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# Choreography of Care

Keely Macarow

This is your hand, these are my hands, this is the world,  
which is round but not flat and has more colors  
than we can see.

It begins, it has an end,  
this is what you will  
come back to, this is your hand

- Margaret Atwood, extract from *You Begin*, 1978

Two women met in a lobby. One swayed from side to side, moved her feet and gestured with one hand as she spoke. A man also walked into the lobby and grimaced, then walked through a doorway which led into a café. Upstairs in the dayroom, a man wiggled his fingers and banged his hand repeatedly against his thigh. While this text is similar to stage directions for a performance, it is in fact a summary of the choreography of interactions, movements and gestures undertaken by residents of a Stockholm elder care residence.

## Background

From 2017-2019, an interdisciplinary team of art, design, elder care and nursing researchers from the Karolinska Institutet, University of Arts Stockholm, Konstfack, Stockholm University and RMIT University investigated how space and place was inhabited and perceived by residents, staff and family members of two elder care residences in Stockholm.<sup>1</sup> facilitated co-design workshops, interviews, observation

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<sup>1</sup> *Co-design for Better Experiences in End-of-Life Settings: A Transdisciplinary Project* commenced in October 2017 with funding from Swedish Research Council Formas and with Stockholm Elder Care Bureau as the project partner. The title of this project is also referred to as *Space and place in end-of-life care* by the research team.) The project was led by Ida Goliath (Karolinska Institutet) and the research team, Professor Bo Westerlund, (Konstfack), Professor Rebecca Hilton,

studies and artistic residences to ascertain how the inhabitants of the Serafen and Mälärbacken elder care residences inhabited and responded to the spaces within these facilities.<sup>2</sup>

The researchers' expertise and methods spanned action research, nursing and palliative care, aged care, choreography, social practice and co-design. The project contributed to the *DöBra Transdisciplinary Research Program* (2014-2018)<sup>3</sup> which hosted projects investigated perceptions of death and dying, facilitated conversations about death, dying and bereavement, explored space and place in elder care residences and contributed to change processes and policy within and about end of life settings.<sup>4</sup>

A sub project, *Choreography of Care* engaged choreographic and ethnographic practices to observe and document the care and lived experience of elderly residents of the elder care residence and the staff and family who cared for and visited them. Elder care residences such as Serafen are extremely physical environments where residents, nursing and ancillary staff, family members, volunteers and cleaners are a community of people in constant motion, performing and receiving essential and continuous acts of care. In this choreographic ecosystem, nursing staff care for residents in the wards, respond to patients who have pressed call alarms, walk quickly through corridors, administer medication and write notes. For this article, these patterns, systems and processes will be considered as a form of choreography. As such, the focus of this article is on choreography as a tool to understand the range and role of movements and gestures of people who inhabited the elder care residence, rather than as a practice for composing, notating and organising movement for performance outcomes. In addition, the

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(University of Arts Stockholm), Annafelicia Nillson, Anneli Stranz, (Stockholm University), Keely Macarow, (RMIT University) and Professor Carol Tishelman, (Karolinska Institutet).

<sup>2</sup> Ida Goliath, Anneli Stranz, Bo Westerlund, Rebecca Hilton, Keely Macarow, Felicia Nillson and Carol Tishelman, 'Using Participatory Co-Design to Create Supporting End-of-Life Environments in Elder Care', poster, *16<sup>th</sup> World Congress of the European Association for Palliative Care*, (15 May 2019).

<sup>3</sup> Olav Lindqvist and Carol Tishelman, 'Going Public: Reflections on Developing the DöBra Research Program for Health-Promoting Palliative Care in Sweden', *Progress in Palliative Care* 24, no. 1 (2 January 2016): 19-24.

<sup>4</sup> Lindqvist and Tishelman, 'Going Public: Reflections on Developing the DöBra Research Program for Health--Promoting Palliative Care in Sweden,' 19-24.

paper outlines how an ecosystem of care can be understood through studying the movements and gestures of the inhabitants of an eldercare residence, which illuminates social and physical encounters between those that engage in care labour and those that receive care.<sup>5</sup>

## Methods

A two-week artistic and action research residency was undertaken in October 2017 at Serafen, a residential facility in Kungsholmen, central Stockholm. Permission and ethics clearance were given for the observation and interaction with inhabitants of two sites within the elder care residence. The researchers were provided with access to a 15-bed ward and the lobby of the ground floor of the building to observe staff, residents and visitors as they engaged in the machinations of life and work in an elder care residence. The researchers used text, photography and video to record the people and environment of the designated ward, and text to capture the nuances of the exchanges which took place in the ground floor lobby. Team members also engaged in interviews with staff and residents about their experiences working and living in the elder care residence. For my contribution to the residency, I used ethnographic<sup>6</sup> and choreographic practices<sup>7</sup> to observe and document the movements, gestures and interactions between the residents, staff, and visitors in the ward and the lobby. My concern as a creative and social practice researcher was in the choreography of movements engaged in by residents, staff and visitors

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<sup>5</sup> Hi'ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese, 'Radical Care', *Social Text* 38, no.1 (2020): 11.

<sup>6</sup> Sarah Pink, 'Engaging the Senses in Ethnographic Practice', *The Senses and Society* 8, no. 3 (2013): 261-267; Sally Denshire, "Autoethnography", *Sociopedia.isa*, (2013); Elizabeth Cartwright, Anita Hardon and Lenore Manderson, 'Ways of Caring', in *The Routledge Handbook of Medical Anthropology*, ed. Lenore Manderson, Elizabeth Cartwright and Anita Hardon, (New York and London: Routledge, 2016), 164-182.

<sup>7</sup> Carrie Noland, 'Introduction', in *Migrations of Gesture*, ed. Carrie Noland and Sally Ann Ness, (Minneapolis: University of Minnesota Press, 2008), ix-xxviii; Andrew Hewitt, 'Social Choreography and the Aesthetic Continuum', in *Dance*, ed. André Lepecki, (London: Whitechapel Gallery and Cambridge, Massachusetts: MIT Press, 2012), 149-151; Andrew Hewitt, *Social Choreography: Ideology as Performance in Dance and Everyday Movement* (Durham and London: Duke University Press, 2005); Gabriele Brandstetter, 'Choreography As a Cenotaph: The Memory of Movement,' in *Remembering the Body*, ed. Gabriele Brandstetter and Hortensia Völkers (Hatje Cantz: Ostfildern-Ruit, 2000), 102-134.

who lived and worked in or visited the Serafen elder care residence. The decision to study the movement and gestures of the residents, staff and visitors originated from my inability to understand Swedish, which is the primary language spoken at Serafen. While research colleagues interviewed the Swedish residents and staff about their experience of spaces within Serafen, I observed and noted how residents, staff and visitors gesticulated and moved in and through the sites allocated to our study as a vehicle to ascertain what human bodies revealed about their corporeal experience of the residential setting.<sup>8</sup> My focus was on the relationships, gestures and movements and language of the bodies (instead of the spoken language) of the people who inhabited the dayroom and corridor of a ward, and the ground floor lobby.

As a result, I spent two weeks at Serafen noting the gestures and movements of the inhabitants of the study sites in a notebook, to map what the research team called the choreography of care. A choreography focuses on the organisation of movements and gestures. Therefore, a choreography of care illuminates the ways in which the inhabitants gesticulated, moved and interacted in and through spaces in Serafen, and how these movements can be understood through the care work at this elder care setting. The choreographic research undertaken at Serafen therefore differs from the work of dance practitioners and researchers who have studied or facilitated dance events, experiences and workshops for the socialisation, entertainment, health and wellbeing of older people.<sup>9</sup>

Instead the aim was to examine the language of the bodies of people that inhabit end of life care settings and understand what their movements and gestures revealed about their bodies and the spaces that they reside in. As such the micro and macro choreographies which took place in the ward designated for our study and in the lobby were key to

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<sup>8</sup> Although I initially developed a focus on bodily movements and gestures because of my concern I would not be able to engage in conversations with the residents, the majority of the people I encountered at Serafin could and were happy to speak English with me.

<sup>9</sup> Clary Krekula, Markus Arvidson, Satu Heikkinen, Andreas Henriksson and Eva Olsson, 'On gray dancing: Constructions of age normality through choreography and temporal codes', *Journal of Aging Studies* 42, (2017), 38-45; Kai Lehtikoinen, 'Dance in Elderly Care', *Journal of Dance Education* 19, no.3, (2019), 108-116.

understanding how the inhabitants of Serafin physically inhabited and interacted in the residential setting.

### **Social choreographies**

Gabriele Brandstetter has written that:

choreography is a form of writing along the boundary between presence and no longer being there: an inscription of the memory of that moving body whose presence cannot otherwise be maintained. Choreography is an attempt to retain as a graph that which cannot be held: movement. On the one hand, ‘choreography’ means the writing of movement as notation; on the other hand, it also refers to the text of the composition of movement. Choreography, as the writing of and about movement, as preserved memory, thus always includes something of a requiem.<sup>10</sup>

Here, Brandstetter writes of choreography as notation for performance and also as a way of understanding the physicality and mapping of social relations and activities such as walking.<sup>11</sup> If we understand choreography as the organisation of movement through time and space, then we can see choreography wherever there is movement and we can discern what gestures and movements reveal and communicate a person’s inhabitation of space and place.<sup>12</sup> As such, choreography framed my thinking around the organisation of movements and gestures in the spaces allocated for our study in Serafen. While staff and residents occupy the same spaces within the residential setting, staff also pass through and have access to other spaces that residents may not have access to or may use less frequently (for instance the spiral staircase in the lobby and offices). In addition, the elder care facility is a home to the residents and workplace for the nursing and ancillary

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<sup>10</sup> Brandstetter, ‘Choreography as a Cenotaph: The Memory of Movement’, 104.

<sup>11</sup> Brandstetter, ‘Choreography As a Cenotaph: The Memory of Movement’, 102-134.

<sup>12</sup> Gretchen Schiller, ‘The Body Library: Chor(e)ographic Approaches to Movement, Memory and Place’, in *Choreographic Dwellings*, ed. Gretchen Schiller and Sarah Rubidge, (Houndmills and New York, Palgrave Macmillan, 2014), 138-154.

staff. This is essentially social choreography, or as writer Andrew Hewitt observes:

The aesthetic will function – and here we encounter the importance of the performative within our notion of social choreography – as a space in which social possibilities are both rehearsed and performed.<sup>13</sup>

At Serafen, the social choreography is based on a production of labour with staff tending to the care and needs of the residents. Therefore, social choreography is similar to a choreography of care where people's movements and gestures communicate and illuminate social and power relationships, such as those that exist between nursing staff (carers) and residents (the cared for). Interestingly, Hewitt views social choreography as a means of production, with performance as a social and political act, with an underlying set of conditions and ideology. For Hewitt, choreography (as for elder or any social care) is an organizing framework for political and social relations and conditions.<sup>14</sup> Hewitt's notion of a social choreography is a useful framing for the occupation of spaces in elder care residences. For instance, a production of labour and care was engaged in at the elder care residences as nurses and residents conversed, ancillary staff prepared refreshments and nurses administered medication. In Hewitt's lexicon, social choreography is action borne through politics, ideology and production.

In an elder care residence, the social choreography denotes the socialised environment of the space and the place that the performance of the body is rehearsed and performed. In addition, the social ecology of nursing staff, medical practitioners, volunteers and family members contribute physical and emotional labour to an extremely intimate choreography of care. As I observed people moving through the corridors, day room, bedrooms, offices, activity room, café, lobby and spiral staircase, I witnessed and participated in a social choreography where the movements, interactions and gestures of people's bodies intersected. I engaged in the social choreography at Serafen as I observed people drag their feet, move nimbly, rush past me, or stop to

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<sup>13</sup> Hewitt, 'Social Choreography and the Aesthetic Continuum', 149.

<sup>14</sup> Hewitt, 'Social Choreography and the Aesthetic Continuum'; Hewitt, *Social Choreography. Ideology as Performance in Dance and Everyday Movement*.

speak. My own gestures and movements through Serafen became more confident of the space as I spent more time in the facility.

For Brandstetter, choreography is the mapping and writing of and about movements across space and time. However, if we apply Brandstetter's schema to the choreography of the inhabitants of Serafen, this writing about their movements is also a form of notation as it preserves the memory of their gestures and movements as they occurred over time and through space. My written inscription of the choreography in Serafen documents the lived experience of that place and is a summation of the movements and gestures of people who lived, worked in and visited the elder care residence in October 2017.

### **The care setting**

In Serafen, the movements and gestures of a nursing staff member will be determined by the needs of a resident who may need assistance with eating and dressing. Conversely, a resident's movements will be informed by the directions and actions of a nurse. The movements and gestures of residents and staff are also determined by the built environment of the elder care residence that they inhabit. For instance, a corridor can mean a slow walk for a person who requires a walking frame, and fast strides for a busy and agile staff member who has to reach a sick resident in a hurry.

A long L shaped corridor in the ward designated for the study provides access to a day room, bedrooms, office and a toilet for staff and visitors. The corridor is furnished with paintings and noticeboards on the walls, a sofa and chairs, pot plants and sideboards. The day room is a large sunny room comprising a kitchen and dining room where staff prepare and serve food and refreshments to the residents, who dine, converse, relax and nap in the room. In contrast, the downstairs lobby is a busy meeting space which provides access to other levels of the residence, and to an activity room and café. Staff, residents and visitors access the lobby through a number of entrances including the front door of the residence, a spiral staircase in the middle of the space and an elevator. Interestingly, the staff and residents moved through the dayroom and lobby with different energy, agency and purpose. For instance, nursing, administration and ancillary staff focus on the care of the residents and care of the residential home, while the residents are in turn dependent on receiving care.



Cartwright et.al. have written of the difficulties of care giving (and receiving) within elder care contexts and especially when care is given to and received by family members.<sup>15</sup> For many people, receiving care does not come easily after a lifetime of independence and after being used to being a caregiver themselves. Feminist scholarship of care has also stressed the importance of care and labour in the “care economy” and care workers who “support the cleaning, coddling, organizing and mending of homes, children, the elderly, and the underserved”.<sup>16</sup>

Interestingly, the movements of nursing and ancillary staff who clean, coddle, organize, mend and engage in care work tend to be faster, quicker and more dexterous than the residents who are not as busy and have less energy. A resident’s physical and mental health, mobility and wellbeing determines their ability to move through the residential wards, and other spaces in the residence (day and activity rooms, the café, the lobby) and their sociability and engagement with each other and with staff and visitors.

The tension between physically slower residents and energetic staff members reveals many different experiences of the built environment that they all inhabit, and the physical dynamic of those that give and those that receive care. The slower movements of the frailer residents and the more fluid and energetic movements of the staff (who rarely seem to stop) illuminates the diverse physicality of people who access the same spaces but have different physical needs. For instance, there are handrails and chairs at intervals throughout the corridor of the ward to assist the slower gait of the elderly residents. However, corridors must also remain free of clutter to be a clear thoroughfare for the inhabitants. In addition, the residential staff require floors that will not exasperate or cause injuries to their feet as they are literally on their feet constantly during their shifts.

### **Mapping the built environment**

During the research study, I also viewed the movements and gestures of staff, residents and visitors from a sofa positioned against a wall in

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<sup>15</sup> Elizabeth Cartwright, Anita Hardon and Lenore Manderson, ‘Ways of Caring’, *The Routledge Handbook of Medical Anthropology*, ed. Lenore Manderson, Elizabeth Cartwright and Anita Hardon, (New York and London, Routledge, 2016), 164-182.

<sup>16</sup> Kawehipuaakahaopulani Hobart and Kneese, ‘Radical Care’, 11.

the ground floor lobby and observed as a resident walked in through a door, bent over and thrust her body forward. She then walked to the centre of the lobby, placing her hand on a rail to move onward. With quite a different energy and purpose, a staff member rushed down the staircase in the middle of the lobby, coughed and then moved downstairs to a lower level. These movements demonstrate the differences in the vitality and strength of residents and staff and how they respond physically to the same space.

My notation of the movements of the Serafen inhabitants documented vast differences in the energy and vitality of people's movements as they experienced the layout and design of the residence. This reveals the design challenges of the built environment of eldercare residences, which tend to have long corridors throughout wards for easy access for staff to move from room to room, and day rooms for meals, socialisation, activities, naps and food preparation. While the long corridors allow for multiple bedrooms to act as intimate nodes on meandering thoroughfares, the length of the corridors also presents problems for staff, becoming rushed off their feet and tired from constantly moving through these spaces. Residents who require urgent help and are based in bedrooms at either end of the corridors also run the risk of not being attended to if staff are located at the opposite end of the corridor and do not hear the residents alarm bells or voices during an emergency. The L shaped corridors are highly problematic in case of emergencies and should be reconsidered when designing care settings. In contrast, the lobby is a confined space for staff, residents and visitors to traverse to other spaces within or external to the residence. However, the spiral staircase in the centre of the lobby is a curious feature to have in a care setting because of the risk of falls. This does not appear to deter the movements of the staff who are rushed, quick and sprightly in comparison to the slower and more considered residents who traverse the lobby.

### **Mapping gestures and movements**

My interest here is in the role of gestures and movements of the people who inhabit this elder care space, however repetitive, small or intimate. My extensive notes of the actions, tasks and activities undertaken in the ward made available for the residency and the downstairs lobby reads

like a score,<sup>17</sup> or stage directions for performance.<sup>18</sup> The score traced the movements, gestures and interactions of residents, staff, family and friends who inhabited Serafen during the residency and the sonic environment of public and private spaces of the residence. Here, the score is my undertaking, it is not a participatory work of the inhabitants of Serafen. Instead, I used choreography as a method to map the movements and gestures I observed and my notes transcribed the action that took place in front of me. This is not to suggest that my score could not be adapted into a performance. Dance choreographers and theatre directors could literally adapt my notation into a choreography or an improvisation for a performance by asking performers to perform the gestures and movements that I had observed and noted. This how scores operate – they are notes which are adapted into directions for performers.<sup>19</sup>

However, my score and sensory mapping of the elder care setting not only included what I saw but also what I heard.<sup>20</sup> Sensual data which collates what we see, hear, smell, taste, touch and feel provides an indication and insight into the sensory experience of research settings. Therefore, it is important for sensory data to be collected when embodiment is a focus of the study<sup>21</sup> as it illuminates the overall lived experience (of what we hear, feel, smell and see) in the research site. For instance, deep listening within the downstairs lobby of the residence and the ward made available for the research, revealed an assemblage of sounds at varying frequencies and pitches that were emitted from humans, objects and machines, which reflects the dual purpose of an elder care residence: a workplace for staff and home to residents. The agility of the bodies inhabiting Serafen was revealed as people banged and closed drawers, shuffled as they walked, jingled keys, rustled paper, washed hands with liquid soap, banged tea cups on a table and scraped cutlery in a bowl. The sounds heard in Serafen accentuated the vigorous energy of the movements that I observed, and suggested

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<sup>17</sup> Anna Halprin, 'Scores', *Dance*, ed. André Lepecki, (London, Whitechapel Gallery and Cambridge, Massachusetts, MIT Press, 2012), 149-151.

<sup>18</sup> Brandstetter, 'Choreography As a Cenotaph: The Memory of Movement', 102-134.

<sup>19</sup> Halprin, 'Scores', 149-151.

<sup>20</sup> Pink, 'Engaging the Senses in Ethnographic Practice', 261-267.

<sup>21</sup> Pink, 'Engaging the Senses in Ethnographic Practice', 261-267.

the energy of movements that I could not observe as they took place in spaces that were adjacent to my peripheral vision. These gestures and movements signalled much about the mobility and agency of residents, staff and visitors by revealing the energy, vibrancy and purpose of a person and the frailty and limits to their physicality. Through listening to and watching people's limbs and hands navigate through the ground floor lobby, the long corridor and day room in the ward, the choreography of the residence demonstrated marked differences in the flexibility and dexterity of residents and staff alike.

### **Choreography of the hand**

In contrast to the diversity of movements seen in the public facing lobby, a female resident was observed sitting in the dayroom of the ward with her hands clasped tightly.

*Her hands moved out of the firm grasp  
and her thumb pushed over her hand.  
Her fingers pointed  
and her hands clasped together.  
Her hand moved to her mouth  
and then pressed into the table.*

Here, a microchoreography reveals the language of the woman's body, which resides in the intimate gestures of her hands. The resident's hands communicate language instead of words as they point, clasp, press into a table and move to her mouth. This lexicon of the body is an intricate choreography of the hand. The resident's hands engage in simple gestures in a room where residents eat meals, converse, nap and stare into space.

Hands, as Margaret Atwood has written, notate and trace the beginning and ending of life. Our hands stroke the contours of our bodies and map the world in which we live and imagine. Despite the vastness and colour of the world, it is our bodies, and for Atwood, our hands that we always return. As we pause to breathe, and as we strive to hear the breathing of the newborn or the last breath of loved ones, it is the physical body and our hands that we use to comfort, stroke a brow, check a pulse and massage limbs. It is through our hands that we

communicate thoughts, love and touch. It is through our hands that we grasp, clasp, write, caress, toil, make, communicate, and are human.

What do you do with your fingers, hands and limbs when your mobility and energy is limited? A resident of an elder care residence may move, clasp, point and bang their fingers, while they spend time in a dayroom. The US choreographer, writer and filmmaker, Yvonne Rainer, depicted the choreography of her hand in *Hand Movie*<sup>22</sup> as she recovered from surgery. Filmed by dancer William Davis as Rainer was recovering in hospital, *Hand Movie* depicts Rainer's choreography of her hand.<sup>23</sup> In *Hand Movie*, Rainer's hand engages in a playful choreography where her fingers overlap, press and push down. Her fingers bend, cross and become entangled. Fingers curve into the palm and then rise. One by one, her fingers bend and bunch together. Fingers stroke and cross other fingers. At times, Rainer's large thumb engages in a dance with her long, slender fingers. The choreography of Rainer's hand is intricate, purposeful and sensual.

Although Yvonne Rainer was a much younger woman than the Serafen residents when she made *Hand Movie*, she was nonetheless restricted with the movements of her body. The choreography of her hand was undertaken when the movement of her entire body was more limited due to her confinement within a hospital setting. As Kyle Bukhari observed,

Rainer has displaced the dancer with a hospital patient (herself), the body with the hand, and dance with a choreographic experiment. The move into the two-dimensional realm of film displaces the live performance of gesture and replaces ephemerality with persistence.<sup>24</sup>

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<sup>22</sup> Yvonne Rainer, *Hand Movie*, 1966,

<https://www.youtube.com/watch?v=5xSKgl4Dd5o>.

<sup>23</sup> Kyle Bukhari, 'Movements of Media in Yvonne Rainer's *Hand Movie* (1966) and Richard Serra's *Hand Catching Lead* (1968)', *The International Journal of Screen Dance* 8 (7 June 2017); Colleen Kelsey, 'Screen Time with Yvonne Rainer', *Interview*, 20 July 2017, <https://www.interviewmagazine.com/film/yvonne-rainer-the-film-society-of-lincoln-center>.

<sup>24</sup> 'Movements of Media in Yvonne Rainer's *Hand Movie* (1966) and Richard Serra's *Hand Catching Lead* (1968)', 61–62.

Interestingly, the movements of the hands and limbs of the Serafen residents and staff also reveal a persistence with movement, as we have seen with the repetitive banging, pressing of fingers and hands. However, the choreographies of the bodies of the people of Serafen differ because of the extremities and limitations of their corporeality, and because of the role they perform as staff member, resident or visitor. Just as Rainer's film demonstrates the extensive movements that her hand can engage in, the choreography of the bodies of the residents and staff of Serafen also display a range of actions and meanings.

The choreography of the inhabitants that move in and through the Serafen elder care facility (including the author of this article) reveal the language and relationships of the bodies that inhabit the residence. For instance, the tasks, activities and care for residents is expressed and activated through the physical movements and gestures of the staff. Conversely, the residents receive care through the hands and bodies of the staff who attend to them. As such, the embodied lived experience of the elder care residents, staff and visitors reveals their relationships to the space they inhabit and to each other. This connects to a key aim of the research team which was to highlight the relationship between embodiment and space and how the demands on the end-of-life care setting are negotiated and experienced by the inhabitants.

Not surprisingly, the hands of staff are critical to the care of the elderly residents and the labour they perform within the elder care residence. In the day room, a staff member poured tea, moved her body in a circular fashion, pulled a chair from a table, leant down and laughed. In the adjacent corridor, a staff member clasped the hand of a man who was sitting in a wheelchair. Our hands are important to social connectivity, interaction and conversation as they denote our tension, anxiety, humour and pleasure. The repetition of the gestures of our hands indicate the language of our bodies and the limitations of our physicality. Some people are expressive with their gestures and movements while others might be restricted through arthritis in the joints of their fingers which limits movement and causes pain. The intimate gestures of our hands are particularly meaningful when we are frail and cannot move our bodies with as much flexibility or rigour as we may have in the past. We communicate through our hands and use them to wave in greeting and to demonstrate our affection through

touch. This becomes particularly important as we slow down due to the physical limitations of our bodies and impairment of our limbs.

### **Choreography of Care**

The choreography of the hands and limbs of the people who inhabit Serafen revealed great differences in interactions and movements as they walked, strode, rushed, laboured and manoeuvred wheelchairs through the public and private spaces of the elder care residence. Here mobility and ability in moving limbs and bodies varied depending on one's role, purpose and corporeality. For instance, it can take a long time to use utensils and move limbs if your body is not agile or mobile.

Observations undertaken during the residency at Serafen revealed how residents, staff and visitors engaged with furniture, utensils, crockery, hygiene, rooms, handrails, wheelchairs and other humans. For residents, the debilitating and slow movements of disabled hands and limbs can mean that much time is taken to undertake what more dexterous and flexible people would find the simplest of activities.

The choreography of care that is being enacted through the movements of people in and through elder care residences is a scenario that many of us will be familiar with at some stage of life either through our lived experience as a visitor (family member, friend, volunteer, carer) or as a resident. It is also critical that we understand how people inhabit their bodies and the spaces of elder care residences, as this knowledge assists the lived experience of those currently living and working in and visiting elder care facilities, and for those of us that may frequent and reside in these settings in the future. The ways which we interact and move through elder care residences provide us with information on how well the spaces and places in these settings are designed and operate for people at the end of their lives.<sup>25</sup>

However, while the gestures and movements of the bodies of people with limited mobility may appear repetitious and slow, these microchoreographies should also be considered within the vicinity of the time and space in which they are expressed. In other words, how much can we achieve within the limitations of our bodies and homes when we are frail? Where we may have once used our physicality to

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<sup>25</sup> Laurene Vaughan, 'Design as a Practice of Care', in ed. Laurene Vaughan, *Designing Cultures of Care*. London: Bloomsbury, 2019).

demonstrate our strength, energy and vigour, we may now use other more intimate gestures to communicate. Hence, the meanings behind our movements and gestures will also change as our bodies slow down and become frail.

Furthermore, we cannot escape the signs and failings of our own bodies, or the illnesses of loved ones, as we engage with others to research and maintain health and wellbeing. We may use ethnographic and choreographic methods as I have done to observe, explore the physicality and wellbeing of other people, but it is equally important that we do not disavow the language and signs of our own bodies as we engage in relational practices and projects. After all, the authenticity of lived experience is critical to understanding and responding to the experiences and conditions of other people bodies; including in this case study of the inhabitants of the Serafen elder care residence.

We can see from this article how choreography can elucidate how staff, residents, visitors and this researcher interact, converse and inhabit spaces within care settings such as an elder care residence. As crucial as clinical practices and knowledge systems are, we should also be guided and informed by the haptic, sensory, emotional and physical lived experience of our bodies as we seek to understand the experience of people inhabiting care settings. It is the combination of the lived and researched experience of care settings which will enable knowledge of the ways in which such spaces are used, inhabited, responded to and designed. For instance, I have written how choreography can be used as a tool to illuminate how bodies move in and through spaces, and how spaces operate as a result of our movements. Here, choreography can assist our understanding of the physicality of care settings such as elder care residences. I suggested earlier that the choreographies observed at Serafen could be adapted into performative outcomes. However, I also recommend that architects and designers who design for health care observe the daily physicality and lived experience of inhabitants of elder care residences to understand the use and limitations of these care settings. This knowledge can then inform their adaptation of contemporary care settings for a range of mobilities, competencies and experiences and assist their development of future facilities and residences. This can only be a positive outcome as we in turn visit or inhabit elder care settings ourselves.