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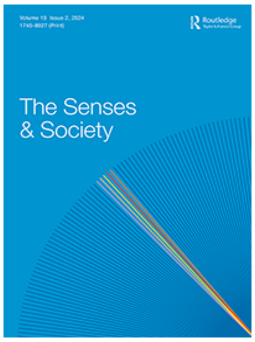

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Sensory attunements of caregivers and care receivers: the value of an embodied and emplaced approach in everyday care encounters

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ABSTRACT

This paper underlines the role of the senses in everyday care encounters within hospice and dementia care settings. We bring together two ethnographic studies, which adopted embodied, emplaced, and sensory approaches to understanding everyday life and care. We draw on existing conceptualizations of bodywork, and theorizations of sensory atmospheres of care, to extend ideas about the relationality of experience shared between those receiving and providing care. Our analysis illuminates the entanglement of the sensory within care relationships, as we appreciate the ways in which atmospheres are *lived* and *felt* in relation to others. We consider the environments and engagements between staff, patients, and residents, which facilitate restorative and supportive connections, as well as disrupt feelings about identity and choice. Appreciating the interconnected nature of care, this paper sheds light on the sensory, embodied, and material practices that shape atmospheres in hospice and dementia care settings.

KEYWORDS
Care; dementia; ethnography; hospice; sensory

Introduction

Atmospheres of care settings are experienced as fluid and unfold with movements, interactions, and engagements (Duque et al. 2019; Rasmussen and Edvardsson 2007; Sumartojo et al. 2020). The actions and practices of staff, as well as institutionally organized routines, feed into how patients and residents experience everyday life within spaces of care (Zerubavel 1979). Furthermore, these influence how identity, choice, and personhood are experienced (Buse and Twigg 2018; Diamond 1992; Driessen and Martin 2019). In this paper, we draw on the existing understandings of people, material objects, and environments as relational and “entangled” in the “meshwork” of their environments (Ingold 2008, 229). We combine such understandings about atmospheres of care with conceptualizations of bodywork (Buse and Twigg 2018; Cohen 2011; Kang 2010) to create dialogue between the two sociological areas. In doing so, the paper explores how sensory

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and temporal atmospheres are *shaped*, as well as how they are *experienced*, through embodied relationships of care.

The paper draws on findings from two ethnographic studies carried out across hospice (Richardson: NR) and dementia care (Campbell: SC) settings. Both studies incorporated a sensory approach, exploring the aspects of care that often go unnoticed (Pink 2015; Pink, Morgan, and Dainty 2014). The hospice study explored the experiences of staff working in clinical and non-clinical roles, whereas the study of dementia care involved both residents and staff. Bringing these perspectives together, we speak to the existing literature on bodywork and care environments, by exploring how engagements with the body *feed into* the creation of sensory atmospheres. We seek to further the argument that the experiences of staff, patients, and residents in such settings are intertwined through engagements within these sensory and embodied atmospheres (Chattoo and Ahmad 2008; Wetherell 2012). The paper also highlights the significance of adopting a sensory ethnographic approach to appreciate the lived environments in which relationships of care unfold.

In what follows, we review key literature on care, sensory atmospheres, and bodywork. We then outline the ethnographic approaches adopted in the two studies. In our analysis, we first examine the importance of attending to everyday atmospheres of care, and then turn to look at challenging and restorative moments of care and connection. We appreciate sensory atmospheres and bodily care practices, such as mealtimes and grooming, to illustrate how feelings of everydayness and normality are imbued across care settings, whilst also considering the management of space and time in ways that brought about a sense of *being* in an institution. Everyday care practices both facilitated and ruptured patients' or residents' sense of autonomy. Time was often experienced as part of the institution, shaping atmospheric feelings about normativity. Analysis across the two studies examines how emplaced environments are experienced through embodied relationships of care. It explores the routines and structures to display both the restorative and challenging moments of care relationships. We consider how interactions with staff and embodied engagements with the settings create feelings of belonging, connection and, at times, disconnection, and resistance.

Sensory atmospheres and body work in relationships of care

The experience of atmospheres, as sensorial and embodied spaces is increasingly recognized as shaped through relationships and interactions between bodies and material objects (Edvardsson, Sandman, and Rasmussen 2005; Sumartojo et al. 2020). Bohme (1993, 122) considers atmospheres not as "free floating" but created instead by "constellations" of artifacts and engagements. A sense of feeling at home within care settings is "dynamic and shifting," embedded in social, material, and temporal elements (Duque et al 2018). In their study on "at-homeness" in palliative care settings, Rasmussen and Edvardsson (2007) argue that the psychosocial and physical aspects of environments, as well as the staff, are interconnected in influencing a sense of *being*. Atmospheres influence a sense of how to behave and act, and movement plays an important role in shaping behavior in care settings (Sumartojo et al. 2020). Different cues are picked up on by care receivers. Calm atmospheres signal that staff members have more time for encounters and reinforce "following one's own rhythm" (Edvardsson, Sandman, and Rasmussen 2005, 349).

As well as the aesthetics of and engagements with material objects in health and care settings, the interactions, and movements of and *between* bodies impact on how embodied feelings are experienced by patients and residents. Thompson (2020, 43) argues that care aesthetics are found in how the sensory and affective experiences of human relations and connection are "realised." "Body work" is an ambiguous term, encapsulating "all work on the body of another" (Kang 2010, 20). The body of another is viewed within some sociological discourse as "the object of labour" (Cohen 2011, 189). Buse and Twigg (2018, 349–350) challenge this stance and offer a "rethinking" through which the body is understood as a "materialization of *personhood."* They provide insights on carers helping individuals with dementia to dress, and say this engagement is a *practice* of "supporting identity." Similarly, Ward, Campbell, and Keady (2014, 71) argue that there is an integral embodied dimension to "upholding dignity" through body work, linked to how a person is supported in maintaining identity through tasks such as shaving and hair care. Physical touch constitutes one *"affective"* sensory experience "shared in and between bodies" as simultaneously "emotive, active and passive" (Paterson 2007, 162). "Taken-for-granted" (Pink, Morgan, and Dainty 2014, 432) aspects of engagement are centered around feelings about self, place, and time. Pink, Morgan, and Dainty (2014) highlight continual negotiations of care and touch between patients and healthcare workers constituted through the "quiet" materialities of gloves, gels, and soaps in such settings. Such symbolic materialities are tools to manage "leaky" bodies (Twigg 2002).

A sense of one's own body can be shaped through care engagements. In similar ways to how identity can be sustained, it can also be disrupted through everyday care practices. Driessen and Martin (2019) use the example of mealtimes and "food-work," to demonstrate the *doing* or *undoing* of individuality for people with dementia. A lack of time in embodied care engagements, and a focus on completing physical tasks quickly, can lead to an erasure of care-receivers' identities (Diamond 1992). Cohen's (2011, 197) concept of "baggy time" can be used to demonstrate the pressures for residential care staff to work intensively and continuously, *with bodies as the object of their labour*, to avoid "time hang[ing] baggily" between tasks. Diamond (1992) notes how residents in dementia care are encouraged by staff to wake up and eat breakfast at the same time each day, to manage temporal working demands. There is a structuring of bodies within such engagements, and an attempt to manage *bodies* as *objects*, as well as make efficient and predictable the unpredictable (Zerubavel 1979). This feeds into the production of atmospheres in other bodies, and, for Wiersma and Dupuis (2010, 281–288), the creation of "institutional bodies." In their study of care in a nursing home Wiersma and Dupuis argue that care can "solidify" a "sense of simply *being a body."*

In this paper, we focus on exploring how a sense of embodied feeling is grounded in interactions and engagements of care. The paper contributes to the existing work on body work in dementia care and hospices, as well as to existing work on sensory atmospheres in these settings. We position ourselves at the intersection of literature on body work and sensory atmospheres of care, to further an understanding about the "*relational embodiment or embodied relationality"* of everyday care practices (Wiersma and Dupuis 2010, 290). Kontos, Miller, and Kontos (2017) have extended work on embodied relationality to considerations of "relational citizenship." This model emphasizes the impact of power dynamics in care, showing how everyday acts affect the rights of people living with dementia. It advocates for care approaches that recognize interdependency and reciprocity to mitigate power imbalances' (Kontos, Miller, and Kontos 2017). We seek to illustrate how bodywork and embodied care engagements feed into the creation of everyday, sensory atmospheres and consider experiences of power within these. Sumartojo and Pink (2018, 6–7) suggest that the conditions in which atmosphere's occur "are shot through with power." In the analysis, we explore how it feels to exist across dementia and hospice care, through perspectives from both staff and residents, which engage with the interconnections and relationality of lived, embodied and sensory atmospheres.

Methods

The article draws on findings from two ethnographic studies. The hospice study included over 150 hours of ethnographic observations and eighteen qualitative interviews with hospice staff in both clinical and non-clinical roles. The study sought to understand the everyday working lives and engagements of hospice staff. The second study collected data as part of a wider study colloquially known as: "The Hair and Care Project." The research was conducted across three dementia care settings (an NHS in-patient assessment ward and two residential care homes). Over 150 hours of observations, including video observations, were carried out across these settings. This was combined with fifteen semi-structured interviews with staff and family carers, and five focus groups involving staff. The study explored routines of everyday life for men living with dementia and the significance of interactions between staff and residents. We use pseudonyms throughout to refer to each of the sites and the participants.

Both studies adopted sensory ethnographic approaches (Pink 2015): shedding light on the embodied and emplaced experiences of residents and staff (Coffey 1999). They aim to highlight nuanced practices within care relationships and the impact of these on shaping physical environments in care settings. The key difference between the studies regards the participants involved. The ethnographic study of dementia care involved both residents and staff, whilst the hospice study focused only on staff. Neither researcher adopted an assigned role; however, often joined in with activities, made teas and coffees, played games, and moved furniture. Ethical processes were integral throughout both studies. The hospice study received ethical approval from the University of Sheffield's Department of Sociological Studies ethics committee (017343). Consent was gathered from all staff participating in the observations and/or interviews. In the dementia care study, some of the participants did not have capacity to provide informed consent, and this required the use of personal consultees to support a consent process (Murray 2013). Furthermore, "a process consent" was employed to ensure that those people living with dementia had some agency over involvement (Dewing 2008). This study received ethics through an approved NHS Research Ethics Committee with knowledge of the Mental Capacity Act (2005) (11/WA/0147). Different approaches to analysis were undertaken in the studies, with the hospice study employing a process of thematic analysis (Braun and Clarke 2006), and the dementia care study adopting a sensory and embodied narrative analysis (Lisahunter and Emerald 2016). Themes and narratives were crafted through time spent working with and understanding the multiple data.

In both studies, bringing attention to subtle and sensory care practices involved moving *beyond* "telling stories of having bodies" to appreciating the multisensory experiences of "seeing/feeling/hearing/tasting/smelling as bodies-emplaced" (Lisahunter and Emerald 2016, 30). As Lisahunter and Emerald state (2016), this allows for an insight to the "movements and sensations" that further our understanding and knowledge of a setting and the relationships within it. Both researchers sought to grasp the detail of the settings through utilizing a "democracy of the senses" (Back 2007, 8) in which *sensoriality* is attended to "consciously and reflexively" (Pink 2015, 7) throughout. This sensorily engaged ethnographic work reflexively explored the experience of place, through sound, smell, taste, and touch, and understood these as culturally and socially bound (Howes 2005). Senses are not experienced in isolation: there is a need for an interconnected understanding, through a "full-blooded awareness of the present" and immersion in the world of sensations (Abram 1996, 107). Such reflexive, sensory ethnographic approaches enabled both researchers to illuminate the structuring of the time of day, moments of inaction and waiting, as well as lived experiences of emotional feeling. We highlight the connectivity between those providing and receiving care, to explore sensory and embodied engagements that bring patients, residents, and carers together, as well as those that result in resistance.

Attending to everyday atmospheres

The design of health and care settings often aims to support feelings of being at home through material environments (Richards and McLaughlan 2023), and this is also evident through everyday practices and routines such as mealtimes (Duque et al. 2020). In Broad Lane Hospice (NR), the coziness of the day unit contrasted with the clinical aesthetics of the wards: cushioned sofas, natural sunlight, the smell of freshly baked goods and fresh air differed from wipeable chairs, hospital beds, bright lights and aromas of disinfectants or aerosols. Mealtimes were shared at dining tables in the day unit, whereas the wards housed fourteen private rooms and a rarely occupied communal dining area. Most spaces overlooked the garden and fields in the distance.

The dementia care settings (SC) hosted differing aesthetics. Primrose Unit housed a communal area where residents watched television and dined. It was perhaps the most stereotypical ideal (Kamphof and Hendriks 2020) of "homely" through its feminized chintzy aesthetic featuring dried flowers, ornaments and tablecloths (Sewell 2008), although missing the personalization and biographical homeliness in visual display (Campbell et al. 2023; Duque et al. 2019). In Lincoln Manor, a residential home for ex-service personnel, the communal area offered a starkly different environment. The communal dining area lacked decoration, except a mirror ball hanging from the ceiling for when it transformed into an occasional entertainment space. It was a regularly shared space for mealtimes, with residents flooding to familiar tables when the lunch trolleys clattered their way round. Imbuing homeliness through these everyday food practices (Duque et al. 2020). Sandbridge Ward, a mixed in-patient NHS dementia assessment ward, housed a large communal area divided to create separate TV and dining areas. Furnishings were functional, with wipeable fabrics. The communal space was designed for residents to eat together, chat or watch television, offering a sense of home through support of social relations (Lemos Dekker and Pols 2020; Worpole 2020).

Beyond aesthetics, interactions between staff, residents and patients formed an atmospheric feeling. The non-clinical hospice staff, including housekeepers and cooks, carried out practices that stretched beyond typical duties of cleaning and cooking. Such work is often taken-for-granted, falling on the peripheries of *care* work. Such members of staff are positioned "outside of care" (Armstrong, Armstrong, and Scott-Dixon 2008), and therefore often neglected in research and literature on care. However, they play important roles in shaping the lived, embodied and everyday experience of hospice patients (see Richardson 2024). We outline their significance in forming a sense of emplaced and embodied experience, and upholding "everydayness" in situations that *disrupt* a sense of the everyday (Rasmussen and Edvardsson 2007, 126). Buse, Martin, and Nettleton (2018, 253) note the need to "cast the net wider" to examine how such members of staff "orchestrate" spaces of care. One hospice housekeeper stated that patients and family members spoke with them for *"a bit of normality."* Such interactions with staff remake emotionally embodied feelings and as such feelings of *un*-ordinariness could be eased. This was expressed by one of the hospice cooks:

> If people keep coming back down to the cafe, they're coming for something. They're not just coming for food. They're coming for a chat, or change of scenery, yeah, cos if you say, you know, you'll say 'oh are you alright?,' they'll say, 'yeah, I've just come for a chat,' which I find is quite nice. They feel at ease with me don't they? [Louise, Cook, Broad Lane, Hospice]

The cafe was a "change of scenery," particularly for family or patients residing in the hospice ward, it felt less clinical. In comparison to the patient rooms, in the café there was a steady pace of activity throughout the day, demonstrating the importance of movement in creating and sensing atmospheres (Sumartojo et al. 2020). The cafe presented a relaxed atmosphere, offering space to chat, implying feelings of mundanity and normality. Duque et al. (2019) state that the materiality of mealtimes and social engagements with staff shapes a "homely feel." The staff are also integral to the way that emotions and experiences are lived and felt, and this underlines an entangled aesthetic of care (Thompson 2020). The creation of atmosphere – and a feeling of being *"at ease"* – is shaped through engagements with the space *and* relationships within (Anderson 2014; Bohme 1993).

Despite material differences between spaces, days were organized by similar institutional routines of grooming, bathing, meals, medicines, and bedtime. The same atmospheric tools were used to signify times of day across the hospice and dementia care settings. Lighting was low in the morning, encouraging feelings of calm and quiet as residents and patients slowly woke up for the day ahead (Bille 2015). Sounds and smells, such as the moving of trolleys, clattering of crockery and prepared meals, also signaled lunch and dinner time. These practices and materialities of care provided clues about the time of day and consequent actions. In Lincoln Manor the daily opening of the "tuck" shop brought a bustle to the communal dining area as residents queued to buy cigarettes, fizzy drinks, and sweets. The sound of the tea trolley was a welcome activity each afternoon. The setting of tables also created a clamor of activity:

> Most residents are now in the main dining hall . . . care workers are moving around giving out lunch and drinks, pausing to talk. Harry is at his usual dining table opposite Bert. The sounds of spoons against cups, plates and dishes clang, clatter, footsteps, wheelchairs squeaking on the shiny floor. (Lincoln Manor, Dementia Care Setting: fieldnotes)

Staff attended to the sensory environment to facilitate and *make* feelings of time and normality, using material objects to create a sense of upcoming or current activity (Anderson 2014; Bohme 1993). These encounters demonstrate the ways that collective care environments orchestrate and *normalise* affective experiences of place. Residents across the settings tended toward the same seating areas. This sameness in positioning represented familiarity, and timing around mealtimes represented a maintenance and management of routine in the everyday, wherein residents "*fit in* with day-to-day routines and the structure of the institution" (Wiersma and Dupuis 2010, 284). The preparing, cooking, and serving of food constituted material and affective connections between staff, patients, and residents, shaping feelings around homeliness, everydayness, and normality.

Timescapes were formed around food. Similar to the findings of Diamond (1992) and Cohen (2011), time was shaped as part of the *institutions* and felt distinct from the outside world. As Ellis (2018, 363) notes, food and feeding signal an "entangled materiality" within care relationships. Mealtimes were "shared in and between" patients, residents and staff, as "*affective*" engagements (Paterson 2007, 162). However, the stripping of choice in relation to food ("the universal nature of institutional food:" Driessen and Martin 2019, 248) can demonstrate an overlooking of differences between individuals. We observed the "universal nature" of *institutional time* in relation to food. Across the settings, residents and day patients were led to dining areas at roughly the same time each day, where they were overseen by care assistants and nursing staff. Through the preparation, cooking and serving of food, along with other routines such as medication rounds, patterns of institutional time were created. One of the housekeepers recounted their routine with patients during their morning rounds:

> Well first thing we do is always say "morning," we open the curtains, put 'em a light on, put 'em telly on. Always offer "em cuppa tea, ask if they want any breakfast ordering. [Jo, Housekeeper, Broad Lane, Hospice]

Jo displays the housekeeping work beyond our typical and limited understandings, demonstrating her role in providing *care*, and recounts the fixed routines imposed upon patients each morning. As well as depicting the hidden aspects of care, these institutionally fixed routines clash with the unpredictability of bodies, individual needs, and differences between people (Buse, Martin, and Nettleton 2018; Diamond 1992). Such shaping of time through the sensory experience of meals could offer a "structure," "moments for socialising" (the cafe, and the queue for the "tuck" shop) and a sense of "certainty" during periods of "uncertainty or unfamiliarity" (Duque et al. 2019). However, the shaping of institutional time signals a *management* of everyday routine, furthering a feeling of *being* within and as part of an institution (Wiersma and Dupuis 2010). This was, at times, met with resistance.

Sensory engagements: challenging and restorative moments of care and connection

Much work in dementia care settings is focused on the body: supporting people with personal hygiene, dressing, grooming, and eating. In the hospice, care was similarly framed, ranging from administering medicines, physical and complementary therapies, helping with everyday tasks, as well as physical touch to communicate presence (Tornøe et al. 2014). Such intimate tasks have the potential to support connectivity and relationships between care staff and residents but can be equally challenging. Dementia care settings are often understaffed. Hence the scheduling of routines is important (Campbell 2013). This can cause conflict, where bodies are unpredictable and care cannot be easily scheduled (Cohen 2011). Yet bodies in these contexts were often *managed* to fit the organization of staff time (Wiersma and Dupuis 2010).

Resistance to this kind of bodily scheduling emerged throughout the day and contributed to the creation of resistive atmospheric moments. This was highlighted on Primrose by Brynn who had been taken from the communal lounge for a scheduled bath. Once in the bathroom, Brynn expressed his unhappiness:

> Loud groaning sounds [can be heard] over and over . . . I hear shouts of "let me down," "I don't like to be on here" and then "you rotten things, let me down." (Primrose, Dementia Care Setting: fieldnotes)

Brynn did not want bodily care at that moment or in that way, expressing his discontent at the staff attempting to bathe him and the hoist used. The experience could be challenging for the staff where hoists were required within the small space of the bathroom, and residents expressed their discontent. At times, Brynn's personal dignity was jeopardized, with three staff attempting to move him into the bath. The lack of privacy and breaking of bodily boundaries highlights the complexity of care and such body work. Such personal care involves vulnerability and intrusion, however this is balanced against maintaining hygiene and regular bodily care. Buse and Twigg (2018, 349) call this a "catch-22 situation," wherein to leave the resident unkempt would be considered "neglect," but to use "force" is abuse. The ways in which "personhood" is shaped through bodily care engagements is complex, and dignity can be simultaneously challenged and maintained through such practices as bathing (van der Geugten and Goossensen 2020).

Eating was another significant site of identity practice and choice. In the hospice, meals not listed on the menu were requested, and nurses expressed their concern over patients eating meals that were deemed medically unsuitable. There were tensions between providing individual choice and the need to provide care (Mol 2008; for an in-depth discussion around food-work see Richardson 2024). Everyday practices, such as eating and grooming, are embodied engagements between staff, residents, and patients, laced with opportunities to reinforce a sense of identity and personhood. They also signify power to undermine personhood, as bodies become the property of the institution (Wiersma and Dupuis 2010).

The organization of time within the dementia care settings meant there were stretches of in-between time. There were frequent periods during the day when residents were not engaged in tasks or activities. Rather, they were left with a sense of anticipation and uncertainty. Harry frequently expressed his boredom and frustration at endlessly waiting around:

> Harry says "God, it's a boring existence in here." I note how his mood has deteriorated through the morning and [since] our earlier chat at breakfast. The workers are busy but many of the men are left to their long mornings since 8am. I think Harry has been up four hours . . . I feel warm, I look outside, and it is so much brighter than it was. It is dark in here,

> dimmed wall lights and no overhead lights on. (Lincoln Manor, Dementia Care Setting: fieldnotes)

Harry expresses resistance against the tedium of the day, accentuated through dim lighting and lack of air. The waiting contrasted with the busy staff passing by. During these in-between times, with the day stretched out, restorative atmospheric shifts could occur. Emerging through moments of connection and friendships between residents, such as Charlie and Harry. Charlie and Harry shared a bedroom, and although they had come to blows due to the tensions this proximity created, they would still choose to be near each other throughout the day. This signified the importance of familiarity, and represented feelings of affection between the two men, as depicted through handshakes and comments such as *"he's a good one this one"* (Harry, Lincoln Manor). On another day they shared a packet of peppermints:

> He [Charlie] looks at Harry and his lips move [soundlessly] and he gets up out of his seat. Harry takes out a mint, he has a new packet of peppermints, and he offers one to Charlie, who takes it and Harry says, "that's what friends are for." (Lincoln Manor, Dementia Care Setting: fieldnotes)

These moments of friendship and camaraderie were important in creating a sense of belonging. The handshake also demonstrated a bond and the men's affection for each other. Amidst the *"boring existence"* in Lincoln Manor, the men experienced a fleeting yet restorative moment. This shifted the atmosphere from one of waiting and uncertainty to a more meaningful sense of place and personhood through ties to each other. The interdependency between the two men and their decision to seek each other out reflects the importance of opportunities for friendship and bonding within these settings (Kontos, Miller, and Kontos 2017).

Sometimes these restorative atmospheric moments occurred during routine tasks between staff and residents. On one occasion on Sandbridge Ward, Larry was being supported with his morning shave by Steven, the only male nursing assistant. The smell of male toiletries created a recognizable multi-sensory environment for Larry, orientating him to his task. Larry was capable of shaving but required guidance and support, Steven stepped in once to wipe shaving foam away from a part of Larry's face. Otherwise, he stood alongside Larry offering gentle guidance. Larry stood at the sink, rhythmically rinsing the razor and lifting to his face scraping it gently across his whiskery skin:

> Steven says, "that's it . . . just do above your top lip," and Larry moves the razor there pushing his tongue up inside his top lip to push it out and to keep the skin taut. The shaving strokes are occasionally paused as he swills the razor into the water, cleaning the razor as he goes along. Steven praises and encourages him on . . . (Sandbridge Ward, Dementia Care Setting: fieldnotes)

This activity is carried out through an intercorporeal connection between the two men, where one visualizes the shaving activity to guide the other. The gendered scene immerses the men in the smell of male toiletries, accompanied by the male shaving accouterments on the sink, and with Larry in his vest and trousers. Both men are steeped in their learned bodily memories of shaving (Crossley 2007). It is an important moment of strong connections between the two men, and shaving could often be a difficult task

(Campbell 2012). This further demonstrates the importance of *how* intimate relational bodywork tasks are carried out, as such embodied engagements hold the opportunity to preserve personhood and create atmospheric feelings of restoration (Jenkins 2014).

Conclusions

This paper brings together two studies that adopted sensory ethnographic approaches across hospice and dementia care settings. We have highlighted the important role of the senses in care and bodywork. The work reveals key insights about how it feels to *be* within these care settings, drawing on and bringing together the perspectives of staff and residents. Sensory atmospheres are shaped through relational, material, and embodied elements of everyday life within the spaces. Institutional routines provide structures and spaces that, at times, support a sense of *normality* and *being at home*, as the regularity and familiarity of everydayness enables connections and engagement through cafe chatter, and orchestrates an understanding of expectations and behaviors through the sensory atmospheric tools. The scents of baking, orchestration of mealtimes, clattering of catering trolleys and change of lighting creates the atmospheric sense of time and place. However, the routines and atmospheric tools that enable familiarity are also apparatuses of institutional surveillance and bodily management capable of keeping people in place, restricting individual agency and choice (Wiersma and Dupuis 2010) as well as limiting citizenship (Kontos, Miller, and Kontos 2017).

The challenge for collective care settings is grounded in facilitating supportive and restorative atmospheres during and between institutional routines, as well as in fostering and supporting personhood and relational citizenship (Kontos, Miller, and Kontos 2017; Zeiler 2014). These challenges are embedded in pervading atmospheres of anticipation and uncertainty in engagements between those providing and receiving care. Anticipations enable certain atmospheres of care in such settings, through the movement of staff – and its interpretation (Sumartojo et al. 2020). In this paper, we address how anticipations can create a stifling sense of uncertainty and waiting, with time stretching outwardly, allowing little control over how it might unfold. Within the routines and expanses of time, opportunities arise for material, sensory and relational interactions as well as embodied engagements between staff, patients, and residents, where a sense of belonging, camaraderie and normality *can* emerge through friendship and care. Such moments can shift atmospheres within the settings to create restorative atmospheric moments wherein there are feelings of connection and harmony *within* the routine structures of the day.

The atmospheric moments form part of a continuum of moments that emerge throughout the day, sometimes fleeting and sometimes sustained. This can provide a lens to the experience of everyday life within institutional care (Keady et al. 2022). These conditions are also possible during routine bodily-oriented tasks. Personhood and identity can be supported through the use of touch and focused care, thus leading to what might be considered an "aesthetic of care" (Thompson 2020). Furthermore, a recognition of the role of the senses in the creation of how it *feels to live everyday* in care environments enables an engagement with atmospheric tools, which contribute to restorative and supportive atmospherics. This recognizes the potency of connections that emerge in in-between spaces (Mason 2018) influencing sensory and affective atmospheres. A recognition of the sensory atmospheric tools, as demonstrated here, builds an understanding of the significance of the "*meshwork*" (Ingold 2008, 18) of the sensory, material, and relational aspects that *make* these spaces what they are.

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