Tying, untying and retying separate threads of activity in changing object worlds

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Abstract

The movement of tying untying and retying of the separate threads of activity refers to 'knots' organized to solve specific problems or tasks requiring multi-disciplinary expertise in fragmented objects of activity (Engeström, 2008). Knotworking also describes, “the rapidly pulsating, distributed and partially improvised orchestration of collaborative performance between otherwise loosely connected actors and activity systems” (Engeström, Engeström and Vähäaho, 1999, p. 346).

The impressionist tale of the study captures knotworking in two very different object worlds of the medical patient care and building design. An ‘object world’ is a concept borrowed from Bucciarelli (1988) to implicate “patterns of belief grounded in the object and how these guide (rule) participants’ thought and action throughout design activity” as a form of ‘cosmology’ (p. 162). The ‘object world’ of building design is constituted of worlds of technical specialization involving architectural design and different types of design engineering. The object is a design drawing or a calculation on a paper sheet, or a digital model worked on or an intermediary outcome of collaborative work to be worked further. The ‘object world’ of medical patient care requires the activity-theoretical expansion of the idea of an object as a collective meaning and motive of the activity (Leont’ev, 1978). The object is a disease, illness, symptom, or an ailment in the ‘object world’ constituted of the various locations of care.

I came across these fields of activity in two different instants of time extended over twelve years. Firstly, I participated in a change project that was carried out in the health care organization of Helsinki in 2000-2002. In the project, the patients, professionals, representatives of the health care management, and the researchers focused on the care of patients who suffer from multiple and chronic illnesses (Kerosuo, 2006). The project involved fieldwork in various divisions and levels of the health care organization. The outcomes of the fieldwork acted as a basis of reflection in designing improvements for the health care organization in intervention meetings.

Secondly, I was a member of a research group focusing on the use of new building information modeling (BIM) in building design during 2011-2014. The idea was adopted and re-interpreted to enhance the multi-disciplinary collaboration in building design (Kerosuo, Mäki and Korpela, 2015). The idea was experimented in an early design phase of a school building in mid-Finland,
May 2012. The aim was to provide alternative plans to support the client’s
decision-making in early design. A variety of representatives of the client, users,
contractors, architects, and design engineers as well as researchers participated
the development of knotworking. Knotworking was experimented in other
building projects after the first experiment but the collaborative use of BIM
through knotworking is an open-ended process and under construction.

The purpose of this study is to compare knotworking in the two ‘object
worlds’; one involving a patient with multiple illnesses and his organization of
care and the other a case of designing a school building. What are their
similarities and differences? Reflexivity is used systematically to work out the
level of interpretations in such a way that one’s favored interpretations are
questioned from a meta-level position inspired by another standpoint. The other
standpoint functions in a meta-theoretical way, that is, the interpretations are
not directly ‘reality out there’ (Alvesson and Sköldberg, 2009). Reflexivity means
also that an ethnographer is reflexively engaged what it means for research
subjects and their objects of activity to be reflexively engaged in the ongoing
activity (Latour and Woolgar, 1979).

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