal. The art for Anne is to expand her bodily responsiveness and ability to listen to the body in a sensitive and slower bodily presence, which is called forth by the specific situation. Anne has to listen well to act adequately. Aesthetic appreciation is a here-and-now matter. Anne cannot prepare for what will happen as the somaesthetic meeting emerges in an instant in care work. To meet Karen, Anne has to seize the present moment, which emerges as an opportunity. She needs to experiment with how she can somaesthetically support Karen's participation and the fulfillment of the work task by means of the body as a locus of aesthetic appreciation (Shusterman, 2006) of Karen's expressions and her own impressions.

The co-creative practice is also about the production of expressions, as it is about impressions: “To define an impression signifies a good deal more than just to utter it. Impressions, total qualitative unanalyzed effects that things and events make upon us, are the antecedents and beginning of all judgments” (Dewey, 1934, p. 317). Dewey’s point is that available data are signs to appreciate, analyze, and value to form adequate responses to a situation—in this case, the performance of “caring care.” Appreciation entails the capacity to take in the immediate experience and reflect the impression to give out in adequate ways that ensure the enrichment of experiences (Dewey, 1934; Shusterman, 2006). Through their communication, the situation takes the form of a joint social matter—they need to work together to get out of bed and complete the bath. Communication is a bodily and sensuous—somaesthetic—matter (Shusterman, 2006), in which they need to adjust themselves to each other’s bodily reactions. Karen utters a short, interrupted sentence, “There are...,” which does not say much. However, aligned with Karen’s bodily gesture as she points toward the closet, Anne seems to fulfill the sentence in her head and to understand the intention: “There are no more clean clothes in the closet.” Taking Karen’s perspective, the care worker learns how to interpret Karen’s verbal and bodily expressions into impressions and how to transform and give back these impressions in adequate outgivings (Dewey, 1934) that align or challenge Karen’s capacity to participate and communicate. Rather than rejecting the body as unreliable because of its sensory grounding, the somatic awareness of the care worker is cultivated, and the functional performance of the senses is improved (Shusterman, 2006). The situation shows Anne the potential to improve how to register the elderly’s communicative intentions and how to communicate in order for Karen to participate. Anne has the choice to highlight and reinforce Karen’s bodily expressions or to ignore and prevent herself from being understandable. Therefore, taking care of a care situation sees the need for an appreciative action in which the care worker analyzes the available data, her own impressions, and the situation as a whole and takes actions on behalf of this analysis (Dewey, 1934). The care worker takes the available data seriously as potential resources to learn more about the elderly, herself, the care situation, and her course of actions within it. Conversely, Karen can learn how she—with her available resources—can make her wishes and needs perceptible and how she can take in—or reject—the care worker’s attempts to assist her. These back and forth switches illustrate the social and experimental processes I describe as co-creation that I see unfolding in everyday care practices, with the actors as creators of expressions and perceivers of impressions. By analyzing Karen’s movement with her hand and her half-sentence as an expression of “no more clothes,” Anne recreates her impression dramatically to a new representation as an expressive object (Dewey, 1934). Karen’s uttering forms an expressive object that Anne recreates into another representation based on Karen’s expression and re-created into a new form (an expressive object) to which Karen, again, can react. Through these means, Anne opens up an active and creative interaction with what is and what is about to happen in the situation (Dewey, 1934). Anne’s somaesthetic experience of the embodied nuances and qualities of the situation expands her interpretation of the world, which, as Shusterman (2006) points out, is Karen’s needs and experiences and how Anne can support and steer the care situation in a fruitful direction. For a moment, Anne acts as a receiver who analyzes the situation (nice blouse, hand, closet) to determine the missing laundry and Karen’s need for clean clothes. Aesthetic appreciation creates a potential co-creative space for learning in which both can act as creators and receivers (Dewey, 1934)—in this case, “the good bath.” However, Anne has to try out actions to analyze from Karen’s reactions what impression her actions make. Karen seems satisfied with Anne’s representation, and the morning routine can continue. However, the bodily sensation may have been too vague for Anne to acknowledge or for her to use as a material for interpretation, and Karen could have also rejected Anne’s representation.

Discussion

This study analyzes a single care situation as an aesthetic co-creative inquiry that takes the form of the interactions between two involved actors and the task joining them. In the following, I will discuss aesthetic co-creative inquiry as a potential process of learning, how somaesthetic capacity must be developed as part of a caring habit, and how attention to the body as a locus for aesthetic appreciation is crucial for care workers to acknowledge subtle forms of power within care situations. I reflect on how this pragmatic approach differs and brings in other aspects to consider, aside from the phenomenological perspective on the body in care work. Finally, I discuss the strengths and weaknesses of my study.

Learning how to care

As stated in the introduction that care cannot be fully understood if the embodied dimensions are unattended (Hamington, 2004) and that learning how to care is a highly somatic affair (Twigg, 2000), this study stresses that somaesthetic attention can function as a means for reflection, a trigger for learning. This attention can enhance the embodied sensible knowing in care work that is collectively deployed (Gherardi & Rodeschini, 2016). Like any knowledge, caring can be developed into an embodied capacity to practice the body's caring knowledge into caring habits (Hamington, 2004). It is imperative for the quality of care work that care workers learn to undergo the sense of uncertainty they experience in emerging care situations about how to interpret (take in impressions) and react (give out expressions) appropriately. Noddings (2012) defines the ethics of care as the mutual recognition and appreciation of responses that serve to further construct a caring relation in receptive attention and empathy. Emphasizing responsiveness and receptiveness in caring helps to acknowledge the kinds of bodywork that draw attention to central aspects, often overlooked and understudied, in care relations and communication.

The sense of uncertainty turns the perspective of learning from one focusing on solving problems (e.g., learning how to help the elderly with their morning bath) to another focusing on how the care worker is experientially (bodily, emotionally, and intellectually) entangled with the life of the elderly and the care work. Focusing on the uncertainty—or the “mystery” of the entanglement (Gherardi, 1999)—helps to acknowledge care workers as integrally connected with others as co-constructors (and co-appreciators) of the narratives of life (and care work). This perspective of learning (in entangled somaesthetic experiences) helps to question the contributions of the care worker to the development of shared activities in a material world of increasing interdependence (Gherardi, 1999). This means that acknowledging the dimensions of the body as the locus of aesthetic appreciation is a matter of attending to how the (re)actions of the care worker are part of a greater whole (Gherardi, 1999), involving the quality of life of the elderly and of the work of the care worker.

These considerations are derived from socio-material and pragmatic stances that differ from an existential–phenomenological stance to the body in care work (e.g., van Manen, 1998; Herholdt-Lomholdt, 2019). These approaches distinguish themselves from pragmatism by arguing an understanding of aesthetics not as a way of knowing but as a way of being and seeing what is beyond everyday experiences and within it as a surplus of meaning (Herholdt-Lomholdt, 2019). The set-offs are similar: care workers and the elderly are under a shared impression of an unfolding phenomenon and together share an experience. However, how the care workers' reflection of the situation is triggered (i.e., how they learn from it) differs depending on whether the stand is pragmatic or existential. From a pragmatic standpoint, I

argue for an offset in the uncertainty caused by the enactment in a care situation, whereas the existential–phenomenological viewpoint argues for a wonder-driven approach to ethical and existential dimensions (Herholdt-Lomholdt & Hansen, 2016). Emphasizing ontological-based meaningfulness, existential philosophy criticizes the pragmatic epistemology of practice for being driven by problem solving. However, somaesthetics requires aesthetic reflexivity (Shusterman, 1999), not just cognitive problem-solving skills (Gherardi, 1999). The way Shusterman and Dewey see aesthetic philosophical practice can be used as a way of qualifying care practice as aesthetic co-creation. Dealing with the uncertainty that is emerging in the interactions in care situations, in which doubt, hope, power, and vulnerability are at stake, is to train people to become more caring and aesthetically attentive to the embodied situations in care work and in life in general. Based on this pragmatic perspective, somaesthetics is about experiencing, reflecting, expressing, and enacting what is known and experienced.

Symbolic power and caring culture

If the somaesthetic dimensions of care work are left unattended, there is a risk of not taking into consideration the expressions of power in care work. The power that is entangled in care work is embedded symbolically and is invisible in the caregivers' helping actions toward the elderly (Järvinen & Mortensen, 2002). As a consequence, symbolic power is seldom acknowledged as power. For most, help is given with goodwill. However, for this reason, it can be difficult for the receiver to reject help. The receiver has to show gratitude lest she be considered rude and ungrateful, even though the help may not be what she wished for (Järvinen & Mortensen, 2002). The power is in a twilight zone, where it is challenging to get a hold of because it is interwoven in help and goodwill (Järvinen & Mortensen, 2002). The power is to define, declare, and decide on behalf of the elderly and to act and react to impressions. The care worker may think that she knows what the elderly feel and how to react to the needs of the elderly, but if the person's experience of what happens differs from the care worker's intention, then the intention is to be suspended in favor of the experience of the elderly (Van Manen, 1998). To acknowledge the symbolic power in care work is to attend to the fine-lined somaesthetic appreciation, in which the wishes and needs of the elderly are interpreted (*or not*), and the (re)actions of help are shaped.

Moreover, attention must be paid to structural power in the ways care services are organized and the degree to which care workers are offered spaces and tools to learn how to appreciate the bodily aspects of care work. (Organizational) learning is inherent in the process of creating and using knowledge while organizing (Gherardi, 1999). Therefore, if care practice is organized in ways that restrict the co-creative inquiry, the somaesthetic aspects will remain silent, the symbolic power will be invisible, and the care workers' ability to support the participation and wellbeing of the elderly will be limited. Attention must then be paid to organizational structures and caring cultures that enable language, values, social institutions, and artistic media for the actors to think, act, and express themselves aesthetically (Shusterman, 2006). A care culture requires somaesthetic awareness and reflexivity, spaces, and tools to consider the body as a central locus for aesthetic appreciation.

Strengths and weaknesses of the study

Shadowing the phenomenon of learning in this study did not initially entail a specific focus on bodywork in care work. This dimension became apparent through the analysis of the shadowing activities. Consequently, and in accordance with mystery-driven research (Alvesson

& Kärreman, 2007), the empirical data qualified the theoretical development, as the analysis stressed the importance of somaesthetics in care work and learning. However, as this analysis was conducted after I left the field, the study did not realize the full potential of shadowing as an in situ analytic method in which care workers take part in in-the-moment interpretations (Buchan & Simpson, 2020). This can be considered an inconsistency of the study, as the findings of the analysis are not validated or qualified in practice.

This study's micro-narrative focus on a singular care situation has strengths and weaknesses. One strength is the possibility of conducting an in-depth analysis of a "small story" (Bamberg & Georgakopoulou, 2008), which helps to understand more of the subtle somaesthetic dimensions in care work. One weakness is that a singular situation as a small sample can never represent care work in all its variations as an organizational practice consisting of myriads of care situations related to organizational structures. Another consideration is how the situation is selected and constructed as a narrative (Czarniawska, 2004). The situation is not a story told by a care worker or collected by a researcher. Instead, it is expressed by a researcher as it made an impression while experienced *and* in order to show a certain theoretical thesis—care work is bodywork in more subtle forms than just being "dirty" bodywork with fluids and decay. This study shows that bodywork is about the art of communication. One can question whether the narrative is a correct presentation of reality. However, from a pragmatic standpoint, there is no correct version of reality to present. From the theoretical stand of this paper, there is a somaesthetic appreciation of *any* perceiver, but if handled reflexively, these impressions can be shaped into figurations that say something about what is going on in the world and the nature of experience (Dewey, 1934).

Conclusion

This study approaches the study of care work as bodywork using an analytical lens with emphasis on the somaesthetic dimension of the body as a locus for aesthetic appreciation and thus for communication and learning between care workers and the elderly. Drawing on Dewey's theory of aesthetics, Shusterman's notion of somaesthetics, and the added notion of co-creation in a micro-analysis of an everyday care situation from elderly care, this study shows how care workers and the elderly act as creators and receivers in an aesthetic co-creative process. To secure the future quality of care situations with hopefully richer experiences, the care worker must step in a position as a receiver who sensibly and aesthetically appreciates what is at stake and what happens as a result of actions. Therefore, this study stresses the importance of establishing a caring culture that emphasizes somaesthetic awareness and reflexivity and enables spaces and tools to deal with uncertainty in care work. This entails analyzing the subtle forms of power that are at stake in care relations and organizational structures.

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References

- Alvesson, M., & Kärreman, D. (2007). Constructing mystery: Empirical matters in theory development. *Academy of Management Review*, 32(4), 1265–1281.
- Bamberg, M., & Georgakopoulou, A. (2008). Small stories as a new perspective in narrative and identity analysis. *Text & Talk - an Interdisciplinary Journal of Language, Discourse Communication Studies*, 28(3), 377–396. 10.1515/TEXT.2008.018
- Brinkmann, S. (2014). Doing without data. *Qualitative Inquiry*, 20(6), 720–725. <https://doi.org/10.1177/1077800414530254>
- Buchan, L., & Simpson, B. (2020). Projects-as-practice. *Project Management Journal*, 51(1), 38–48. 10.1177/8756972819891277
- Czarniawska, B. (2004). *Narratives in social science research*. Sage.
- Czarniawska, B. (2007). *Shadowing and other techniques for doing fieldwork in modern societies*. Copenhagen Business School Press DK.
- Dahle, R. (2005). Dirty Work in a Norwegian Health Context (The Case of Norway). In H. M. Dahl, & T. R. Eriksen (Eds.), *Dilemmas of care in the Nordic welfare state* (1st ed., pp. 101–111). Routledge. 10.4324/9781351159968-7
- Dewey, J. (1916). Democracy and Education. In J. A. Boydston (Ed.), *The middle works, 1899–1924, Volume: 9* (1980th ed.,). Southern Illinois University Press.
- Dewey, J. (1934). *Art as experience* (1980th ed.). The Berkeley Publishing Group.
- Gherardi, S. (1999). Learning as problem-driven or learning in the face of mystery? *Organization Studies*, 20(1), 101–123. 10.1177/0170840699201005
- Gherardi, S., & Rodeschini, G. (2016). Caring as a collective knowledgeable doing: About concern and being concerned. *Management Learning*, 47(3), 266–284.
- Hamington, M. (2004). *Embodied care. Jane Addams, Maurice Merleau-Ponty, and feminine ethics*. University of Illinois.
- Hansen, A.M, & Kamp, A. (2018). From carers to trainers: Professional identity and body work in rehabilitative eldercare: From carers to trainers. *Gender, Work, and Organization*, 25(1), 63–76. 10.1111/gwao.12126
- Hansen, A. M., & Grosen, S. L. (2019). Transforming bodywork in eldercare with wash-and-dry toilets. *Nordic Journal of Working Life Studies*, 9(5), 49–67.
- Herholdt-Lomholdt, S. M. (2019). Invisible but sensible aesthetic aspects of excellence in nursing. *Nursing Philosophy*, 20(2), 1–10. 10.1111/nup.12238
- Herholdt-Lomholdt, S. M., & Hansen, F. T. (2016). Wonder-driven entrepreneurship teaching: When working with the ethical and existential dimension in professional bachelor education. Paper presented at the *Regional Innovation & Entrepreneurship Conference*, 64–74.
- Jackson, A. Y., & Mazzei, L. A. (2008). Experience and “I” in autoethnography: A deconstruction. *International Review of Qualitative Research*, 1(3), 299–318.
- Järvinen, M., & Mortensen, N. (2002). Det magtfulde møde mellem system og klient - teoretiske perspektiver. In Järvinen, Larsen & Mortensen (Eds.), *Det magtfulde møde mellem system og klient* (pp. 9–27). Aarhus University Press.

- McDonald, S., & Simpson, B. (2014). Shadowing research in organizations: The methodological debates. *Qualitative Research in Organizations and Management: An International Journal*, 9(1), 3–20.
- Noddings, N. (2012). The language of care ethics. *Knowledge Quest*, 40(4), 52–56.
- Revsbæk, L., & Simpson, B. (2022). Why does process research require us to notice differently? In B. Simpson, & L. Revsbæk (Eds.), *Doing process research in organizations: Noticing differently* (pp. 1–15). Oxford University Press.
- Rosiek, J. L. (2013). Pragmatism and post-qualitative futures. *International Journal of Qualitative Studies in Education*, 26(6), 692–705. <https://doi.org/10.1080/09518398.2013.788758>
- Shusterman, R. (1994). Dewey on experience: foundation or reconstruction? *Philosophical Forum*, 26(2), 127–148.
- Shusterman, R. (1999). Somaesthetics: A disciplinary proposal. *The Journal of Aesthetics and Art Criticism*, 57(3), 299–313.
- Shusterman, R. (2006). Thinking through the body, educating for the humanities: A plea for somaesthetics. *Journal of Aesthetic Education*, 40(1), 1–21.
- St. Pierre, E. A. (1997). Methodology in the fold and the irruption of transgressive data. *International Journal of Qualitative Studies in Education*, 10(2), 175–189.
- Twigg, J. (2000). Carework as a form of bodywork. *Ageing and Society*, 20(4), 389–411. 10.1017/S0144686X99007801
- Van Manen, M. (1998). Modalities of body experience in illness and health. *Qualitative Health Research*, 8(1), 7–24.