

We all care, ALL the time

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Care does not happen in a vacuum, including nursing care. With this in mind, we—Jess, Jane, Jamie, Brandon, and Eva¹—partnered with critical posthuman scholars Goda Klumbyté from Kassel University in Germany and Dr. Kay Sidebottom from Stirling University in Scotland for a discussion of care. Goda's research straddles critical algorithm studies, systems design, and feminist theory, drawing together these critical perspectives with applied informatics. Kay focuses on posthuman approaches to curriculum and education, affirmative

ethics, and how philosophy and art can be used to reimagine education. Although on the surface, their scholarship appears to be exogenous to nursing, critical posthumanism emphasizes the convergence of thinking inter-, trans-, anti-, and postdisciplinarity (Braidotti, 2019). Features that unite the work of nursing with Goda and Kay's foci include the explorations of bodies, control, education, and labor. This points to mutual interests along the axes of critical analyses of humanism, and moving toward more transversal methodologies and posthumanities praxes when it comes to care. Specifically, we are interested in the potentiality of transdisciplinary methodologies of caring and care that are situated outside of capitalist and state enclosures which include all human, other-than-human, more-than-human, and nonhuman matter. These ideas are important for nurses and non-nurses alike as everybody is, has, or will be in need of both nursing and other forms of care. We all care all the time. Nursing sometimes lays claim to care as proprietary, under its sole purview, happening in acute care spaces, within the nurse/patient dyad and centered on neoliberalized individualistic assumptions (Dillard-Wright et al., 2020; Smith et al., 2022). We challenge this notion. Our discussion begins with the politics of care, and the idea that care is overdetermined, exploring who gets to define care. We then turn to the time-space of care, which is multiple. We conclude with considerations of how care is situated and contextual.

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2 | CARE IS OVERDETERMINED

As we think through “nursing” in this critical posthuman context in these postpandemic times, we must consider who gets to define “care.” Certainly, care is not the sole and proprietary purview of nursing and, as we see with examples of law, education, and computer science, care can be taken, given, missed, refused, afforded, offered, and centered in many different ways across disciplinary and material spaces. Considerations of care are bound up in privilege and power, sometimes the object of work and other times the subject of affective attention. We can also see this in those who assume the stance of not caring, thinking here of the distance from intimate care work afforded by material wealth in a capitalist political economy. The image of then-US First Lady Melania Trump boarding a private airplane destined for immigration and customs enforcement internment camps wearing a jacket emblazoned with the slogan “I really don’t care. Do you?” comes to mind. Care is tricky and hard to pin down, particularly under the auspices of late-stage capitalism, as (Chatzidakis et al., 2020) pointed out in their manifesto: “Neoliberalism [...] has neither an effective practice of, nor a vocabulary for, care” (p. 8). This is both the result of and reinforcement of the invisibility of care work as naturalized reproductive labor (Duffy, 2007). At the end of the day, those on the receiving end of care—whether in the classroom (Sidebottom, 2019), the clinic space, the courtroom, or the computer lab (Klumbyté et al., 2022)—adjudicate whether what they receive can be called “care” (Best, 2014). Further, as we navigate our posthuman present/future, when we think about care, we must think about the importance of extending it outward, extending from human to more than human matter, and thinking about the role that nonhuman things play in the care and how care works. As we critically examine the complexities of care, we also acknowledge that care extends beyond healthcare institutions and into limitless settings. This recognition urges us to question traditional caregiving dynamics and consider alternative frameworks of care that challenge the status quo while recognizing the spatial dynamics of care, to which we now turn our attention.

3 | CARE HAPPENS MOST EVERYWHERE

Care is not confined to healthcare institutions but rather manifests in various spaces. Although it is difficult to define care in itself (and we do not aim to define care), we acknowledge that different types of care are taking place all the time in multiple settings, in many ways. Professionalized nursing territorialized care for liberal feminist political purposes, highlighting the issue that “no one wants to pay for what women used to do for free” (Slogan from UK Nurses Strikes, 2023). These stratifications of capitalist economics entangled with care have obscured other forms of caring. For instance, in evidence-based practice, decision support tools (often powered by nonhuman intelligence of machine learning systems) and patient pathways play a significant role in determining how and what care is provided to individuals. These processes are enfolded in the enactment of care in health contexts. During our conversations, Goda elaborated her views on this as she contemplated the idea of bodily control through

established guidelines and regulations, which are linked to the concept of automation. This is particularly relevant in nursing, where specific protocols dictate patient care and bodily maintenance, functioning much like a simple algorithm with a series of steps (i.e., if A, then B, then C, etc.). These predefined care pathways also suggest an automated aspect of caregiving. While it is essential to establish standardized practices for consistency and quality, the question arises whether practitioners fully comprehend the nuances and contingencies of these procedures.

From this techno-scientific perspective, care is entangled with responsibility, and finding ways to create networks of care intentionally with all human, nonhuman, and more-than-human matter, is becoming increasingly vital. The changing global demographics of an aging population (World Health Organization, 2020) and the climate crisis which situates us as humans within planetary health (Falk et al., 2021) are imperatives, which means that we cannot ignore the wider understandings of care. This requires (re)familiarizing ourselves with dominant ideas of what care is and recognizing that different types of care are happening all around us, all of the time. As we face the care catastrophe ahead, it is important to think intentionally about how we can build networks of care that are accessible to all, challenging the limitations of the current care landscape. In the process of reevaluating the prevailing notions of care, Kay implores people to create distance from the dominant, Western-centric perspectives that often shape our understanding. By exploring alternative frameworks such as Indigenous epistemologies and concepts of animacy, we can break free from the entrenched beliefs perpetuated by the existing late-stage capitalist system. Kay compared this with education, where this phenomenon is similarly observed and it becomes difficult to envision schooling beyond its current structure; A process of defamiliarizing ourselves from schooling-as-usual and making strange (Braidotti, 2022a) the hegemonic, oppressive practices of punishment and bodily control can help us to reimagine other ways of being together in educational spaces. The notion of reciprocity in care is vital: it challenges the hierarchical dynamics typically associated with caregiving. Overburdened healthcare systems, inequitable distribution of resources, and socioeconomic inequities have hindered the ability of individuals and communities to engage in reciprocal care.

4 | CARE IS SITUATED

Care is not confined to health institutions. Care occurs in many different ways and to varying degrees. Some people must care more than others. We may not always be aware that care is such an integral part of our lives: Bodies are often only noticed when they become inconvenient, such as when they become ill, and this may be why caring for bodies is often thought of as linked to healthcare (Adler-Bolton & Vierkant, 2022). But if we examine the world, we find that care is the fabric of everyday life. Care is necessary for survival: be it in the form of work; care for ourselves, our families, pets, friends, and the environment, in the maintenance (which, too, is a form of care!) of our technological companions and infrastructures, and the structures we navigate. Care is

also collaborative: someone grows your vegetables and someone else disposes of your waste. While we understand caring as survival, care also comes with joy. Some forms of care have become trendy, such as caring for plants and pets, while other forms of care are not often perceived as joyful, such as caring in healthcare. Part of the joy of caring, as Kay articulated, lies in noticing and accepting differences without demanding assimilation (Ros i Solé et al., 2020). This kind of care embraces an ethic of joy. This form of joy, following Braidotti (2018), “does not deny the reality of pain, trauma, and violence, but rather proposes a different way of dealing with them” (p. 222). This joy is enduring and “combines vulnerability with resilience. It stresses the struggle to sustain the pain without being annihilated by it” (Braidotti, 2018, p. 223). We might emphasize joy and connection rather than pain and burden. To perceive other forms of care, we might define care as paying attention. Critical posthuman care allows us to care by interrogating the power enacted by and through care, attending to how joyful relationality in care is restricted. Critical posthuman care assumes an enduring joy in caring interdependently, centering those not in power, ceding space, resources, and airtime to those who are routinely silenced. We all require care all the time. Critical posthuman theorizing reflects on how that care experience is local, situated, nurtured, and delivered. Care is entangled in everyday life. We are inequitably affected by and we variably affect others through care practice. With critical posthuman care, “life as a generative force of becoming” is fostered (Braidotti, 2018, 2022b).

5 | CONCLUSION

Without foreclosing any ideas about care and caring as it relates to nursing, we invite continuing discourse and further commentary. We paused our conversation by pondering what possibilities occur when we take this dehierarchal approach to care, “We All Care, ALL the Time”? How does this affirmation shift the discussion of care and the delivery and experiences of care toward more joyful, antiracist, and queer crip futures? Shifting configurations of care are essential to flattening oppressive hierarchies inscribed in and through both humanism and healthcare rooted in humanist values. Expanding healthcare conceptions of care beyond extractive institutions to encompass all matter, human, nonhuman, and more than human means recognizing care when, where, and why it happens (Braidotti, 2019, p. 10). Care does not have to be institutional. Care can be radicalized, localized, embodied, situated, relational, affirmative, nested in communities, with and between all people and matter and things in all spaces and places. And this is and has already happened. We can look into examples such as the health politics and community survival efforts of the Black Panther Party, the Young Lords, and the Young Patriots (Fernández, 2019; Nelson, 2011). We can look into efforts such as MedAct and the People’s Health Tribunal. We can look at the anarchist models of mutual aid (Martin & Laurin, 2023) springing up to shelter and support life and dignity in the abject conditions of exclusion, danger, and precariousness at the US–Mexico border. The Invisible Committee (2017) reimagines that “there is never community as an entity, but always as an experience

of continuity between beings and with the world” (p. 131). To this end, we envision care as boundaryless, deeply entangled with and of matter, contextualized and personalized. In this line of flight for more liberatory possibilities, we move to focus on how to care within our posthuman present/future is imagined and enacted not only in existing figurations but those yet to be imagined. We imagine a relational, flattened, planetary version of care and caring, nurturing the liberatory kernels subsumed by care as it is currently enclosed in neoliberal political economies. This kind of future is possible—and it requires connection, community, politics, intention, and critique—imaginings that become possible through collaboration and action.

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CONFLICT OF INTEREST STATEMENT

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