



Social Interaction. Video-Based Studies of Human Sociality.
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Social Interaction

Video-Based Studies of Human Sociality

Participant status through touch-in-interaction in a residential home for people with acquired brain injury

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Abstract

The focus of this paper is twofold. It first analyzes the types of touch-in-interaction in occupational therapy in an acquired brain injury residential home, and then looks more closely at the participant status of one specific resident in the context of the touches received and given. Touches are primarily initiated by staff members or researchers, and rarely by residents. In addition to those touches necessary for the practical help that the residents need in their care, touches are also part of greeting and leaving, getting attention, making requests or refusals, and commenting on or teasing others. Taps on the shoulder are considered firstly as a type of fleeting haptic sociality and, secondly, as a type of touch that only one of the residents seemed to be receiving. The taps the resident received suggest he is treated differently from the other residents and more like able-bodied participants. Therefore, his agency, his how-ability (vs. disability) in interactions, will be examined more closely in two examples. A close multimodal interaction analysis of the complexity of interactional situations reveals how the taps were accomplished as a lamination of the material,

linguistic and embodied resources (the communicative resources of the resident and the embodied conduct made possible by the affordances of the setting) in the unfolding situation.

Keywords: touch, affect, acquired brain injury, agency

1. Introduction

This paper examines touch in institutional interaction by focusing on patients with acquired brain injuries and their caregivers in a residential home. The phenomenon is approached from an ethnomethodological practice study perspective (Schatzki, Knorr Cetina & von Savigny, 2001), where the focus is on the ongoing accomplishment of social order as embodied doings and sayings in material settings, also known as interaction order (Goffman, 1983). From the perspective of ethnomethodology and conversation analysis (EMCA), interaction order is managed through sequential talk and action, which are context-shaped and context renewing. The constitution of social order through interaction order (cf. Heritage, 2009) means that not just local intelligibility and therefore, intersubjectivity, are built into local practices, but are also built into larger institutional or other contexts: “There is order in the concreteness of things” (Garfinkel, 2002, p. 142). The recent publication by Meyer, Streeck and Jordan (2017), in which they take a closer look at Merleau-Ponty’s *intercorporeality*, expresses a similar point. Other practice study types that share similar research interests in the constitutive nature of local practices vis-à-vis larger scale issues include socio-material (cf. Barad, 2007; Latour, 2005) and socio-cultural (cf. Scollon, 2005) approaches. The concept of *complexity* is also a current interest in many approaches to practices and phenomena, particularly in approaches to social interaction – and, therefore, touch. The conclusion will discuss the ways in which an analysis of touch has affinities with other theoretical developments.

The acquired brain injury residential home in this study is a place for people who have undergone rehabilitation but are unable to live alone. It is also a place with close connections to universities and polytechnics. The residents have their own private rooms, but they join others for meals and voluntary activities such as physiotherapy or occupational therapy. The video recordings analyzed in this

paper come from the occupational therapy department, which arranges fortnightly Competence and Culture Centre (CCC) meetings. These sessions include various activities, such as reading newspapers or magazines together, and planning activities within or outside the home. The video-recorded data were filmed in 2012 and capture how the researchers introduced themselves and the research focus to the participants (meeting 1), and what happened when they returned to the center two weeks later (meeting 2). The researchers participated in the activities, sat around the table with other participants, and took part in the discussions and other activities. This means that the data analyzed also concerns researcher-participant actions. The inspiration for approaching the situations of interest as active participants rather than as objective observers is rooted in a feminist standpoint (Clarke, 2005), where objectivity is regarded as closeness, not as distance. There is a growing interest in several fields such as anthropology (Ingold, 2014, 2018) in research as cooperation with those being researched. This was the participatory research setup from which occasions of touch-in-interaction were detected, and from which the importance of the type of touch in relation to the participatory status and agency of one particular resident was further analyzed.

Institutional care involves affective activity. Bergnehr and Cekaite (2018) have shown how affectionate touch works in early childhood education. This will be looked at further with an overview of the relevant theoretical background, and a report on touches between adults, some of whom are cared for due to their physical and cognitive disabilities. The focus is on amicable touches, which are touches with a function other than helping the person with a physical disability to move, to use cutlery and to accomplish other practical tasks).

2. The complexity and complicated nature of affect, care and touch

Within psychology, *affect* tends to be treated as an inner (cognitive or bodily) phenomenon, even if manifold extra-bodily causes are acknowledged (cf. Blackman, 2008). Wetherell (2013 & 2015) encourages psychologists to treat affect as social practice rather than individual experience. By doing this, it is

possible to study affect empirically as an *in situ*, emergent phenomenon, which covers EMCA studies on emotions (cf. Peräkylä & Sorjonen, 2012). Black (2018) raises similar issues when conceptualizing the communicative activities of *care* as being at the same time social action and embodied experience. He emphasizes that all care is moral, and expresses affect in particular culturally and situationally relevant ways. Both Wetherell and Black refer to M.H. Goodwin's work on embodied action as an exemplary way of doing analysis, where the *body* becomes a central resource for social action. M.H. Goodwin's (2017) work on *haptic sociality* studies how intimacy is accomplished through bodily contact. This paper will concentrate on the types of touches that lie outside both practical care, and intimacy, and which are therefore closer to haptic sociality in the sense of *amicable touches* (Bergnehr & Cekaite, 2018).

C. Goodwin (2013) calls the basic feature of co-present interaction *lamination*; where any *encounter* (Goffman, 1972) has a certain pace, and contributions by different participants can be treated as relevant building blocks of the activity in question. What Goodwin (1979) showed is that simultaneity (what is being done by others during a participant's turn), is as important as sequentiality. Goodwin was also at the forefront of what is now considered mainstream multimodal research; how interaction emerges is dependent on the embodied use of the concrete environment as a setting that affords certain actions. M.H. Goodwin's recent work (2017) on touch is based on this holistic view of settings and their participants. As highlighted in Goodwin and Cekaite (2018), *agency* is not an individual issue but a practice that is made possible by different (affective) agencies.

Agency requires meaningful participation with others, and therefore, with intersubjectivity. Goode defines intersubjectivity as sensual, and as a world-experienced-in-common, "No language is required to participate in this level of sharing the everyday world" (2007:9). Goode's thinking encompasses more than the intercorporeal intersubjectivity of two totally intertwined bodies (Streeck, LeBaron & Goodwin, 2011). In their analysis of comforting touches given to crying

children, Cekaite and Kvist Holm (2017) deliver a thorough account of research into intercorporeality, starting with Merleau-Ponty's (1964) concepts of phenomenology. Like a mutual gaze, touching others is always a two-way, alternating, oscillating subject-object stream. Alternatively, the subject-object distinction can become completely dissolved. Discursive psychologists have discussed how people constitute subjects (S) and objects (O) through evaluative talk. For instance, food can be "loved" (by a subject) or it can "taste good" (as an object). However, when we touch another person, both the subject and the object of that touch are present simultaneously through a bodily connection. This can be seen as an example of *S-O fusion* (Edwards & Potter, 2017).

To conclude this theoretical introduction to concepts of touch, we will now look at how the approaches described above relate to the residential home in question. As seen, touch is a prime example of the complexity of any human practice as an embodied undertaking in the material world. The participants, place and type of activity all have histories that shape the ongoing interaction: "So much happens in a touch: an infinity of others - other beings, other spaces, other times - —are aroused." (Barad, 2012:1). Past and future are (re-)figured in the present, even if some traces of both remain. Acquired brain injury is a case in point: brain plasticity, patients' embodied past and present actions, their relation to other participants, environment's affordances and cultural and political discourses present in the activity in question, are all ingredients in what is done, and in what is done accountably.

Recent focus on touch as an interactional phenomenon in families (Goodwin, 2017; Goodwin & Cekaite, 2018) and institutions (Cekaite, 2015; Mononen, 2019) offers a good comparison with the residential home in question. Goodwin and Cekaite contribute several concepts of touch in the hitherto *seen but unnoticed* role of *haptic* practices in the relational work of co-present family members. They concentrate especially on practices of control and care. Touch is clearly an intercorporeal situation, and to study it, they use C. Goodwin's concept of *contextual configuration* (2000), which provides analytical tools that help to

dissect its constitutive complexity: language used, bodies-in-action and the influence of the external material environment. In other words, a touch is always embedded in a nested context (Streeck & Jordan, 2009) or *lamination* (Goodwin, 2013). An EMCA-based multimodal interaction analysis thus provides the tools to analyze the different touches in the sessions at the center.

3. The data

To relate the above to the meetings in the Competence and Culture Centre (CCC), the situated meaning of amicable touch depends on the shape and purpose (e.g. a tap on the shoulder as part of a greeting/goodbye) and the commonalities (or otherwise) between the participants. Equally important are the past experiences of staff members with longer-term residents as opposed to newcomers, the occupational therapy activity they are involved in, and the material setting of the meeting room.

The center [living lab] is both a home where a dedicated caregiver gets to know the resident quite well, and an institution with other defined responsibilities for the resident's health and well-being. In this sense, the situation is different from C. Goodwin's studies (2006) of his aphasic father, with whom the family, who knew him well before his stroke, learnt to understand and communicate (also see Goode's discussion [1994] of parents' claims to understand their deaf, blind and learning-disabled children). While slightly different, Denman and Wilkinson's study (2011) of a caregiver visiting the private home of a patient with an acquired brain injury has a similar aim of providing institution-based care.

When the researchers entered the CCC in the acquired brain injury residential home, they did so without any specific analytical goal. That is, the purpose was, as far as possible, to document and later analyze the complexity of the ongoing practices as local and –socio-historical entanglements in a 'nested' context. This study has systematically analyzed the research material from the perspective of how people were touching or being touched, how touch was connected to the

situation and its material affordances, and especially, how touching another person establishes not only a conversational, but a physical connection.

In the official documents of the center [living lab], the residents are not categorized as patients, but as citizens with special needs who live in the special institutional setting with private rooms and common facilities for eating, physiotherapy and occupational therapy. The data comprise video recordings from two consecutive (fortnightly) occupational therapy sessions that took place in a room with shelves along the walls and a long table around which the participants sit with drinks. The first session lasted for 2 hours and 40 minutes, and the second for 2 hours. In addition to a video camera on a tripod in the corner, two GoPros were used (Figure 1). Touching was a fairly frequent phenomenon, partly because of the number of participants, and partly because the majority of the residents were touched when they were being helped to move into and out of the room. In the first session, with four residents present, touching occurred on average every two minutes, and amicable touches occurred on average every three minutes. The second session had only two residents in the room. They had lived in the center for longer and had no need for continuous help and reassurance through touch while seated, and this contributed to a reduction in the number of touches to approximately one every three minutes and amicable touches to approximately one every four minutes.

The analysis below will concern two residents, resident M (short for his pseudonym Martin) and resident V (short for her pseudonym Vera), two occupational therapists (OT1 and OT2), and two researchers (R1 and R2).

Figure 1. The Competence and Culture Centre meeting room from the Panasonic camera point of view (the two GoPros marked with circle)



4. The analysis

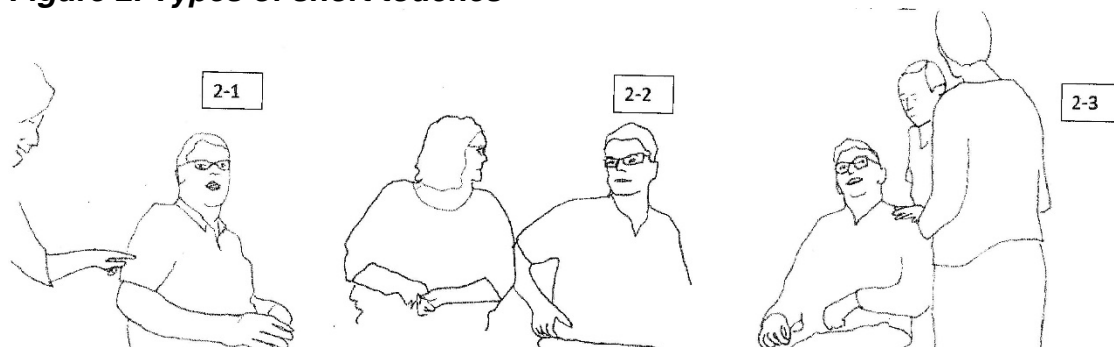
The various types of touches were first categorized from the perspective of “practices and their bodies rather than bodies and their practices” (Meyer, Streeck & Jordan, 2017). In other words, the type of activities first detected were those in which touching another took place as a form of *haptic sociality* (Goodwin, 2017). The touches that fell outside of practical help (even if these were given in an affectionate manner) are here labelled *amicable touching*. The concept covers affectionate touch (Bergnehr & Cekaite, 2018), and fleeting orientations to participants through touch. This means that amicable touching can be done through either: intense touches (e.g., gentle, slow stroking of arms or prolonging of handshake), or routine touches (e.g., quick taps or light prods or nudges on the body). In the data, both types were made by staff, researchers and one resident (the short one was also done by another resident - not analyzed in detail here). The latter were often fleeting friendly taps on the shoulder, frequently between staff members and researchers. As only one of the residents received several short taps on the shoulder, a close analysis concentrates not just on how one of these taps came about, but also investigates the kind of ability or ‘how-ability’ (Raudaskoski, 2013) displayed in this short but complex interactional episode. Another short example of the resident’s participation in the occupational therapy session exemplifies how the resident gives amicable touches to his fellow residents. The analysis finishes with a discussion of the resident’s participant

status from the perspective of touches as identity work and his positioning of himself in the home.

Longer, caring caresses were typically given to the more severely disabled residents. The staff members who brought them in or took them away were dedicated caregivers for these specific residents. They often whispered to them while caressing their arms, frequently in order to not disturb ongoing discussion in the room. The center arranged regular workshops in sensory stimulation and integration for staff members, and this might explain the long, slow caresses that the more severe cases received. While this stroking of arms and physical closeness in everyday settings can be interpreted as signs of intimacy and love (cf. Goodwin & Cekaite, 2018), in this institutional setting they are a formative part of specialized care.

The short amicable touches often took place during verbal teasing (see Figure 2): prodding the upper arm with an index finger (e.g. staff member to resident M, 2-1), nudging the upper arm with an elbow (e.g. resident M to staff member, 2-2), tapping a shoulder (e.g. another resident to M, 2-3).

Figure 2. Types of short touches



In the videotaped data, M also received taps on his shoulder in passing, both from a caregiver and a researcher. It was visible from the data that M received numerous routine prods and taps rather than long, caring, intimate touches. As some of the short touches also took place between researchers (prodding), and

researchers and caregivers (taps on the shoulder), M seemed to get the same type of attention as did the non-residents.

The meetings typically began with the participants entering the room one by one, most often wheeled in by a caregiver. In the first recorded session, researcher 1 (R1) warmly greets all the residents and grasps their hands with both hands. The other researcher (R2) only taps the shoulder of resident V who is at the time sitting next to her, and waves to the rest of the participants in the room as a general greeting. In the meeting two weeks later, there was a walking and talking resident with whom R2 shook hands in a normal fashion, and to whom R1 gave a two-handed long, caring greeting. R2 also gave a caring two-hand handshake to the two other residents, M and V.

4.1. A CLOSER LOOK AT A SHORT AMICABLE TOUCH: TAP ON SHOULDER

As mentioned above, M received the same type of short amicable touches as the non-residents – that is, his participant status seemed to be constituted in a similar fashion. It appears his way of participating is similar to the way non-residents handle situations. To get a better idea of M's possible abilities, let us take a closer look at one of the situations in which M receives a tap on the shoulder from R2. This example comes from the first meeting, and has been selected as it exemplifies two features of M's interactional behavior: flexibility and accountability, both of which are important aspects of agency (Enfield & Kockelman, 2017). According to the center, the residents lack initiative and they tend to follow the trajectory set up by other participants – that is, they do not show flexibility or initiative in different types of situation, and they do not actively change the trajectory of other participants. Both flexibility and accountability as types of agency require fine-tuning into a situation so that participants can pass as 'normal', rather than exhibiting strange behavior.

The episode of focus is one in which M moves in his wheelchair to his place at the table next to the female resident present, while researcher R2, on her way out of the room, waits in the corner for him to pass (the space does not allow her

to move past him). In other words, Excerpt 1 below shows a chance encounter between M and R2.

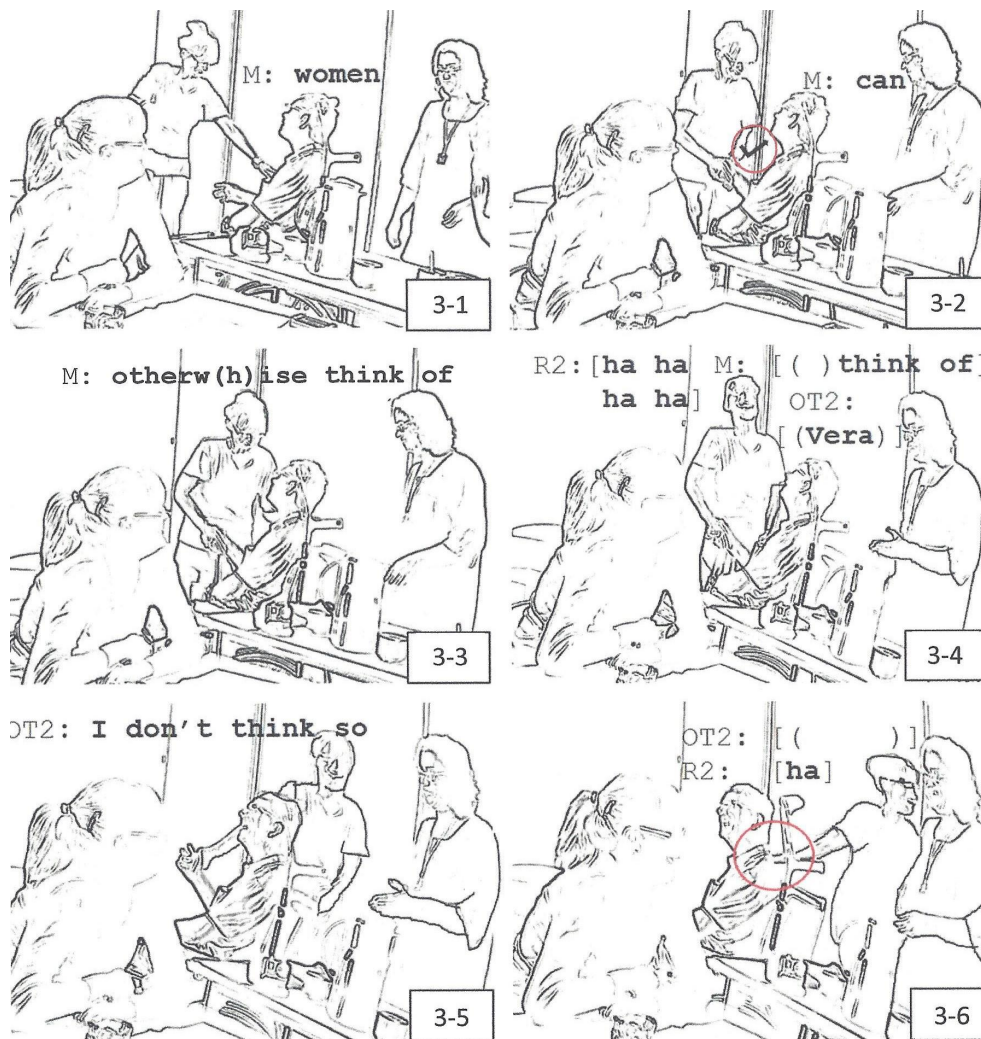
Just before the beginning of the extract, OT2, a staff member, had suggested that M could sit next to V. Before M starts moving towards V, he makes a joke about her hopefully not biting. OT2 joins in the banter, reassuring M that V never does this. M continues the topic when he encounters R2. The traditional Jeffersonian transcription in Excerpt 1 starts from this moment:

Excerpt 1. A chance encounter between M and R2: What was said

- 1 M: kvinderne kan ell(h)ers f(h)inde på [() finde på]
2 *the women can otherwi(h)se thi(h)nk of [() think of]*
3 R2: [ha ha ha ha]
4 OT2: [man ved jo aldrig]
5 *[you never know]*
6 OT2: [(Vera)] det tror jeg ikke [()]
7 [(Vera)] *I don't think* [()]
8 R2: [ha]

Figure 3-1 is my version of a cartoon or graphic transcript (Laurier, 2014) of the encounter (with an English translation). Talk by several participants in each frame is simultaneous.

Figure 3. A chance encounter between M and researcher R2: Cartoon



As can be seen from frame 3-1, R2 has grasped a chair to move it out of the way when M stretches out his right hand to give a handshake. Frame 3-2 shows a trace of the greeting practice that R2 had learnt from R1, who had greeted the residents with long, two-handed handshakes, conveying personal interest and care. (For R2, the meeting was the first encounter with people with acquired brain injury. R1's mother had suffered from milder acquired brain injury so R2 therefore considered R1 an expert in encounters like this.) R2 thus moves her left hand towards M's outstretched hand but stops before touching M's hand. The reason seems to be the performative strategy, the *line* (Goffman, 1967) that M has verbally; he continues on the topic of conversation (*women*), which also shows his orientation to the handshake as not being a regular first-time greeting. After cutting short the caring handshake (marked by the upward arrow in frame 3-2), R2 moves forward to pass M and moves her left hand onto M's right shoulder

instead, as shown in frame 3-3. In this way, she *laminates* (Goodwin, 2013) the second pair part to M's first pair outreached hand, at first as a caring greeting (connecting to her history in the situation) and then as a handshake, with a hand on the shoulder. The hand on the shoulder still conveys personal interest, but better suits M's humorous talk. Frame 3-4 shows how R2 responds to M's jokey expression not just by laughing, but also by throwing her head back, while releasing the hand from M's shoulder. Both actions accentuate R2's treatment of M as a funny person, rather than as a target of care and possibly pity. M is still holding R2's hand, and does so until R2 has passed him in the wheelchair, as shown in frame 3-5. Frame 3-6 shows the gentle tap on M's shoulder when she has passed him, still laughing.

This tap on the shoulder is a residue of this significantly intense embodied meeting between M and R2. It is an extension in the embodied closure (Goodwin & Cekaite, 2018) of the encounter. M's talk is a continuation of the banter with OT2, and OT2 treats it as such by responding to M's turns-at-talk. For R2, who was just preparing to pass M, the encounter was a distraction, as she had had an alternative trajectory (Goodwin & Cekaite, 2018). However, she adjusted to M's handholding not as a greeting but as a show of amiability: when he had to release it, the same hand touched his shoulder, holding the affective alignment to the very end of the embodied encounter.

This fleeting encounter between M and R2 provides a rich example of M's *how-ability*. M lives in an institution for people with acquired brain injury who are unable to live at home; however, he receives numerous short touches from his able-bodied co-participants in the same way as other able-bodied people are haptically treated. The situation analyzed above gives an example of one such short touch and the (haptic) interactional trajectory of its occurrence.

M is performing a complex maneuver: He is verbally continuing his involvement with OT2 about the topic, while moving to his seating place, and while being occupied with these two tasks, he adds another person, R2, to his participation framework. In other words, he is performing *multiactivity* (Haddington, Keisanen,

Mondada & Nevile, 2014). The way M catches R2's attention and her hand, is executed with perfect timing while moving. R2 is occupied with moving the chair and is not looking at M. She clearly initially intends to pass him, and not stop to encounter him. In spite of this complex situation of *mobility* (McIlvenny, Broth & Haddington, 2009), M succeeds in achieving the handshake. The handshake is not given to just anyone, but to an exemplar of the topic of the ongoing interaction - the abstract membership category of *women* (cf. Schegloff, 2007, p. 479). Glenberg suggests that "memory and conceptualization work in the service of perception and action" (1997:1) and therefore M has a good command of the *multimodal* situation he is in, and of short-term memory (with which most residents have problems).

The fact that M uses the occasioned opportunity (the embodied configuration of facing the other making it possible to make a greeting gesture) to hold R2's hand for as long as possible, could point to his human need to experience caring encounters more than quick touches and gentle prods. His *intention movement* (Andrén, 2017) seems to produce a first pair part of a routine tactile adjacency pair greeting-greeting, which makes the second pair part of the other party grasping the hand highly relevant. M prolongs this possibility of tactile incorporeality (Goodwin, 2017) for as long as possible in the situation before R2 moves away; he incorporates the other participant in what could be called tactile agency.

4.2. RECEIVING TAPS, GIVING AMICABLE TOUCH

M also shows affect through touch – for instance, later in the meeting, during a discussion about designing medals for a local event (disability Olympics), when he turns to V and in a low, but not whispering, voice says to her "så- (.) så vil du sikkert selv designe dit eget ()" [*so- (.) so surely you will design your own ()*]. Before saying this, he gently places his right hand on V's right upper arm, and makes a little movement with his thumb while talking (Figure 4). V turns her gaze to M when he touches her and replies two times with *yeah*, after which they both laugh, while M turns away from her again.

Figure 4. Video: M turning to V with a caring touch



This turn to V was occasioned by the previous discussion with OT1 about designing a medal in which M had voiced strong agreement. OT1 replies “ja (.) der vil I osse blive designere” (*yes (.) you too will become designers there*) and turns to V, who is sitting opposite her, asking for confirmation (“hvad Vera”, *isn’t that so, Vera*). V nods (a movement she sometimes also does involuntarily), but does not say anything. When M then touches her with the gentle thumb movement, intersubjectivity is built through affective activity. It seems clear that V is following, because she turns to M and says *yeah* twice.

In the data from the two meetings, there was only one resident with a very severe acquired brain injury present in the first. OT2 and the resident’s personal caregiver both used a caring touch similar to the one M used with V. While stroking her, they did the *work of the thumb* (cf. Paasch, 2016). M has been witness to the caring touches in the institution, and now delivers one himself. He also lowers his voice and thereby constitutes a *with* (Goffman, 1971:41), a unit separate from the others. As mentioned earlier, this too is a typical institutional

strategy when a resident is given long caresses, and is spoken to softly by a caring staff member in a group meeting.

We here can witness an example of an *institutionalized resident* who has learnt the ways of *participating* that he observes around himself. By performing a caring touch typical of the staff, M also constitutes himself as more than a resident; he is like one of the caregivers as opposed to someone being cared for, and his agency is heightened through his affective stance. Through this *lamination* to the institutional order, he is not just accomplishing local participation, but *Participation* (Raudaskoski, 2013), constituting himself as part of something larger than merely the here-and-now situation (cf. Gee's "big D Discourses", 1990, to accentuate the way people enact socially significant identities when using language *in situ*).

5. Discussion

In a care home for people with acquired brain injury who cannot live on their own or with family members, touching is often necessary to physically help the residents in their everyday activities (moving, washing, eating, etc.). While some interaction analysts highlight the body as a 'living' as opposed to a biological entity (Streeck, 2013), residents' limited possibilities to participate are very much connected to their biological bodies. The focus of this paper has been on touches that fall outside of basic help to the resident. Two types of amicable touch have been highlighted; the first is intimate, caring, long caresses or touches and the second is routine, friendly, short prods and taps. One of the residents, M, seems to receive more of the routine touches and also passes these on to others. The numerous short touches he receives from the staff, other residents and researchers show that he is treated at least partly in the same way as the participants haptically treat able-bodied people. He is also, as the only resident in our data, geared towards more intimate touche – through holding onto handshakes and initiating handshakes outside of conventional greeting spaces (Figure 3). Figure 4 shows him undertaking a caring touch and stroking another resident with his thumb while talking to her in a soft voice. The intimacy expressed

could be a learned practice from the institutional home, or it could be a gesture from someone who positions themselves as a caregiver and not only as a fellow resident.

Analysis of Figure 3 shows how competent M is in complex communicative situations. His managing of multiactivity, multimodality and mobility captures R2 in her mobile action. In doing this, M displays a central feature of distributed cognition: perception as action. He “perceives some aspect of the physical world to be a symbol or a representation of any kind” (Hutchins 2010:446), which is a learned cultural skill. By greeting R2 as a representative of women through his humorous talk about women, he changes the trajectory of R2, and can therefore be seen to exhibit agency – which is at the same time affective practice. However occasioned, M’s outstretched hand can also be seen as a tactical move (de Certeau, 1984) as M gets the attention of R2, who recalibrates her moving past M to a greeting in a friendly encounter with him. Later in the meeting (not analyzed for this paper), M expresses quite a strong critique of the place (Raudaskoski & Klemmensen, 2019). He seems to regard the researchers’ presence as an opportunity to get his voice heard outside the walls of the home. This is why we might want to treat the complex maneuver of multiactivity, mobility and multimodality as a move of *corporealization*: “Corporealization involves institutions, narratives, legal structures, power-differentiated human labor, technical practice, analytic apparatus, and more.” (Haraway, 1997:142). While Haraway refers to the complex international field of gene technology, the residents in the data are intercorporeal beings and are part of corporealization in a more modest way. The situation at hand with researchers visiting was made possible because of the home’s “living lab” status and its commitment to private-public innovation. Black ended his recent article on care (2018) thus:

One issue is the degree to which one could (or should) attend to large-scale questions of global circulation, political economy, and language ideologies, on the one hand, or to smaller-scale issues of embodiment, experience, and the temporal unfolding of care encounters, on the other hand. (Ibid:89).

The answer to Black's question does is not so much concerned with the degree of attention, but rather with finding the best methodological way of paying attention to how practices constitute 'large-scale'.

The second example is similar in complexity in the sense that M, unlike OT1, successfully engages V in the planning of the local Olympics, and does so again in an affective fashion. Through the two examples, we show how M is an active participant in various situations. He is not a passive recipient of care, but a caring (fellow) resident, with a range of affective practices (from laughter to gentle talk). It is easy to understand why he has become a *tappable* person, one who receives the same kind of short, friendly touches that people who know each other often give.

M treated as a fully-fledged member as he delivers not only short amicable touches but also longer affectionate ones both to other residents and staff members. For instance, when at one point OT2 puts her hand on M's shoulder while teasing him, M immediately places his hand on top of hers and holds it until OT2 takes her hand away. An example of M's treating the residents and the staff members similarly was when, at the beginning of the meeting, OT1 offered to go and make tea with him. This resulted in him making a humorous remark about not being able to refuse such an offer from a woman. As R1 also wanted to join them (to document what was going on in the kitchen), the room was full of laughter and comments about him now having not just one but two female partners. When M moves to his place next to V (Figure 3), he gives V the same status as OT1: he makes a joke about women, and continues along these lines when greeting R2 in the corner of the room.

6. Conclusion

This paper shows how routine intercorporeal, amicable touches are connected with a complexity of entanglements of people, places and practices. The multimodal analysis of touch was conducted with the recent versions of EMCA that make use of C. Goodwin's concepts of contextual configuration (2000) and

lamination (2013). A close analysis of mundane taps on the shoulder has shown how one of the residents received the same haptic attention as did able-bodied people. His *how-ability* (Raudaskoski, 2013) has then been shown by looking more closely at his participation in two episodes: one in which he receives a tap on the shoulder after a chance encounter with a researcher – which exemplifies his competent handling of complex interactional situation; and the other which shows his positioning of himself as a caring person, and not just a receiver of care. In both cases, touch is a central element of building intersubjectivity.

One of the problems that certain affect psychologists (Blackman & Venn, 2010) perceive with analytical methods, is that bodily sensory experiences can be turned into representations. The main issue, however, is not whether an analysis uses descriptions, but whether the affective phenomenon is captured in the analysis: the importance lies in the methods used to analyze people's practices as living and lived-in bodies. Multimodal interaction analysis from an EMCA perspective provides useful tools, as it can move beyond embodied and material practices to include analysis of the sensory aspect of being and doing in the world. As EMCA can provide analytical tools to perform empirical studies of what in other fields of study are seen as crucial theoretical developments, it is perhaps fitting to conclude with some contrasting points about recent theoretical and methodological/analytical approaches to practices and their studies.

As discussed in the methodology section, *affect* can be regarded as a matter of practice (Wetherell, 2013), rather than as a private, non-linguistically representable experience (Blackman & Venn, 2010). As discussed above, affect, practice, past, situation, participation and agency can be present in a complex way. The touches given to and by resident M were, of course, bodily felt by both parties (cf. Blackman, 2008). However, the *lack* of receiving more intimate ones was assumed to be the reason for M being treated by others more as a fully-fledged participant, whose status might have contributed to his behaving like a caregiver/colleague in affective activity as social practice (Wetherell, 2015). In other words, affect and *agency* are entangled in practice. This resonates with

new materialist reasoning (cf. Fox & Alldred, 2017), where affect replaces or broadens agency as a force that makes us move (cf. Latour, 2005), either emotionally or otherwise. New materialists often come from a feminist background and search for a new empiricism that sees distinctions such as affect vs. rationality or epistemology vs. ontology as problematic both theoretically and methodologically (e.g. St. Pierre, Jackson & Mazzei, 2016). From this perspective (cf. *agential realism*: Barad, 2007)), the material situation (the properties of the room and seating), combined with the ongoing situation made it possible for a resident to partake accountably and flexibly (Enfield & Kockelman, 2017) in the situation, and in doing so, to touch other people in order to make their trajectories converge with his own.

We have also observed how the researchers developed their participation in the situation through reporting their types of handshake and how they built a relationship with participants through adjusting to various interactional situations. This was in order to answer the *why that now?* question both for the benefit of the visiting researchers and also for residents and staff members. Goodwin (2013) writes that people inhabit each other's actions; and this "enveloping of durations" (Middleton & Brown, 2005, p. 80) also happens between researchers and other participants – as can be seen in, for example, R2's hesitancy (Middleton & Brown, 2005, p. 226-227) with the two-handed caring greeting (Figure 3), which exhibits both societal and more immediate learned ways of doing.

Thus, through participation, rather than observation, the researchers practiced *ontological commitment* (Ingold, 2014), in this case encountering the residents first-hand, being *within* their world as participant-observants rather than merely observing from afar. We as researchers quickly learnt that M was tappable – we added this to his construct as a person with agency *in situ* and through academic articles. Our curiosity was not divorced from care. For M, our visit to the home was a *matter of concern* (Latour, 2004) about his and his fellow residents' past – and their future.

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