

Rummaging Around in a Handbag of Caring Research: On Searching for a Pencil and a Moral Compass

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In this autoethnographic article, the first steps in the process of forming a methodological framework for a caring research practice using drawing as a method are sketched out. By employing the metaphor ‘a handbag of caring research,’ the article underlines the sense of unsystematic ‘rummaging around’ characterizing the initial phases of a research process, but also the idea that caring research can produce important insights despite the sense of messiness. To circumnavigate the complexities arising when drawing and writing are employed as forms of line making, that is, ‘a pencil’, ‘a moral compass’ is needed. More specifically, such a moral compass may be of use not only for the researcher but for all involved in the research process. In this case, the moral compass consists of Tronto’s four analytically separate yet interconnected phases of care - Caring about, Taking Care of, Caregiving, and Care-receiving, and four moral elements of care – attentiveness, responsibility, competence, and responsiveness. A variety of drawing practices are used as inspiration for the development of a tentative methodological framework based on an ethics of care, which can be of use in multiple research fields, including but not limited to the elderly care sector, which is used as the point of departure in this article.

Keywords: drawing, art-based research, care ethics, autoethnography, the elderly care sector

After several years of absence from the elderly care field, I was invited to do a graphic ethnographic study at a practice and research network seminar on building learning communities. I make sketches in situ and seek to capture the atmosphere of the room and the themes, conflicts,

dilemmas, etc. I register. Through observation and visual processing, I find what calls for deeper analysis. So, I spot this handbag. My gaze keeps lingering. Unable to take my eyes off it. Thinking it's silly. Lingering anyway. Deciding to really look (for). Look at it. Draw it. Become absorbed in its details and materiality. Two days later, I read Le Guinn's The Carrier Bag Theory of Fiction. She does away with the endless tales of spear-carrying, mammoth-slaying heroes as the only stories worth writing and reading and says, "That's not the story I'm telling." She nails it for me. Because that is precisely it. The heroic story will be impossible to tell about this seminar. Something else took place. Something else was important. Waiting to be found out. But how to write about this something? I only have a handbag-sketch. Le Guinn assures me, "... we haven't heard of the thing to put things in, the container for the kept thing. It's a new story. It is new." So, I stay with the elderly care field, and with this drawing... there is something to be written. But in a new way.



Something is in need of care in the state of Denmark

In a study of the state of the Danish welfare state, VIVE (The Danish Center for Social Science) finds that the lack of qualified healthcare workers constitutes one of today's most significant challenges for the Danish welfare state (Larsen & Jakobsen, 2022). According to VIVE's study, in 2030, there will be a shortage of 16,000 qualified social and healthcare workers if today's training and recruitment efforts are left unchanged. Several different causes of this problem can be identified, among them the fact that the percentage of elderly people is increasing. In addition to the growing population of elderly people, the problems these people face are also becoming more complex. Furthermore, a large part of the current employees is leaving for retirement, and not enough new qualified social and healthcare workers are educated to meet the rising demand for welfare services. Finally, a growing tendency among healthcare workers to leave the field after some years of employment has been seen (Larsen & Jakobsen, 2022). Even though employees express pride in their profession and find their jobs to be meaningful, they express frustration due to experiences of lack of sufficient time, lack of professional development, lack of autonomy, low wages, as well as a general lack of respect for their profession. Therefore, they hesitate to recommend their profession to others (Larsen & Jakobsen, 2022). This state of crisis is reflected in low recruitment rates. Indeed, the positions of 'SOSU-assistant' and 'SOSU-helper' are those positions in the welfare sector most affected by the low influx of new employees. In December 2021, approx. 9,500 vacancies as SOSU-assistant and approx. 7,200 vacancies as SOSU-helper remained open (Danish Agency for Labor Market and Recruitment, 2021). Consequently, this situation has led to requests like the one from Local Government Denmark (KL) pointing out that,

There is a need for all parties to look together at how we, to an even greater extent, can create the best possible framework for more people to choose the social and health profession and for more people to stay in the profession. (KL, 2021)

The reality of the conditions described above registered succinctly with me when I embarked on the fieldwork on which the present study is based. While I was drawing at the research network seminar on building learning communities, I witnessed a new

community maturing. During the seminar, I witnessed how practice and research connect(ed) (Rohwedder, Møller & Kordovsky, 2024). I witnessed both the centrality and marginalization of elderly care in our welfare system. What stood out was that the field of care indeed *needs* care. One example of how this need came to the fore is evident in one of my fieldnote entries describing the practitioners' presentations at the seminar. In one of these presentations, reference was made to the classic fairytale about the ugly duckling. I was surprised that no objections to the negative, ugly duckling narrative were uttered. I got the impression that perceiving themselves in accordance with a negative image had sedimented to become a habit of mind. I left with a hope of returning with a caring mode of inquiry that might be able to contribute to disrupting the self-deprecating understandings haunting healthcare professions and their professionals. In line with this hope, a wish to investigate both visually and carefully in line with the field materialized itself. I became interested in finding and further developing research methods, modes of investigation, and ways of acknowledging and knowing that reflect the culture of the elderly care sector. Ways that are in line with the ethics inherent in this field. In line with the way good carers ideally work, behave, react, feel, live, and respond. I was moved to let the caring culture become my method and theoretical inspiration and work towards integrating an ethics of care into my drawing research approach. In that sense, I strive to become with an ethics of care, to do it, to live it. I aim to enact a caring kind of research by investigating, asking, writing, acting, and, not least, by *drawing* carefully. My research thereby becomes the container for what might emerge.

My drawing approach to research as a knowledge practice resonates with the graphic anthropology formulated by Tim Ingold (2007, 2011a, 2011b, 2013). I also seek to express new ways of exploring and concur with Ingold's conviction that drawing 'understood in the widest sense as a linear movement that leaves an impression or trace of one kind or another – must be central to our attempts to do so' (Ingold, 2011b, p. 2). However, when investigating other people's experiences of missing time, development opportunities, autonomy, money, and respect, I wanted to listen with what Ahmed calls 'feminist ears' and be open to stories of what is not yet known, spoken with voices not yet heard (Ahmed, 2021). When exploring what seems to almost be a shunning of the elderly care field as a potential career path, I wanted to become attuned to those who are

tuned out. To their complaints, and with them, focus on their needs, and hopefully arrive at new understandings and caring acts as well.

Ahmed describes her ears as an institutional tactic that focuses on dismantling barriers for the expressions of grief, pain, or dissatisfactions, which are made invisible and inaudible, the testimonies that are rendered illegitimate and thus passed over (Ahmed, 2021). Participating in the seminar left me wanting to engage with the matter on a deeper level and to focus on learning together to inhabit the world in a better way. That said, I still needed something to guide me in my ‘way-faring’ because, as Haraway has taught us, inhabiting the world in a better way requires ‘staying with the trouble’ to allow us to form kinship through responsible and response-able acts of thinking-with by creating an ‘ontological room’ for that which does not fit anywhere (Haraway, 2018). To address the issue outlined above, I ask: What emerges when an ethics of care is coupled and connected with drawing as a research practice?

Care for this...

However, before I can go further, I need a definition of care. Not just any definition. I need it to be anchored in what Philips et al. (2021) call a relational ethics, developed specifically for research practices based on a feminist ‘ethics of care’ so that my approach resonates with the field I am investigating. The ethics of care theories (Noddings, 2013; Sevenhuijsen, 1998; Tronto, 1993) diverges from the procedural ethics of mainstream research and is anchored in relationships of mutual caring in the ongoing research process (Brannelly & Boulton, 2017; Groot et al., 2020). I am interested in connecting with a wave of research that acknowledges multiple ways of knowing and aims to democratize knowledge production, seeing knowledge as a product of situated, relational practices of representation rather than a neutral, context-independent foundation. I resonate with Tronto’s definition of care:

a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Tronto, 1993, p. 103)

She advocates that care becomes a central category of social analysis and is no longer privatized and sentimentalized in the restricted view of it as an emotion or disposition and that considering care should not be restricted to human interactions, as it also involves care for the environment as well as objects. She breaks away from the Western romanticized mother-child dyad as care incarnated and points to care as being a simultaneous disposition *and* way of reaching out to something other than the self. This way varies across cultures and has plural forms of expression. Furthermore, care, in Tronto's definition, involves an acceptance of a burden, not simply showing a passing interest. For Tronto (1993), care is both a practice and a disposition for maintaining, continuing, and repairing the world. She argues that care should be perceived as a practice while suggesting four analytically separate yet interconnected phases of care – *caring about, taking care of, caregiving, and care-receiving* (Tronto, 1993, pp. 107). These four phases of the care process must, at the same time, be integrated into a whole and be informed by the four moral elements of care – *attentiveness, responsibility, competence, and responsiveness* – to ensure that care is adequately enacted. This is not a simple task but something that requires more than good intentions, as it requires a 'deep and thoughtful knowledge of the situation, and of all of the actors' situations, needs and competencies' (Tronto, 1993, p. 136). She underlines the importance of context-dependency when making estimates of caring needs, as well as preparation for conflict and the ability to judge. As a start, this will be my moral compass.

Schhhh....be attentive first

Initially, for me to become a caring researcher, I must engage in the practice of recognizing. *Caring about* entails developing research skills, that can help me in noticing where care is necessary, that is, where there is an existence of a need. I must become skilled in opening my mind and in other ways of thinking. For the existence of a need in my research field to be noticed and for assessing this need through my investigations. In research in the elderly care field, the existence of a need has been recognized by several researchers/practitioners. Møller et al. (2022) point to the change in demography when considering the rise of elders in the population in the coming years and of people with chronic and multiple diseases, including dementia, the glide of tasks from hospitals to primary health care systems, while at the same time the previous rationale of care in

municipalities morphing into self-care support and compensation at most, the elder care workforce diminishing and recruiting for it continuously becoming more difficult. Although some researchers have pointed out that there is a lack of studies that investigate the conditions of the elderly care field that can promote organizational learning and capacity building (Møller et al., 2021), it seems that the urgencies of the elderly care field are not reflected in the attention given from research. Even though this gives me faith in my research endeavor as one worth pursuing, the inattention strikes me. Why are we not all focusing on this? According to Tronto (1993), the root of the inattention is connected to the low status of the caring task and elderly care being placed at the bottom end of the ‘dirt hierarchy’ as working with the body, its maintenance, and decay fall below working with tools (Liveng, 2007). The low status is reflected in the way that ‘caring activities are devalued, underpaid, and disproportionately occupied by the relatively powerless in society’ (Tronto, 1993, p. 113), which implies that giving attention to care also means beginning to raise questions about the current adequacy of care and that this type of inquiry has the potential to ‘lead to a profound rethinking of moral and political life’ (Tronto, 1993, p. 111).

Attentiveness, for Tronto, consists in suspending thought and leaving it available and empty in a waiting for reception of the knowledge connected to the need in a given situation or field. In my eyes, she thereby opens for investigations without words and for drawing as an investigative, transformative, and generative human tool. In various ways, drawing functions to distinguish and aid us in our understanding of the world, and it enables us to discover by seeing either through our own experience – when we draw – or through the shared experience in looking at other’s drawings of their experiences (Taylor, cited in Garner, 2008, p. 9). In his book about graphic ethnography, *Drawn to See*, Causey (2017) advocates for continuously expanding one’s own ‘vocabulary of lines’ by doing drawing research using an ‘attentive, active, and intelligent eye’ - by drawing (in order) to see. Causey (2017) argues that the graphic ethnographer, when engaging in various forms of analytical sketching, creates an ‘act of knowledge’ which is at the same time individual and social. Could one way for me to engage in an attentive research practice be using this method of ‘seeing- drawing,’ where drawing becomes the method for seeing and thereby understanding the world, as I did when I drew the handbag at the seminar? Causey’s ways of visual thinking seem to aim at accuracy, not for the purpose of

resemblance or beauty, but rather in pursuit of honesty and ‘stronger resonances to the “real”’ (Causey, 2017, p. 37). To me, this connects his method to Toronto’s purpose of *attentiveness* when engaging in *caring about* the elderly care field. Furthermore, Causey argues that one must remember that ‘attentive seeing’ in drawing research is neither natural nor given and, therefore, must be thoroughly practiced (Causey, 2017, p. 39), which also resonates with Tronto’s argument that the element of ‘other-directedness’ in practicing *attentiveness* for many will be a difficult task.

So now...take responsibility

However, if I want to move further from recognizing and identifying needs and engage in a practice of *Taking care*, I must - following Tronto (1993) - also assume *responsibility* for the identified need and determine how I can then respond to and act to address unmet needs from the vantage point of being a researcher. Tronto distinguishes the moral category of taking *responsibility* from formally conforming to obligations (Tronto, 1993, p. 132). As I understand her, the difference between the two means not being satisfied – and stopping at – making sure that my research takes into consideration the ethical principles guiding all social research concerning aspects of autonomy, integrity, fairness, informed consent, and doing no harm (World Medical Association, 2022). Taking *responsibility* means continuously evaluating and reevaluating my responsibilities in dialogue with the differing contexts of my research field and embracing the ambiguity that follows (Tronto, 1993, p. 131). It means cultivating what Haraway calls kin-ship which prevails despite conflicts and troubles (Haraway, 2018) and which works to ‘dismantle the barriers that stop us from hearing complaints’ (Ahmed, 2021, p. 6) and the need for care. Following McNiff (2011), the involvement of vulnerable others in artistic examinations of social science inquiries can be ethically risky (McNiff, 2011, p. 390) and, therefore, in some contexts, not responsible. When this is the case, the primary mode of drawing inquiry can then be using one’s own drawings as an alternative to using the drawings of other people to make one’s points or addressing and giving voice to needs. Furthermore, as a standard for downplaying the risks of researcher misinterpretation and projection and at the same time guarding against researcher self-indulgence, the question of usefulness ‘How can it be of use to others?’ should continuously be asked as an act of having a responsible research agenda (McNiff, 2011, p. 391).

One of the defining qualities of doing arts-based research is the willingness of the researcher to design research methods in response to and in synchronicity with a particular situation from the beginning to the end of an inquiry (McNiff, 2008, p. 33). Moreover, arts-based methods are known for offering alternative ways of approaching serious problems and employing ways of knowing that are unique to creative imagination while still being able to work in synchronicity with more conventional research methods. Inspiration for how to act with *responsibility* when being a caring researcher and using drawings can be found in research practices with varying degrees of healing or therapeutic aims. For example, Helin's (2011) use of visual arts as a means for existential healing and alleviation of suffering, where drawing pictures of authentic situations was used for joint exploration, and Bergbom and Lepp's (2022) work with researcher and participant co-creation of shared understanding and communication of the horizons and pre-understandings of both parties based on participant drawings (Bergbom & Lepp, 2022, p. 631). Both studies demonstrate how drawing can become an act of (inter-)acting with *responsibility* through research and of providing care through the offering of alternative research methods. Another example of using drawing as a way to open generative potentials and, at the same time, break down structurally embedded barriers can be found in a project from the London-based gallery, Drawing Room, called *Redrawing the Boundaries of Research* presented by Yamuna Ravindran at the symposium called *What is Drawing Research?* held on November 3rd, 2023, at Birmingham Art School (University of the West of England). The project worked with *responsibility* by connecting children from marginalized groups to researchers through shared drawing activities to develop strategies for accessibility to academia and democratizing the arts.

But check your competences

Caregiving refers to a practice of directly meeting needs for care involving physical work, which almost always requires that caregivers are in contact with the 'objects of care' (Tronto, 1993, p. 108). In the field of elderly care, this would involve me encountering and physically working alongside the individuals from the field. I would not be able to hide behind my desk and scrutinize them through the lens of other researchers' texts or extract meaning from questionnaires. *Caregiving* would demand a dissolving of boundaries and distance between me and them for periods of time. In the elderly care

research field – I imagine – directly meeting needs for care in a competent way would involve ensuring that the field is left better off in terms of acknowledgment, experiences with being treated with respect, having had useful interaction with researchers, and relevant knowledge acquisition when the research process is over. Also, if I want to develop a caregiving research practice, it must be connected closely to a ‘consequentialism’ (Tronto, 1993, p. 133), which means that good intentions and acceptance of my *responsibility* as a researcher will not be sufficient. Rather the adequacy of the provided care will be the measure of my care’s success and of my *competence*. For me, an inspirational way of using drawing to engage in close contact with a field, also involving physical work, can be found in Morgan O’Hara’s (2022) performative non-figurative drawings of the invisible, fleeting patterns of people’s gestures and movements in different working environments. O’Hara engages in real-time live transmissions, where she keenly observes people and, with multiple pencils in both hands, tunes in on and condenses their movements into a graphite line on the paper, first becoming a human seismograph and subsequently engaging in conversations with people about their experiences of being seen and made visible through her drawings.

...and practice your responsiveness

Lastly, should I want to follow Tronto’s care ethics, I would need to take into consideration that the ‘objects of care’ – the individuals from the caring field with whom I engage during my research – would be *Care-receiving*. I would need to show an interest in whether caring needs have been met adequately. I would have to recognize that my perceptions of the needs of others can be completely wrong and that my ways of meeting a particular need can be the cause of new problems. In my case, research in the elderly care field characterized by open dialogue, invitations to feedback from the field about research findings, researcher assumptions and hypotheses, and a participatory research design could be ways to ensure *responsiveness* towards the involved individuals (Philips et al., 2021). It would also be a platform for identifying how needs could then be met and for repairing what might have been experienced as problematic during my interferences. Being in a position of needing care is being in a vulnerable position and closely connected to experiences of inequality (Tronto, 1993, p. 134), which makes it of crucial importance for a caring researcher to pay attention to the possibilities of abuse and keeping a balance

(Tronto, 1993, p. 135). As a standard, Tronto (1993) proposes considering the positions of others ‘as they express it’ and engaging oneself from their standpoint, not just ‘putting ourselves in their situation’ presuming that the other is like the self (Tronto, 1993, p. 136).

Drawing is an iterative process in which the drawn image can be shaped and reshaped endlessly, especially when using digital aids. Thus, *responsiveness* may be said to be an inherent feature of the very nature of drawing. The drawing can be

added to and subtracted from, it can be made over a period of time, it can slip in details not currently in the “frame”, it can stretch and compress real views, it can depict such ephemeral things as dreams and feelings and events (that) bring forth drama and conflict. (Causey, 2017, p. 36)

In keeping with Causey’s description above, *responsiveness* comes to the fore when reciprocity in the negotiation of meaning between the ‘draughtsperson’ and involved participants is made a central element in the drawing process. Furthermore, drawing as an activity brings with it a potential for heightened awareness and formulation of critique of existing representations. One could even argue that the non-definitiveness of the drawing process fills it with doubt and fragility and thus makes vulnerability its primary modality (Bnin-Bninski, 2021, p. 280). As such, the process of drawing can be understood as setting the stage for *responsiveness* as soon as the drawing practice begins.

You can draw it...

After having dwelt with care for a while now, I begin to consider it in every context that comes to mind. Then, a devilish thought comes up. Care is present in and central to so much of human activity. Still, not all human activity is care. What, then, is not? Well...

Among the activities of life that do not generally constitute care, we would probably include the following: the pursuit of pleasure, creative activity, production, and destruction. To play, to fulfill a desire, to market a new product, or *to create a work of art*, is not care. (Tronto, 1993, p. 104, emphasis added)

... pencil drop.

So. Does this erase everything? I don't know. Maybe.

Maybe Tronto just did not think this aspect to the end. Maybe she thought of art in a different way than I have done here. She does not define art, so I cannot argue with her on the matter, but having come this far, I must at least sketch out some contrasts. In Dewey's pragmatist aesthetics (Dewey, 1934), I find descriptions of artful activity as having qualities that connect it to care and make it possible to reopen the door that Tronto seems to shut with her dismissal of art as an activity that constitutes care. In *Art as Experience* (1934), Dewey extends artful activity and experience to any experience in everyday life and maintains that mutual responsiveness is its prerequisite, arguing that 'Without an act of recreation, the object is not perceived as a work of art' (Dewey, 1934, p. 56) and therefore not art at all. He points to the art that lives outside the museum, where the maker is not engaged in the process of *l'art pour l'art* (making art for art's sake) from a position of self-indulgence, but instead attentively 'embodies in himself the attitude of the perceiver while he works' (Dewey, 1934, p. 50) and where the activities of the perceiver when 'taking in' art are not simply comparable, but closely connected to and intertwined with the activities of the maker (Dewey, 1934, p. 54). In Dewey's portrayal of art as an everyday experience taking place between all of us, where living itself constitutes supreme art, I find reflections of and connections to the *attentiveness*, the *responsibility*, *consequentialism*, and the *responsiveness* that Tronto advocates, and sense a comparable emphasis on mutually responsive and interconnected exchanges. This further assures me that staying with Tronto's dismissal of art as care will limit my research.

In this writing, I have shared my sense of unsystematic rummaging around in the initial phases of my research process in search for the pencil with which I can engage in the 'parliament of lines' (Ingold, 2007, p. 5) that takes place in my research field in a caring way. I have found that drawing can – provide us with an additional language to represent our experiences – bring us closer to our research field – synchronize us with what comes up - open possibilities for individuals with few or no words to visually communicate their experiences of the world – create a way to continuously be responsibly and responsively in contact with the vulnerabilities we encounter - constitute a site for negotiation between a designing 'draughtsperson' and various stakeholders - capture that which is not easily put into words and depict the ephemeral. Even though I will not go as

far as Tronto and dismiss art as a caring practice altogether, I am aware that in this outline, both the contours of potentials and perils involved in drawing research appear. To address the challenges posed by practicing art in a caring way, I hold that drawing research can indeed be practiced in a caring manner if only it is practiced in a particular way that reflects *generosity* – a term I find beautifully described and exemplified in Jääskeläinen and Helin’s work with ‘letting go of hopes for personal benefit’ (Jääskeläinen & Helin, 2021, p. 1410). Thus, in sum, what I have proposed in this article in the shape of the moral compass whose contours I have outlined here may serve as a way to navigate the continuous relational and ethical spirals of research. In conclusion, I have found *that* drawing *can* indeed be used as a way of writing new stories about how to repair our world in caring ways. Thus, having sought out ways to continue and having rummaged around in my handbag, taking the preliminary steps in establishing a methodological framework for drawing research, I now feel steadier. I think it is time to set sail, as my responsibilities (too) are to the future, and I dare now say, ‘come what may the life of lines must carry on’ (Ingold, 2015, p. 157).

And with that, I put the pencil back in the handbag, noting that art carried out with no concern for the needs of others cannot qualify as an act of caring and, therefore, cannot be used for the purpose of caring research practice either. Nevertheless, I still attempt to ease the door open to an arts-based *and* caring research by indicating that something significantly different will happen when the act of drawing research is undertaken as a dialogically embedded creative production carried out in a caring way and with care as both end and means. Now, does that not qualify as a new story? One to be told? At this point I must answer in the affirmative, as drawing has more than once emerged from the depths of my research handbag as a method, frequently helping me on my way to become a caring researcher. But of course, nothing definitive can be said, and no story can be told before the method has been played out as a lived experience shared by my research participants and me. Until I have actually seen and drawn in a caring way and received the response from the field, I have tried to depict this method is only – at best – a theoretical construct—a hypothetical flower. Here, I take an interest in writing new stories about the elderly care sector, as it is my research field, but also because this field, with its marginalization and low societal status, seems in need of all the care it can get. If we are seeking improvements in the frameworks for recruitment and ways of securing the

healthcare workforce, there seems to be an acute need for all parties – including researchers – to first conscientiously, curiously, and carefully investigate and enter a dialogue. With the field. About the field. And us.

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About the author

Julie Kordovsky, BA of Arts, MSc Psych in organizational studies and family therapist, is a Ph.D. fellow at Aalborg University. She is part of project DELTAG hosted by Absalon University College and Aalborg University. Her research is arts-based and participatory working on organizational development for the elderly care sector. Inspired by new materialist ideas, her work is informed by a relational ontology and ethics. She seeks visual inspiration in scientific illustration, graphic ethnography, and social fiction, and attempts to communicate research to all types of audiences.