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Jamie Smith and Eva Willis

Interpreting posthumanism with nurse work

Table of Contents

0. Introduction 2
1. A case for a posthuman approach to nursing 4
1.1 Nursing trends 4
1.2 (Re)configuring care 7
2. Humanism to posthumanism 9
2.1 Posthumanism or transhumanism 9
2.2 Situating ourselves 12
3. All matter is one 14
3.1 Not either or- Monism 15
3.2 From autopoiesis to sympoiesis 18
4. Care and posthumanism 21
4.1 More-than-human 22
4.2 Relational 23
4.3 Ubiquitous 24
Bibliography 26

0. Introduction

Jamie Smith and Eva Willis

In this paper, we aim to approach nurse work in the United Kingdom from a critical posthuman perspective. We argue that nurse work can illustrate posthuman theory, and we suggest that posthuman theory may have applications for the development of nurse work and care. We aim to contribute to philosophical conversations by making nurse work an accessible way to talk about posthumanism.

We argue that there is a scarcity of research into nurse work (with this we include care), which shows that it is still unclear "what constitutes the discrete fundamentals of care" (Feo et al. 2018, 2225). When researchers discuss philosophies of care, they seem to be rather committed to humanistic practices (McCorkmack and McCance 2010).

First, we mobilise the humanistic perspective underlying nurse work. We draw attention to tensions in nurse work that are linked with humanistic thinking to make a case for the reconfiguration of nurse work with posthumanism. Next, we suggest how posthumanism may add to the understanding of nurse work. We do so in a first step by distinguishing posthumanism from transhumanism. In a second step, laying out three key features of posthumanism: all matter is one, monism and sympoiesis. We explore practical examples of nurse work with posthumanism to show theory in action and ways in which posthumanism can deterritorialise nurse work from humanism. Third, we look at what implications posthuman philosophy could have in nursing. In framing nursing and care practices in ways that do not necessarily have the human at the centre, we begin to create new possibilities for understanding nurse work.

N.B. We are practising nurses, sociologists and scholars in the National Health Service (NHS) in the United Kingdom (UK). We offer heartfelt thanks to the editorial and review process of this journal which has greatly improved and focused this essay.

Jamie Smith and Eva Willis

1. A case for a posthuman approach to nursing

We discuss the relationality of matter as an essential principle in our approach to understanding care. In order to do so, we use creative and practical critiques. Creativity is a practice which acknowledges histories and allows becoming in geo-social-temporal coordinates. Through acknowledging the histories of people, situated in a particular time and place and embedded in their unique socio-economic connections – we try to imagine what creative ways we can offer nurses to act with affirmative ethics, to enable them to become *with* new opportunities in their practice (Lundy 2012, 28). Looking at the challenges in care work with a posthuman lens is looking for the ripples in the water, not the rock hitting the pond (Barad 2003).

1.1 Nursing trends

Emerging in the 1990s in nursing and encouraged through policy in the U.K. in the 2000s (Department of Health 2000; Wanless 2007), person-centred care emphasises the perspective of the service user of care. This approach pushes for consideration of the patient in a more holistic light, defining a patient as a cultural and social being, exceeding symptoms or illness (Wanless 2007; Wanless and Kings Fund 2007). This shift also mirrors nurse education in the U.K., where person-centred care is a primary focus in the Nursing and Midwifery Council (NMC) code of practice. Claims are made that this is a push away from a narrow understanding of patients (McCormack and McCance 2010) to a more holistic approach to caring for someone.

We argue with posthumanism that such an approach is a shift from one narrow understanding of care (the medical subject) to another (the neoliberal subject). Patient-centred implies a humanistic philosophy, and we argue that this contains three main flaws; mainly independence, pervading identity of an individual and relegating power relations. The concept of person-centred care is a figurative representation of what we find questionable in an (all too) humanistic lens of care. It shows how underlying humanism acknowledges the agency of patients while failing to address the interdependence of human and more-than-human entities. We argue that posthumanism has emancipatory trajectories (Langton 2007) which give us a different lens to address theoretical blind spots.

First, patient-centred care fails to acknowledge the interdependence of the patient to be recognised as an embodied and embedded entity in a multitude of relational connections and dependencies on the resources and abilities of nurses and other professional staff. Hence, the kind of decision a patient can make depends not merely on them as an individual but on things like mood, education, what consequences their decision has to others around them. In particular, the ability of staff to have time and resources to connect with them so that information is understandable and, in general, to give them the experience of being valued and cared for.

Second, patient-centred care implies the illusion of the self of a person as a constant thing rather than an ever-changing dynamic entity, relying more on survival than identity (Rees et al. 2018). Hence, a decision that a patient might make one moment might differ a day or weeks later, depending on how they changed and circumstances might have changed. Third, patient-centred care disguises hidden power relations of healthcare providers and patients. When attempting to provide person-centred care, power relations do not stop existing nor is the existence of such power relations necessarily nefarious; at the same time we do not advocate the neglect of a patient's perspective. We, as healthcare providers have access to rooms,

private spaces and bodies (unclothing someone, washing, examining) which are intimate entanglements of power relations. Patients are very much involved, but cannot be central because - a ward with thirty patients can never function and benefit the individual patient if we were to create thirty ‘centres’. The paradigm shift towards patient-centred care in healthcare has obscured the power relations by giving the appearance that there are choices to be made by an appropriately advised and educated patient while often silencing those outwith the gaze of power which is often nurses.

Thinking with dualistic humanism results in nursing research that does not address the complexities of human and more-than-human. With posthumanism, we argue that structures themselves do not have a centre, so imagining patients at the centre is futile. We suggest considering a patient's perspective *and* nurses power relations *and* the institution *and* their social situation. In order to treat patients and nursing professionals more justly, we firmly believe that they need to be acknowledged as embedded and embodied entities, interdependent with one another and more-than-human materialities.

If we reconfigure nurse work in this way, then how can we understand how nurses become nurses in their work environments? We argue that nurse work is (re)negotiation and (re)constitution in action. Nurses are positioned with situational, organisational and professional structures to reconfigure the productive power and restrictive power in assemblages. The purpose of nurse work is to establish ways of humans and more-than-humans (bacteria, machines, societal infrastructure) in ongoingness. Differences of location become simultaneously restrictive and productive fields which are navigated by nurses.

1.2 (Re)configuring care

To understand care in nurse work, we need to acknowledge that care is more than the person providing it. Humanistic and dialectic assumptions that are present in practice and theory flow through our understanding of care as a looked after body. They fail to acknowledge the timeless existence of care that is embodied in nurse work. With posthuman conviction, we resist this restrictive understanding of care. Instead, we acknowledge the existence of the self of the nurse, but in intradependent relations with other humans and more-than-human across space, time and history - and therefore, never unrestricted but affirmative and with agency. Care is produced, (re)negotiated and present through these materialities. Care is produced by deciding what assemblages-of-matter are restricted in their existence and which ones are produced. Examples of this are the administration of medications such as antibiotics or hand disinfectant.

Imagine a nurse working in a hospital taking handover in the morning. They hear from their colleagues on the previous shift about the patients they will be looking after. However, they had already learned much from the shift before by the sounds of the ward when they arrived. The smells that may or may not be present, the tidiness of things in their expected place, the ongoingness begins because it has never ended.

We suggest others to rethink concepts of care with posthumanism in order to recognise the conditions of possibility in which care can be provided and suggest affirmative principles for nurse work beyond person-centred care. Care and nurse work is assembling situations that are without a corpus, assembled with and through the self of the nurse, the patient, the uniform we wear, the call bell, the telephone, the ward, the team working on shift and the multidisciplinary team. Care assemblies in nurse work *include* the person *and* are more-than-person-centred.

Posthuman care takes into account patients, and nurses, (re)negotiates workload, relationships and materiality. Care assemblies in nurse work acknowledge the agency of the person being cared for, the richness of professional agency and possibility while also stating that care is always more-than-human.

2. Humanism to posthumanism

We begin by outlining our approach to humanism. The aspect of humanism that we address is the perception of the self as an individual, rational subject (Taylor 1989) that acts in the world (rather than with the world). It is the concept of the human as "sealed off from external relations" (Ahmed 2014, 75) that is the focus of our criticism.

Opposition and distance are created when the self is assumed as distinctly different. Humanistic logic implies an assumption of well-defined boundaries between the self and the rest of the world in order to build the human subject. A dialectical approach of oneself and the rest of the world in this way, therefore, becomes egocentric and is entwined with the notion of humanism. The concept of the human as a focal point in the universe is what posthumanism shifts away from.

To make a case for posthumanism and nursing, we will now discuss how we understand the posthuman. We explain how this leads us to contemporary issues in nursing and, we

acknowledge nurse work as an affirmative opportunity to work with posthumanism - as always thinking with the patient and also beyond.

2.1 Posthumanism or transhumanism

We approach posthumanism from a critical feminist philosophical perspective (Braidotti 2018) that is relevant to understand and interrogate care practices from the histories of feminist movements in nursing and care work (Davies 1980). However, we acknowledge that other branches of philosophy understand or use posthumanism in different ways (Ranisch and Sorgner 2014, 14).

The approach we take to posthumanism understands culture and actors through the materiality of the human and more-than-human. Humanism perceives the self as an individual, rational subject, whereas posthumanism questions these discrete categories and asks where the self ends and the other begins (Barad 2003). This is not to negate some threshold between human and more-than-human but rather to reconfigure an understanding of the discrete boundaries of the human. Posthumanism challenges us to think beyond dialectics of self and others and to think about the boundaries which are assumed to be concrete; understanding human alongside the more-than-human as intensities of matter and affective assemblages. This challenge to dialectical knowledge systems, therefore, requires elaboration. In this paper, we give practical examples to illuminate and reconfigure the liminal boundaries of the human. We give examples of care that demonstrate how individuals can be thought of as *dividuals*; not as isolated entities, rather deeply embedded in and produced through material and social relations (Deleuze 1988).

Building on Foucault's (2005) analysis of the human as a concept imagined by institutions of the state, the death of the human encourages us as humans to rethink the human at the centre of the universe. According to Foucault, assuming humans as the centre of the universe is egocentric. Humanism becomes posthuman in a time in which human as a category is interrogated (Braidotti 2013). In other words, posthumanism sees the bounded self as a site of reconfiguration. Hence, how we conceptualise the self is not as a fixed point but more an evermoving constellation of matter.

The posthuman premise that the human is not at the centre of the universe can be uncomfortable. As a challenge to contemporary assumptions about the self in the global north, we think with a familiar example. Think of Copernicus when he proposed that the earth was not the centre of the universe and that the earth goes around the sun. Posthuman scholars invite us to let posthumanism be a contemporary Copernicus and (re)think the human as not at the centre of the universe.

Following this, what implications and consequences might it have on the understanding of the self and societies as a whole when we move away from anthropocentric thinking? Also, what entit(ies)y (if any) might take the sun's place in this allegory? The logic of the posthuman encourages decentralisation, however, much of our thought builds upon assumptions of central points and stable states. These can now be points of mobilisation.

For us, posthumanism means thinking with the human and the more-than-human, not excluding it or declaring its redundancy (Haraway 2016). More-than-human is used here as a descriptive term to understand all matter in the universe that is outwith the individual in humanistic approaches to the self (Barad 2003). How the human and the more-than-human interact and come into being is described by Haraway (2016) as how we make our worlds. World-making is

dynamic and multi-focal by describing the ongoing relationality of the human and more-than-human. We use this terminology to acknowledge our ongoing attempts to de-centralise the focus of our writing. In order to make a case for posthumanism in care, we want to show how we distinguish the posthumanism that we speak from others. We contextualise posthumanism with transhumanism, address the conceptual confusion (Ranisch and Sorgner 2014), and detect the distinct theoretical ontologies that are proposed by these concepts (Ferrando 2019).

Both transhumanism and posthumanism identify the humanist concept of the human as being obsolete (Ranisch and Sorgner 2014). Transhumanism seeks to make humans better, faster, stronger (Bostrom 2009). The human in transhumanism is reconfigured with technology in ways that may not be presently recognisable as human. However, the focus of such endeavours remains anthropocentric and its impetus around the optimisation of the human subject. This presumes a transcendental design where the human remains the locus of rationality no matter how networked they become.

2.2 Situating ourselves

Posthumanism is the concept we work with because it makes aspects of our work thinkable and communicable. Posthumanism thinks with the human and the more-than-human; without a centre but the human and more-than-human ongoing with one and other. Through posthuman philosophy, we are "staying with the trouble" (Haraway 2016, 1) in the world, acknowledging the power of relations between things and trying to find ways in which we can make-worlds together. Our understanding is that overcoming all tension is unrealistic. Instead, there will always be challenges in the world, as constellations of knowledge and power relations are

produced. Rather than aiming to remove all challenges, our approach is to act affirmatively within these new convergences (Braidotti 2008).

In the next section, we exhibit three critical concepts of how we understand posthumanism (Braidotti 2013). We introduce these to situate our understanding and approach to nurse work and define our standpoint (Harding 1991): First, all matter is one, second, monism and third, sympoiesis. These build the ground with which we take an imaginary dérive (McDonough and Debord 2004) of nurse work.

3. All matter is one

This paper approaches the practice of nurse work and substitutes dualistic ontology for a monistic epistemological approach (Fox and Alldred 2016).

There are many ways of approaching monism and subsequently many monisms (Schaffer 2010). Amongst these monisitic approaches there is consensus around the characteristic that everything in the universe is made from the same matter (Deleuze and Guattari 1988).

Haraway (2016) and Braidotti (2013) support a monistic approach, while signposting to risks that accompany it. If we assume that all matter in the universe is one, then this could imply a flat ontology of relationality between matter (Latour 1993), but we will explain that we disagree with such an implication.

Matter assembles with matter. The way matter assembles can be productive and world-making, or it can be reductive or restricted and make different worlds. Matter assembling with matter is what matter does, however, that is not to say that all matter will always have the opportunity to

make-worlds with other matter (Guattari 2000). If we assume that matter exists without contextual relationality then ontologies are flattened; matter exists in geo-spatial-temporal co-ordinates from which it has or does not have the opportunity to produce relationality. The possibility of production or restriction creates a topography of how things are able to relate (Braidotti 2018).

This paper approaches the practice of nurse work with this monistic approach and substitutes dualistic ontologies for a monistic epistemological approach (Fox and Alldred 2016). Life, if understood as assemblages of matter, is produced by life - and if life is matter, then matter produces matter and matter is life. From a Spinozan perspective, individuality must not be dismissed as a construct or an illusion but the way we understand the self could be reimagined (Lloyd 1994, 10).

> "Spinozan treatment of bodies emphasises interconnections and the importance of grasping things as part of a whole - to be a Spinozan individual body is precisely to be part of wider wholes [...] individuality is constituted by what Spinoza describes as the union of bodies composing it [...]. Each individual is this enmeshed in a more comprehensive one, reaching up to the all-encompassing individual - "the whole of nature."
>
> (Lloyd 1994, 11-12)

This description of how individual elements can be conceptualised in this universe leads to an understanding that the moving parts of life are not independent. The individual assembles from many parts which are in turn assembled from many parts. Individuality in this context can be understood as a dynamic concept of constant reconfiguration with the world; the ongoing assemblage of matter.

3.1 Not either or- Monism

Humanism is often understood with the "binary logic of identity" (Braidotti 2013, 56) or transcendentalism - the theory that human life exists as part of a design which is external to the universe (Lloyd 1994). In assuming self and other as distinctly different, we risk creating opposition and attempts to create distance or alternative, which may be perception rather than fact. A dialectical approach in this way, therefore, can become egocentric and is entwined with the notion of humanism. That which is not the self becomes lesser than the self. This anthropocentrism is how this othering becomes problematic for us with posthumanism because its logic poses the question - are some humans more important than others? With monism, we argue that what is human is less clear.

> "Monism results in locating difference outside the dialectical scheme as a complex process of differing which is framed by both internal and external forces and is based on the centrality of the relation to multiple others."
>
> (Braidotti 2013, 56)

So, when we say that matter differentiates in a non-dialectical manner, this means that assumptions of liminal boundaries between things are not clear. Consequently an assumption of clear boundaries to the human can privilege the first-person perspective and therefore implicitly convey anthropocentrism. Instead, we are all matter in the material universe. That is not to say that there is no difference in the material world - matter differentiates in many ways, but the absolutes of boundaries are open to reconfiguration. The hard edges of an individual become less clear with posthumanism, but the power relations between them are not. We will draw upon an example from nursing practice to illuminate this concept.

As we stated in the exposition of this paper, we aim to use nurse work in healthcare settings to discuss the liminal boundaries of the human. We show the fuzziness of the thresholds between human and more-than-human through a poster that promotes hand hygiene. The poster in Figure 1 is from a campaign distributed around sites in the National Health Service (NHS) Scotland (Health Protection Scotland 2009). It is a poster designed for "infection control" and to encourage people to wash their hands in the healthcare environment. The poster displays a hand holding a cup and written on the hand are the names of common microorganisms that cause illness in humans. The posters are intended to encourage and change the behaviour of staff to wash their hands more often.

What work does this poster do in helping to understand the boundary of the self? The hand which holds a cup displays the names of the common microorganisms. The intended audience is healthcare workers who in this context, will have knowledge and training of the importance that the institution places on hand hygiene (Health Protection Scotland 2009). Hand hygiene builds upon the principle that skin has resident microorganisms, known as microbiota. The stable flora of skin microbiota creates a competitive environment for pathogenic microorganisms so that in typical situations, they maintain balance (Price 1938). The resident microbiota of skin is essential to skin functioning; therefore, the microorganisms are essential to the ongoingness of the "human". A healthy flora on the skin is integral to health, and flora and fauna are also in the environment, which in this case is on the cup. The transmission of these happens when they are in proximity or come into contact - they are essential for ongoingness and unavoidable in becoming. Where then is the boundary between the self and other (Rees et al. 2018)?

Microorganisms on our bodies are so essential that the skin would not function without them. In everyday life, these "useful" microorganisms are indistinguishable from pathogenic

microorganisms, which can again be seen in the poster by the writing on the hand highlighting their presence. We ask where the boundaries in this scenario are? These are between the person, the place, other life including patients? We wash hands to reduce transmission of these pathogens - a potential act of restricting possibilities of assemblage - or this could be understood as creating future possibilities in the context of ongoingness, balance and sympoiesis. The thresholds change and are negotiated and renegotiated with levels of "clean" and "dirty".

3.2 From autopoiesis to sympoiesis

In order to illustrate how we can reconfigure our thinking from the human to the posthuman, we introduce autopoiesis here as an essential principle to think with. It begins to unpack how matter produces worlds, and humanistic interpretations of the world become posthuman when understood as dynamic productions of matter. Autopoiesis is the concept of self-producing systems as a system, first introduced by biologists Maturana and Varela (1980) and quickly incorporated by sociological thought and social theory (Luhmann 1986) to describe how systems reproduce themselves.

Exploring the concept of autopoiesis and expanding our understanding of world-making with the concept of sympoiesis illustrates the posthuman thought further. For the very assumption that there is not necessarily one lowest common denominator, we find the concept of sympoiesis more fitting than autopoiesis.

Autopoiesis is an example that illustrates thinking of the social through materiality. It moves from the individual at the centre of being and focuses on communication and relationships between

matter to produce and reproduce systems (Luhmann 1986, 174). We argue that what we understand as an individual and *how* we make our worlds are in the process of becoming, reconfiguration and ongoingness (Haraway 2016).

Autopoiesis assumes a corpus, a body in the middle or a notion of self-organisation and self-sustaining and implies a lack of dynamism. This ignores the emerging, ever-changing, (re)assembling matter of life. Haraway moves to describe the phenomena of autopoiesis as sympoiesis.

> "sympoiesis enlarges and displaces autopoiesis and all other self-forming and self-sustaining fantasies. sympoiesis is a carrier bag for ongoingness, a yoke for becoming-with, for staying with the trouble of inheriting the damages"
>
> (Haraway 2016, 125)

sympoiesis describes the living with other matter. It contextualises that the individual is not an illusion, nor is life chaos - it is living with and world-making with each other. sympoiesis describes the assemblage of living and dying to make worlds (Haraway 2016). While autopoiesis acknowledges the self-organising processual (re)production of social systems, sympoiesis shows that every social system produces, adapts and (re)produces with other assemblages of humans, more-than-humans, time, places and other matter. If we accept this description of how worlds are made, then we suggest that nurse work is sympoietic.

If we return to the poster in Figure 1 and the microbiome of the skin – in this case, the hands. Handwashing produces an understanding and enactment of sympoiesis. It is beyond the scope of this paper to debate if the process of handwashing is indeed humanistic, transhumanist or posthumanist in character by potentially intending to value human life over other life. The work

this example does highlight is *how* worlds are made (or unmade) with the human and more-than-human. This also highlights the ongoing negotiations that are made within the paradox of requiring the more-than-human to maintain skin health and requiring the relative absence of the more-than-human for ongoing humanistic healthcare. How can we then relate the argument of monism and sympoiesis in a broader manner to the potential of posthuman care?

4. Care and posthumanism

This paper intends to speak to the sympoietic possibilities for posthumanism and nursing by suggesting that posthuman theory may have applications for the development of nurse work. We seek to enable access to posthumanism in two ways. We "walk with theory" (Taylor 2017) through some examples of contemporary nursing and begin to suggest that nurse work may be a language in which we can discuss the posthuman condition.

We acknowledge that care of the human and more-than-human is not the property of particular groups; however, nurse work is entwined with specific ways in which we understand care. Therefore, we understand much of what nurse work is, as care (International Council of Nurses 2002). A consensus on the definition of care is somewhat an unruly endeavour (Puig de la Bellacasa 2017). Acknowledging the complexity of the matter, Feo et al. (2016) describe the primary organising feature of care as trust. It is our reading that most descriptions of care do agree on trans-species and trans-national characteristics of care; which are, that it is ubiquitous yet invisible (Feo and Kitson 2010; McCormack and McCance 2008). However, care is less frequently described in terms of the more-than-human (Puig de la Bellacasa 2017). Thus, the

next section shows how we understand posthumanism and why it matters in contemporary contexts of care.

Nurse work is a place where we can engage with how we make our worlds; but it is also a space with tensions that we must think about (Feo and Kitson 2016). Barad shows us how critical practice and engagement contribute to learning about the world we live with:

> "Moving away from the representationalist trap of geometrical optics, I shift the focus to physical optics, to questions of diffraction rather than reflection. [...] What often appears as separate entities [...] with sharp edges does not actually entail a relation of absolute exteriority at all. Like the diffraction patterns illuminating the indefinite nature of boundaries – displaying shadows in 'light' regions and bright spots in 'dark' regions – the relation of the social and the scientific is a relation of 'exteriority within', this is not a static relationality but a doing – the enactment of boundaries – that always entails constitutive exclusions"
>
> (Barad 2003, 803)

Out of the entanglement of practical nursing, empirical research and theoretical contemplating, we establish care with three principles: care is more-than-human, relational and ubiquitous - always with and beyond the human.

4.1 More-than-human

Care is more-than-human. We consider care as a vehicle for navigating assemblages and producing or restricting ways in which we make our worlds. The way in which those worlds are

navigated include the human and the more-than-human in order to make care possible. As an example, think of a nurse administering antibiotics to someone with a chest infection. By doing so, we restrict some bacteria flourishing somewhere within while being productive in the sense of facilitating the ongoingness of the human (and hence, other bacteria within). Deciding how much space we take up in the world is deeply rooted in power (Ahmed 2014). The productive/reductive world- making unfolds in the context of sympoiesis; power flows through the possibilities of assemblage. In this case, the sympoietic act of giving antibiotics. sympoietic world making of geo-socio-temporal locations create conditions of possibility for (re)entanglements to make our worlds with power relations.

4.2 Relational

Care is relational. This is the second principle of care that we walk with on our dérive. As material beings, humans are inevitably anchored in geo-social-spatial and clustered in historic-economic-political coordinates. We are alive at a particular time, a certain place, connected with other specific humans and more-than-humans. Simultaneously, these variables are never static but in continuous movement. Hence, human life is inter-relationality, somewhat flowing and entangled with glimpses of meta- rigidities (Braidotti 2018). Care illuminates intra-dependence and vulnerabilities in the familiarly unfamiliar. As nurses, we become entwined in ways which are often considered private. You probably can not anticipate when you will need someone caring for you - at some point washing you, changing your incontinence products, feeding you, changing your clothes. The nurse who can work with the knowledge of relational inter- and intradependence and can produce affirmative conditions of possibility, and for those co-present creates the effect of "good" care. Affirmative care is not bound to the patient, nor the nurse - it is

related to the convergence and co-production by and with the multiple; nurse, patient, support workers, family, physicians, institution, environment, time, place, history and, and.

4.3 Ubiquitous

Care is ubiquitous. As we understand it just now, everyone is born, and everyone will die. This means that everyone experiences care from other people and places. Feo and Kitson (2016) argue that 'care is fundamental'. We agree, but we stress the need for the posthuman turn here. Care and nursing are hard to conceptualise. The humanistic focus of nurse work and care while addressing ubiquity, yet uniqueness in situations creates a tautology. A posthuman perspective acknowledges care providers and adds that it is the everywhereness of care - that exceeds the human - that we have missed until now. Care is at the peripheries of our understanding and notorious 'slippery' to conceptualise (Martin et al. 2015) - hidden in plain sight, and now reconsidered in the posthuman convergence.

5. Summary

Care is a convergence of knowledge performance and production, enacted through the materiality of carers caring. Care creates an affective and intimate entanglement (Latimer and López Gómez 2019) between and with human and more-than-human material entities. Using a phone, listening to handover, gathering information through reading nursing notes, giving medication, physically restraining a patient when they are a danger or getting a cup of tea for a patient are all examples for this. Posthumanism emphasis of materiality and betweenness enables us to grasp the ubiquity of care. In that sense, governmental policies just as much as

architecture are structures that enable and restrict care — describing this only as structural framing is misleading. As we suggest, there are levels upon levels of complexity of material entanglements which tend towards a posthuman understanding of care.

Care is always with and through but also always beyond human. The understanding of care as being person centred becomes untenable when approaching care work with critical posthumanism. Succinctly, care is an assemblage that is (re)enacted, (re)negotiated, (re)configured and (re)inhabited by nurses but exceeds them at the same time, flowing through time and space, humans, more-than-humans and all of materiality.

First, nurse work and care are processes of being together in complex assemblages. These can help us to discuss the dynamic boundaries of the human and give everyday examples as a language to discuss critical posthuman theory.

Second, this has implications for care work as it is currently configured around person centredness and therefore calls for reflection and contemplation on other ways of understanding nurse work.

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