

Doing anthropology at the threshold of knowing:
Walking with nursing home residents

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Author bio

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Abstract

What makes our work uniquely anthropological? Speaking from my own fieldwork experiences, I follow Ingold (2021b) to suggest that participant observation is a particular practice in which anthropologists do not study other people: they study and work *with* people. This distinguishes our work from other social studies of human life. For both Kant (1996, 2018) and Foucault (2005), anthropology constantly questions the limits of human knowledge and the nature of concrete existence. Drawing on my 12-months fieldwork in two aged care homes in Adelaide, South Australia, I contend that the work of anthropology extends beyond the accustomed ways of knowledge production to explore the tacit or hidden dimensions of human experience.

Keywords: correspondence; experience; fold; long-term care facility; movement; nursing home; residential aged care; phenomenology; philosophy

What makes our work anthropological? Is it a particular way of doing things, or an attitude? These are questions that were raised at the introductory session of Studio 1, Anthropology as Education, at the recent ASA 2022 conference. They led me to connect with my own work with nursing home residents and their caregivers, and to ponder the question: What does it take for a study to be anthropological? According to Foucault's reading of Kant's book *Anthropology from a Pragmatic Point of View* (1996), anthropology, as a study of concrete forms of existence, has attempted to assign concrete forms to finitude (Foucault 2005, pp. 270, 280). The question of finitude has become fundamental since Kant, and for Foucault, anthropology offers no solution. Foucault concludes that the purpose of anthropology is to illuminate the limits of what we can know about human existence in terms of concrete experiences (Foucault 2005). Ignorant of Foucault's claim, and thus unaware of the limits to what I could know, I set out on my anthropological project to study the lived experiences of elderly residents in two aged care homes in Adelaide, South Australia.

Operating in the nursing home environments, I began to understand the challenge of knowing other people's experiences, especially in the situation where many residents, in the late stages of dementia, could no longer communicate using language due to their cognitive impairments. I struggled

with how to communicate with residents to understand their experiences of daily care delivery in an institutional setting. I was faced with the question: What can I know when residents can no longer tell me? Applying Foucault's *The Order of Things* to the context of residential aged care, I could relate to his claim about the finitude of human knowledge. Given his emphasis on the necessity of language in knowledge production, Foucault concluded that anthropology, a study of "man's finitude — a finitude that is as much that of consciousness as that of the living, speaking, labouring individual" (2005, p. 371) — is *not* "a science contributing to the 'knowledge of man'" (Kant 1996, p. 3).

In this context, staff caring for frail residents know where the challenge lies, but still strive to care beyond the limits. I observed personal care staff, in their work with residents, demonstrating that they do not simply assume residents' loss of speech means the end of understanding. While loss of language impedes effective and accurate communication, carers look for alternative ways of knowing and understanding residents. Despite the loss of speech, staff can gain access, through increased sensibility and sensitivity, to a tacit dimension of knowing as they carry out their intimate care work. Instead of posing the question, "What can we know?", they ask "What should we do?" to care for residents who have transcended the limits of knowing through verbal communication. In this paper, I will draw on my fieldwork to show how, by learning from staff and following in their footsteps, I could find the pathway leading to the experiential dimensions of people who are old, frail and cared for in an institutional setting. Speaking from my 12-months of fieldwork with nursing home residents, I follow Ingold (2021b) to suggest that the practice of participant observation within anthropology is not to study other people, but to study and work *with* people in the current of life to achieve a better understanding of the world that we all co-inhabit. In the next section, I will elaborate on the methodological challenge that I encountered in the initial stage of my fieldwork.

What can I know if most residents can't talk properly?

Before I commenced fieldwork, I believed this study would be mostly epistemological and methodological: the objective was to know the everyday experiences of nursing home residents using appropriate research methods. The conventional methodology of qualitative study on experience is centred on capturing linguistic communication in verbal and written forms. For example, research participants are expected to produce oral narratives in interviews. These narratives are taken as

representations of what has been experienced in the participants' lives. The methods of interview and text analysis are at the core of this research methodology. The underpinning assumption is that knowledge of people's experiences can be gained through capturing communication in linguistic forms. A high proportion of previous nursing home studies on residents' experiences followed this research convention to collect narratives, extract themes and draw conclusions based on their synthesis and analysis of interview transcripts (Bergland & Kirkevold 2005; Bradshaw, Playford & Riazi 2012; Lee, Yu & Kwong 2009).

One of the two facilities where I did my fieldwork regularly hosted research projects in disciplines ranging from speech pathology to gender studies, all of which used interview as a primary research method. The researchers whom I met often talked about the difficulty of recruiting enough participants. The number of participants in interview-based research is regarded as important because, while an individual participant's narrative is inevitably personal and bound to their own situations, robust generalisability of the given research relies on adequate 'sample size' to identify similarity shared by a large group of participants. In preliminary discussions of my project, I was advised by the facility management to concentrate my fieldwork in a particular area where the residents were considered as cognitively competent; that is, capable of giving informed consent and of expressing themselves coherently in interview.

Apart from the number of participants, the validity of a research study is also thought to be closely associated with the effectiveness of the tool, namely, the interview questionnaire. Thus, the university's human research ethics committee raised some issues during the consideration of my ethics application concerning the "adequacy and rigorousness" of the interview questions and the pilot testing of those questions. Reflected in these concerns was the implied importance of the participants' mental capacities to reflect, articulate and communicate about their own lived experience through use of language.

However, when I started in the facility, staff openly expressed their reservations on using interview as a primary research method for nursing home-related studies. One personal care worker said: "Most of them [residents] can't talk properly. Not sure how many of them could understand your speech." One of the most devastating effects of bodily decline is cognitive impairment. The majority of

nursing home residents suffer cognitive impairment to varying degrees, which affects their capacities to reflect upon and articulate their thoughts and feelings. Indeed, residents capable of giving informed consent to be included in the research are not representative of the majority, either in the facilities where I did my fieldwork, or of the entire nursing home population, in Australia or elsewhere (Olsen et al. 2016; Palm et al. 2016). The practical significance of this research would be severely compromised if most nursing home residents were to be excluded from this study on the grounds they could not give informed consent.

I soon realised the difficulty of being unable to communicate verbally with residents whose everyday experiences I aimed to understand. So I asked the question: How did the nursing staff and personal carers understand the needs and desires of the residents? Having experienced the loss of speech, or mental capacity, the ways in which these nursing home residents could experience their environments and communicate with people around them must have been different from what is ordinarily experienced by healthy adults. How did those changes then impact on their everyday experiences of care provision? At this stage, I came to realise that before I was even aware of theories about the finitude of knowing, people who work in aged care facilities had been constantly confronted with the problem of understanding other people's experiences without the aid of language. Seeking to know beyond the limits of verbal communication is thus not only important to my research project, but also pivotal to quality care provision, which must seek to understand and meet the needs and desires of frail residents. To explore how carers approached this problem, I turned to staff worked in the field.

Knowing through care work: walking with residents and watching residents walk

In contrast to the university human research ethics committee, whose members appeared to favour the method of interview, staff in the facilities found the method of participant observation "interesting" and one staff member remarked that it was "not too different from how we have learnt about the work of caring for our residents". A personal carer once used the terms "participation" and "observation" to explain how staff get to know the residents through two distinct modes of working in the nursing home settings. She said: "Aged care is actually about hands-on work. But the nurses spend a lot of time watching and writing." As a personal care worker herself, she is mostly involved in practical care routines, which demand close-up interactive bodily movements and constant intimate human touch. On

the other hand, nursing and allied health professionals are trained to diagnose and label bodily conditions and capacities through mostly non-engaging observational assessments and using medical knowledge.

What intrigued me is how one care worker related these two modes of working to the issue of knowing and claimed that the nurses would have known the residents better if they could walk with them rather than watching them walk. She said:

I told them [the nurses] they would know the residents better if they could walk with them instead of watching them walk. They said what they did is objective observational assessment of the residents' mobility. [They claimed] they know the residents better if they are *not* involved in the residents' walking.

The carer emphasised the word 'not' with an expression of disapproval, and added: "I don't know how to put things into words [to describe and define], but I know how to help residents with their walking." What this account illustrates is the carer's acquisition of a *tacit* sense of knowing through doing and undergoing (Ingold 2017): moving together with another person while assisting them to walk. This is distinctively different from producing representations of others' experiences through observation and interpretation (Schutz 1967). A close look at this account reveals three distinctions made between the nurse who knows by watching the residents walk and the carer, who knows by walking with the resident.

In fact, the two modes of knowing that she distinguishes, the nurse's non-engaged observation and the care worker's participatory assistance are phenomenologically different. Austrian philosopher Alfred Schutz explained that the former describes an act of typification of the other person's lived experiences whereas the latter relationship reflects a "genuine understanding" of the other person in a face-to-face situation and in what he calls a "we relationship" (1967, pp. 163-167). The act of typification works similarly to how oral narratives go through a process of text analysis to generate themes and correlations. It becomes a practice of objectification and reduction of residents' experiences. As American philosopher Thomas Nagel pinpoints in his paper entitled "What is it like to be a bat", in the study of experience, "any shift to greater objectivity — that is, less attachment to a specific viewpoint — does not take us nearer to the real nature of the phenomenon: it takes us farther away from

it” (1974, p. 445). In this sense, the method of non-engaging observation that the nurses typically use does not allow for a nonreductive analysis of residents’ experiences.

However, the second distinction that the carer made cannot be explained using Schutz’s framework of intersubjectivity. While she claimed that she could know her residents better by taking care of them, she could not articulate what she knew other than describing it as a “feeling”, and she could not explain how she knew it. Her viewpoint on this is by no means unique among personal carers. So often during my fieldwork, carers could not verbalise what they did, but they would offer to show me ways of doing it. They could demonstrate what they knew in *action* but not in *explication*. As Hungarian philosopher Karl Polanyi (1958) noted, although language is a vital tool for sharing knowledge, we can often know how to do things without either explicitly knowing or being able to articulate to other people why we know what we do. The expertise of care workers comes as much from a “feeling”, which is acquired through years of doing care work with elderly residents.

According to French philosopher Maurice Merleau-Ponty (1962), an analysis of perception reveals a distinction between the perceptual and reflective levels of experience. At the perceptual level, the body is in “a certain setting in relation to the world” (Merleau-Ponty 1962, p. 303). Describing our perceptual experience as pre-objective, Merleau-Ponty (1962) suggests that subjectivity is all we see, by being this particular body in this particular situation, and from that we understand everything else. Senses and feelings at the perceptual level can be consciously experienced as an awareness of one’s own being-in-the-world. So, if we take the example of the carer walking alongside a resident, both parties experience something positive. The resident has a bodily feeling of being “just right” while walking, while the carer experiences a tacit understanding of how residents experience the benefit of assisted walking.

Schutz (1967) goes on to say that what is preconsciously lived through sensing and moving can be consciously felt at the perceptual level but will *not* be known to the person unless they engage in reflective thinking. In short, if staff do not reflect on what they have experienced, their understandings of residents’ experiences of walking will remain tacit. This leads me to another question: How can I reveal what exists in deeply embodied dimensions “as intercorporeity and experienced through the five senses as introceptivity” (Jackson 1998, p. 12), that which is elusive to the conscious attention but

hidden in a tacit dimension of feeling as knowing (Polanyi 2009 [1966])? Seeking answers to this question has methodological implications and poses a methodological challenge. The challenge focuses on the likely limits of reflecting and articulating what is preconsciously lived through as *immersive participation*. Non-engaging observation, as carried out by nurses for the purpose of assessments, may aid in objective appraisal and description; yet in that process, the deeply embodied and situated dimensions of being immersive, for example, by walking *with* residents, is inevitably missing.

The third interesting observation that the carer made concerns the relationship between knowing and doing. Unlike nurses, who observe and interpret in order to produce knowledge about residents' mental and physical conditions with some certainty, personal care workers are busy with hands-on work — caring for frail residents by attending to their changing needs and desires, and responding to their ever-shifting bodily conditions. In the field, residents in late stages of dementia, especially those with Lewy body dementia, experience extreme fluctuation of cognitive function. A patient may function well one day and, on the next be totally disengaged, with sudden and profound impairments of mobility, memory and speech. French philosopher Gilles Deleuze (1993) wrote about the idea of the “fold” as the actualisation of the virtual and the realisation of what is possible. How these residents live their everyday lives can be seen in those terms, as modalities of folds. Walking around at one moment and then collapsing into a chair at the next, their lives resemble many folds of being — from the fold of a body to the folding of time and space. For personal carers to attend to these residents in and through their many folds of existence means to be able to join with them in the unfolding of any particular situation. It requires the carer to allow themselves to be attuned to the resident's movements and to assist flexibly in ways that protect the resident from falls and injuries. A sense of knowing is, in effect, the compound experience of a feeling constituted in “the process of infolding and unfolding of a continuum of affective relations” (Ingold 2021b, p. 53).

The discussion so far has shown how the work that nursing staff and personal carers do may be distinguished by the different ways in which they acquire knowledge about the residents they care for: whether tacitly or in explicit terms that can be documented. In the next section, I will turn to the work that anthropologists do and discuss the ways in which they could learn from people who they work with

to have an opening into the specific ways through which any human being is said, seen, or experienced as an unfolding.

To do anthropology like an Ojibwa

For British anthropologist Tim Ingold, the work that anthropologists do, namely, participant observation, is a mutual process of attending to and responding towards; thus he describes it as a practice of “correspondence” (2014, p. 390), where life is not “confined to fixed points or locations but lived along lines” (2021a, p. 6). Ingold’s notion of correspondence describes the ways in which “affective gatherings of lifelines ... respond to one another, or correspond, as they go along” (2021b, p. 288). Then, the question is, to what extent can the work that anthropologists do go beyond the finitude to gain access to different experiential dimensions of study participants? Referring to the work of Hallowell (1955) with the Ojibwa people of north-central Canada, Ingold asserts that the endeavour of doing anthropology involves constant awareness of alternative ways of being (2021a, p. 289). Such alternative ways of being can be understood as a mode of unfolding, such as dreaming, as in the case of the Ojibwa people. Hallowell’s Ojibwa mentors told him, the world remains the same, in waking or dreaming, even though your experience of the world might be different:

You perceive it with different eyes or through different senses, while making different kinds of movements — perhaps those of another animal such as an eagle or a bear — and possibly even in a different medium such as in the air or the water rather than on land. When you wake, having experienced an alternative way of being in that same world in which you presently find yourself, you are wiser than you were before (Hallowell 1955: 178-181 as in Ingold 2021a, p. 289).

According to Ingold, while co-inhabiting in the one world in an altered mode of living, alternative ways of being can be understood through dwelling in place, doing the activities, sensing difference and reflecting on experience, and making sense out of what is felt as different. To do anthropology is therefore to experience altered ways of being and self-reflect upon such experiences: to dream, in fact, like an Ojibwa.

Doing anthropology or not, we are all exploratory probers who inhabit the same world. The possibility of me knowing anything at all comes first and foremost from my experiences as a sensing, moving, feeling and thinking being in my environment. This happens in the process of allowing my

body to reach out, to sense and to feel, to attend and respond, to observe and describe, and to constantly suspend my assumptions at any given moment to ponder upon what is happening. What distinguishes anthropologists from other members of a given social environment is not their experiences of “being there” (Spry 2001, p. 710) but how their self-reflections of being there becomes a research tool while “being here” (Spry 2001, p. 710). By “being there” (Spry 2001, p. 710), the body becomes “a certain setting in relation to the world” (Merleau-Ponty 1962, p. 303) at the perceptual level. Fieldwork is inscribed into the body of the researcher in particular ways as senses and feelings, motions and notions that give rise of an awareness of one’s being-in-the-world in certain alternative ways. Then, by “being here” during scholarly reflection (Spry 2001, p. 710), the subjective meaning of the strange feeling gives rise to insights into alternative ways of living. The Ojibwa people do not think about themselves and other beings as distinctively separate and individualised entities. They gain insights into life by exploring altered modes of living; for example, moving like a fish, smelling like a bear or seeing like an eagle. To do anthropology like an Ojibwa, an anthropologist needs to use themselves as their principal research tool.

Many anthropologists draw on their own fieldwork experiences for anthropological insights. Christine Helliwell (1996) reaches an understanding of Gerai experience of sociality through her own experience of living in the Dayak longhouse. Conducting fieldwork in North and West Africa, Paul Stoller draws on his experience of becoming ill and suffering various misfortunes to call for a more “sensuous scholarship” to “eject the conceit of control in which mind and body, self and other are considered separate” (Stoller 1997, p. xii). Both Stoller’s *Sensuous Scholarship* (1997) and Sarah Pink’s *Doing Sensory Ethnography* (2015) argue that rather than being caught in a web of reasoning and metaphysics, anthropologists need to make connections with people, material things and the surroundings using sensory and affective ways.

Walking with nursing home residents

Phenomenologically-oriented New Zealand anthropologist Michael Jackson (1996) draws on Maurice Merleau-Ponty (1962) and Martin Heidegger (2010) to consider the human being-in-the-world by making a distinction between two modes of being: a “living being” in the transitive sense and “lived experience” in the intransitive sense. For French phenomenologist Barbaras (2008), the original sense

of being human, before any analytical distinction, is to be simultaneously a living being and lived experience in the intransitive sense. To understand life in this way, as this original unity of the living being and the lived experience across the conscious and preconscious levels, Barbaras proposes that movement is the fundamental and irreducible mode of being, in which one:

gives itself in exteriority without being developed as an object, that nevertheless affects itself without enclosing itself in immanence — and whose interiority calls for, rather than excludes, an exteriorization' (2008, p. 8).

In this sense, all movement is a process of becoming-moving and simultaneously becoming-feeling with moving — it is the actualisation (or, “exteriorization”) of many physiological (or, “internal”), perceptual and preconscious processes. From this perspective, how residents walk may be considered as an ontological experience of how walking makes them feel, and how carers walk with them can be considered as an expression of how they acquire a tacit understanding of their residents’ experiences of walking. Nursing staff, on the other hand, are limited to understanding residents’ movements/walking in terms of what is observable and able to be recorded.

Approaching movement through the notion of ‘infolding and unfolding of a continuum of affective relations’ (Ingold 2021b, p. 53), I came to see walking as a process in which novel subjectivity — new ways of seeing, moving and feeling, or making new connections within oneself and to others — is made possible. To follow the people who live in the nursing homes and those who work there, I joined them in their daily activities and soon came to see walking as a key to understanding. Taking place in different ways, times and spaces, walking endlessly produces “folds”; I walked like a resident, walked with them; observed both residents and staff walking; made up care plans that prescribed staff-assisted walking for residents. I discovered that to understand the reality of being a nursing home resident I needed to engage in a multifaceted ontological process of moving with residents in and through many folds of existence. This uniquely anthropological process makes it possible to see the world anew, both sensorially and affectively, and to join with others in different, enriching relationships. This particular way of work renders anthropologists a particular style of being-in-the-world-with-others.

Spending many fieldwork hours in the corridors and communal areas of the care facilities, I trailed the steps of residents, observing them walking, and imagining myself being in their shoes and

walking their paths: following a fixed route and a daily walking routine, or roaming freely; watching each step, or strolling with little care; slowly shuffling, or fast-moving but unsteadily; by themselves, using a walking aid, or assisted by staff. As I walked myself, with a variety of strides, speeds, gaits, routes, times, spaces and companions, I became increasingly attuned into the multiplicity of residents' walking.

I also experienced learning to walk with assistance from a physiotherapist and using a walking frame. With permission from management and support from staff, I also videorecorded the process of being assisted to walk. Watching the video later I could study in detail how the movements and processes looked. I could relate how I felt during the assisted walking to what I observed later, and this reflection helped me to make explicit what I tacitly felt while being assisted. Before filming, I conducted multiple interviews with two physiotherapists about their professional training, their work of mobility assessment, and how they viewed the routine practices of assisting residents to walk. To provide additional context, I made mobility care plans for the residents whose bodily conditions and ways of walking I aimed to experience. The care plans were developed using the same templates that staff regularly used. I showed drafts of care plans to the various nurses and personal carers with whom I had contact to seek their comments. Their feedback was written into field-notes and also used to revise the care plans.

However, I was unable to videorecord the ways that residents walked or myself assisting residents to walk. Videorecording of residents is difficult in nursing homes. Residents who were able to give informed consent declined my invitation to participate. Residents who had a diagnosis of dementia were considered unable to give informed consent thus could not participate in any videorecording.

In this process of participating, observing, reflecting, describing and communicating, the issue of residents' walking was felt, seen, written, thought through and discussed. The entire process made it possible for me to have different experiences (being assisted by different staff members in different contexts), see from different perspectives (of residents, physiotherapists, nurses and personal care workers) and combine different practices (assessment, care planning and staff-assisted walking) into my own developing understanding of whether and how residents are assisted to walk in the nursing

homes. This multifaced open-ended process was critical as it helped with my growing an understanding of what is an everyday practice in the nursing homes, that is, staff-assisted residents' walking. It is not practised, contemplated and communicated as a single, or even as multiple practices. Rather, it is a multiplicity — or as Deleuze and Guattari explain — a becoming moving and feeling that emerges from the actualisation of a highly routinised practice that takes place in ever changing circumstances (Deleuze & Guattari 1988). Revealed in this process is how the assisted walking involved the entanglement of multiple objects and persons, such as mobility aids, other equipment and people. It also, importantly, involved the interplay of diverse forces and discourses: for example, funding schemes, workplace efficiency, staff workload and resident fall risk and safety). Conducting fieldwork as such, I cannot of course *know* the experience of being a nursing home resident as if I were living their everyday lives. Rather than exploring what it is like to actually be a nursing home resident, I sought to understand something about the ways in which elderly people could feel at home in a nursing home environment through experiencing right movement and right care (Zhang 2022).

Doing anthropology beyond the finitude

What can I know? What should I do? What am I allowed to hope for? This is the trilogy of questions that Kant has used in his *Logik* (2018) to formulate man's finitude, to which he added a fourth question, *Was ist der Mensch?* The binding of the three critical questions with the fourth one is for Foucault an overly direct and simplified deduction of the empirical content to its transcendental structure (Foucault 2005, pp. 371-372). For both Kant and Foucault, the study of anthropology concerns neither the human animal (physiology) nor human self-consciousness (psychology) but the questioning of the limits of human knowledge and concrete existence.

Yet, as I have drawn on my fieldwork to demonstrate, these questions not only serve to highlight the finitude of human knowledge, but also help to reveal for us something about those challenging situations in which people try to understand and care for one another. Originally grounded by those questions, I was led into a particular world and then taught by people living and working there. Following my experience of walking with nursing home residents, I learned that the work of anthropology is not to offer exemplars of abstract models, or empirical content of fundamental ontology (Han-Pile 2016). Rather, the purpose of anthropology is to serve the people with whom we work: to

speak for people who do not have a voice; to shed light into the hidden dimensions of official discourse; and to link the disadvantaged, isolated and vulnerable to a wider community of people who care to reach out and respond. In doing so, we see the value of work that anthropologists do because it goes beyond the finitude of knowledge production to acquire a comparative and critical understanding of human beings in the “one world” we co-inhabit (Ingold 2021b, p. 347).

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