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EDITORIAL

Care in STS

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Introduction

During the last 10 years the Science and Technology Studies (STS) community has witnessed a flourishing, intense and multifaceted engagement around "care". While care had been addressed already before in Joanna Latimer's *The conduct of care: Understanding nursing practice* (Latimer, 2000) , and in Jeanette Pols' *Good care: Enacting a complex ideal in long term-psychiatry* (Pols, 2004), care seemed to be on everybody's lips around 2010. Around the same time, the edited volume *Care in practice: On tinkering in clinics, homes and farms* (Mol et al., 2010) and the article *Matters of care in technoscience: Assembling neglected things* (Puig de la Bellacasa, 2011) were published. With akin, yet partly diverging, agendas and concerns, these two key publications drastically increased the amount of research that identify with something like an area of "care studies" in STS. This can also be seen in the publication of special issues devoted to care during the last years, notably the much-cited 2015 issue in *Social Studies of Science* focused on feminist technoscience interventions into the politics and "darker sides" of care (Martin et al., 2015), and the more recent on relationalities and specificities of care in *East Asian Science, Technology and Society* (Coopmans & McNamara, 2020). Noteworthy is also the special issue on "The politics of policy practices" in *The Sociological Review Monograph*, where Gill et al. (2017) discuss how policy and care are entangled, and how such entanglements could be enacted more "care-fully". These publications have spurred rich and generative engagements about ways to attend to the affective, ethico-political and/or material layers of care, within and beyond areas traditionally thought of as related to care (such as healthcare and childcare).

Currently, the notion of "care" circulates, thrive and is mobilised, both within and outside academia. Responding to the "carelessness" of the world, amplified by the current COVID-19 pandemic, the authors behind *The Care Manifesto* argue that the world is in urgent need of a politics that "puts care front and center" (The Care Collective, 2020, p. 5). The pandemic, they write, make clear that for long we have "simply been failing to care for each other, especially the vulnerable, the poor and the weak" (The Care Collective, 2020, p. 2). They therefore propose a vision of care that reclaims forms of collective and communal life to mobilise and cultivate a "radical cosmopolitan conviviality" (The Care Collective, 2020, p. 20). The COVID-19 pandemic has indeed provoked resurgent discussions around care, in STS and related fields, for example about complex relations between care and temporality (Lydahl, 2020) and between care and punishment (Varfolomeeva, 2020). As another example, the importance of a more-than-human perspective to understand the nature-culture entanglements that constitute COVID-19 has been emphasised (Kirksey, 2020; Serle & Turnbull, 2020). A more-than-human perspective, Searle and Turnbull (2020, p. 291) write, allows us to approach the pandemic as "a multispecies endeavour requiring cultivation and nurture" (Searle & Turnbull, 2020, p. 294), pointing towards the need for "multispecies cooperation, cultivation, and care to foster more liveable futures".

Care has also during the last year circulated in and through the Black Lives Matter (BLM)-movement, mobilised as a vital capacity and collective force for a more just and equal society. In her victory speech Democratic congress woman elect and activist Cori Bush, standing before a Black Lives Matter-banner, repeated the importance of care:

> If I love you I care that you are able to have a dignity and have a quality of life the same as the next person, the same as those that don't look like you, that didn't grew up the same way you did, those that don't have the same socio-economic status as you. I care.[2]

As the examples of COVID-19 and the BLM movement make clear, care is currently evoked – in relation to academia and the worlds it forms part of – as significant for thinking and living, both with regards to its promising "caring agencies" and potentialities (Puig de la Bellacasa, 2017, p. 2) and as a critical lens needed to interrogate and disrupt enduring and intensified injustices and damages of current (more-than-human) worlds (Martin et al., 2015; Searle & Turnbull, 2020; The Care Collective, 2020). This, we propose with this special issue, makes it vital for STS to further conceptualisations

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1 The order is alphabetical. Both authors contributed equally to this manuscript.
2 The Guardian (2020) https://www.youtube.com/watch?v=RgWLt7BhR0c (Collected December 16, 2020 our transcript)

and practices of care, as it may help the field to intervene in current crises and the making of collective future worlds.

During the Nordic STS conference in pre-pandemic Tampere in 2019, where some of the articles in this special issue were first presented, the "care in STS" panel we organised together with our two colleagues Elena Bogdanova and Linda Soneryd was the largest at the conference. Presenting at the panel were researchers not only from the Nordic countries, but also from locations such as the UK, the Netherlands and Taiwan. The impetus of the panel was that we wanted to "take stock" of care in STS, now about ten years after the publications by Mol et al. (2010) and Puig de la Bellacasa (2011). We did not define care in our call for papers, instead we drew upon the different uses already existing within the STS community. We did so to provoke and facilitate new and inventive discussions, gatherings and possible tensions occurring with and through care studies in STS, rather than taking too much control of the direction of where "care studies" are heading. Guided by the last ten years' STS research emphasising the potentialities and troubles – the goods and the bads (Mol et al., 2010; Pols, 2004) – of care, we wanted to encourage conversations around "what now?". Therefore, in the open call for abstracts, and what later became a call for papers for this special issue, we asked open-ended questions such as: What is gained from studying practices as care practices and what is lost? What is made present and what is made absent? When and where is it fruitful to think about science and technology as matters of care?

During the two days of the conference, we collectively engaged in conversations about care in STS. Perhaps above everything, our conversations attuned us, the conveners, panellists and the audience, to questions about what care is and has become, in STS, and in the worlds we engage closely with in our research. Our discussion became focused on questions about *the relations between* these two layers of care: between care as a theoretical sensibility and as already existing among the actors in the worlds we encounter and work with in our studies (Martin et al., 2015, p. 626). Much of our questions and concerns were guided by previous STS researchers' invitations to think with care and care practices. Some participants emphasised the ethical importance of making care visible as it "does not speak for itself" (Mol, 2008,

p. 2), others emphasised care's non-innocence and "darker sides" (Martin et al. 2015, p. 627) and a need to "stay with the trouble" of care (Haraway, 2016). Importantly, it was not only excitement, but also frustration in the room. What is *the point* of the notion of care if it can be *anything*? Doesn't it lose it political and ethical significance if anything can be understood as care? Don't we have to delimit the scope of what care can be? Without a doubt, there was a lot of intense debate, frustration and "buzz" around care in the conference room, and the conference panel left us, the conveners of the panel, wondering: what is care in STS in this moment of time and what can it become in the future?

In an email conversation with one of the authors in this special issue, it was suggested that care, indeed, has been somewhat of a buzzword in STS, but that it no longer is so. If this then means that we with this special issue are coming (too) late to the party, this special issue, we suggest, provides concrete examples of the continued importance of thinking with care as something vital not only for the worlds we live in, and will live in in the future, but also for STS researchers who want to participate in the making of those worlds. It provides examples of productive interventions into care, and ways of holding on to the significance of care. As STS researchers have discussed during latter years, this does not imply that care is a taken-for-granted-good (Singleton & Mee, 2017). Holding on to the importance of care is also to attend closely to its exclusions, violence and marginalisations, and to what is enabled for us as the researchers to say and do by (attending to) those exclusions and/or that violence (Lindén, 2016; Giraud, 2019; Lindén & Singleton, 2020). In different ways, and by enrolling partly differing STS care theories, the articles in this special issue start from an understanding of care as a non-innocent practice and use this to, through different and concrete empirical sites and/or practical interventions, explore the makings of care in the worlds they engage in-here, in STS , and out-there – and, not seldom, the relations between these two layers of care (Martin et al., 2015, p. 626). While being generatively and inspiringly different, the articles share a commitment to an STS that intervenes in practices and relations of care to facilitate and provoke better ways of getting along together, through situated empirical and/or practical work. Thanks to their partly different takes on care, we suggest, that they productively show-case possible and inspiring ways of extending STS care studies.

A short overview of "care in STS"

In 2010 when *Care in practice: On tinkering in clinics, homes and farms* was published, Mol, Moser and Pols (2010) were concerned about care. While being central to daily life, care was not getting the scholarly attention and reflection it deserved and needed. With the edited volume Mol and colleagues wanted to strengthen the scholarly attention to care, because if not carefully attended to, they argued, care practices risk eroding. Drawing on an empirical

philosophy tradition, the chapters in the volume describe "practices to do with care, all the while wondering what care is" (Mol et al., 2010, p. 7). They stress that care is not something to be judged "in general terms and from the outside, but something to do, in practice" (Mol et al., 2010, p. 13). Summarizing the chapters in the volume the editors conclude that "good care" can be approached as "persistent tinkering in a world full of ambivalences

and shifting tensions" (Mol et al., 2010, p. 14). This tinkering centres the relation between care and materiality, as care is seen as a material practice, for example involving technologies (Van Hout et al., 2015) and non-human animals (Singleton, 2010). The "care in practice" perspective has been widely used and commonly shares a focus on how care is enacted in daily, often mundane, practices. Examples include studies on losing weight and taking pleasure (Vogel & Mol, 2014), on the role of care in daily tasting practices (Mann, 2018), on how good care is made in home visits at the margins of welfare (Lydahl & Hansen Löfstrand, 2020), on tinkering with visibility in gynaecological training (Wallenburg et al., 2013), and how "the home" is made when intersecting with new forms of care as a result of ageing (Pasveer et al., 2020, see also van Hees et al., 2017).

An important distinction from previous research in care ethics, including for example Fisher and Tronto (1990), is "the care in practice" perspective's relation to normativity. Feminist care ethics was developed as an alternative to principle-based medical ethics during the late 1970s and early 1980s by emphasising relational interdependency. Because care ethicists then often felt the obligation to define and describe the essence of good care, a "prescriptive ethics of care" was formulated with scholars "indicating the criteria that need to be met in order to call an activity, relation or practice *care* and hence *good*" (Pols, 2015, p. 82, italics in original). As an alternative, and building on the symmetry principle in Actor-Network Theory (ANT), Pols (2008; 2015) develops what she calls an *empirical ethics of care* urging the researcher to not define what is good and what is care a priori, but rather to focus on care in practice, analysing the "different and sometimes conflicting notions of what is good care within care practices" (Pols, 2015, p. 82). Building on this perspective of care, Pols stresses the promise of being *re-scriptive* and suggestive by interfering "in the practices studied by opening implicit notions of good care for (self) reflection" (Pols, 2008, p. 52) and by making suggestions and transporting lessons learnt from other practices. Others have similarly suggested to make improvements in care by "articulating alternatives" (Moser, 2005; 2010), and by attending to the "nothings" of experience (Lydahl, 2021a).

Five years after *Care in Practice* (Mol et al., 2010) was published, the special issue on "The politics of care in technoscience" in *Social Studies of Science* was released, and partly new, yet connected, concerns about care were articulated. Stemming from a feminist and postcolonial STS tradition the editors of the special issue wanted to bring to the fore an understanding of care privileging "themes of power in specific on-the-ground sites of care that entangle both humans and more-than-human others" (Martin et al., 2015, p. 626). Responding to Puig de la Bellacasa's (2011, 2017) call for thinking with care in STS, the volume approaches care as "an affective state, a material vital doing, and an ethico-political obligation" (Puig de la Bellacasa, 2017, p. 42). It particularly draws attention to not only *for whom* one cares, "but also 'Who cares?' 'What for?' 'Why do 'we' care?', and mostly, 'How to care?'" (Puig de la Bellacasa, 2011, p. 96, see also Martin et al., 2015, p. 626). From this perspective – what Martin et al. (2015) suggest we think of through a notion of "critical care" – an important dimension of care is added. Asking what "*we* are encouraging caring for?", Puig de la Bellacasa (2011, p. 92 italics in original) urges the researcher to not only study how care is enacted in the practice under study, but also to think about our own care and concerns; what worlds we, as STS researchers and feminists, want to question, encourage and strengthen through our research.

Utilizing these questions and concerns, Martin with colleagues encourage STS to take seriously the many layers of the wording "critical" in "critical care": "more than a disapproving or judgemental attitude, it can also be an analytic that is cautious, thoughtful, and considered" (Martin et al., 2015: 635). In the special issue, they particularly illustrate how care is a "selective mode of attention" (Martin et al., 2015, p. 627), which in the process of valuing some things, lives and phenomena necessarily excludes others. Thus, the authors suggest that care should not be conflated with affection and positive feelings, but instead we ought to acknowledge and critique the violence sometimes committed in the name of care and that care, therefore, has a "dark side" (Martin et al., 2015, p. 627).

The critical care perspective highlights the importance of staying with the trouble of care (Haraway, 2016). Consequently, and being part of the special issue, Murphy (2015) encourages STS scholars to "unsettle care", urging for an understanding of care as already circulating in a world violated, and for the need to "vexate" particular care relations "so that they might be acknowledged and remade in better, less violent, more liveable ways" (Murphy, 2015, p. 722). Drawing upon these insights, Duclos and Criado (2020, p. 154, italics in original) explore "the relation between the *conservative* and *generative* sides of care". Working with care, they argue requires researchers to both critically trouble distinctions and exclusions, and support "ecologies of support" (Duclos & Criado, 2020, p. 155). This, they propose, "might imply further experimenting with ways to make a difference in the lives of the people we collaborate with, perhaps also acting as 'careful troublemakers'" (Duclos & Criado 2020, p. 167). Relatedly, and extending a discussion around care and its exclusion further, Giraud (2019) argues for the vital importance of not only acknowledging but also *politicizing* the constitutive role of care's exclusions. Giraud develops what she calls an *ethics of exclusion*, suggesting that a vision of care – often embraced in STS and elsewhere – as relationality and entanglements risks masking "asymmetrical distributions of agency that not only constrain what ways of being are possible in a given situation but, in doing so, inhibit possibilities for future transformation" (Giraud, 2019, p. 177). This suggests *the potentialities of* attending to (the politics of) care's tensions and exclusions.

Presented in the above way, it might look like the "care in practice" and "critical care" STS approaches are separate and not in dialogue with each other. In contrast, we agree with Coopmans and McNamara (2020, p. 5) who encourage thinking about different approaches to care in STS through "a rough map". With reference to the work around care as material tinkering and as ethico-politics, respectively, they emphasise that such rough map "lend itself to dual engagement as both a practice and a moral-political orientation" (Coopmans & McNamara, 2020, p. 5). Such "dual engagement", we suggest, takes seriously that "while ways of caring can be identified, researched, and understood concretely and empirically, care remains ambivalent in significance and ontology" (Puig de la Bellacasa, 2017, p. 1). Several STS scholars, such as the articles collected in the Coopmans and McNamara (2020) and Gills et al. (2017) special issues, combine insights from perspectives on "care in practice" (Mol et al., 2010) and "critical care" (Martin et al., 2015), showing the "partial connections" (Strathern, 2004) of different ways of attending to and doing care in STS, while also exploring tensions between them (Jerak-Zuiderent, 2020; Verran, 2017). For example, by drawing upon an understanding of care as both material practice and ethico-political obligation, Jerak-Zuiderent (2020) explores generative differences of care practices by attending to how the figure of the knower is rendered in scholarly accounts. She suggests the importance of caring for unease or wonder in scholarly work by attending to practices of "motile not-knowing an other", as opposed to "solid knowing" (De Laet & Mol, 2000). By exploring a "going along" with "neglected things" (Puig de la Bellacasa, 2017), and seeing where such going along leads us in our scholarly accounts, she argues that this comes with a fostering of "caring obligations" (Jerak-Zuiderent, 2020, p. 197). In relation to discussions about symmetry in STS, she emphasises that such "obligations to reciprocate attentiveness to others happen asymmetrically", something that calls for an attentiveness to the response to and of an 'other' in scholarly work (Jerak-Zuiderent, 2020, p. 197). Similarly, and as we show below, several of the authors in this special issue combine attention to care as a matter of tinkering in practice and care as an ethico-political commitment, making clear the productivity of situated and critical approaches to care in STS.

The potentialities of attending to care's exclusions, specificities, and tensions

The articles in this special issue approaches care in different, yet overlapping, ways, and, in doing so, they productively demonstrate ways of extending STS care studies. One important thematic emerging in several articles is that of the non-innocence of care, and the exclusions of and in care, highlighted previously by scholars such as Martin et al. (2015) and Giraud (2019). This is most salient in the article by Anna Varfolomeeva. In her article "Destructive care: Emotional engagements in mining narratives", Varfolomeeva explores relations between the notions of "care" and "maintenance" through a case study of the Veps ethnic minority in Karelia, Northwestern Russia and their miners' relations to the rare ornamental stones gabbro-diabase and raspberry quartzite. Through her article, Varfolomeeva takes critical care studies to the realm of the industry and manual labour, a place she shows is apt for STS analyses of, and with, care. Extending STS work on the "darker sides" of care (Martin et al., 2015), she introduces the notion of *destructive care* to stress the complex and often detrimental effects of human-industry relations. Varfolomeeva shows that through their caring – affective, bodily and material – relations to stones, Veps workers "take risks for the sake of productivity, neglect safety rules, and feel emotionally estranged towards their bodies" (Varfolomeeva, 2021, p. 14). Even more, while caring for their own bodies, workers also contribute to the perpetuation of both their own labour and the mining industry.

While perhaps providing the most striking case of "a darker side of care" in this special issue, Varfolomeeva's analysis nevertheless points towards the need of a multifaceted conceptualization of care to understand the case of the Veps and their destructive care. Although the Russian state promotes, she shows, self-sacrifice for the sake of industry, through their affective entanglements with industry and with stones, workers feel pride of their stones, become skilful producers of valuable resources and create new bonds with non-human actors. Therefore, the Veps' example, Varfolomeeva stresses, "contributes to the vision of care as a multimodal concept bridging losses and potentialities, ruptures and new becomings" (p. 23). In this manner, Varfolomeeva manages to hold together a need for critical analysis of the violence committed in the name of care and a nuanced attention to the embodied narratives about appreciation and commitment told by workers themselves.

In her article on city planning, Maria Eidenskog introduces the concept *careful place* to better understand how place is enacted as both material practice and ethico-politics in the making of the socially sustainable city. Bringing care studies to the empirical area of planning, and building on planning documents and mental map workshops with citizens, she explores how thinking with care in the analysis of city planning can contribute to shine light on the complexities often made invisible in contexts of care. By putting what is often marginalized at the centre of her analysis, Eidenskog shows that the notion of careful place can help "sensitize us to care for more-than-human ecologies and create an awareness of our part in them" (Eidenskog, 2021, p. 27). In particular, and suggestive of another re-occurring thematic among the articles around care's tensions, she shows

that careful places enact tensions: a careful place for some means exclusions for others. While building on a critical care tradition to understand the constitutive role of such exclusions, Eidenskog also makes use of the STS notion of tinkering (Mol et al., 2010) to study the practical ordering of some matters of care over others. By extending the notion to the world of city planning, she shows how both planners and residents tinker, with words, meanings, criterions, buildings and concepts, and in this process specific versions of social sustainability are enacted as matters of care, and other versions are made absent. Thus, as some matters of care cannot "co-exist" (Mol, 2002) with other matters of care, the practical ordering of – the tinkering with – care relations has political effects. Staying with care's tensions, Eidenskog shows, allows putting in focus the ethico-politics of care's exclusions in city planning, something that can open for more radical visions of what sustainability might look like in a more-than-human-world.

Similarly to Eidenskog, Andy Yuille also extends care studies to practices of spatial planning (c.f. Metzger, 2014), but with a focus on public participation and public policy. Contributing to research on the entanglement of care and policy, such as the work in Gill et al. (2017), Yuille begins the paper by sketching out the history of (city) planning in the UK. He argues that while citizens historically, at least in rhetoric, have been encouraged to be engaged in planning, their care has conventionally been marginalised from decision-making. Neighbourhood planning, the latest "in a long line of planning reforms" (Yuille, 2021, p. 40), constitutes a policy that in contrast explicitly valorises care and affective connection with place, and Yuille traces what happens with that care in practice. Through long-term ethnographic studies of two neighbourhood planning groups in the UK he shows how the groups' legitimacy relies on their enactment of three distinct identities and associated sources of authority: *in* the neighbourhood, *of* the neighbourhood and apart from the neighbourhood. Each of these identities, Yuille argues, embody different objects, methods, exclusions and ideals of care, which are in tension and sometimes outright conflict with each other. Similar to how Law (2010, p. 69) have defined tinkering as "holding together that which does necessary hold together", Yuille shows how his neighbourhood planning groups had to find ways of holding tensions and ambivalences around care together, and that how this was done determined what was cared for and how. Instead of contrasting (local, situated) care with (abstract, general) policy, Yuille shows that care and policy are woven through each other in complex relations which are contingently configured, and how they are configured has implications for what gets cared for and how. In so doing, his analysis is both situated and critical, suggesting the productivity of attending to care's ambivalences and tensions. In conclusion, Yuille argues that neighbourhood planning groups, and STS scholars, have to find ways to "reconfigure" care-policy relations, in order to hold tensions and ambivalences productively together.

In the article "'Not in our Name': Vexing Care in the Neoliberal University", Emily Jay Nicholls, Jade Vu Henry and Fay Dennis discuss their collaborative work of running an early career researcher (ECR) salon for thinking about care in STS research. STS scholars have previously used care as an analytic to scrutinize research practices and to discuss the positioning of the STS researcher as the analyser of those practices (see for example Müller & Kenney, 2014; Viseu, 2015). Building on such insights, Nicholls, Henry and Dennis innovatively "unsettle" (Murphy, 2015) academic interventions – their own included – explicitly enrolling the ECR through appeals to care. They describe how they found themselves engaging with different "registers" of care. While they practiced a feminist ethics of care (c.f. Fisher & Tronto, 1990) in their collaborative working relations with each other, care was also the object of their research inquiry. What is more, they found themselves becoming *objects of care* as more and more funders and professional organisations express concern about the precarity of ECRs in the contemporary university. Being critical of the exclusionary practices and patterns of care in neoliberal universities, the authors reflect on their ambivalence about how care interventions for ECRs on the one hand seek to make difficult conditions in the university more bearable, but on the other hand do this without changing the system itself. Similar to Yuille's attention to care's ambivalences, and by taking inspiration from Murphy's (2015) call for a "vexation of care", they ask: what if caring about and for ECRs through the salon "allow a broken system to keep ticking over, without offering or enabling space for others in higher education to think and do the academy differently"? (Nicholls et al., 2021, p. 72). Nevertheless, they emphasise that their experience with the salon allows for holding on to "differences" as offering potentiality for doing "ECR care work" differently, in ways that do not "flatten out, individualize and marginalize the ECR experience" (p. 72). As an example of another re-occurring theme among the articles around care's specificities, the salon, they write, "allowed us to enact forms of care and kinship which were attuned to the specificities of our distinct identities and circumstances" (p. 22). Holding on to care's specificities and ambivalences may, they show, allow ECRs to articulate "ecologies of support from below and beyond" (Duclos and Criado 2020, p. 153). This may, they hope, constitute formations of care that give sustenance for transforming the university from within, perhaps providing the energy needed to act as the "careful troublemakers" suggested by Duclos and Criado (2020, p. 167). In doing so, they articulate how feminist STS approaches to care can be mobilised as situated and critical resources to practically intervene in political and troubling worlds.

While Nicholls et al. intervene in care practices by mobilising an ambivalent care as a collective force for support and resistance, Anna Mann's article "Abandoning questionnaires: Improving quality of life in daily nephrology practice" instead intervenes through attentive attention to the potential of the mundane. She starts from one of the very questions we asked in the call

for papers: what is gained by studying practices in terms of care? Through an ethnographic study of good provision of haemodialysis treatment in daily nephrology practice at a dialysis unit in Austria, she attends to the daily makings of "quality of life". By mobilising Mol et al.'s approach to care as "practical tinkering" and "attentive experimentation" (Mol et al., 2010, p. 13), she tells the story of how a predominant ideal asserting that quality of life is to be measured with a questionnaire, in the daily nephrology practice where she did her fieldwork, was abandoned. Extending STS care studies on tinkering, Mann shows that questionnaires, forms, protocols, and the prominent practice they are part of, may not always be adjusted to make them fit local clinical practice, as previous STS studies have shown (Timmermans & Berg, 1997; Lydahl, 2021b). Instead, they may become abandoned, forgotten, and left behind, and the already existing, often less formalized and more mundane, alternative enactments of care may continue to thrive.

While paying close attention to the local specificities of how this abandoning of quality-of-life questionnaires is enacted, Mann also discusses the political context of the quality of life-movement, part of the broader prominent ideal of evidence-based medicine.

Therefore, she makes clear that it is of interest for STS to hold together local specificities and the broader context they rub-up against, to examine what circumstances "that enable alternative enactments of a good provision of health care to strive and prominent practices to become abandoned" (Mann, 2021, p. 62). She shows that attending to care as "attentive experimentation" (Mol et al., 2010) can provide key STS insights into the potential of daily care practices, in all their specificity. Such daily care practices, she shows, highlight not only that things *could be* otherwise, but that they *already* are so, if we attend closely and attentively to the daily doings of care already existing alongside predominant ideals such as evidence-based medicine. Thus, while Varfolomeeva, Eidenskog, Nicholls et al. and Yuille unsettle, and sometimes critique, dominant enactments of care in their analyses with the help of STS tools and sensibilities, Mann instead articulates how an alternative already flourishing within the care practice under study enacted an exclusion of a dominant ideal of care. Hence, in making use of an empirical philosophy tradition to care, Mann shows that attentive attention to local specificities allows furthering STS understandings of (the productivity and politics of) care's exclusions.

Ways forward: a double vision of care

While care has perhaps been a buzzword in STS that has run out of the "buzz", we have, simultaneously noted that COVID-19 during the last year has re-actualized care as a research agenda in STS. As a suggestive example, in the accepted open panels for the upcoming 4s conference in Toronto (and worldwide) in October 2021, care is mentioned no less than 48 (!) times. Similarly, we have noted debates about the role of STS care studies in times of the pandemic occurring on STS Twitter, and at other media platforms, during the last couple of months. However, rather than simply making care a "buzz" again, a revitalised interest in care in STS highlights the need to find ways forward in thinking with care that help us respond to the worlds of, and beyond, the pandemic and its accompanied crises.

Learning from the insights from the articles in this special issue, one way of doing this is to engage what we, drawing on Haraway (1988), suggest calling a *double vision of care*. A double vision is a vision that "can interrogate positionings and be accountable" (Haraway, 1988, p. 586) since it "sees from both perspectives at once [and] reveals both dominations and possibilities unimaginable from the other vantage point" (Haraway, 1991, p. 154). In other words, a double vision of care is both *situated* and *critical,* staying with the practices, specificities and potentialities of care while simultaneously critically interrogating those practices when needed. A double vision of care partially connects aspects of both critical care and care in practice perspectives to care in STS, by emphasizing how one through situated and empirically close research can interrogate, complicate and/or

unsettle the social, material and political contexts of the practice of care under study. Such double vision of care holds on to "possibilities of abstraction alongside the particular and situating work of cleaning-up (again and again) those here-now places where those visions are pursued" (Winthereik & Verran, 2012, p. 48). In different ways, we argue, all articles in this special issue suggest the importance of such double vision of care.

From a double vision of care, and drawing from the articles in this special issue, we find three matters to be especially important to explore further. The first topic is method. As we suggested already in our call for paper, the methods we use have effects for how we can analyse and do care. Following Haraway (1997) it is possible to understand each method as providing "a wonderfully detailed, active, partial way of organizing worlds" (Haraway, 1997, p. 90), making it clear that methods also participate in producing active, detailed and partial versions of care. As the articles in this special issue utilize different methods, they point towards the potentialities of methods in relation to care studies in STS. With the help of detailed "ethnographic storytelling" (Winthereik & Verran, 2012), Mann and Yuille showcase the generativity of using ethnography to hold together (the tensions between) specific doings of care with their predominant policies and/or ideals, in order to make present alternative enactments of care otherwise at risk of becoming invisible, eroded or less real (c.f. Moser, 2011; Martin et al., 2015). Suggestive of a double vision of care, they use ethnography to hold together, and locate, abstractions and specificities. In using policy documents,

Eidenskog is able to both trace how the practical ordering of matters of care changes *over time* and the ethico-political effects of those changes for humans and non-humans, and to "scale up" (Murphy, 2015; Lindén, 2021) her analysis by putting local planning practice in relation to policies about diversity and social sustainability. Differently, the mental maps allowed citizens in her study to draw what *they* care about, generating drawings where the everyday exists alongside large-scale policies and visions. Her article, we therefore argue, articulates drawing as a specific mode of doing care (Cleeve, 2020) that might *enable* a double vision of care which entangles the mundane with large-scale visions. Varfolomeeva, evoking a long feminist tradition of taking embodied experiences of political phenomena seriously, uses interviews to highlight *personal narratives,* allowing her to hold individual and bodily experiences of care together with the detrimental effects of industrial destructive care. As these examples suggest, the partiality and specificity of methods enable differing interventions into debates about, and practices of, care. The different methods attune the researcher to specific qualities and dimensions of care, which, in all their partiality, may enact care as both a material practice and an ethico-political commitment.

The second topic is the relationship between care and interventions. In their article, Nicholls, Henry and Dennis unsettle academic interventions of care, while at the same time emphasizing that their experience of doing a care intervention also provided potentiality for doing care in academia differently. Thus, their article provides an example of a practical intervention in care that we would suggest can be understood as a *practicing of* a double vision of care, where they practice care through ambivalence and attention to difference. Similarly, Yuille intervenes in care and policy relations by actively enabling such relations to be done in less exclusionary ways. Especially he points towards the STS researcher's capability of holding contradictory cares in productive tension. This, he shows, might allow for practitioners and policy-makers to engage in a more conscious and reflexive decision-making that reduces the likelihood of matters that matter to people being automatically sidelined. As these two examples suggest, there is a lot of possibilities for STS to actively intervene in the making and doing of care through a double vision of care that holds on to the potentialities of care's ambivalences, tensions and specificities. Drawing on López-Gómez (2019) we see potentialities in using care as a heuristic for "taking sides, participating, acting, making a choice, taking a position, but without taking for granted a general or fundamental principle on which these actions would safely and coherently be grounded" (López-Gómez, 2019 p.10). This heuristic would in itself be a practicing of a double vision that does not use care as a safe grounding but as a situating sensibility that holds in tension the need for taking of sides and positions with a willingness to always be ready to be unsettled and surprised by other visions and practices of care.

Finally, the third topic is locations of care. This was something we also pointed towards in our call for papers when we asked: when and where is it fruitful to think about science and technology as matters of care? We posed this question in relation to the ongoing STS discussion about the boundaries for what constitutes care (what is care?; what is not care?). As a first, several of the articles show the relevance of care in locations not often thought about as locations of care: city/spatial planning, industrial mining and ECR workshops. This, in itself, highlights the potentiality of thinking with different (new) locations of care. However, in addition, by learning from the different articles in this issue, we would emphasize the productivity of holding on to the two layers of care at play here and in many other STS care studies, too. As emphasized by Martin et al. (2015, p. 626) these two layers include both the care we as STS researcher bring to the field of study and the care already circulating out-there. All the articles in this special issue, we suggest, hold these two layers together (in tension) when thinking with their respective location of care. That is, instead of *either* being empirical studies of locations of care or studies that use care as an analytic and method, they do both, and in doing so they enact inventive engagements with locations of care. This might seem as a given but has implications for a double vision of care. When engaging their different empirical locations of care – ranging from more traditional areas of care such as health care to more innovative locations such as city planning – they also put these in productive tension with STS notions of care and show how the meetings between these different "cares" allow for specific engagements. We suggest that these *particular meetings* between these two layers of care may allow the STS researchers to engage a double vision of care that hold in tension the possibilities of abstraction alongside the particular and situating work of location (c.f. Haraway, 1988; Winterheik & Verran, 2012). This means that STS care studies can in principle be put in productive use anywhere, but it is the meeting between STS notions of care and specific empirical locations that elucidates when and where it is relevant to conceptualize science and technology in terms of care. Hence, anything *can be* a location of care, but not everything is so.

This special issue continues a line of research combining insights from perspective on care in practice and critical care (c.f. Coopmans & McNamara, 2020; Gill et al., 2017; Jerak-Zuiderent, 2015; 2020; Singleton & Mee, 2017). However, in making clear the perspectives' partial connections, we argue that the articles in this special issue also adds something partially new that help taking care studies further. They add, and showcase the importance of, what we have suggested to call a double vision of care and the potentialities of attending to (the constitutive role of) care's exclusions, tensions and specificities, emphasizing that both meticulous attention to local practices and specificities of care *and* a critical (in the multi-layered meaning of the term) interrogation of those practices is needed. A further exploration of such situated and critical practices to care in STS might also

entail careful attention to "touching visions" (Puig de la Bellacasa, 2017) of difference as part of a double vision, reminding us to keep on developing sensitivities for how to stay "tactful" (Puig de la Bellacasa, 2017) to the response of an "other" (Jerak-Zuiderient, 2020).[3] To elaborate a touching double vision on care, then, STS needs to hold together care as both situated material practice and an ethico-political commitment, sometimes in tension and sometimes not. Thus, keeping with such double vision can be one of the ways forward in thinking with care that helps us respond to the world of and beyond the crisis we have experienced during the last year – making care not a "buzz" again but relevant now and in the future years to come.

Acknowledgements

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Lisa Lindén holds a PhD in Technology and Social Change and is a researcher at the Department of Sociology and Work Science, University of Gothenburg. In her research she draws upon Feminist Technoscience Studies and material-semiotics to study care and medicine, often with a focus on reproductive and sexual health. In current projects she investigates gynaecological cancer patient activism, the introduction of HPV vaccination for boys in Sweden and former patients' experiences of gender confirmation treatment. She has published work in journals such as *Science, Technology & Human Values* and *Qualitative Research,* and in the edited volume *Gendering Drugs: Feminist Perspectives of Pharmaceuticals* (Palgrave).

Doris Lydahl holds a PhD in Sociology and is a researcher at the Department of Sociology and Work Science, University of Gothenburg. In her research she draws on care studies and material semiotics to focus on everyday life and routine work as important locations where politics, science and technology meet and enact their normativities. She currently leads a project about the values of welfare technologies in elderly care. She has published work in journals such as *The Nordic Journal of Science and Technology Studies*, *Sociology of Health and Illness* and *Qualitative Research.*

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[3] Drawing on Puig de la Bellacasa, this is a form of embodied "politeness, understood as a political art of gauging distance and proximity" (2017, p. 119). We thank Sonja Jerak-Zuiderent for suggesting to us to include Puig de la Bellacasa (2017) attention to "touching visions" in our thinking about a double vision of care.

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DESTRUCTIVE CARE

Emotional engagements in mining narratives

by Anna Varfolomeeva

There is a growing awareness of the essential similarities between care and maintenance notions in more-than-human settings. Whereas the concept of care is increasingly extended towards non-living organisms, research on maintenance and repair still focuses mainly on technologies and infrastructures. This article extends the realm of maintenance theorizing towards humans' caretaking activities and discusses the concepts' parallels. It focuses on the case study of Veps ethnic minority in Karelia, Northwestern Russia. Since the 18th century, Veps have been extracting rare ornamental stones: gabbro-diabase and raspberry quartzite. The article demonstrates that Veps workers engage in close bodily and material interactions with the mining industry. Whereas many of them enter into affective relations with the stone, their attitudes towards their bodies and health become estranged and detached. The article introduces the concept of "destructive care" to analyze the process of the workers' growing alienation from their bodily needs. Through the Veps' example, the article demonstrates that the logics of care and maintenance become entangled in the realm of human – material co-existence.

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Introduction

Ironically, this article was started in an isolated room of an infectious diseases hospital while being an "object of care" during the early days of the COVID-19 outbreak. During that time, I witnessed how established understandings of care were getting modified under rapidly changing realities. Care is often viewed as a fluid and somewhat "slippery" concept (Martin et al., 2015). Yet, in the spring of 2020, acts of care often took the form of standardized protocols such as keeping a two-meter distance or washing hands for at least twenty seconds. These formalized rules may remind us of maintenance manuals designed to keep mechanisms functioning properly. As human beings, we also find ourselves in need of "user manuals" as an island of stability in an unknown social order.

This article analyzes parallels and juxtapositions between the treatment of bodies and materials in industrial contexts. Specifically, it argues that encompassing materials and industries in the notions of care may have negative consequences, such as workers' growing alienation from their bodily needs. The article focuses on the case study of Veps minority in Karelia, Northwestern Russia,[1] and their complex perceptions[2] of stoneworking.[3] Since the 18th century, Veps brigades have been extracting rare decorative stones – gabbro-diabase and raspberry quartzite – used for ornamentation of well-known buildings and monuments in Russia and abroad. However, a real boost in mining in Veps villages began in the early Soviet period, when large state-owned quarries producing diabase and quartzite opened in the 1920s. The start of large-scale mining operations in Veps villages coincided with the development of the Soviet Union's massive industrialization plan. The industrialization plan's main goal was to turn the Soviet Union from a state importing industrial equipment to a state producing it. Rapid industrialization was considered one of the primary conditions for building a socialist society (Murav'eva, 2003). The development of the Soviet industry was closely tied up with a

distinctive "messianic ideology," promoting dedicated and self-sacrificing labor for the sake of a brighter future (Abramova, 2012, p. 58). Therefore, it is possible to speak of the Soviet "industrial discourse" as one of the state's national ideas (Rodina, 2017).[4] This industrial discourse was actively promoted in Veps villages by the quarries' management, district administration, and local newspaper publications. The article argues that centralized ideas asserting the vital role of industry in Soviet life influenced the extension of the workers' caring relations towards the machines they engaged with and their production – the valuable stones.

In Veps stoneworkers' example, their world of care encompasses complex emotional attitudes of appreciation, pride, concern, and disappointment towards the local mining industry. Drawing upon the notion of affect as the process of mutual change undergone by human and non-human bodies through the process of interaction (O'Grady, 2018) or as "the motion of emotion" (Thien, 2005, p. 451), this article analyzes "affective entanglements" formed between stoneworkers and the mining industry. Simultaneously, while effective work gets prioritized over bodily needs and capacities, the self-care of mining workers is often overlooked: they take risks for the sake of productivity, neglect safety rules, and feel emotionally estranged from their bodies. This article suggests the notion of "destructive care" as an analytical framework stressing complex and often detrimental effects taking place when the notions of care encompass industries. As the concept of care is increasingly used referring to the world of technoscience (Puig de la Bellacasa, 2015), the notion of "destructive care" is important for further conceptualizations of human – industry relations. This article, therefore, discusses broader understandings of care in industrial settings on two analytical levels. By focusing on Veps encompassing materials and machines as a part of their caring relations the article contributes to the academic literature on care and maintenance practices in the realm of industrial labor.

Bridging care and maintenance through emotional engagements

Care is a multi-dimensional and fluid concept (Mol, 2008; Martin et al., 2015; Hamington, 2004) that connects ethical dilemmas with practical orientation, most intimate encounters with attention to global problems (Ureta, 2016). Providing care is simultaneously

an instrumental process and an activity characterized by affective relations (Abel & Nelson, 1990). Therefore, care can be viewed as labor or practice, an affective condition, and an ethical principle (Puig de la Bellacasa, 2012). However, it is important to see

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1 Veps are a Finno-Ugrian ethnic minority primarily residing in three regions of Russia: Karelia, the Leningrad region, and the Vologda region. Since 2000, Veps have a status of an indigenous people of the Russian Federation. This article focuses on northern Veps residing in Karelia, as this group is characterized by their long-term involvement in stone extraction.

2 This notion is used in the article in line with Tim Ingold's discussion on perception as the process of a person's immersion in the environment (Ingold, 2002). I view perception as the process of Veps stoneworkers' confluence with the landscape and industry.

3 The terms "stoneworking" and "stoneworker" are used as translations of the respective Vepsian words "kivirad" and "kiviradnik" and as as terms encompassing several stages of engagement with stone: its extraction, cutting, shaping, polishing, and loading. In this article, I use "stoneworker" and "miner" as synonyms.

4 Alexei Yurchak (2006, p. 37) emphasizes the universality of the Soviet discourse in different parts of the state: "...these standardizations of everyday tools, references, and scenes were part of a larger standardization of discourse during the Soviet period... even when traveling to an unfamiliar city one would see the same familiar and predictable slogans with only occasional regional variations." Therefore, centralized decisions of the Soviet authorities were effectively promoted and enacted by regional administrations and enterprises, as in the case of Karelia.

acts of care as complex phenomena that are not necessarily associated with positive feelings and emotions, such as affection or attachment (Murphy, 2015). This "darker side" of care (Martin et al., 2015, p. 627) has been widely explored in recent academic studies focusing on practices of care disregarding and neglecting patients' wishes or needs (Biehl 2012), accompanied by anxiety and loss (Cubellis 2020), or causing suffering (Van Dooren, 2014).

Whether we discuss pleasant feelings or negative emotions accompanying care, it is viewed as an activity linked to specific emotional responses. On the contrary, maintenance and repair are often seen as distanced and estranged activities devoid of affection. Besides, maintenance is commonly viewed as a highly formalized action based on specific instructions such as user manuals. Mechanisms are expected to function predictably and to follow pre-designed guidelines: we refer to processes as "running like clockwork" when they follow initial plans and work smoothly. On the contrary, care is often associated with a fluidity of emotions, perceptions, and expectations: it "is not about knowing, but of questioning, opening, and attuning" (Atkinson-Graham et al., 2015, p. 746). The nature of emotional responses generates debate, as while being strongly connected to biological stimuli, they are concurrently social constructs influenced by power relations (Svašek, 2005). The invigoration and promotion of distinctive emotions could be viewed as a method of organizing and disciplining subjects (Schurr & Abdo, 2015). At the same time, emotions are corporeal practices that animate physical structures and constitute bodies (Martin-Moruno & Pichel, 2019). The emotional responses connecting Veps miners and the stone that they produce are strongly influenced by state power. However, they are also lived and performed practices of knowing the industry, engaging with it on a daily basis, and making sacrifices for it.

In this article, I focus on emotional responses and modes of engagement to differentiate between care and maintenance but simultaneously bring them closer in my analysis of Veps mining practices and imaginaries. In industrial contexts, care is traditionally associated with workers' well-being and safety, whereas maintenance refers to the smooth functioning of working equipment and increased productivity. Consequently, care is closely linked with positive or negative emotional attitudes (feeling safe or exposed to the dangers caused by industrial labor). In contrast, the invisible labor of maintenance is viewed as a mere necessity for the enterprise's functioning. Maintenance and repair are commonly conceptualized through their shared purpose to restore and mend social order (Henke, 1999; Graham & Thrift, 2007; Denis & Pontille, 2015). The function of managing breakdowns and practical orientation in combating vulnerability and decay (Graham & Thrift, 2007) become the central characteristics of both concepts. Astrid Schrader (2015, p. 668) distinguishes between two broad modes of caring: "caring for," which is primarily goal-oriented, and "caring about," focusing on affective relations and overcoming established limits and borders (such as those separating humans and non-human animals). As it is traditionally imagined, maintenance is similar to "caring for" in its practical orientation, but it lacks the emotional response of "caring about."

However, the concepts of care and maintenance may be imagined through each other. As Jérôme Denis and David Pontille (2015; 2019) argue, while the acts of maintenance focus on restoring order and stability, they simultaneously involve close interactions between humans and materials, revealing the vulnerability and fragility of things. Both care and maintenance are embodied phenomena represented through the organization or discipline of bodies (Martin et al., 2015) or through the interaction between human bodies and materials (Henke, 1999). Maria Puig de la Bellacasa (2011, p. 90) further correlates the concepts of care and maintenance, pointing out that caring about things in technoscience becomes an act of responsibility "for their becomings." Steven Jackson (2014) refers to repair as "the subtle acts of care by which... human value is preserved and extended," and Francisco Martínez (2017, p. 349) views repair practices as "ecologies of care." Therefore, it is possible to speak about human-object relations loaded with emotional responses: attention to vulnerability and decay, responsibility for the future of human creations, or satisfaction in restoring the broken social order.

Recent suggestions to think with care in science and technology studies (Puig de la Bellacasa, 2011) and "to take a more critical stance toward the politics of care in technoscience" (Murphy, 2015, p. 719) manifest further mutual interaction between the concepts of care and maintenance. Whereas the concept of care is increasingly applied to non-human agents (Bear, 2020; Beckett, 2020; Denis & Pontille, 2015; Martin et al., 2015; Puig de la Bellacasa, 2015; Schrader, 2015; Ureta, 2014 & 2016; Viseu, 2015), maintenance and repair studies still focus primarily on technologies and infrastructures. This article aims to extend the realm of maintenance and repair to explore humans' bodily and material caretaking activities.

Focusing on the case study of Veps stoneworkers in Northwestern Russia, I demonstrate how direct engagement with materials and state-promoted attention to industrial productivity influence the notions of care and maintenance in mining narratives. Current and former mining workers refer to the mining industry with strong emotions of affection, pride, fear, anxiety, or disappointment. Bodies get sacrificed for the sake of industry when needed; they get damaged due to working with stone or becoming exposed to higher risk when productivity is at stake. By embracing industrial materials and machines as objects of caring relations, Veps mining workers, in many cases, become neglectful or inattentive towards their well-being.

Through mutual influence, the relations between humans and machines become more blurred and nuanced. When working closely with materials and industrial machines, it is possible to see

care and maintenance concepts as mutually constituting each other. By maintaining industries, humans, at the same time, secure their well-being as workers. Simultaneously, while taking care of their bodies, workers contribute to their labor and industry's perpetuation. The case of Veps stoneworkers demonstrates that

humans, materials, and industrial machines mutually influence each other. While humans produce and shape materials making them resources, they are simultaneously shaped by their labor, which influences their bodies, self-perception, and relations with the state.

Care and maintenance in Veps workers' narratives

This article is based on participant observation and interviews with current and former mining workers in Veps villages of Prionezhskii district in Karelia (Shoksha, Rybreka, and Kvartsitnyi villages, see Fig. 1) conducted in 2015 – 2018 as a part of my Doctoral dissertation fieldwork (Varfolomeeva, 2019).[5] It primarily deals with extracts from the interviews devoted to the workers' past and present experiences of engaging with the mining industry. I use the notion of "personal narrative" as "a way

of using language… to imbue life events with a temporal and logical order, to demystify them and establish coherence across past, present, and as yet unrealized experience" (Ochs & Capps, 2002, p. 2). Despite their focus on individual pathways, personal narratives are shaped by societal structures and relationships (Maynes, Pierce & Laslett, 2008). They may therefore reflect collective identities, historical events, or state-promoted ideologies.
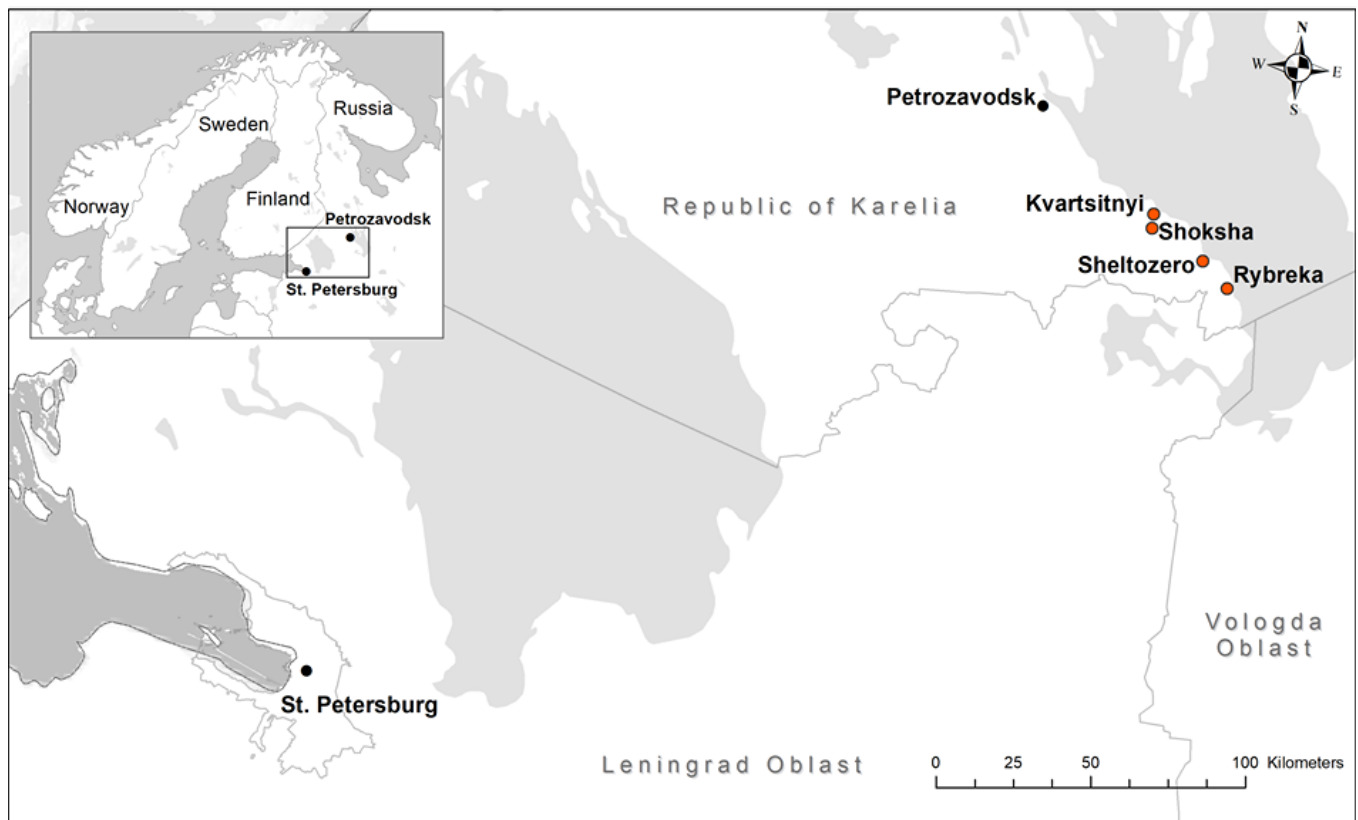

Fig. 1. Veps villages of Prionezhskii district of Karelia. Map: Anastasia Kvasha

Since the 18th – 19th centuries, Veps in Karelia have been managing the extraction of gabbro-diabase and raspberry

quartzite. Gabbro-diabase is a grey rock that gets a deep black color when polished. Raspberry quartzite is especially valued

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5 The interviews were conducted in Russian: my Vepsian-speaking interviewees were bilingual, and though I understand Vepsian as well, they preferred to speak to me in Russian. In most cases, the interviews started with introductory questions on the informant's family history and background. After that, the conversation moved to several thematic areas including the informants' perceptions of work in the quarry in the past and present, views on present-day life in the village and on the currently operating mining companies, and ways of spending free time. In total, I conducted 66 interviews between 2015 and 2018. When referring to a specific interview in this text, I use K as a code for Karelia followed by the sequential number of the interview. To ensure the interviewees' anonymity, all names mentioned in the article are pseudonyms.

because of its vibrant crimson color and rarity: the only place from which it is extracted is the quarry near Shoksha village in Karelia. Both stones have been widely used for monument construction and building decoration. Their most famous destinations include the pavement and parts of Lenin's Mausoleum at the Red Square in Moscow and the decoration of Napoleon's sarcophagus in Paris (Strogalschikova, 2014).

In the Soviet period,[6] diabase and quartzite were used not only for decorations but also for industrial purposes, for example, in the production of glass. After the fall of the Soviet Union, due to financial difficulties of the 1990s, state mining enterprises were partly closed, partly sold to private owners. The quartzite extraction near Shoksha almost stopped (it is managed by a small-scale private enterprise with approximately twenty workers). Diabase extraction is maintained by several private companies of different sizes, mostly located near Rybreka village. Throughout the Soviet time and in the post-Soviet period, the mining quarries of diabase and quartzite remained the primary employment sources in Veps villages (see Fig. 2).

Fig. 2. Mining worker at a diabase quarry in Rybreka. Photo: author (2016)

In Veps mining narratives, the stone is perceived with affection and pride, although its profound and, in many cases, the harmful influence of industry on human bodies is acknowledged. This section analyzes two interrelated themes appearing in the interviews with Veps miners: extended caring practices, including mining materials and industry in general, as well as turning bodily care into emotionally detached maintenance.

Destructive care: bodies as industry engines

When speaking about stoneworking, my interviewees expressed, at times, polarized points of view. Whereas some of them would complain that they "feel suffocated" by the stone and the owners of the private mining quarries, others would praise the stone for "giving life to the villages" (Interview K20).[7] Although seemingly very different, both these expressions illustrate the vital role of the stone for Veps villages and the strong impact of mining quarries on the residents' well-being. Specific relations of care and maintenance are often formed by unequal power distributions in the community and may themselves become media for exercising

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6 When speaking about the Soviet period represented in the interview narratives, I refer to the period from the early 1950s to the late 1980s when many of my interviewees were employed at the state-managed stone quarries.

7 All interview quotes are translated from Russian by the author.

power (Martin et al., 2015). We may ask who decides how and when to exercise care, who is included in caregiving or excluded from it, and how care gets entangled with control and limitation. Even positive implications of care "can work with and through the grain of hegemonic structures, rather than against them" (Murphy, 2015, p. 719).

The problem of unequal power disposition is highly relevant for sites that are largely shaped by governmental narratives such as state-managed stone quarries. In the case of Veps stoneworkers, the "industrial discourse" promoted by the Soviet state influenced affectionate and appreciative attitudes towards the mining industry, as well as emotionally detached visions and practices of bodily maintenance. When established discourses encourage overcoming bodily limits to reach better productivity, extended "caring about" the industry may result in limited self-care.

Taking risks for productivity

Starting from the early Soviet years, workers' productivity and labor importance remained a vital theme reinstated through the media, official speeches, or artistic works. One of the most famous Soviet songs, "March of the Enthusiasts" (1940), states, "...Our labor is an act of honor, a deed of valiance, and a heroic achievement." The example of Alexei Stakhanov, a miner from Donbass in Ukraine, who in September 1935 produced 102 tons of coal during his 6-hour shift, became the "New Man" symbol of the Soviet cultural landscape (Mariotti, 2017). The record set by Stakhanov initiated the movement of "Stakhanovites," aiming at increasing workers' productivity in different parts of the Soviet Union. The movement symbolized "selfless dedication to the building of socialism" (Feldman, 1989, p. 147) and workers' ability to increase their bodily capacities for higher results.

In Veps villages of Karelia, local attachments to the mining industry and the connections between Veps as the masters of stoneworking and the valuable resources were often remembered. The central office of the state mining enterprise *Onezhskoe rudoupravlenie* situated in Rybreka village featured a large map indicating all the destinations where diabase and quartzite went from Karelia (Kostin, 1977). Reports about Veps stone's destinations and interviews with the best workers who shared their pride over local stone were also often published by local newspapers of Prionezhskii district.[8] Such reports were designed as motivational messages that would impact Veps miners and persuade them to achieve better results in their work. They stood in line with the general Soviet discourses of romanticized industrialization, promoting hard labor for the state's benefit (Schweitzer et al., 2017).

As a number of my interviewees were employed at mining quarries in the Soviet period, labor productivity is crucial for many of them.

Alongside extending the realm of care towards mining materials and machines, the workers experience a lack of self-care towards their bodies. For them, the concept of self-care loses its fluidity and its dependence on specific bodily needs and practices (Mol, 2008). Instead, it turns into a set of concrete formalized actions (for example, putting on gloves during stone loading or wearing a respirator when polishing stone). Even these formalized protective measures are, in many cases, neglected by workers, especially when they harm productivity.

As many residents of Veps villages have been involved in the mining industry for years, various ways of direct contact with the stone – including stone cutting and loading, polishing works, breathing stone dust, or listening to the instruments' noise – have left traces on their bodies. The traces of mining past may take the form of illnesses that people bear due to their labor. The most common illness which results from working with stone is silicosis – an occupational lung disease caused by inhaling silica dust (Interview K31). In most cases, silicosis development is a consequence of breathing rock dust while cutting or polishing stone. Silicosis was widespread at both diabase and quartzite quarries in the Soviet period. The knowledge about this disease was low at that time, and many workers did not use protective masks, goggles, or other equipment to prevent silicosis. The theme of silicosis is so common that the interviewees sometimes call it simply "the disease" (in Russian, *bolezn'*) (Interview K41) or, more emotionally, "this terrible disease" (Interview K6). The interviewees also mentioned other mining-related diseases, such as hand-arm vibration syndrome (HAV), which one may get due to intensive labor using stone-cutting machines.

As the interviewees remember, the quarries' management regularly distributed safety equipment – face masks and goggles protecting against stone dust, or gloves for stone loading. However, many interviewees refused to wear the protective gear available to them. One reason for this unwillingness to follow the rules was that silicosis dangers were not well communicated to miners until the 1980s (Interview K41). However, similar situations occur in contemporary quarries, as many workers refuse to wear respirators, even though the quarry administration provides them (Interview K49, K52). The workers of a diabase quarry in Rybreka explained that respirators were uncomfortable to wear and would make their work more difficult if worn daily. Even though the quarry's administration makes protective equipment available for workers, its wearing is not mandatory, and the possible consequences of working without the equipment are not strongly promoted. Therefore, most workers prefer not to use respirators, choosing easier working conditions over vaguely formulated possible health risks. Galina, a former mining worker, reflected on her experience in the Soviet state mining enterprise in Rybreka:

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8 For example, the publication in the local newspaper *Kommunist Prionezh'a (The Communist of Prionezhskii District)* in 1967 features an interview with a local stoneworker who states, "When we are in Moscow, Leningrad, Petrozavodsk or other cities, we do not part with our Rybreka. We are proud to know that these cities' monuments are made with our own hands" (*Kommunist Prionezh'a*, November 4, 1967).

We were told to wear "muzzles" and glasses at work, but we wore them rarely. It was hard to work in them, you would sweat more, and the glasses would mist over, so we took them off (Interview K2).

In this quote, the informant is jokingly referring to the protective mask as a "muzzle," indicating that wearing protective equipment made mining workers subconsciously associate themselves with domesticated animals, therefore losing their subjectivities. Similarly, another former mining worker, Alena, refers to protective masks as "barnacles" and indicates that wearing such a mask would make her look like a horse. These metaphors, along with "muzzle" in the earlier quote, once again bear a reminiscence to animal labor:

"I was working (…) at stone loading and cutting. I was told: don't load so much; it is harmful. But I answered: it doesn't matter! So we would put these "barnacles" and gloves into our pockets and would load everything with bare hands!" (Interview K34).

Marx's famous differentiation between human and animal labor is conceptualized through the work's higher purpose: animals are seen as performing mechanical labor, while human work has a creative element (Marx, 1990). In this sense, through their unwillingness to wear protective equipment that would – in the miners' view – equal them with horses and dogs, Veps workers emphasize their right to maintain their labor's creative potential. While animals are traditionally viewed as working under human control, the workers establish their right to work independently and to act on their own terms. In this sense, the decision not to wear protective masks or gloves could also be viewed as exercising the workers' agency and taking control over their work.

At the same time, the narratives focusing on the workers' refusal to wear protective equipment demonstrate their lack of self-care. The bodies of stoneworkers are seen as mere vehicles for getting the necessary amount of work done, similarly to mining mechanisms. As protective equipment disturbs their labor and affects productivity, they decide to manage without protection (potentially damaging their health) to perform their duties efficiently. In this sense, the workers appear distanced from their bodily needs, from their tiredness or possible harm to their health. Simultaneously, when choosing productivity over self-care, they follow the industrial discourse asserted by the Soviet state.

Maintenance of workers' bodies

When discussing emotion-loaded maintenance relations between humans and objects, could we simultaneously envision a notion of care where its emotional constituent is hidden? When care is analyzed as "persistent tinkering in a world full of complex ambivalence" (Mol et al., 2010, p. 14), as the "mostly dismissed labours of everyday maintenance of life" (Puig de la Bellacasa, 2011, p. 100), or as embracing "everything that we do to maintain, continue and repair our "world" (Fisher & Tronto, 1990, p. 40), the focus is on the routine, mundane, invisible elements of the concept. In this sense, care is viewed as a routine practice of mending fragmented social life elements, similarly to maintenance and repair. There are cases when self-care practices become represented in the form of "operation manuals," such as hand washing and greeting guidelines during the pandemic, or through drawing direct parallels between medical check-ups and mechanical inspection.[9] In this section, I argue that when care gets extended to industries' realm, there is a risk of damaging self-care practices. In such cases, self-care and self-protection become a mere "caring for," serving the goal of increased productivity and endurance but lacking affectionate attitudes.

In the interviews with Veps stoneworkers, bodily care is often not viewed as valuable per se; it is deeply connected to the industry's well-being and higher productivity. When workers protect their bodies, they simultaneously contribute to the mining industry's continuation. Therefore, Veps miners' self-care is viewed as an emotionally estranged action, a set of concrete instructions to follow, and a prerequisite for keeping the industry functioning. In this sense, local visions of self-care become very similar to common understandings of maintenance activities discussed in this article's theoretical part. The bodily care and health consciousness of Veps workers lose their emotional and affective component, and the line between caring about bodies and maintaining equipment becomes vague.

In many cases, miners' perceptions of their work's impact on their health are characterized by a distanced and estranged attitude. Many of them talk readily about the negative consequences of stoneworking, the illnesses resulting from breathing stone dust or loading heavy diabase pieces. Nevertheless, they also stress that these illnesses are an unavoidable side effect of the work that had to be done. A common conclusion to such narratives is "well, we did what we needed to do" or "work is work, you know" (Interview K22). As the mining industry's vital role in the life cycles of Veps villages is widely acknowledged, its potential damaging impacts are often viewed as unavoidable side effects of a crucial task. As one of my interviewees, Larisa, stated, "You could hear explosions almost every day in the quarry, but they were not bothering me. This was their work, you know" (Interview K37). Although Larisa did not deny that the loud sounds of explosions could be disruptive for village residents, she believed that the diabase quarry's overall work was more important than potential discomfort.

Although self-care and self-attention remained rather marginal notions in most interviewees' narratives, there were examples

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9 Christer Idhammar, Health care of humans and maintenance of equipment, is there a correlation? IDCON. Retrieved from: https://www.idcon.com/resource-library/articles/culture-management/484-health-care-of-humans-and-maintenance-of-equipment.html (Accessed March 12, 2020).

of Veps workers viewing self-care as a crucial element of their work. Zhanna, a former miner from Rybreka village, reflected that although it was cold in the quarry factory, she developed a set of protective measures for her feet. Before starting work, Zhanna would put on cotton socks, wool socks, soft felt shoes, and, finally, rubber shoes. This technique of multi-layering would keep her feet warm throughout the eight-hour work shift. After returning home from the quarry, Zhanna applied protective hand cream to help her arms recover. She believed that even though she was long retired, her health was better than that of her neighbors due to her attention to self-care. "People's health comes from their feet, you know," – Zhanna told me during the interview (Interview K30).

Zhanna's example demonstrates that some mining workers devoted time and energy to self-care and invented complex techniques to mitigate the harmful consequences of mining labor. However, such examples rarely appear in the interviews, as the discourses of labor productivity and overcoming one's bodily limits prevail in Veps mining narratives. Besides, even though the example of Zhanna focuses on self-care, it is enacted through a fixed set of specific actions. It is largely viewed as a part of the workers' "user manual" for keeping healthy despite the harsh working conditions. Zhanna's self-care allows her to perform her work duties better, and thus her attention towards her body is closely linked to her attachment to the mining industry. In other parts of the interview, she reflects on her willingness to sacrifice her comfort for the sake of industry. For example, she volunteered to do night shifts at the polishing section of the quarry, although officially, she could not be asked to work during the night since she had two kindergarten-age children (Interview K30). Nevertheless, when Zhanna felt that the quarry needed her effort, she was willing to work extra hours

or with extra zeal. Thereby, Zhanna's attention towards her body is closely connected to her labor motivation and performance.

Therefore, the vital importance of achieving better results, even if through self-sacrifice, is a common feature of many interviews. This recurrent narrative could be viewed as a legacy of the Soviet industrial discourse. Even though most of the younger miners were born after the Soviet Union's fall, they were brought up in the mining villages' labor-centered environment. The relations of care and maintenance among Veps stoneworkers bring forward discussions on power asymmetries. The practices or specific manifestations of expressing care and providing maintenance may be limited or strongly regulated (Martin et al., 2015). However, it is important to recognize the active role of materials when forming care and maintenance expressions in human-object relations. If we see the the matter as "an active participant in the world's becoming" (Barad, 2003, p. 803), it is important to reflect on its role in shaping this process of becoming. Michel Foucault (1977, p. 172) mentions the profound influence of objects and materials on subjectivities when discussing the architectures of control: "stones can make people docile and knowable." Therefore, materials become an important part of power dispositions and may impact temporary shifts in power distribution.

The case study of Veps miners illustrates the mutual influences of humans and mining materials. It shows how close engagement with stoneworking influences miners' self-perception and agency. Many interviewees express pride in their bodies' strength and endurance and in being able to work hard despite the circumstances. In this sense, the lack of self-care and the treatment of one's body as a highly performing mechanism becomes a way of formation the workers' identity as skilled and capable masters or as creators of highly valued resources.

Creating chimeras: affective entanglements with stone

The previous sections of the article largely focused on the impact of state control and management on workers' relations with industry. However, local perceptions of diabase and quartzite were simultaneously shaped by close interactions between the workers and the stone they produced. Human – resource relations could be viewed as mutual co-creation. Unknown substances become resources through the human act of appropriation, which constitutes its symbolic "birth" (Ferry & Limbert, 2008). Concurrently, through the process of engaging with resources, miners' identities are formed and perpetuated. Natural resources produce new social configurations (Gilberthorpe, 2007; Richardson & Weszkalnys, 2014; Penfield & Montoya, 2020). They are not anymore seen as mere representations of social relations, but as actors in these relations (Marchant, 2018). As Andy Bruno (2018, p. 147) notes, "a rock can excite and destroy, facilitate and undermine, or create value and costs." Within these lines, mining sites in Karelia could be viewed as places filled with varied emotions and feelings, but also as venues promoting specific power relationships.

This section focuses on the notion of care "as a form of affective entanglement" (Ureta, 2014, p. 1534) and on "the embodied, affective relationship that people experience with material forms" (Knox 2017, p. 368). In mining narratives, the fragility and decay of materials are directly related to workers' vulnerabilities as professionals and as parts of mining dynasties. These interconnections between bodies and infrastructures demonstrate that the line between them is blurred at times and that they enter into a strong relation of co-dependency. As Donna Haraway famously states, "...we are all chimeras, theorized and fabricated hybrids of machine and organism" (Haraway & Wolfe, 2016, p. 7). Nigel Thrift (2008, p. 10) similarly reflects on human bodies co-developing with the material world and creating "a constantly evolving distribution of different hybrids." In this sense, the relations between Veps workers and the resources they produce form a strong symbiosis when the destinies of humans and industries are intertwined, and their development or decay becomes a complex mutual experience.

Appreciating the local stone

Veps stoneworkers view diabase and quartzite extracted in Karelia through different layers of appreciation: as beautiful and rare objects, as the reason for relative financial stability in the villages, and as a result of the miners' hard labor. The value of diabase and quartzite is closely linked to local group identity. When Veps workers praise their stone, they simultaneously assert their own vital role as its creators and producers. In the interviews, they emphasize their labor's artistic elements, reminisce about their contribution to the local mining industry, or share important work achievements. In these narratives, mining materials and machines are not viewed simply as part of the work routine but are treated with strong emotional attachment. The importance of diabase and quartzite in Veps villages becomes a visual phenomenon, as stone pieces form part of the local landscape, sometimes being used as parts of fences, as house decorations, or for building paved roads in the yards (see Fig. 3, 4).

Fig. 3, 4. Pieces of diabase and quartzite used as decorations next to the houses in Rybreka and Shoksha villages. Photo: author (2016)

The local stones are valued as being produced by the miners' "own hands" similarly to the mineral specimen in Mexico analyzed by Elizabeth Ferry (2005). As diabase and quartzite have been used for many well-known buildings and monuments, the stoneworkers' labor connects them symbolically to the whole state and beyond. Sergei, a former mining worker, recalled how during his studies in Moscow, he proudly told other students when they visited the Red Square, "This is our stone!" (Interview K21). When being among fellow students from other regions of the Soviet Union, Sergei shared his knowledge of diabase and quartzite as a symbol of his

belonging to one of Moscow's focal points. By claiming the Red Square's stone as "our stone," Sergei reinforced the connection between Veps villages and well-known places in the country. The diabase and quartzite also served as signifiers of Sergei's status among his fellows as a descendant of a mining dynasty aiming to continue their work.

Another former miner, Viktor, remembered taking part in an excursion around Saint Petersburg when he saw raspberry quartzite as a part of St. Isaac's Cathedral's decoration and felt affection and pride. Viktor explained to me, "I can recognize this stone anywhere" (Interview K13), meaning that the years of working closely with quartzite resulted in his deep knowledge of the material. However, to his disappointment, the tour guide mentioned that the stone he recognized so well was sent to St. Petersburg from Finland. "That was a mistake. That was our Karelian stone," – Viktor said to me firmly, stressing the stone's origin as an important part of his narrative. Sergei's and Viktor's examples demonstrate that the workers' affective attitudes towards the stone they produce are inherently related to their self-realization feeling. If the stone is valued in different corners of the country, the workers are also valued as its producers. Diabase and quartzite also serve as a source of patriotic feelings towards Karelia: the stones' fame is simultaneously the fame of their home region.

Many informants relate their affection towards diabase and quartzite to their physical characteristics. Both stones were commonly used in the Soviet period for industrial needs or for building pavements, and therefore valued for their firmness and durability. On the other hand, they are also used in decorations and thus perceived as precious stones. This dual status is reflected in the interviews with locals who often mention the value of the stones as a material resource: "Our diabase is the hardest stone; it is even sent to nuclear power plants, that's how hard it is" (Interview K29). Mikhail, a former mining worker from Shoksha village, told me a story about an engineer from Kazakhstan traveling to Karelia by plane in the Soviet period to get the local stone, "otherwise, he said, our plant will stop working" (Interview K1). Many interviewees readily shared similar stories as a demonstration of diabase and quartzite's high value and demand. Such narratives reinforce their labor's meaning and strengthen their stoneworking identities.

The informants also recognize the stones' value as beautiful objects, especially in the case of quartzite due to its unusual color and glorious history "It is amazing, what a color it is. The color of ripe raspberry, over ripen berries... It is such a beautiful color." (Interview K24). Other interviewees emphasized the creative aspect of working with stone: "This is hard labor, but one feels like an artist when doing it" (Interview K13). As many Veps miners work very closely with the stone when cutting, shaping, and polishing it, this experience makes them associate their labor with creative artistic work. In this respect, diabase and quartzite are seen as realizations of creative force in line with the understanding of labor as "aesthetic activity" in Soviet culture (Dobrenko, 2007, p. 163).

Similarly, mining equipment is often discussed in the interviews with an emotional attachment and creative involvement. Zhanna (Interview K30) remembered how she learned to work with the stone polishing machine and came up with imaginative solutions to increase its efficiency. However, in the same story, she mentions, although in passing, that her hands were often in pain from lifting the polishing machine. Affective entanglements formed between workers and mining materials in many cases went alongside other, much darker feelings such as pain, worry, or disappointment.

Concern for the mining futures

The previous section largely focused on Veps stoneworkers' appreciative attitudes towards the local mining industry. However, these strong expressions of attachment are often accompanied by worries about the present and future situation of the diabase and quartzite quarries. As Puig de la Bellacasa (2017, p. 2) points out, visions of care as "warm pleasant affection or a moralistic feel-good attitude" are often questioned and contested. This section builds on the relatedness between care and concern (Puig de la Bellacasa, 2011), discussing the emotions of worrying, fear, or disappointment in Veps workers' mining narratives.

While expressing pride in the stones' firmness, durability, and famous destinations, many informants feel that private mining companies "waste their stone." The common complaint expressed in the interviews is that unknown quarry directors now manage diabase and quartzite. Most of the quarry owners are not from Karelia, and thus, according to the interviewees, they do not understand local needs. The residents are also worried that the stone is carried away from the region to unknown places. The present situation offers a radical contrast to the Soviet-time promotion of diabase and quartzite's well-known destinations. Veps miners' crucial role in producing rare and unique materials needed in different parts of the country is also questioned in the post-Soviet period. At the time of my fieldwork, both diabase and quartzite were not used for industrial purposes, and this situation influenced the miners' perceptions

of the industry. A local whom I met in Rybreka village noted, "they [private companies] just take the stone from us, and we are not needed anymore." Abandoned industries, closed plants, or decaying industrial settlements are often seen as a material actualization of the fall of the Soviet Union (Martínez, 2017). They could be viewed as disruptions of the established social order signifying that "no one cares" (Denis & Pontille, 2020, p. 5). In the interviews, the mining industry's decline is often symbolically connected with the overall state of rupture that the Veps villages experience in the post-Soviet period.

One of the most common destinations for Veps diabase and quartzite today is graveyard monuments, and this generates many black-humored jokes. One of my interviewees in Rybreka village stated with a mixed expression of mock and regret:

> So, are you interested in my attitude towards the stone? You mean, are we proud of our stone? Of course, if you come to any cemetery and look around, you see... well, beautiful monuments [laughing]. And you know they are ours" (Interview K49).

This quote contrasts with my earlier references to workers' affection towards quartzite and diabase's physical qualities and fame. However, it also expresses a strong personal attitude towards the material. Both the workers' pride over the stone and their disappointment about it being "wasted" demonstrate that diabase and quartzite are not perceived simply as mining objects or as sources of economic stability. They are filled with deep emotional and symbolic meaning, and the fate of mining in Veps villages is closely connected with the fate of locals. High demand for the local stone simultaneously means a high appreciation for the workers' labor, skills, and expertise. On the contrary, loss of demand or "waste" of resources means a lack of acknowledgment towards the miners. Veps stoneworkers strongly identify with the stone they produce. Through close contact with mining materials, they have developed strong personal attitudes towards them. These attitudes ultimately influence their self-perception and their views on mining present and future.

Conclusion

When beginning this article, I referred to my experience of institutional care and power during the early days of the pandemic. As the text was developing, it offered additional parallels with contemporary discussions on corporeal control, risk and safety perceptions, and self-care. Such parallels signify that Veps stoneworkers' case could contribute to a wider analysis of care and maintenance in more-than-human settings. This article demonstrates that affective entanglements formed with industrial

materials and machines may influence estranged visions of workers' bodily needs. It also shows how care and maintenance practices can be shaped by the "toxic productivity" culture[10] prioritizing work results over well-being. However, while being impacted by state discourses, Veps stoneworkers simultaneously shape and strengthen their connections with the mining industry. The article discusses the power of materials in forming the workers' agency and their sense of belonging.

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10 The term "toxic productivity" implies direct associations between one's work results and the feeling of self-worth. The term was popularized in media in 2020 being seen as a side effect of the lockdown (see e.g. https://www.economist.com/1843/2020/11/30/from-zumping-to-toxic-productivity-workplace-slang-for-the-pandemic).

To analyze the interconnections between affective entanglements with industries and self-detachment from one's bodily needs, the article brings forward the notion of "destructive care." This notion encompasses the potentially harmful effects of caring attitudes in industrial settings. While Veps workers deeply care about the stone they produce, they realize that this care harms their bodies and life spans. Humans and materials enter into a complex relationship of simultaneous attachment and struggle. As state discourses promote self-sacrifice and going beyond one's limits, the miners often choose work results over bodily well-being. Although many interviewees mention stone-related diseases such as silicosis and HAV, they nevertheless believe in the necessity of self-sacrifice. By analyzing the case of Veps, the article contributes to the growing body of academic literature discussing the detrimental effects of caring relations. The notion of "destructive care" could also be viewed as an analytical framework for analyzing care and maintenance as intersecting and, at times, coinciding phenomena.

Contrary to Veps miners' detachment from their bodies, their attitudes towards diabase and quartzite are often highly emotional. For many workers, mining becomes part of the family heritage, a way of connecting with the landscape, and a channel for expressing their creative potential. However, as a side effect of chimeric symbiosis between the miners and industry, workers' bodies are seen as an industrial resource and as highly productive, although at times failing, mechanisms. As a result, self-care becomes a neglected concept. Many stoneworkers refuse to wear protective masks and goggles as they are uncomfortable and aggravate productivity. As the risks are vaguely defined and communicated, miners choose smooth work over potential health dangers. Even when self-care is practiced, it is often viewed as a set of specific actions necessary for reaching better work results.

When industrial maintenance becomes emotional, while self-care turns into a mechanical action devoid of meaning, the border between care and maintenance is especially fluid. Whereas care is largely analyzed in academic literature as a more-than-human practice, this article also discusses maintenance as a process focusing on human corporeality.

Care and maintenance practices of Veps are viewed in the article as agents of uneven power relations. Human – industry relations get shaped by the "romanticized industrialization" discourse. Soviet mining enterprises in Karelia functioned within the frameworks of "sacred labor" and the intrinsic value of productivity, and this legacy is still present in the stoneworkers' narratives. At the same time, following Tim Ingold's notion on humans and materials that "continuously and reciprocally bring one another into existence" (Ingold, 2006, p. 10), this article draws attention to the potentiality of materials. As Tiina Vaittinen (2015, p. 112) points out, care is "constrained by the structures," whereas it simultaneously "challenges and shapes them." Veps miners develop a strong self-identification with the mining materials they produce. By overcoming their bodily limits, they reinforce their deep connections with stone and their local industry knowledge.

Therefore, the lack of self-care in Veps stoneworking communities could be viewed as an effect of state power promoting self-sacrifice for the sake of industry. Nevertheless, it could also be analyzed through the prism of workers' agency and initiative. When forming affective entanglements with industry, Veps miners establish their identity as skillful producers of valuable resources. While the workers' ties with their bodies are destroyed, new bonds with non-human actors are created. The Veps' example contributes to the vision of care as a multimodal concept bridging losses and potentialities, ruptures and new becomings.

Acknowledgements

Author biography

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CAREFUL PLACE

Matters of care built into the sustainable city district

by Maria Eidenskog

In Vallastaden, a newly built city district in Sweden, place is carefully crafted to make it into a role model city district of the future. These "careful places" are built with care, but also require physical care, such as cleaning and gardening, as well as administrative care through paperwork and organizing. This article focuses on how thinking with care in the analysis of the planning for and living in Vallastaden can contribute to highlighting the complexities often made invisible in city planning and put what is marginalized at the centre. The article empirically studies how the planning of careful places is done in planning documents and builds on workshops with residents in Vallastaden. In the workshops, inhabitants of Vallastaden are asked to draw their own map of their city district, so called mental maps. These mental maps are discussed with regard to how place in Vallastaden enables care, is cared for, and what troubles they bring. Careful place has the power to create tensions in planning, which is handled by making some matters absent or translated into other matters of care. Likewise, careful place is enacted with multifold practices in the everyday life of the residents in Vallastaden, intertwining self-care, care for the environment as well as a caring space for sharing problems in virtual space. Staying with the troubles of careful place creates awareness of otherwise neglected matters, such as how socio-economic diversity is translated into diversity in housing, and through this approach turn to the ethico-politics of urban planning.

Place and care – an introduction

In Linköping, Sweden, a small stream runs through a newly built city district called Vallastaden. Green infrastructure, decorated walking paths, and a bridge that is called "the outside living room" tells of carefully crafted places for people to enjoy. The place, however harmonious it might seem, has required sacrifices. While some now live their everyday lives enjoying the stream, others have had their lives completely changed to make this careful place come about. A large habitat of the endangered great crested newt[1] was found during the planning process for this city district. The habitat, with over 170 great crested newts, had to be moved to a location outside the city (Linköping University, 2013). Thus, the stream is a result of careful planning, but also a place of disruptive action, taking homes from some to make homes for others. Or in the words of Puig de la Bellacasa: "Care eschews easy categorization: a way of caring over here could kill over there" (Puig de la Bellacasa, 2011, p. 100).

Vallastaden is portrayed as a role model city district with its special focus on social sustainability. Furthermore, if Vallastaden is the role model city district for future city planning in Sweden, it becomes vital that we recognize what matters of care are enacted as important and what are left out in the process. This care may look very different in different situations. Care for the privacy of the great crested newts cannot co-exist with caring for the construction of new homes in Vallastaden. The politics of the careful places in Vallastaden are built on a web of matters of cares, some are made present and others necessarily must be absent (c.f. Law, 2004). The aim of this paper is to explore how thinking with care in the analysis of the planning for and living in Vallastaden can contribute to highlighting the complexities often made invisible and put what is marginalized at the centre. This will be done by teasing out what matters of care are made important and what are made absent by different actors and what frictions between matters of care are present in the making of careful place in Vallastaden. City planning has implications for the everyday life of all citizens, and in order to grasp the relationality and interactions between objects and practices of planning, the field of science and technology studies can be of service (c.f. Kurath et al., 2018; Aibar & Bijker, 1997).

I use concepts inspired by Actor-Network Theory, such as enactments (Mol, 2002) and translations (Callon, 1984; Law, 2006), to make visible how different matters of care are enacted as part of making careful place. Thinking in terms of enactments instead of constructions allows us to avoid perspectivism, i.e. that the word is made up of different perspectives. Thinking in terms of enactments acknowledge that there are different versions of the world which could be separate, but also include different relations and can be interlaced (Mol, 2002). When approaching the world as built up of different versions instead of constructions we turn to activities and practices that are "done" (Gad & Jensen, 2010). Focusing on place as a part of enacting the worlds we live in, place comes in more than one, but less than many, versions. By in this way approaching space as multiple, research can open up for questions about how to balance ethical considerations and complex issues (Jensen & Sandström, 2019). Furthermore, the enactment of worlds include a multifold of translations, that is, transformations of objects or actors by establishing connections through equivalence (Law, 2009). For example, the process of economization is a translation of worth into monetary value, by translating objects into numbers. It can also be a part of the attempts by some actors to impose themselves and their definition of a situation on others (Callon, 1984).

This article follows how social sustainability is translated into the built environment and the everyday life of the citizen and how careful place is enacted in practice both in the planning for a socially sustainable city district and in the everyday lives of the residents. By focusing on care in relation to place, both in planning and in everyday life, we can ask important questions, such as "for whom is the city built?", and "who cares for the city?", while still focusing on how the built environment enables the residents to engage with care. The need for studies on the relationship between place and care practices has been highlighted in research (Dyck, 2005; Dyck et al., 2005; Metzger, 2014) and this article connects to that discussion by introducing the concept of "careful place" in order to understand how place is enacted as practice and as politics in the making of Vallastaden. According to Metzger (2014), caring for place can be a way to engender a sensitivity towards the connection between care for both humans and other actors. This could be useful in order to sensitize us to care for more-than-human ecologies and create an awareness of our part in them (Metzger, 2014).

Puig de la Bellacasa describes care as: "[…] a manifold range of *doings* needed to create, hold together, and sustain life and continue its diverseness" (Puig de la Bellacasa, 2017, p. 70). Following this notion of care entails care as a necessity and condition, not as a normative prescription or moral obligation. Thinking with care about care comes with a set of understandings of the world and leads to new questions. In the words of Puig de la Bellacasa: "An account of a thing produced with and for care can indeed create divergence and conflict by criticizing the way an issue is assembled. It can produce visions that 'cut' differently the shape of a thing […]" (Puig de la Bellacasa, 2011, p. 96). Thinking with care means that phenomena are viewed together with their relations to humans,

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1 The great crested newt is red listed by the International Union for Conservation of Nature and protected by laws in Sweden. Their habitats are threatened by changes in the landscape due to modern farming practices (Malmgren, 2011).

non-humans, their worlds, and the associated "doings". Thus, this approach requires the researcher to care for the cuts made through the chosen methodological practices and to foster a responsibility for the outcome of these cuts. The politics of care as suggested by Puig de la Bellacasa (2015, p. 707) are part of: "[...] a feminist politics that brings attention to ethico-political questions about such matters as who cares for whom and what forms of care are prioritized at the expense of others [...]". It highlights the ethico-political dimensions of the everyday through the focus on the doings required to sustain everyday life.

In addition, care has also been portrayed as a concept for understanding practices aimed at improvement with respect to the current situation (Heuts & Mol, 2013) or caring for the maintenance of something (such as a farm, e.g. Harbers, 2010). Care done in practice can be analysed in form of tinkering, as a way to adapt, to be attentive to, and to compromise in order to care for (and about) things that matter (Mol, 2002). Care as tinkering means to adapt with watchfulness and cannot be normalized (Denis & Pontille, 2015). Thinking of care as tinkering steers the focus away from the traditional connection between care and the warm relationships between humans to a broader scope where the interweaving of technology and everyday practices is in focus (Mol et al., 2010).

The theoretical foundation in this research puts care for our living environment in centre as an ethico-political question which bring about decisions where some forms of care are prioritized over others. In studying the enactment of social sustainability in a role model city district, this approach requires us to turn to the ethico-political dimensions of the built environment and its consequences for everyday practices, their embodiment, situatedness and temporality. Focusing on the practices of care, the notion of tinkering will help me to study the ordering of different matters over others. Practices of care are always shot through with asymmetrical power relations (Martin et al., 2015). From this viewpoint, planning for a city district with the special aim of making it socially sustainable is a practice where care creates conditions for (some but not all) actors to thrive. There is a tinkering between different goals (such as infrastructures, logistics and recreations), political decisions and care for the people who will come to live within the city district. Therefore, care is not above criticism, since different care practices can lead to different, and sometimes unwanted, ethico-political outcomes. Care does not have to be gentle and affectionate; care can sometimes include killing (Law, 2010) and has a dark side to it (Martin et al., 2015). Working with care as trouble (Lindén, 2016) is one way to bring attention to the ethico-politics of care by staying with the tensions that care creates. Inspired by Metzger, I suggest an approach built on critical engagement by way of asking: "what can be done here? What can become here? And at what price?" (Metzger, 2014). Through these questions, we can understand the matters of care that are enacted or made absent in the planning of Vallastaden and the everyday life of the residents living there.

Methodology

The first part of this study focuses on the planning process and the documents used in the early stages of the process. That part is built on a document study of municipality documents that were used in the planning of the city district. It includes the "idea programme" which describes the vision behind Vallastaden, quality documents, various policy documents, urban planning documents, documents from an architecture competition in Vallastaden and criteria documents for the prospective clients who wanted to buy a plot of land in Vallastaden.

The documents were coded in Nvivo with initial coding structure (Saldana, 2009) and later coded thematically from themes discovered in the first coding phase. The aim of this empirical part is to show the tinkering behind the built environment that was constructed in Vallastaden. The documents show some of the practices applied during planning and provide perspectives on what Vallastaden should become and what values were envisioned in the buildings that today are part of the city district. In the analysis, I have asked how care is done, what matters of care are made visible in the texts, and what matters of care are made absent? The results from this process are presented in the first part of the results section.

The second part of the study is based on empirical data from five workshops with residents in Vallastaden. While the document study was used to trace how care for social sustainability was enacted in writing and policy, the workshops provided an interactive method for listening to the experiences of the residents. The workshops had between two and four participants and in total 15 residents took part in the study. At the time of the workshops, the participants had lived in Vallastaden between two and three years, were 20–45 years old and the majority owned their apartments. Seven of the respondents were women and eight were men. One workshop consisted only of students who lived in student housings. The participants were recruited from personal connections and a Facebook group about Vallastaden. Some of the participants were more involved in the shared activities in Vallastaden than the average resident. As the aim of the workshops was to understand how care is done and to study the care put into the engagements in Vallastaden, these respondents were an appropriate choice.

The workshops took place in the home of one of the participants for each workshop. The workshops took between 1.5 and 2 hours each and were recorded with a voice recorder. Two researchers were present; one researcher led the workshop while the other

took notes. The workshop started with a discussion led by one of the two researchers present. After a short question session, the participants were asked to draw a map of their own Vallastaden. We asked them to think about what places they liked, which places mattered to them, places that they avoided and passages where they travelled or walked. This methodology is a way to create so called "mental maps" (Gould & White, 2004) and create a more material connection between the discussions in the workshops and the environments in Vallastaden. By drawing their own version of a map, the participants created a link between space, places, and buildings, making visible relevant interrelations, sensory and emotional experiences (c.f. Osóch & Czaplińska, 2019). The mental maps were discussed, and the researchers asked questions about how places were used and cared for. The mental maps together with the discussions provide both visual and narrative understanding of what matters of care the respondents valued or missed in Vallastaden. This method facilitates the collecting of narratives, associations and metaphors which carry specific contents and meanings in relation to place (Osóch & Czaplińska, 2019). For this research project, the drawing of the maps was an important tool as part of the discussions concerning what the respondents felt about different places and how they used them. It created space for stories about care, through turning attention to the places which the respondents had feelings for, and it made visible connections between different geographical sites by how they were placed. The respondents pointed on the maps and related different places and paths to each other, sharing stories on how their lives revolved around places they found important. This enabled discussions about the interrelations between care and geographical space.

Background

There is a current boom in the construction industry in Sweden and there is a fear that environmental and cultural values will not be taken into consideration (Malmgren, 2011). Social dimensions of housing are also debated, for example in terms of homelessness, segregation, overcrowded flats, gentrification, inequality, low income filtering and social polarization (Hedin et al., 2012). In this context, much national attention was drawn to the high social sustainability ambitions in the new city district of Vallastaden, in Linköping. Vallastaden has the political aim of being a role model city district for future urban development, residential areas, and housing. Previous research on the early stages of planning has shown that several local stakeholders, such as the municipally owned energy and housing companies as well as privately owned building service companies, were mobilized in the development (Palm & Wihlborg, 2013). The local council in Linköping also arranged activities to engage citizens and collect ideas about an ideal new neighbourhood. Citizens were invited to take part in visionary meetings in the early stages of planning Vallastaden and their views where documented in three shorter reports. These reports where used in the creation of a vision, including some guiding principles for Vallastaden. The vision was turned into a contest for the design of Vallastaden. The Stockholm-based architectural firm Okidoki won with their contribution called "Tegar" (Okidoki, 2020). Their idea was to sell small land allocations to a variety of actors to achieve a modern and diverse cityscape. This vision was put into practice during a short building process (most houses were built from 2013–2017) and in 2017 the city district was showcased in a large housing exhibition. The housing exhibition was the largest ever held in Sweden and had 75,000 visitors. About 1000 dwellings were built in five years by 40 actors (Vallastaden, 2019).

The keywords for Vallastaden are "dense, green and diverse" (Vallastaden, 2019). The area is divided into small plots of land that were sold to a large diversity of actors in accordance with a points system. Since the blocks are built on such small plots, one of the criticisms against Vallastaden is the lack of sunlight in some places due to the dense city planning. Green infrastructure, such as the small stream is the centre of Vallastaden, was important in the planning process. In addition to these smaller green areas, there is a large park with allotments for gardening and community areas in the outskirts of Vallastaden.

To be able to build a block in Vallastaden, the housing companies had to file an application where they showed how they fulfilled certain criteria that were set by the municipality's urban planning office. The criteria are described in a document that sets out a points system, which was used to decide who would be able to buy land in Vallastaden. The interested parties applied to purchase land allocations and the one with the highest points was given the opportunity to buy the area. For each criterion, the property developers could gain points that were summed up and compared with the competitors. There were four overall criteria: (1) Resource efficiency – the buildings need to meet measures for energy, management of resources etc. (for example, solar panels on the roof gave 1 extra point, solar panels on walls gave 2 points). (2) Architecture – the suggested building needs to be innovative and contribute to a diverse cityscape (if more architectural firms than required were engaged in the planning of a block, the land developers could receive up to six extra points). (3) Learning and creativity – the building projects can earn points for contributing to learning, including partnering with a university, which would give up to 2 points. (4) Social sustainability – including green infrastructures as well as criterion for rent control. The last section will be further investigated in the following sections. As we will see later in the paper, the criteria document for land allocation is an important step in the operationalizing of the urban planning.

Results

Tinkering in the planning of caring places

Social sustainability was the focus of the vision for Vallastaden from the start. "People are building the city" is the trademark for the planning process, which is done through involvement of the citizens. In this section I will discuss the matters of care that are made visible, how they are cared for in planning, and how some matters become absent during the process. This part will focus on the documents from the planning process, including municipality planning documents, visionary documents from the architectural firm Okidoki as well as documents from meetings and workshops that involved citizens.

Caring for the environment

The great crested newt is a protected species and it is forbidden by law to move, kill or harm the newts (Malmgren, 2011). One of the largest nests of great crested newts in Sweden was discovered in the ponds where Vallastaden was supposed to be built during the planning stage. The newts require a high density of ponds to build habitats and reproduce. There is a growing lack of suitable environments for the great crested newt in Sweden and they have problems in moving from one location to another (Malmgren, 2011). An investigation into the situation for the newts was launched and in 2013 an application for exemption from the protection laws was accepted by the county administration. New ponds were built which exceeded the quality of the ponds in Vallastaden, both in size and in number.

The great crested newt took up a large section of the detailed development plan for Vallastaden, but it was not given a home there. The city district could not be built around the newts' ponds; the needs of the newts and the needs of the humans could not be reconciled. Building new homes for humans was enacted as a more pressing matter of care than the already existing home for the newts. Although the newts did not fit into the plan and were evicted, care was put into the making of a new home for them. Thus, the care for the newts' wellbeing was able to mobilize some efforts – building new ponds, but not moving the location of planned buildings.

The urban planners involved in the making of the detailed development plan for Vallastaden had to decide on what actions were viable and attractive for citizens who wanted to live in Vallastaden. By choosing the design of the neighbourhood, they also shaped the citizens that would come to live there. Sometimes, the urban planners and the citizens involved in the planning disagreed, which led to a tinkering with words and meanings. One discussion raised by the citizens is that they want Vallastaden to be car free. This is something that seems to be important since several citizens raise this issue in different meetings. However, the city planners do not think a totally car free city district is realistic. In the documents from the workshops with citizens, car

free zones are seen as important, even though the urban planners respond to the suggestions from the citizens with some caution. In the detailed development plan, which was made public three years later, only cars with special authorization are allowed on one of the main roads in Vallastaden and the speed limit is set at 20 km/h. The other main road through Vallastaden is almost made absent in the documents. This road is open to all traffic and connects Vallastaden with nearby university buildings and other city districts. The tension between the citizens' request for a car free city and the care for easy accessibility by car had to be made absent to create the urban planners' vision of Vallastaden.

Instead of removing the cars, they become a tool in the vision and enable one form of care – that for the environment enacted through electric cars. Cars are "care enablers" (Eidenskog, 2015) and the intertwining of cars in the vision of the future city district comes with a set of political decisions. Multi-storey car parks are built on the outskirts of the city district which are meant to allow residents to use cars but not to take them all the way to their homes. The car parks have solar panels on the walls and beehives on the roof. Furthermore, all residents in Vallastaden must be part of a carpool as a part of a sustainability effort. Seemingly paradoxically, the car parks are through these efforts enacted as a caring place for the environment. Moreover, if the car is an electric car it is put on display by the stream since not all cars are enacted as environmental hazards. Charging stations for electric cars are put up along the walking path, thus making the cars very much a part of Vallastaden. The idea of Vallastaden as a car-free zone is turned into a zone for some cars, but not all. Some cars are cared for, made a place for and used to show care for the ecological environment. The room made for electric cars is justified with statements like this from the municipality's idea document: "Make room for the transport system of the future!". A careful place is in this setting not free from cars, which the citizens wanted; cars are instead used as a tool to care for other matters. The car holds a strong position in Swedish planning tradition (Lundin, 2008) and it was therefore in the planning process difficult to make cars fully absent in Vallastaden. With the tinkering done by the planners through a series of translations cars changed from an environmental hazard and a disruptive element in a people-friendly neighbourhood to a tool to show care for the environment and the future transport system.

Diversity as built environment

In the meetings with the citizens, social sustainability is characterized by diversity, an active city, beautiful public places, and meeting places. In the documents from the meetings with the citizens, diversity of people from different backgrounds was important. Vallastaden was envisioned to be a place where you could meet people you otherwise would not meet and learn from

each other. However, throughout the documents, there is a shift in the interpretation of what diversity has come to be. To be able to create conditions for diversity in Vallastaden, there had to be a broad socio-demographic profile in the area. It soon became clear that the price of land in Vallastaden would be higher than average prices in Linköping, making it hard to build cheaper rental apartments.

To be able to build properties in Vallastaden, all property developers had to apply to buy land. Their applications where measured against the criteria document which measured ecological footprint, citizens involvement, creativity, and social sustainability. Social sustainability is operationalized in the criteria document for land allocation in ways which became important for the design of the city district, for example through themes where the property developer can earn points. If the building had some kind of green area, such as a winter garden, that gave up to 9 points. If presumed residents where involved in the planning of the building this also gained the property developers up to four points. There is no motivation behind the different numbers, but all the factors can be linked to discussions in previous published planning documents, such as the idea programme. The point system used in the document builds on an understanding of numbers as a means to homogenize or to order heterogeneities (c.f. Moser & Law, 2006). By attaching numbers to winter gardens and solar panels they are weighed against each other and enacted as equal points on a linear scale. Social sustainability is acknowledged to be hard to quantify (Baffoe & Mutisya, 2015; Arnett, 2017) but in the planning process for Vallastaden, social sustainability is clearly defined by the criteria document for land allotment.

One important aspect under the social sustainability heading was "Different forms of housing", which in practice meant that houses which had different sizes of apartment were given more points than properties with only one or two apartment sizes. For rental apartments and multi-generational housing, the property owner received up to four points. In another municipality document on the vision for Vallastaden, the importance of different sizes of housing is described as an investment in diversity. This was a way to create a diverse cityscape and allow for different sizes of family constellations to find a home in Vallastaden. The matters of care that are made present are concerned with the variety in the forms of housing and an availability of choice. Diversity was in this setting translated into the position of walls and provided a way to care for a certain form of diversity in sizes – both in apartment and in family arrangements.

The visions in the documents portray a future where the concept of "family" is flexible. In the idea programme, produced by the municipality by collecting the experiences from citizen engagement workshops, this is mentioned as an important goal: "Establish a home that can change with life!". Families are expected to change

more in the future and sometimes the kids will be at home, other weeks only one or two parents will be at home. This calls for a flexible living arrangement and shared space that could be utilized when the family is temporally larger in size. The possibility of having multi-generational housing is also brought forward as something that could be of interest in Vallastaden, both in early planning documents from citizen workshops and later in the land allocation criteria document. The notion of flexibility connects to space efficiency and the documents state that not everyone needs their own apartment in the future city.

Flexibility is enacted as a matter that can bring about freedom for the residents and as a concept flexibility is presented as free from criticism. Enacting flexibility as a matter of care for the future city district is multifold and is both a tool to save space and energy, but also to question the norm of today's living arrangement and be open to new lifestyles. Spatial flexibility could be argued to complement a socio-demographic flexibility in the city to support a variety of different lifestyles (Bouzarovski, 2015). This openness, and its enactments in the built environment, is created with care for the people living outside the traditional norms for a family or family life. If there were tensions in the discussions about the flexible city district of the future in the discussions, these were not made present in the documents. The lack of tensions makes flexibility as a concept interesting as it easily travels through the planning process. Even so, research has also shown that residents avoid homes in which the flexibility is built into the buildings in the form of movable walls and beds (Till & Schneider, 2005). Thus, flexibility as part of a social sustainability agenda could benefit from being opened up for further discussion.

Another way diversity was enacted in the criteria document was through business facilities. If a building facilitated a business which hired people who had "fallen outside the labour market" (examples provided were older workers who had trouble finding new employment, immigrants or people recovering from addiction), up to 1 point was awarded. This criterion is connected to the discussion from the early document from the meetings with citizens. The citizens asked for a diversity of people from different backgrounds. Even though it travelled successfully from the early phase of the planning process, with its one point it is equal to the effort of putting solar panels on your roof, but less important than solar panels on the walls of buildings. The points system very clearly shows that the diversity agenda became one of flexible housing rather than a city of people with diverse backgrounds. The care by numbers enacted in the document has important consequences for the built environment and for whom the city is built.

There is another opportunity to contribute to a diverse population, namely through the last criterion which is named "cheap rental apartments". The aim of this criterion was to create a diverse socio-economic demography in Vallastaden. If the rents were

less than SEK 1250 per square meter per year,[2] up to 6 points could be gained. However, no one lived up to this criteria during the first round of land allocations. In the second round of land allocations, the criteria were changed to fit the rents that were seen as reasonable in the area. The new criterion was set at SEK 1600 per square metre per year and for the land allocations in 2019, two landlords applied for points for low rents. "It is still a high rent. But it is 10–20 % lower than the others, so it is positive" the chair of the planning committee in Linköping, Elias Aguirre, told the local newspaper (Alvin, 2018). As we will see in the next part of this paper, Vallastaden is often seen as a middle/high income area due to its high rents. Care is put into action in the criteria document and from this document we can see how some matters of care were translated and operationalized using a number system. Diversity in building design was a successful criterion but cheap rental apartments failed to change the city development. The planners had to tinker with this criterion in order to make it relevant. The care for a diverse city inscribed in the criteria did not move walls like the diversity of apartment sizes could. Thus, it is harder to activate care for a socio-economic demography than for non-traditional family constellations. Care for this version of diversity makes other versions absent and this process calls to mind the concept of the "dark side of care" (Martin et al., 2015). Care in this understanding is an affectively charged and selective mode of attention. By analyzing care as "critical care" we can expose the dark side of care (Martin et al., 2015). This analytical stance draws attention to how diversity is cared for in forms of housing but not in a care for people from different backgrounds. The diversity in forms of income is made absent and replaced with other enactments of diversity that are easier to care for in the costly new built city district. Some people are therefore excluded in the planning for Vallastaden. The critical care analysis draws the ethico-political decision of the urban planners to the front by paying attention to the things made absent.

Meeting places as careful place

Meeting places are brought up as important tools to create social sustainability. Meeting new people with different experiences was important from the beginning of the planning process and is emphasized by both citizens and urban planners. Meeting places and shared space are central to the social sustainability agenda in the planning for Vallastaden and are also made present in the built environment. All apartment blocks in Vallastaden are connected to one of the seven so called "Felleshus". The Felleshus is meant to be a meeting place and a place to create relationships. Residents in neighbourhoods have responsibility for organizing activities and for the maintenance of the shared Felleshus buildings. These Felleshus have space for gardening and an overnight apartment which the residents can rent. These buildings require tinkering but lack a predefined organizational structure. The aim is to let the residents themselves organize and find their own use for the shared space. The Felleshus is planned as a careful place, which requires care in maintenance but also facilitates care through creating connections between people. Meeting your neighbours in the Felleshus can foster caring relationships over time. Likewise, there are other meeting places that are made important in the planning documents. Some of the activities that we usually do in our own home were distributed to shared space in Vallastaden, for example the residents share space in the "Paradiset" park instead of having their own gardens.

A place built and planned with care can provide a place where care can also be practised. In Paradiset people can gather for a barbecue, stroll along the paths, or grow their own vegetables. Caring for vegetables and caring for family or friends by spending time together are some of the practices that are encouraged according to the planning documents. The place is an enactment of values that the planners envision people want in their lives, such as space for togetherness, green areas, and a place to experience nature.

Social sustainability, both in the policy documents and in the criteria document, is most often enacted through a focus on meeting places. This form of space is a way to create connections and interdependencies as part of everyday activities, something that Puig de la Bellacasa (2012) mentions as part of an ethico-political dimension of care. Creating meeting places is thus a practice that can create careful place. Of course, the opposite might also happen – that meeting places create space for tension or hardship. Furthermore, meeting places are, in the documents, argued to be a way to create inclusion and connections in Vallastaden. However, the meetings are only accessible for and designed for some, and always from a human experience perspective. Metzger (2016) argues that we need a broader repertoire of methods to facilitate inclusion of the will and desires of other-than-human actors. The meeting places in the park Paradiset are designed to encourage meetings between people through common facilities as well as between people and nature through gardening. Nature is made present but in a systematic fashion in straight lines and through fenced-in areas. The carefully crafted park becomes a place where humans come to meet and to order nature. Thus, staying with the troubles in the planning for meeting places shows that the matters of care which are made present in the built environment recreates a governing of nature rather than a more open inclusion of a heterogenic set of actors. Where meeting places are enacted as a part of a social sustainability agenda, it is necessary to ask who are supposed to meet whom and on what conditions?

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2 The average rent for all types of apartments in Linköping is about SEK 1200 per square meter per year.

Meeting the residents

The planning documents for Vallastaden showed the tinkering done over time through planning decisions. In this section we will get a glimpse of the everyday life of Vallastaden through the residents' perspectives. This will show how the built environment creates engagement, attachment, and tension, and that these contrast with the matters of care brought forward in the planning documents.

The residents participating in the five workshops we organized generously shared their experiences of living their everyday lives in Vallastaden. In this section, the focus is on the tinkering, caring, and sharing that goes into life in Vallastaden. Several participants talked with warmth about the feeling of living in a small village in Vallastaden. All participants said that they feel at home in Vallastaden and that they appreciate the diversity of houses and the area around the stream.

The workshop started with a few introductory questions and we then asked the participants to draw a map, in any way that suited them, of "their" Vallastaden. We then discussed the maps and asked what places mattered the most to them, what places they used and whether there were any places that they avoided. We also asked them to draw where their heart lay in Vallastaden.

Nature as place for interactions

A recurring theme in the workshops is the small stream which runs through Vallastaden. The stream has many uses, for example as a place for recreation. It can also be used as a source of weather information, as Karin[3] and her family use it. Karin talks about her map over Vallastaden:

> … The most important places are the places along the stream. Both for me and my children. We walk along the paths and the children play in the stream. We even use the stream to see if it's raining from our apartment if it doesn't show otherwise. You can see on the surface of the stream if it's raining. […]. I walk two dogs sometimes and that gives me a chance to walk around the stream, I really enjoy that!

The carefully planned stream enables self-care through the beauty of nature, allowing space for children to play and for dogs to be walked. The path along the stream can create engagement and relations. The stream is furthermore used to tell if it is raining outside. Karin's apartment faces the stream and light rain showers can be hard to spot just from watching the windows of the apartment. Instead the stream offers information on the best way for her to dress her children, which makes her day easier. Once again, the stream contributes to Karin's ability to provide care for her children.

All participants in the workshop mentioned the stream as important and it is placed at the centre of most of the maps (see for example picture 1). It facilitates both a care for the self but also a place for meeting (a neatly ordered version of) nature. For example, one participant says:

> Richard: […] There are two paths that I often walk to the parking garage. One takes more time, but it passes more of the stream and I like to go by the stream. It's a bit exciting to see how it flows and how high the water reaches, like now it is really high! I like to look at the birds around the stream, the stream is really an artery.
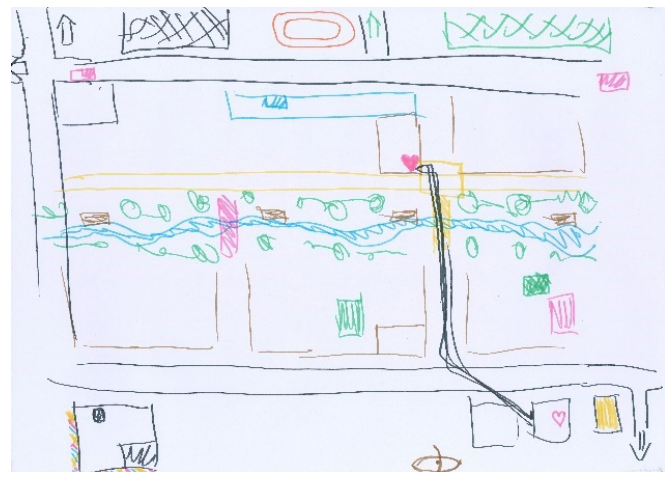
Picture 1.

While the documents created in planning Vallastaden focuses on meeting places for people, the respondents in the workshops emphasize places where they meet nature. Animals living in the surroundings play an important role for many of the participants in the workshops. On the outskirts of Vallastaden, a field with sheep is painted into several of the maps. *"I like the sounds they make"*, one of the participants reports. In the summer they sometimes walk through the sheep pasture and engage with the sheep. The sheep provide a valued nature experience and through them the participants say that they feel that they live closer to nature.

The stream is an important artery and the sheep create everyday excitement and builds relationships with nonhuman actors. Green areas are enacted as an important part of the social sustainability of the city district, both in the planning documents and by the residents – but in different ways. In the documents, the green areas are enacted as winter gardens and while the stream is important, it most often functions as a place for meeting other human actors. The more unruly nature experiences, such as walking through the sheep pasture, are seldom mentioned in the documents, while they

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3 In this chapter, the participants will appear with changed names in order to ensure their privacy.

are more frequent in the stories by the respondents. Furthermore, the self-care opportunities that are built into Vallastaden enacts one version of what residents are supposed to enjoy. There is a lack of other types of community areas, such as a basketball court. Camilla, one of the participants in the workshop, confesses that she and her friends sometimes sneak into the school yard to use the basketball court even if she is not sure if it is allowed. The social sustainable version of activities enacted in the built environment in Vallastaden is one of calm enjoyment of nature rather than a fun ball game with friends.

Caring in virtual space

While the efforts of making place for meetings are central in the planning documents, they have not resulted in the respondents talking more with unknown people in Vallastaden than they did around their previous homes. Even so, they talk about having a feeling of more engagement in Vallastaden. This is shown in the Facebook group for residents in Vallastaden, Karin says, where she feels that she connects with people she otherwise would not have talked to.

> Karin: Facebook is also an important meeting place for me. Since a lot of people moved into the area at the same time, it was easy to create new connections on Facebook.

While Karin's map of Vallastaden is centred on the stream she also draws a space for Facebook (picture 2).
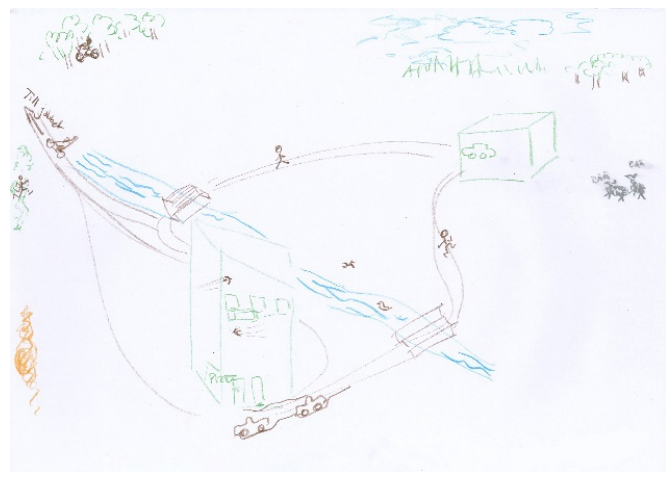

Picture 2.

The Facebook group was started by some residents in Vallastaden and Karin is one of the moderators. Several participants in the other workshops mention interactions in the Facebook groups. They receive local news, share things they no longer need, and find new connections with people living in Vallastaden. Thus, despite the care the urban planners have put care into arranging meeting places in Vallastaden, the residents told us that it is easier to seek connection with other residents in Vallastaden in virtual space than in person. Latour writes that space-time can be folded

through technology (Latour, 1994) and thus, connections over the internet can fold the spatial space and create close connections over geographical distances. Even though the geographical distances are small in Vallastaden, Facebook is sometimes needed to close the gaps between the residents. Since Facebook facilitates connections and relationships, it can thus become a careful place.

However, many discussions on the social media site stir negative emotions. There are often pictures of garbage lying on the ground beneath the (often non-functional) garbage disposal system. Some of the participants in the workshop say that they get stressed over these pictures that keep being posted. There are tensions between different matters of care that are present in the Facebook group, where some people try to handle, or share the burden of, the garbage problem, while others feel that the problem is pushed on them. On Facebook, feelings are given space and residents can express their frustration. This suggests that a space for negative emotions, like stress, could be generative in the way that it allows space for feelings which can create connections between people who share the same issues. Care is not always enacted with good feelings, instead we are urged to stay with the troubles of care (Lindén 2016) and unsettling care (Murphy, 2015). The residents tinker with what tools are available to them to handle the everyday problem with garbage, an overflow of things, or a lack of connection. Facebook becomes a space where this multifaceted care can take place.

Cars as trouble

> Richard: Something that bothers me is the noise from the traffic. Sometimes it is really loud... [...] and we don't like it when people use the bus lane in their cars! Then we get really pissed off! *laughs*
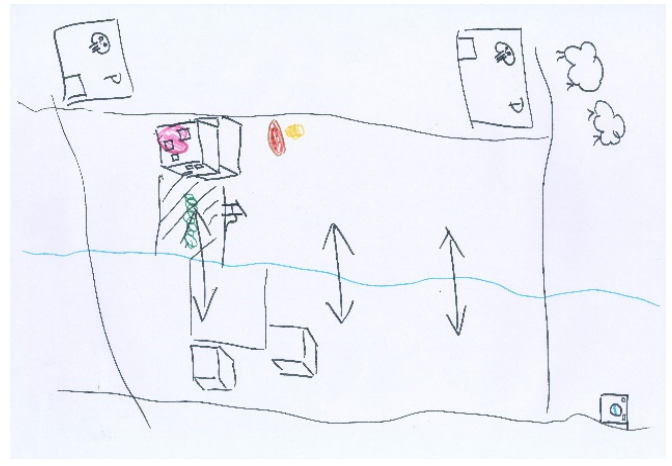

Picture 3.

The planning behind Vallastaden turned it into a city district in favour of accessibility and thus ascribed to a narrative where the car still holds a central role in our everyday life. For Richard, the closeness to nature is more important than having a car close by,

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even though he drives a car to work sometimes and cars are central in his map of Vallastaden (picture 3). A few of the other participants owned a car and several of the residents used the carpool they had to pay for as residents in Vallastaden. The car friendliness of Vallastaden brought up in the workshop has different aspects. Besides the noise and the speeding cars, some of the participants think that one of the main roads creates a divide between the houses and the Paradiset park. Even though the park is situated in connection to the houses, it feels cut off by the large road.

Furthermore, the electric cars which are allowed to park on the paths along the river were not appreciated by the respondents. Some expressed disappointment in the lack of car-free space, which was not what they had expected before moving to Vallastaden. In addition, one resident had a strong dislike of the car parks located on the outskirts of Vallastaden. The car parks are covered with solar panels and are the first thing you see when entering Vallastaden from the main road. With their energy efficiency and carpool, the car parks are part of the agenda to care for the environment. Even so, they are not appreciated by some. *"It's like putting lipstick on a pig!"*, one participant said. He also painted death skulls on the car parks to emphasize his dislike of them (picture 4). Once he also saw snakes in there which, in contrast to the sheep, did not make him appreciate the place. One negative remark about the cars only being allowed to drive on some roads came from one resident, who complained about the hassle of moving when it is so complicated to reach her house by car. Otherwise, the presence of cars is one argument which the participants took up as a sign of the urban planning seeming to be uncaring about the ecological environment. They wanted more car-free space, partly referring to the sustainability agenda which they attributed to the vision of Vallastaden, and partly as their own appreciation of their homely environment.

Picture 4.

Cars and their connected technologies belong to a narrative which troubles the care put into planning the city district. Analysing the troubles that come with care means holding on to the complex ethico-politics involved in matters of care (Lindén, 2016). Cars are made into trouble by the residents, who argue that cars are not part of the vision for a future city district. Cars are enacted differently by the residents and by the urban planners, making them both into care enablers (c.f. Eidenskog, 2015) and care trouble. In the planning process, cars were used to care for the environment and create a careful place, while the residents view cars as trouble. The workshop participants' understanding of what a social sustainable city district should care for stands in contrast with the planners', making the care put in the planning seem somewhat uncaring. Thus, cars cannot coexist with a careful place for the residents since they create strong dislike for place (the car park), annoying disturbances, and a feeling of uncaring planning.

Creating a careful place – for whom?

The manifold facets of a careful place are shown in the caring attachment from the start of the Vallastaden project to the disruptive everyday complexity of the lives in the built environment. Staying with the troubles of care and focusing on what is excluded as a consequence of this care, I have opened up the social sustainability agenda of Vallastaden, bringing what is made absent to the centre. Drawing attention to "neglected things" (Puig de la Bellacasa, 2012) in this case helps reimagine what is important for occasions to be caring and what is excluded in the vision of a social sustainable world. Some actors have a place in this vision, but the tinkering required to make space for them is done at the expense of others. Thinking about place with care requires attention to the neglected matters as well as to the matters of care that survive the toll of time and the planning processes. What was made absent in the documents in relation

to the care for the environment was the presence of the great crested newts' home and the citizens' request for a car free city district. The tinkering required to make these matters of care absent involved a compensation in the living conditions for the newts and a tinkering with the concept of the future transport system. Instead of making cars absent, some cars got a prominent place at the streams together with their charging stations, all in the name of the future transport system. The translation done in the documents are without apparent tensions, but even so, cars are troublesome in the everyday life. Aversion against the carparks, irritation over fast-driving cars, and the feeling of a lack of care for the environment are some of the tensions that cars bring up in the everyday life. The care for the environment through cars is not translated from the documents to the experiences of the workshop participants.

Care is not without frictions, which is made apparent in relation to some of the themes in the care practices in Vallastaden. Like how patients had to pass a threshold of criteria to get access to care in Latimer's research in healthcare (Latimer, 2018), some homes, such as the newts' or the low-income homes, did not pass the threshold to fit in the vision of the future city district. The politics of the threshold includes the social processes, materialities, and governing technologies which are aligned to decide what matters that pass as acceptable for the specific situation (Latimer, 2018). This assemblage of heterogenous actors that defends the threshold for the sustainable city district in Vallastaden includes urban planners, planning documents, political decisions inscribed in policies, vision boards from architects, and ordered versions of citizen engagement and nature. The voice of the citizens is present in the planning documents, albeit filtered by the urban planners. Nature is represented by spokespersons (such as the biologists investigating the newts' habitats) and its representation and presence in Vallastaden comes in ordered forms (such as in structured reports or the well-organized park Paradiset). The constitution of the assemblage ordering the sustainable city district threshold is significant for what matters of care that will pass it. The focus on the neglected matters of care and assemblage of actors creating the thresholds for the social sustainable city district can contribute to the unsettling of care, an "purposeful undoing and troubling of particular arrangements so that they might be acknowledged and remade in better, less violent, more livable ways" (Murphy, 2015, p. 722). In troubling the assemblage behind the planning of Vallastaden, nature's inability to communicate its will and desires through spokespersons raises questions on the assemblage's symmetry. Metzger (2016) urges urban planners to utilize a more-than-human planning sensibility with a broader methodological scope to avoid relying on spokespersons. In line with this, Schrader (2015), for example, argues that learning about bugs by drawing them can generate an affective and epistemic intimacy, a form of "passionate detachment", which enables a new kind of spatial temporality and a different kind of care. Utilising aesthetics or other unconventional methods would broaden the ensemble of methods and thus engendering co-affectation between humans and non-humans that does not only work with human language as its medium (Metzger, 2016). Staying with the troubles of careful place could be a way to "cultivate torment" (Metzger, 2016) in city planning and open up for new ways to organize the assemblage enacting the thresholds for what matters of care that are included in the vision for inclusive city planning for the city district of tomorrow.

Unsettling care for Vallastaden has shown the need for critical engagement in the assemblage that enacts the thresholds of the social sustainable city district of tomorrow. Furthermore, it has shown how careful place is not only created through careful planning or through spatial space where one can practice warm care for loved ones. The urban planning process focused on creating meeting places, such as the Felleshus and green areas. However,

one important meeting place was created by the residents. On the Vallastaden Facebook group, the people of Vallastaden can give out things they do not need or inform each other of news. It is also a space for complaints and heated discussions. Facebook is a space for frustration and negative feelings as well as a way to make connections over spatial distances. Care is not exclusively linked with positive feelings (Martin et al., 2015; Murphy, 2015; Lindén, 2016), instead generative care can come from tension and unease. Sharing problems can be a way to heal and to create caring connections and the Vallastaden Facebook group contributes to making issues visible and allowing for connections. Careful places can have many shapes and can be an outcome from careful planning, from meetings with nature and from citizen engagement, as shown in Vallastaden.

Thinking with care about place urges us to take an open mind, rethinking place not only as a spatial feature but also as ethico-political, multifaceted, and heterogenic while bringing together space, humans, technology, and non-humans. Caring comes with consequences and when careful space is enacted as a role-model, socially sustainable future city district, high stakes are involved. A version of diversity as a broad socio-economic demography was made absent in the planning documents over time. There was an elaborate tinkering involved in the translation from a version of diversity of people to a version of diversity in architecture and apartment sizes. The creativity of a diverse cityscape and value of flexible housing enabled a version of diversity in which some ethico-political issues were made absent. Thus, when social sustainability in the built environment is turned into diversity of architecture some homes are rendered impossible. By showing how this world-making cuts off some homes that do not fit in, we can recognize the unfairness in the efforts in designing Vallastaden. Puig de la Bellacasa (2011) points out *"To represent matters of care is an aesthetic and political move in the way of re-presenting things that problematizes the neglect of caring relationalities in an assemblage."* (Puig de la Bellacasa, 2011, p. 94). Thinking with matters of care has in relation to careful place enabled concern for exclusions and critiques of power dynamics in stratified worlds. A home in Vallastaden has several embedded layers of political and ethical standpoints. Even though there are several careful places in Vallastaden, the care is available only to some.

Looking back on Vallastaden with inspiration from Metzger (2014) we can ask: What can be done here? What can become here? And at what price? These questions urge us to focus on care which in this context offers a perspective seldom discussed in the political debate on social sustainability and the future city district. This analysis shows how tracing what matters of care pass the threshold to the sustainable city district and what matters are marginalized as a consequence of this care. In this, unsettling of care complicates the hegemonial planning narratives and brings back neglected things into the frame. The planning process for a role model city enacts a version of diversity which

has consequences for whom the city is built. The matters of care which were allowed space in the planning documents invite some homes while they exclude others. Since Vallastaden is marketed as a role model for future city planning, it is vital that the ethico-political decisions and care put into the planning and enactment of the city district are brought into focus and hence opening up for more radical visions of what a sustainable world might look like.

Acknowledgements

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CONTRADICTORY CARES IN COMMUNITY-LED PLANNING

by Andy Yuille

The affective, practical and political dimensions of care are conventionally marginalised in spatial planning in the UK, in which technical evidence and certified expert judgements are privileged. Citizens are encouraged to participate in the planning system to influence how the places where they live will change. But to make the kind of arguments that are influential, their care for place must be silenced. Then in 2011, the Localism Act introduced neighbourhood planning to the UK, enabling community groups to write their own statutory planning policies. This initiative explicitly valorized care and affective connection with place, and associated care with knowledge of place (rather than opposing it to objective evidence). Through long-term ethnographic studies of two neighbourhood planning groups I trace the contours of care in this innovative space. I show how the groups' legitimacy relies on their enactment of three distinct identities and associated sources of authority. Each identity embodies different objects, methods, exclusions and ideals of care, which are in tension and sometimes outright conflict with each other. Neighbourhood planning groups have to find ways to hold these tensions and ambivalences together, and how they do so determines what gets cared for and how. I describe the relations of care embodied by each identity and discuss the (ontological) politics of care that arise from the particular ways in which different modes of care are made to hang together: how patterns of exclusion and marginalisation are reproduced through a policy which explicitly seeks to undo them, and how reconfiguring relations between these identities can enable different cares to be realised. This analysis reveals care in practices that tend to be seen as antithetical to caring, and enables speculation about how silenced relations could be made visible and how policy could do care better.

Introduction

There has been a recent upsurge in Science and Technology Studies (STS) research revolving around the theme of care, understood as "an affective state, a material vital doing, and an ethico-political obligation" (Puig de la Bellacasa, 2011, p. 90), constituted in practices in which non-humans are both objects and active mediators of care (Mol, 2008; Puig de la Bellacasa, 2017; Singleton, 2012). This approach urges scholars to be "critical and attentive to the situated workings of care in the world" and ask "questions about the practices of care in sites not traditionally associated with care" (Martin et al., 2015, p. 627).

This paper responds to that call by exploring the diverse realisations of care materialised in neighbourhood planning, a form of small-scale, community-led spatial planning introduced to the UK by the Localism Act 2011. The policy of neighbourhood planning invites communities to articulate their care for and knowledge of place, and give agency to that care and knowledge through the development of statutory planning policies. This was a radical break from previous planning practice, in which public roles were strictly limited to those of consultees. It is recognised that people care about the places where they live, and are entitled to help shape how they change, so public participation has long been encouraged in planning. However, there has been little research on the ways in which communities enact care for place through the practices of spatial planning (Metzger, 2014).

In this paper I argue that although citizens are encouraged to participate in the planning process on the basis of this care, in effect care has conventionally been marginalised from decision-making (Allen & Crookes, 2009). Neighbourhood planning is the latest in a long line of planning reforms ostensibly intended to better enable people to influence development and change. It is unusual in that it explicitly valorizes care and affective connection with place, and associates care with knowledge of place (Bradley, 2017b). However, to establish legitimacy as Neighbourhood Planning Groups (NPGs), citizens have to perform care in diverse ways for multiple versions of neighbourhood. These different cares are performed through the enactment of three distinct identities, which position NPGs in different relations to their neighbourhoods: immersed *in*, arising out *of* and entirely *apart from* them. Each identity embodies different objects, methods, exclusions and ideals of care, which are in tension and sometimes outright conflict with each other. NPGs have to find ways to hold these tensions and ambivalences together, and how they do so (i.e. how relations of dominance and suppression between identities are worked out in practice) determines what gets cared for and how. This analysis assists researchers and practitioners to understand how matters of care are produced in the practices of neighbourhood planning; how patterns of exclusion and marginalisation may be reproduced through a policy which explicitly seeks to undo them; and how reflexively reconfiguring the relations between these identities and their different modes of care could enable the policy to do care better (Gill et al., 2017a).

Methodology

This paper draws on data from two concurrent ethnographies conducted between 2015 and 2019 with Neighbourhood Planning Groups (NPGs) in two locations in the north of England (Yuille, 2019). All place and personal names have been anonymised. Oakley is a small coastal town with a population of just over 4,000; Wroston, a small rural village with a population of around 530 (Office for National Statistics, 2011). Wroston's plan is primarily concerned with managing the scale, rate, type and location of housing development, although this was densely imbricated with other issues. Oakley's was concerned with managing development on already-allocated sites, protecting green spaces, economic development, and providing housing for elderly people in appropriate locations.

In each location, I undertook participant observation with the NPG, a small group of volunteer residents and Town/Parish Councillors. This involved becoming deeply embedded in both groups, taking part in regular meetings and working individually and collaboratively with other members in between, attending public consultation events and meetings with other key actors, and

providing advice and guidance (due to my previous experience of representing community groups in the planning system). While in many ways I acted as a full member of these groups, developing relationships with their members and commitments to their aims, I was constantly reminded of my liminal status by my lack of the casually intimate knowledge of place that other members shared.

The study was motivated by an interest in how different types of knowledge and affects get included in or excluded from the making of neighbourhood plans: how embodied practices were translated into written accounts and other materialisations, and how they were understood, evaluated and mobilised, thus performing particular realities (Law, 2004; Mol, 2002). Iterative re-readings of fieldnotes from these participant-observation encounters, framed by these interests, led me to develop emergent themes that further sensitized me to particular matters and relations in the ongoing fieldwork, as I stepped in and out of my roles as active participant and critical analyst (Jensen, 2007; Mesman, 2007). Multiple NPG identities were not an issue that I was anticipating attending to, but the performance of these identities quickly and strongly

emerged from the data in both sites and remained a constant throughout the study.

While I was attuned to ideas and articulations of care, this was initially solely in terms of how neighbourhood planning might enable previously-marginalised care for place to have effects in the planning system. As I became more immersed in the field, I embraced calls in the literature to pay attention to neglected practices of care (Puig de la Bellacasa, 2012), to sites not traditionally associated with care (Martin et al., 2015) and to the

'dark side' of care, where care for one 'thing' necessarily involves withdrawal from others (Murphy, 2015). This led me to consider the multiple NPG identities in terms of their practices of care, and how performing care for some versions of neighbourhood could hinder their capacity to care for other versions. The analytical categories that this paper turns on — the multiple identities of the NPGs and the objects, methods, exclusions and ideals of care associated with each — arose through this iterative process of observation and reflection, of being a part of the experience and then reflecting on it through the critical lens of care.

Care in planning

Public participation in policy-making and decision-taking has been a central tenet of the UK planning system for over 50 years (Skeffington, 1969). People care deeply about how the places they live will change, and their right to influence that change has been enshrined in a series of policy iterations, with varying degrees of sincerity and success (Connelly, 2015; Inch et al., 2019).

The knowledge and cares of affected communities are, in principle, central considerations in these participatory processes. However, automatic privileging of some forms of knowledge over others means that although they can 'have their say', they may not necessarily be effectively heard (Aitken, 2009). In contrast to rhetoric about valuing community engagement, the experience of non-expert participants in the system is often that it is "complex, remote, hard to understand, difficult to engage with, slow and unpredictable and, generally, 'not customer friendly'" (Baker et al., 2007, p. 80).

Care for place can be of vital importance to self-identity, wellbeing, and flourishing places (Church et al., 2014; Manzo, 2005), and is a central driver for place-based community action (Devine-Wright, 2009; Perkins & Manzo, 2006; Porter, 2012). However, care is hard to pin down: necessary for life but multivalent and problematic once one tries try to define, measure or evaluate it (Martin et al., 2015). The difficulties inherent in translating the embodied practices and experiential knowledge of 'care for place' into objects of evidence in a reductionist, positivist planning culture often lead to its neglect and exclusion from debate (Abram, 2000; Davies, 2001).

Although there has been a growing recognition of the need for public buy-in for public decisions, lay knowledge and input remains mistrusted (Petts & Brooks, 2006). Martin et al. (2015) call attention to the formulation of care, frequently manifested in the planning system, which positions it as the rhetorical opposite of knowledge, underpinned by the Enlightenment norm that affective involvement can only muddy rational knowing. Those who care are disqualified from producing objective knowledge: "to be an advocate is to be partial and thus to compromise or

taint knowledge claims" (Martin et al., 2015, p. 630). Institutional planning practices tend to reproduce this formulation in a deficit model of lay knowledge (Burningham et al., 2014; Wynne, 1996), assuming that publics are either ill-informed, misunderstand the issues, or are incapable of exercising objective, rational judgement. This reproduces a hierarchical structure in which remote expert accounts of place dominate lived, experiential accounts (Allen & Crookes, 2009), which "serves to distract attention from those expressions of lived space that are rejected and excluded from planning practice" (Bradley, 2018, p. 25).

Indeed, care for place is often portrayed as evidence of self-interestedness, as when community objections to development proposals are characterised as 'NIMBY' (Not In My Back Yard) — a pejorative term implying that objectors are acting for purely selfish reasons, and are incapable of acting rationally in the public interest (Burningham et al., 2014; Devine-Wright, 2009). A strong separation is enacted between affect, emotion and care on the one hand, and rationality, objectivity and knowledge on the other (Baum, 2015; Hoch, 2006). So people are invited to participate in planning because they care for place, but in order to be effective, that care has to be suppressed or concealed.

Neighbourhood planning appears to offer a more inclusive practice. It enables communities to determine their own boundaries and issues, produce evidence to justify these, and produce their own statutory plans to address them. Their right to plan is warranted by experiential knowledge and care for place, explicitly invoking affective commitments and associating them with relevant knowledge (Bradley, 2017b, 2018). By insisting on the relevance of affective as well as cognitive dimensions of place-relations, it promises to overcome not only the 'double divide' between experts and laypeople and between ordinary citizens and decision-makers (Callon & Rabeharisoa, 2008), but also the conventional strong separations between knowing and caring, cognition and affect (Puig de la Bellacasa, 2011). Neighbourhood planning appears to offer an opportunity for long-marginalised caring relations with place to be "reframed as legitimate attempts to assert a local narrative of place over external versions" (Mace, 2013, p. 1144).

However, care cannot be taken as a self-evident good (Metzger, 2014; Murphy, 2015). It is a selective means of drawing attention to some things, which necessarily requires withdrawing from others; and it is already embedded and circulating in the world, often associated with domination, exploitation, vulnerability and inequalities (Singleton & Mee, 2017). It is acknowledged that valorising care for place in one neighbourhood by one group of citizens may lead to injustice or harm to other people and/or places (Hastings & Matthews, 2015; Wills, 2016). This paper extends that analysis by examining how the practices of neighbourhood planning can hinder the realisation of the particular matters of care that have motivated its practitioners. The following section examines the multiple, conflicting caring relations that are generated through neighbourhood planning, and subsequent sections consider how policy and practice could do care better.

Care, identity and legitimacy

Discourse around neighbourhood planning tends to assume the existence of 'the' neighbourhood: a stable, identifiable, self-conscious entity, with shared relations of belonging and care for place, to which power will be devolved (Colomb, 2017, p. 127). However, from an STS perspective, neighbourhoods are rather assembled through the practices of neighbourhood planning (Brownill, 2017), producing a new collective identity, a new political actor (Bradley, 2015). But while all residents in the designated plan area are in principle members of the new polity, a relatively small group (the NPG) actively do the work of producing the plan and they are also a new, distinct and significant actor. The NPG acts on behalf of the neighbourhood, which forms its imagined constituency and upon which it makes representative claims (Bradley, 2020; Della Porta, 2013).

The identities of NPG and neighbourhood are mutually dependent: the specific instantiation of community that is 'the neighbourhood' could not exist without an NPG developing a neighbourhood plan, and the NPG could not exist without the instantiation of 'the neighbourhood' as a new polity. They emerge together and stabilise each other. Official discourse tends to cast neighbourhood planning communities (an amalgam of NPGs and their neighbourhoods) as singular entities entangled in caring relations with a singular place. However, in the absence of the formal representative legitimacy provided by electoral democracy (Davoudi & Cowie, 2013; Sturzaker & Gordon, 2017), in practice NPGs have to perform care in different ways for different versions of neighbourhood in order to establish their legitimacy to act on behalf of the neighbourhood. These different modes of care are performed through the enactment of three distinct identities, each of which positions NPGs in different relations to their neighbourhoods (Yuille, 2020):

- **In** the neighbourhood: socially and materially embedded in the neighbourhood; embodied and entangled in a dense mesh-work of sociomaterial relations.
- **Of** the neighbourhood: arising out of the neighbourhood in order to face it and reflexively engage with it, and to mediate between it and other actors.
- **Apart from** the neighbourhood: separate, different and detached from the neighbourhood, with experiences and knowledge that are distinct from it.

These identities were enacted in a wide range of the NPGs' interactions (e.g. their own meetings, casual conversations, meetings with other actors, public consultation events) and inscriptions (e.g. draft plans, minutes, emails, publicity, evidence documents), as well as in the inscriptions and discourses of other actors (e.g. national and local Government, support organisations, consultants, publics). They applied both to the NPG as a whole, and to sub-sets of it (e.g. small groups working on specific elements of the plan or meeting with external actors): the collective identity did not require the entire collective to be present in order to be enacted.

Enacting each identity enables NPGs to draw on different sources of authority and to produce different forms of knowledge, each making a crucial contribution to the NPGs' situated legitimacy (Connelly et al., 2006). These identities were fluid, with one or other being dominant for both long periods (weeks or months during particular phases of plan preparation) and short ones (it would be a very rare NPG meeting in which all three identities were not performed), with each achieving a significant degree of durability. The following sub-sections briefly summarise the characteristics of these identities and the ways in which they embody different objects, methods, exclusions and ideals of care.

In the neighbourhood

In this identity, the NPG are enacted as a synecdoche: they are the neighbourhood, the part standing in (figuratively and practically) for the neighbourhood as a whole. It is based on a shared spatial imaginary, the "socially held assemblages of stories, images, memories and experiences of places" (Davoudi, 2018, p. 101) that embeds and is embedded in neighbourhood planning practices, derived from a dense meshwork of sociomaterial connections. When performing this identity, NPGs speak *as* the neighbourhood with no distinction between them, as exemplified by these comments from NPG members Ray and Robert:

"As far as Hobson's Farm is concerned, we as a village, we as a group, what sort of things do we think ought to be being considered for that?" (Ray, Wroston NPG)

"I think it's for the people of Oakley, that is the neighbourhood

plan steering group… it's for the people of Oakley to put it to the council: these are the ideas we would like." (Robert, Oakley NPG)

The knowledge that is expressed by this identity comes from direct lived experience and relations of social and material entanglement and immersion. For example, my fieldnotes from an Oakley NPG meeting record that:

"Jane, Sarah and Stephanie were tasked with gathering / taking photos of new development over the last 20 years to use in a mini-consultation with selected groups… names of groups, individuals, contact details and suggested locations (and stories and strong opinions about each!) spring quickly to many minds, showing the intensity, depth and breadth of local knowledge"

This identity, where the NPG are enacted as an immersed and emplaced element of neighbourhood, is where care is most obviously embodied, in direct, experiential knowledge and personal sociomaterial encounters. This is the care that is systematically excluded from the planning system and that neighbourhood planning promised to engage with. It is precisely being affected by and caring about the future of the neighbourhood that gives a collective the moral authority to take up the powers of neighbourhood planning.

The object of care for this identity is the sociomaterial neighbourhood as experienced, in all its human and more-than-human encounters. This object most frequently emerges in the 'chatter' in and around meetings and in informal gatherings, and as explanation, clarification and context in formal meetings, where the casually intimate knowledge that the NPG share about place surfaces. However, it also implicitly permeates and informs everything the groups do and say. A range of affective states are associated with this object (which is, of course, itself constituted by a diversity of experienced neighbourhoods), e.g. senses of connection, appreciation, and protectiveness — but also frustration, sadness, anger, and hope. This diversity is gathered together into a collective desire to conserve some characteristics and to change others. The associated ethico-political obligation is that there is something about this place that is valuable and that should be protected and/or enhanced — change should not be allowed to harm that which is valued. This was epitomised by a meeting in Oakley where the NPG tried to encapsulate the character of the town in a few sentences. I noted that:

"The discussion is very heated. The usual polite, respectful turn-taking breaks down almost entirely, with people chipping in dis/agreements from all sides, and side conversations starting up around the table. 'Genteel' is the first proposed aspect under attack: some agree wholeheartedly, some say it's nothing like that, someone hates the word, it's so old-fashioned, it's a lively town, it's not, there's a lot going on, there's nothing to do…

other words are suggested, and equally torn apart — tranquil, peaceful: 'sounds like a cemetery!', Mary scoffs"

But they are later able to agree on at least some of the characteristics that make Oakley special and around which their plans for development and conservation should revolve:

"The prom, the bay, the green spaces, the trees, the surroundings, the climate, a traditional seaside town, the ambience, the only northern seaside town facing south, sun in the winter, its position, the views, the parks, it's peaceful, it's friendly, relaxed"

One obvious method of doing this care for place is the act of doing neighbourhood planning, the commitment of hundreds of hours of unpaid time over several years, through the stress and pressure and sheer difficulty of the process. But it is also done by NPG members through involvement with other community organisations and activities (e.g. a community festival; local heritage, climate change, youth and seniors' groups) and through everyday personal and shared practices (e.g. walking particular routes, shopping, eating or drinking locally, tending the material environment through gardening, litter-picking, helping neighbours with maintenance). Bringing these practices to presence through talk can in turn help to inform the practice of neighbourhood planning.

Ideals of good care for this identity involve being entangled and involved in the neighbourhood. What is excluded from care here are the objects of instrumental, calculative rationalities: the statistics, assessments and reports that are often used to discredit expressions of care within planning. But also excluded from this version of care are sociomaterial elements and relations that constitute the neighbourhood for others (or might do so in the future), but which are not tightly or visibly enmeshed with the NPGs' networks.

Of the neighbourhood
This identity engages with other residents' associations with place. Its object of care is partly the sociomaterial neighbourhood as encountered by other human actors: the experiences, attachments, and other relations that residents have with neighbourhood. As Wroston NPG member Tom put it, "I want to know exactly what people in the village want, that's why I want this survey out ASAP". But it is also the ability to demonstrate engagement with other residents, and to represent their spatial knowledge, lived experience and emplaced relations in acceptable material forms, as suggested by this exchange in Oakley:

"What your community tells you, that's your evidence, that's what the Inspector needs to see" (Andrea, consultant)

"So what you're saying is we need an evidence base, that has power, if it's evidence no-one can say no to it" (Martin, NPG member)

The methods of care involve using 'technologies of participation' (Chilvers & Kearnes, 2016) — techniques and devices such as surveys, templates, consultation events and feedback forms that are acknowledged within this community of practice as able to distance NPGs from their own experiences and relations, and to transform those of the wider neighbourhood into the kind of spatial knowledge that has traditionally been 'heard' within a system which privileges quantified, abstract evidence (Allen & Crookes, 2009). This enables NPGs to represent the experience of others in simplified, codified forms (Potter, 1996) and to speak not *as* the neighbourhood, but **for** the neighbourhood. It produces knowledge from the neighbourhood, but also defines the neighbourhood in particular ways. My notes from a meeting where the Wroston NPG were developing a survey to capture the experiences, views and desires of neighbourhood residents record that:

> "The survey has a strong focus on yes/no or numerical ranking questions. Anne [NPG Vice-chair] explains that this is 'so that it can be measured, quantified, that's what we need to do' and that it is 'about testing our assumptions', and there is little disagreement. There is a very strong focus on gathering quantitative not qualitative evidence, partly because that is what the group perceive 'evidence' to be — numbers, measurements, quantities, statistics — and partly because that kind of information is easier to analyse and to present: as Anne insisted, otherwise 'you'll get three page essays about irrelevant stuff, things from the past... that's why we're doing closed questions, we just want to measure them'"

The affective states associated with this object were often concern, worry and fretting. NPGs agonised over whether people would support their proposals, whether they had become too removed from the sentiments and understandings of the neighbourhood, whether they had done enough to involve people, whether certain groups had been excluded and what they could do to engage them — and also, whether and how they would be able to represent their engagements adequately. Shortly before a public event that had been intended as a consultation on near-final policies, I noted that the Oakley NPG had:

> "a very long discussion involving the whole group about where the group sit in relation to 'the community' — a recognition that many, if not most people don't know what they're doing or who they are, what an NP is in general or what this one in particular can and intends to do, and what they can do to address that"

As a result of this, the event was re-framed to provide more general information and seek more general feedback, in order to prevent detachment from the wider neighbourhood and to more effectively "carry the community with us" (Mary, NPG member). The related ethico-political obligation is to reflect the experiences and wishes, as far as possible, of the whole neighbourhood: "The plan's got to be done by the village, not just by a group of people" (Elliot, NPG member, Wroston).

What is excluded here are the NPGs' own personal relations, affects and experiences: "It's very contentious . . . We've got nothing but our personal opinions at this point in time, I'd rather not put it in" (Anne, vice-chair, Wroston NPG). But, because of the particular ways that NPGs tended to represent their findings, a lot of depth, nuance and texture was also excluded. The specificities of individual and collective articulations of relations with place were often occluded by their translations into material forms that were assumed to be admissible as evidence. The very action of ordering things so as to make some things visible necessarily conceals other things (Law, 2004). This was a deliberate choice, as Oakley NPG Chair Stephanie explained about their decision to present a multiple-choice survey to neighbourhood residents:

> "the big mistake we made [previously] was asking for people's comments. You can't quantify comments. With a tick-box exercise you can easily set out what people have told you, but we had reams of people's thoughts".

By ordering things in this way, the specific, affective textures of lived experience are obscured, either entirely or through their marshalling into narrow, pre-defined categories.

The ideals of good care for this identity include impartiality, inclusivity, accountability, and transparency. Performing this identity, NPGs remain connected to the neighbourhood for whom they speak: a neighbourhood which is beyond their own experience, but with which they are nevertheless still associated. They iteratively move from the outside reflexively looking in, to presenting their own neighbourhood from the inside to the outside. In this identity, the NPGs repeatedly emphasise the importance of hearing what *they* want before *we* can make any decisions; of keeping them engaged; of making sure it's their plan: "We need to know what everyone thinks, not just us, people we know. We need to reach out to businesses, young parents, kids. What do they think? What do they want to see?" (Geoffrey, Oakley NPG member).

Apart from the neighbourhood

In this third identity, NPGs are enacted as detached and separate from the neighbourhood, transformed by their collective practices and experiences. The requirements of neighbourhood planning oblige them to "adopt professional methodologies" and "adapt … an expert discourse" (Bradley, 2018, pp. 31, 38) in order to to speak for the facts of the material world. The NPGs become 'lay-experts', distanced from the sociomaterial neighbourhood in order to perform the "god trick of seeing everything from nowhere" (Haraway, 1988, p. 581), becoming self-invisible (Haraway, 1997). While performing this position is highly problematic from an STS perspective, it is vital to achieving credibility in a positivist

planning system. This identity and its associated practices are furthest removed from obvious interpretations of care. NPGs in this mode are performed as detached, rational lay-experts, entirely disconnected from affective relations with place. But this concealing or suppression of more immediately recognisable versions of care is done through the manifestation of other versions of care, as described below.

The object of *knowledge* here is the neighbourhood as revealed by technical analysis, its categorizable and often quantifiable characteristics (such as housing demand and need, demographic evidence, traffic surveys, economic data). Conventionally in the planning system, "[l]egitimate knowledge is that which is constituted at an epistemic distance from neighbourhoods … even though this might not correspond with experiential forms of knowledge" (Allen & Crookes, 2009, p. 463), necessitating this form of knowledge production to demonstrate epistemic authority.

The object of *care* is thus the ability to credibly represent the neighbourhood in this way, to be able to craft or source evidence that will be accepted as objective fact. The care taken to establish this credibility was often extraordinary, exemplified in the Wroston NPG's production, distribution, collection and analysis of their Housing Needs Survey, considered to be a central piece of evidence. They commissioned a professional planning consultant to lead development and analysis of the survey (rather than doing it themselves, as they did for the 'opinion survey' referenced above); sourced an existing survey from a local expert stakeholder to use as a template; dedicated several meetings to debating which questions should be included and excluded, and how they should be worded; made elaborate arrangements to ensure that the data collected could not be distorted (e.g. by households returning more than one survey); hand-delivered and collected surveys from every household in the neighbourhood; and made alternative arrangements so that surveys could be returned if hand-collection was not convenient.

The affective states associated with this object revolve around detachment, dispassionateness and rationality. These states are often seen as antithetical to care, but represent the embodiment of this version of care, as the related ethico-political obligation is to be 'objective' — removed from entanglement with the object of knowledge. However, considerable anxiety and passion was expended in the attempt to achieve this end; the debates over the Wroston housing need survey often got heated, with a particularly detailed and intricate discussion over whether assessment of local housing need should include family members who had moved away and wanted to return. To resolve disputes, Scott, their consultant, often employed variants of the argument that "This has been used already, it's not perfect but it's been used by the council" to dissuade them from significant changes to the template on the basis that it had been accepted as capable of producing objective evidence in its current form.

The methods of care, partly exemplified in the example above, are to use devices such as templates that are already recognised by key audiences as being able to produce 'objective' evidence; to employ certified professional experts; to draw on the embedded expertise of inscriptions (such as already-adopted plans or surveys from other places — Wroston used an emerging development plan for a nearby Area of Outstanding Natural Beauty as a model, and Oakley's consultant Andrea more than once said that she would "find a policy to fit" from the existing 'bank' of neighbourhood plans once she understood the local issues); to rely on sources that have already demonstrated their epistemic authority (e.g. council evidence base); and to develop sophisticated procedures to guard against skewing or corruption of data.

What is excluded here is any explicit sense of emplacement, of the NPGs' own or others' embodied and contingent being-in-the-world. The NPG do not here speak *as* the neighbourhood, or *for* it, but *about* it, as something quite removed from them. The ideals of good care are of objectivity, detachment and disconnection, to take care not to 'pollute' the facts produced with any 'taint' of subjectivity: as Wroston NPG member Ray said about the Housing Needs Survey, "This is our really basic facts that we're trying to establish". It is a mode of relating to the world that attempts to negate its own relationality and entanglement, in which care is taken to engage with the world only within the positivist evaluative framework taken for granted by custom and practice. NPGs are very care-full in enacting this identity, as it is the one from which they, as an instantiation of community, would in other circumstances be considered most distant from, but which is crucial to enacting them with agency in the community of practice of professional planners. But it is also one which they know to be flawed, precisely due to its exclusion of elements of neighbourhood that matter significantly to them. This was exemplified in the Wroston NPG's critique of the council's Landscape Character Assessment of two potential development sites, (see Discussion). Its basis in a formal assessment matrix with pre-defined categorisations and its mechanistic approach to assessment gave it a superficial air of technical rigour, but working back from its recommendations to the 'raw data' in the matrix, they revealed that it artificially constrained the characterisation of the sites and led to inadequate and inaccurate descriptions and conclusions.

Identities, cares and relations

Enacting each of these identities plays a crucial role in the ordering of sociomaterial relations: different relations are performed by each identity, and in turn each identity is bound up with specific materials and practices that depend on particular more-than-human networks (Barad, 2003; Latour, 2005). This enables each to perform different versions of care, produce different forms of knowledge and to generate different types of legitimacy, that in combination provide the basis for the NPGs to act on behalf of the neighbourhood. The enactments of these relations have been described in some detail in the previous sections and are

summarised in Table 1. However, there are tensions and conflicts between these enactments: the identities do not sit easily together as a coherent whole. While they must be held together, they may not necessarily hold together in an equitable balance. If the performance of one or two dominates, the other(s) may be suppressed in response. So it matters in what configurations they are held together, because this determines which relations, cares and knowledges are made visible and strengthened or weakened (Moser, 2008).

TABLE 1. Identities, cares and relations

Identity	*In* the neighbourhood	*Of* the neighbourhood	*Apart from* the neighbourhood
Material relations with neighbourhood	Embedded, embodied, entangled, lived	Technologically mediated, engaged but distinct	Technologically mediated, detached, distanced
Type of knowledge	Direct first-hand experience, informal social contact	Formally synthesised & codified second-hand experience	Technical, specialised, 'objective', 'factual'
Neighbourhood represented as	Synecdoche: speaks *as* the neighbourhood	Mediator: speaks *for* the neighbourhood	Expert: speaks *about* the neighbourhood
Type of legitimacy	Moral	Political	Epistemological
Object of care	Sociomaterial neighbourhood as experienced by NPG	Sociomaterial neighbourhood as experienced by others; ability to represent relations in acceptable material forms	Ability to represent sociomaterial neighbourhood 'objectively' in acceptable material forms
Methods of care	Doing neighbourhood planning *per se*; personal engagements with neighbourhood, relating these to plan production	Distancing from own lived experience; connecting with, simplifying and codifying others' experience	Relying on recognized sources of epistemic expertise/authority; ensuring these are not 'corrupted'
Exclusions from care	Formal representations of neighbourhood; elements and relations that (may) constitute neighbourhood for others	NPGs' own personal relations, affects and experiences; depth, nuance and texture of others' experience	Sense of emplacement/embodied and contingent being-in-the-world: neighbourhood as experienced
Ideals of good care	Involvement, entangledment, embeddedness	Impartiality, inclusivity, accountability	Objectivity, detachment, disconnection
Visual metaphor			

Discussion: Configurations and politics of care

Care is enacted through neighbourhood planning in many ways, and each must be performed in order to enact the NPG as a legitimate representative of neighbourhood. However, the relative configuration of these conflicting cares — which are prioritised and which marginalised — has consequences that may be detrimental to both the subjects and objects of care. The politics of care in neighbourhood planning are first and foremost ontological: concerned with which worlds can be represented and enacted through its practices (Mol, 1999).

To acquire legal force, a neighbourhood plan must be reviewed by an independent Examiner, who may approve, reject, or require it to be modified. Approved or suitably modified plans must then pass a local referendum. In extreme cases, a failure to attend adequately to the relations of care associated with one these identities has led to plans failing at these stages. Nine have failed at Examination on technical grounds, due to insufficient care being enacted in the identity and practices of the detached expert, e.g. failure to provide adequate criteria for site allocation (Bradley, 2017a). Six have been defeated in local referendums (Parker, 2020), suggesting a failure to enact sufficient care in their identity as mediator, engaging the neighbourhood. However, in one striking case, a referendum was lost when the NPG campaigned against its own plan because they felt that the Examiner had required such extensive modifications to it that it no longer reflected the community's wishes (Milne, 2016), and another plan was withdrawn after Examination for the same reason (Lichfield District Council, 2018). These two provide vivid examples of the cares of the detached 'expert' identity being prioritised over and imposed upon those of the other two by an external force — and of NPGs resisting this and reasserting the importance of cares 'in' and 'of' the neighbourhood, by 'misbehaving' and subverting the framing and expectations of the process (Michael, 2012).

However, it is much more common for these identities and their associated practices to become internally configured in a way which valorises the cares of the detached identity 'apart from' the neighbourhood (and to a lesser extent the disciplined, codified enactments of those 'of' the neighbourhood), at the expense of the more textured, emplaced cares 'in' and 'of' the neighbourhood. NPGs frequently feel compelled to turn their attention away from their original object of care, the neighbourhood-as-experienced, in order to represent a version of neighbourhood in the "dry as dust" forms of technical expertise (Sandercock, 2003, p. 21). They take great care to produce these, because this is an indirect attempt to do care for the experienced neighbourhood. But while this may enable NPGs to be enacted as having agency within the community of practice of professional planners (plans have often been effective in shaping the material development of neighbourhoods (Bailey, 2015; Vigar et al., 2017)), it generates feelings of loss, disappointment and alienation that their plans do not represent the object of care that mobilised them (Bradley, 2018; Yuille, 2019; Parker et al., 2020). When their plan was nearing completion, several members of the Oakley NPG echoed this sentiment, with complaints such as "I just can't see anything of us in there, it's just like a document from the council, it doesn't feel like Oakley" (Jane) and "It doesn't sound like our voice" (Sarah). In Wroston, the NPG judged that their consultant's early presentation of evidence "doesn't sound like Wroston, y'know, specifically about Wroston" (Laura), and they set out to re-familiarise him with the neighbourhood of their experience as a result.

However, while these contingent configurations of care have often led to disappointment and alienation, NPGs are in a unique position to weave these cares together in different arrangements, to resist the reproduction of dominant modes of practice. Traditionally, these modes of care have been associated with different actors. Community groups in formal planning situations tend to be enacted as incapable of accessing the kind of epistemic authority that defines the detached expert identity 'apart from' the neighbourhood (Burningham et al., 2014; Welsh & Wynne, 2013), and collective action is often portrayed by powerful actors as driven by subjective, emotional or selfish interests (Bradley,

2015; Devine-Wright, 2015). The promotion of collective action based on care for place, and the bringing-together of these different versions of care within the NPG, opens a space for cares to be enacted in different combinations and configurations, and for policy to do care better (Gill et al., 2017a), despite the pressures to reproduce traditionally dominant patterns and practices (Parker et al., 2015, 2017).

One example of this was provided by a contested landscape character assessment (a method of describing the sense of place a landscape produces by identifying and describing the combination of elements and features that make different areas distinctive) in Wroston. An assessment by the council's consultants, using a highly regimented, tick-box style assessment tool, had concluded that two large sites enclosing the village on two sides were suitable for development on landscape grounds. The NPG hired a landscape architect to conduct a second assessment. She was briefed beforehand by members of the NPG on the background to the project, the context of the sites in relation to the village and the surrounding landscape, their critiques of the original assessment, and on important viewpoints, approaches and travel lines. She spent a whole day undertaking fieldwork, in contrast to the apparently hurried visit of the council's consultants, walking around and through Wroston and its surroundings as well as visiting each potential development site individually, building up a picture of the area as a whole and making use of the NPG's advice. She located her assessments of the sites within a broader appraisal of the village and its surroundings as a whole. As well as being deeply informed by the NPG's experience and interpretations, her material practice of fieldwork more closely resembled their modes of engagement with place, and her more qualitative, fine-grained and richly-textured analysis reflected this. The policy proposals made on the basis of this rival assessment, which re-configured the relations between care for rigour and objectivity with care for engagement and relationality, were accepted at Examination, overturning the council's objections. The tensions between the different versions of care had been worked together productively, and had generated new representations of the world that enriched both lay and expert perspectives and generated new effects (Tsing, 2005; Verran, 1998).

Conclusion

Neighbourhood planning is a dense imbrication of policy and care: a national policy is intended to enable citizens to articulate their care for place, and give agency to that care by producing local policies which will shape future change. Care is intended as an output of policy and policy is intended as an output of care. This paper traces the contours of care in this policy and practice domain, and provides detailed empirical knowledge about how the relationship between policy and care is shaped (Gill et al., 2017b). It resonates with the papers in Gill et al.'s edited monograph (2017a) in exploring distributions of care and suggesting ways in

which these distributions could be otherwise, but in contrast to them considers how (local) policy is made as well as how (national) policy is implemented.

The analysis shows how a policy intended to foster one form of care reproduces its exclusion by generating and privileging other subjects, objects and methods of care. However, it also shows how policy and care can be done otherwise: in the example in the previous section, generating richer representations of neighbourhood-as-experienced, in the context of a system that

tends to negate such representations, enabled policy to care for neighbourhood in new and different ways. Attending to the multiplicity of often-unseen caring relations enables a recognition of how, when and why practices may lead to particular exclusions from care. This in turn opens up possibilities for situated tinkering (Mol et al., 2010): deliberately rearranging these relations to enable a more equitable distribution of attention and valuing between different subjects and objects of care, to disrupt the automatic privileging of some and the marginalisation of others.

This speaks to debates around the 'dark side' of care (Metzger, 2014; Murphy, 2015) by highlighting that although care is necessarily selective, directing attention towards some (potential) objects of care and away from others, there are ambiguities and fluidities within this selectiveness. Policy impinges on multiple facets of care, and often on multiple versions of subjects and objects of care: there are different ways of doing care for 'the same' object (the neighbourhood) by 'the same' subjects (the NPG). Making all modes of care visible — especially those not normally conceptualised in terms of care — may enable a more reflexive approach to policy design, application, and research, that can ameliorate the contingent tendency of policy enactment to marginalise specific modes of care.

While the anticipated features of policy and care are often seen to work against each other (Gill et al., 2017b), this paper shows policy and care deeply, if unevenly, embedded in each other. Rather than finding tensions between the features of policy and the features of care (Lavau & Bingham, 2017), it finds tensions between different cares in the enactment of policy. It suggests that while the situated enactment of policy in this location does act to suppress some forms of care, it does so by encouraging others. Care does not appear as being at odds with the demands of policy but rather woven through them in complex relations which are contingently configured. These configurations are frequently inimical to the object of care that the policy is ostensibly intended to foster. However this is not an inherent feature of the policy but rather a consequence of its situated enactment.

All the modes of care identified in this paper are necessary for doing good care in this location of practice. It is not simply the case that care is marginalised by policy protocols (Gill, 2017; Lavau & Bingham, 2017) that are overly-focused on measurement, quantification and standardisation (Schillmeier, 2017). Rather, approaches that involve measurement, standardisation and quantification can themselves be partial embodiments of good care. In this case, practices of understanding locations as abstract space (known from a distance through technical methodologies and technologies, with categorizable and quantifiable characteristics — for example assessing housing need and demand) are vital for doing good care for the future growth of neighbourhoods. They are crucial components of the ongoing and changing relationships between people and place, and without these techniques planning with care

would not be possible. Problems arise both when these practices marginalise other, more situated and responsive practices of care — in this case, practices of understanding locations as lived place (known from within through practical and affective engagements, with meaningful and symbolic characteristics) (Agnew, 2011) — and when the caring dimensions of these more abstract practices are obscured, leading to perceptions that they are somehow oppositional to more responsive and situated articulations of care.

In some domains, such as spatial planning, it may be that policy can do care better not by replacing one set of (standardised) care practices with another that holds a more situated awareness of difference, but by reconfiguring the relations between them to allow them to 'go on well together in difference' (Joks & Law, 2017; Verran, 1998). Policy can only respond to that which is made visible. Dominant planning practices tend to marginalise the visibility of certain objects of care (such as the neighbourhood-as-experienced), while reproducing others (such as housing need and demand) as matters of fact. Surfacing and explicitly paying attention to different modes of care, and understanding their objects as matters of care (Puig de la Bellacasa, 2011), can better enable both researchers and practitioners (NPGs, professional planners and Examiners alike) to collectively reflect on them and the relations between them. Making different objects and relations — different worlds — of care more visible is the first step towards discussion and deliberation on how policy should respond to them.

Acknowledging the qualitative differences between these matters of care, the impossibility of reducing one to another but nevertheless the importance of each, and holding them together visibly in tension, will not produce easy answers for practitioners. But it could open up possibilities for more conscious and reflexive decision-making about the ways in which they are combined, and reduce the likelihood of matters that matter to people being automatically sidelined. For example, richer, more textured representations of neighbourhood-as-experienced are central to understanding how people and place relate to each other, and should therefore be valid and vital elements of the evidence needed to plan with care. By neither attempting to collapse these into quantitative understandings of location as abstract space, nor allowing them to displace or be displaced by them, policy can be developed that is more nuanced and responsive to the varied material needs of neighbourhoods, which can only be fully articulated as a combination of the qualities and characteristics of both lived place and abstract space.

Each mode of care attends to different versions of neighbourhood and ways of representing it, each of which is necessary to successfully enact the policy. But the specific ways in which they are enacted, which are privileged and which marginalised, shift the conditions of possibility for what can be cared for in policy. Opening up how matters of care are produced, making diverse subjects, objects, and relations of care visible, opens the possibility

of responding to them and working them together in less exclusionary and dominatory ways (Haraway, 2016; Martin et al., 2015). Making visible more of the work of care enables disruptions to what is cared for and how; making different relations of care visible (or making them visible in different ways) enables policy to do care differently by (re)presenting different realities to which it can respond.

Acknowledgements

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ABANDONING QUESTIONNAIRES

Improving quality of life in daily nephrology practice

by Anna Mann

Care-concepts have proliferated over the past couple of years, and have been used to study all kinds of practices, situations and sites. This begs the question: What is gained by studying practices in terms of care? The paper addresses this question by using a specific care-approach, which is the study of daily life dealings (Mol et al., 2010). It mobilises this approach to investigate a particular object, namely a good provision of haemodialysis treatment in nephrology practice. It does so in a given place, a dialysis unit in Austria. Based on ethnographic fieldwork with a focus on how patients' quality of life was improved, the paper reports how, in this dialysis unit, a quality of life questionnaire was introduced but soon abandoned. It first analyses how the prominent ideal that quality of life is to be measured with a questionnaire arrived in the goings-on in the unit. It then teases out how connecting and disconnecting patients to dialysis machines, and seeing them during the daily round enacted knowing, improving and quality of life in other ways than the prominent practice. It argues that questionnaires, forms, protocols, and the prominent practice they are part of may not only be made to fit into daily clinical practices or that daily life dealings are other to prominent practices. Daily clinical practices may also be the basis upon which questionnaires, forms, protocols, and the prominent practice they are part of are evaluated, abandoned, and forgotten. Recommending further investigation into the conditions of possibilities for alternative enactments of a good provision of health care to thrive, the paper concludes that what has been gained by using this specific care-approach to study this particular object are insights into daily life practices that have so far been othered in nephrology practice and STS.

Turning to 'care', gaining what?

Fieldnotes, 24 March 2017, City Hospital, dialysis unit, 7:14 o'clock

"Aren't they graceful, my legs?", Herr Fialka asks nurse Angelika, pointing at his upper thighs around which wrinkled skin hangs loosely.

Like every Monday, Wednesday and Friday, Herr Fialka had been brought by the ambulance to the dialysis unit of the City Hospital shortly before 7:00. After arriving, he had stood on the scale, strolled into Room 1, and climbed into one of the beds. As soon as he was lying down, Angelika had started attentively touching two knobs on Herr Fialka's upper left thigh. These were arteries that had been surgically connected with veins, "fistulas." They served as access to Herr Fialka's vascular system. Next, Angelika swiftly guided at a steep angle a needle through the skin, through the fistula's hardened wall, tilted it, and pushed it further into the fistula. She secured the needle with tape. She inserted the second needle into the other fistula and connected both to the tubes, the "lines", that lead to the haemodialysis machine standing next to the bed. All the while, Herr Fialka and Angelika had been exchanging jokes.

"Absolutely!", Angelika answers, "And when will you follow through on your promise to put on your superman boxers for me?" Herr Fialka chuckles and, eyeing the ethnographer with notebook, teasingly asks, "Are you writing down everything or only the juicy details?" He turns back to Angelika and shares his body weight with her, "Fifty nine." "Three and a half kilos?", Angelika suggests as amount of fluids to be extracted throughout the run. Herr Fialka sighs and nods. She types on the touchpad of the machine: 3500 ml, presses "Enter", then "Start". The coils of the machine are set in motion and begin drawing blood through the lines, out of Herr Fialka's body and into the machine. For the next four hours it will carry out what Herr Fialka's kidneys have ceased doing five years ago: extracting fluid, potassium, calcium, phosphate, and other waste products - keeping the body alive.

Care has become a 'hot' topic in science and technology studies (STS) over the past couple of years.[1] Annemarie Mol, Ingunn Moser, and Jeannette Pols have urged us to study "care in practice" (2010), by which they have meant to study daily life practices that tend to the fragility and fleshiness of life. These daily life practices are crucial, Mol, Moser, and Pols (2010, p. 7) have argued, because the Enlightenment tradition and its celebration of the mind, reason, autonomy and choice have made the body, its pains and pleasures and all the daily life practices that attend to it become othered, taken for granted and devalued. Mol, Moser, and Pols have not been the only ones who have turned to care. Marie Puig de la Bellacasa (2011) has done so as well. In the light of a looming ecological crisis, she has called for studying matters of facts and sociotechnical assemblages not only as matters of concern (Latour, 2004), but to turn them into "matters of care". She has detailed (2011), this implies that, as one investigates technoscientific agencies, one exposes invisible labours, intervenes in the articulation of issues by thinking about how things could be "otherwise", and allows oneself to become affected by the issues one investigates instead of divorcing affects from the research experience. Reacting to these turns towards care in terms of daily life practices and ethico-political concern, Aryn Martin, Natasha Myers and Ana Viseu (2015) have warned against forgetting care's darker side: its lack of innocence and the violence that is committed in its name. They have proposed conceptualising care as a "mode of attention" (Martin et al., 2015, p. 627) that is highly selective: although it "cherishes some things, lives, or phenomena as its object […], it excludes others" (ibid.). Other STS scholars have, in parallel, mobilised these various concepts of "care" to investigate practices that are rarely described in terms of "care", such as policy practices (Gill et al., 2017), animal husbandry (Law, 2010; Singleton, 2010) and natural science laboratory practices (Pinel et al., 2020; Giraud & Hollin, 2015). Capitalising on the tension between "care" and notions like "implementation" or "objectivity", these studies have nuanced our understanding of these practices.[2]

A wide range of different conceptualisations of care with partially very contradictory political commitments have been used to investigate all kinds of practices, situations and sites. This proliferation of care-concepts and expansion of their use prompts the questions, as the editors of this special issue put it: What is gained by studying practices in terms of care and what is lost? What is made present and what is made absent? This paper addresses the question of what is gained by investigating practices in terms of care not in general terms or in an abstract way, but using one of the above mentioned care-approaches to investigate one object in a given place.[3]

In 2016, I happened to be very inspired by the care-approach developed by Annemarie Mol, Ingunn Moser, and Jeannette Pols. They have, as already mentioned, urged us to investigate care through a study of daily life practices that tend to the body, its pains and pleasures, the fragility and fleshiness of life.[4] They have done so by setting out to sites that advertise themselves as providing "health care" or "nursing care", such as diabetes outpatient clinics, nursing homes, and long-term psychiatric wards. At these sites,

2   For a more exhaustive overview over the "turn towards care" in STS, see the introduction of this special issue.

3   For an example of an abstract discussion of care-concepts, see Duclos & Sánchez Criado (2020).

4   This is one approach to "daily life" that has developed in STS in parallel to a second one. The latter uses a focus on "daily life" as a heuristic device to unravel the work, negotiations, and contestation that have gone into that which in the end appears "ordinary" and "mundane" e.g. Latour (1995) and Woolgar and Neyland (2013). For a short summary of the approach, see Mesman (2017).

they joined in as ethnographers as diabetes nurses discussed with diabetes type 1 patients nitty-gritty details of how to best measure their blood sugar levels, when care givers brushed the teeth of elderly suffering from dementia, and as psychiatry health care professionals supported patients with mental disorders to learn to wash themselves. The ethnographers noticed that what was going on in these moments was a silently embedded "practical tinkering" and an "attentive experimentation" (Mol et al., 2010, p. 13). In their analysis, they teased out what, through this practical tinkering and attentive experimentation became performed as good, what as bad, and ambivalences and complexities unfolded in this process. They have pointed out that putting into words these silently embedded processes provides much more than a mere description of practices going on in the provision of health care in 'the world out there.' An ethnography, they have argued, is able to articulate alternatives within the ideals, discourses and practices that currently govern the provision of health care in Europe and North America.

The object that I wanted to investigate was a good provision of haemodialysis treatment to patients in the end stage of renal disease in nephrology practice, focusing in particular on how - as it is often put - a patient's quality of life is improved. A good provision of haemodialysis treatment in nephrology practice has not remained uninvestigated in STS. Andrew MacDougall and his team (2016) have investigated the disputes that nephrologists had with cardiologists about the aim of haemodialysis and the authority of clinical decision making when providing health care to patients in the end stage of renal disease who also had advanced heart failure. In the debates, the researchers learnt, fluid constantly changed

between a "matter of fact" and a "matter of concern" (Latour, 2004), leading them to argue that the object of nephrologist's intraprofessional collaboration is more granular and less stable than the idea of 'the patient' suggests. Wen-yuan Lin (2012) has zoomed in on patients receiving haemodialysis treatment and the tactics that they deploy when, for instance, problems with their vascular access emerge. Some patients, Lin observed, went to see alternative healers and brought alternative treatments to the dialysis unit without telling staff about it. Lin suggested that these tactics enact both a biomechanical body and one in which chi is circulating. Yet again differently, Pascale Lehoux and her team (2008) have concentrated on policies designed "to improve" the provision of haemodialysis treatment. They found that the call to provide "closer-to-patient services" was implemented in projects in diverging ways. While in one project haemodialysis facilities were built into a bus, in another a dialysis unit was constructed in a local hospital. As in both projects, the length of dialysis treatment remained four hours and the daily rounds of nephrologists were replaced with videoconferencing, Lehoux and her team have argued that the practice of nephrology remained the same and at the same time became different. STS studies have thus highlighted how a good provision of haemodialysis treatment is debated by nephrologists and other health care professionals, is enacted in specific ways by patients, and is reconfigured through the implementation of policies that aim at improving it.[5]

In order to investigate with this care-approach how a good provision of haemodialysis is crafted, contested and negotiated in nephrology practices, I set out to carry out fieldwork in Austria. What follows is the outcome of this process.

Haemodialysis treatment and nephrology in Austria

Around 4,000 patients (out of a total population of 8.7 million) were receiving haemodialysis treatment to replace lost renal function in 2016 according to the Austrian Dialysis and Transplantation Registry's annual report (ARGE ÖDTR, 2017). Most of these patients had entered renal failure due to hypertension or type 2 diabetes. Their mean age at initiation of haemodialysis was 64 years. Haemodialysis either served as a "bridge" to a kidney transplant or, if the type of kidney disease foreclosed a transplant or the patient did not want one, as a clinical prolongation of life. The other renal replacement therapies in Austria are kidney transplant and the much less frequently used peritoneal dialysis.

The provision of haemodialysis treatment takes place in around 70 dialysis units all over the country, most attached to internal

medicine departments in hospitals. A unit has, on average, 17 beds to perform this treatment. Together all units employ around 1,000 certified dialysis nurses and more than 200 physicians with an additional qualification in nephrology. Nephrology, as the website of the Austrian Society of Nephrology explained when I was carrying out fieldwork, is "the subarea of internal medicine that deals with kidney disease. (…) Nephrologists are physicians who are specialised in [the kidney's] diseases. Their tasks comprise the early recognition of disease, the diagnostic differentiation of diseases, the evaluation of functional disorders and the provision of non-surgical therapies."[6] Haemodialysis treatment is, in other words, the core task and expertise of an organ focused subspecialty, nephrology, which is part of the larger speciality, internal medicine. The treatment and the specialists providing it are part of a state-run system.

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5 These studies fill an important gap created by STS research focusing primarily on the promises and practices of transplant, e.g. Felt, Fochler and Winkler (2010) and Amelang (2014) medical sociological studies zooming in on social interactions, in particular shared decision-making processes around dialysis, most recently e.g. Selman et al. (2019) and Ladin et al. (2018), and medical anthropological work on patients' experiences of living on haemodialysis treatment, e.g. Kierans (2005) and Russ et al. (2005)..

6 {$NOTE_LABEL}. https://www.nephro.at/oedr2016/oedr2016.html 15. August 2018.

Physicians specialised in nephrology have organised themselves into the Austrian Society of Nephrology (ÖGN), which holds semi-annual meetings that provide updates and continued medical education. The society also collects information about each individual patient with renal replacement therapy for the Austrian Dialysis and Transplant Registry (ÖDTR), and forwards that data to the European registry run by the European Renal Association (ERA-EDTA) based in Amsterdam.

The provision of haemodialysis treatment in Austria is fairly typical of the situation in Western and Northern Europe, with two exceptions.

First, in some countries, such as the Netherlands, health insurances also cover haemodialysis treatment at home. Second, over the past couple of years, dialysis units in Austria have experienced a hollowing out of material and personnel infrastructures. This kind of tightening of economic resources is different to other countries where financial restrictions have taken place through an explicit "rationing" of treatment that becomes reimbursed, like in Switzerland, or through policy changes that induce a shift towards more "patient involvement" in the form of home treatment, for instance in Denmark.[7]

Collecting data on the provision of haemodialysis treatment in Austrian, analysing "practical tinkering" embedded in "daily life"

In order to study how quality of life of patients in the end stage of renal disease on haemodialysis is improved in nephrology clinical practice through practical tinkering embedded in daily life dealings, in 2016 I identified a medium-sized dialysis unit in a public hospital and I set out to it. At this unit, I recorded data on the provision of haemodialysis treatment for 12 weeks through participant observations of the daily rhythms. To identify idiosyncrasies in the observations, I identified a second medium-sized hospital-based dialysis unit in another part of Austria, where I conducted participant observations in the same manner for four weeks. I complemented the observational data by conducting interviews at the primary research site. These interviews were carried out with the head of the dialysis unit, the head of the internal medicine department that the unit was attached to, the psychologist, and nine patients and/or their significant others. These were in total 19 interviews, lasting between 30 minutes and 3 hours. The observations and interviews focused on what informants were doing, their practices. I further contextualised these materials through participant observations at the annual conferences of the Austrian Society of Nephrology (ÖGN), the Austrian Working Group for Nephrology Nursing and Dialysis Technology (ÖANPT), the European Renal Association (ERA-EDTA) and through interviews with stakeholders in Austrian nephrology. Data collection ended in May 2018.

I began data analysis by identifying processes, which through an emphasis on reason, autonomy and choice in nephrology practice were the focus of attention and those that became taken for granted, devalued and othered. Preparing patients for a kidney transplant received a lot of attention in the two dialysis units, while the provision of haemodialysis treatment was often taken

for granted. I therefore started to focus on the latter. Within the provision of haemodialysis treatment and the tasks it consisted of - the monthly blood analysis and the daily rounds - not all practices were equally valued either. The division of labour in the second unit I had collected data in, which was organised in a particularly hierarchical way, mirrored this. In that unit, the chief physician was present at the monthly blood analysis and communicated results to patients. The daily rounds were carried out in alternating ways by three senior physicians. Thus, I focused on the rounds and what happened during them. The rounds themselves depended on nurses connecting patients to the dialysis machine in order to start treatment and disconnecting them at the end. I took the daily round, the connecting and disconnecting as constituting the "daily life" dealings in the provision of the haemodialysis treatment. Next, I analysed the kind of doings undertaken during the daily round, the connecting and disconnecting, which I determined as constituting the "practical tinkering" and "attentive experimentation".

In what follows, I present my findings by providing fieldnotes of what happened on the very first morning on the first day of fieldwork and of what happened to one patient, whom you have already met in the introduction, during the daily round. He was presented to me by the staff in the dialysis unit as a, for the unit, "typical" haemodialysis patient.[8] I call him Herr Fialka. He is also representative of haemodialysis patients in Austria in terms of age, co-morbidities, and disease trajectory. In 2016, when I first met him, he was 74 years old. In 1997, he had been diagnosed with chronic kidney disease, and in 2011, he had begun haemodialysis treatment. Herr Fialka never wanted a kidney transplant.[9] Prior to this, in 1975, he had been diagnosed with chronic inflammable

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7   Ethnographies from places other than Europe and the U.S. provide a vivid reminder that dialysis is far from being a standard treatment that is available universally. For an analysis of the political etiology that patients in Egypt develop where not only kidneys, but also the state, fail, see Hamdy (2008); for the ways in which dialysis turns into a "gift" that poor patients in Thailand are waiting for, see Seo (2016); and for the liminality of lives of dialysis patient who are undocumented migrants in the United States, see Kline (2018).

8   The main distinctions made by the staff were between patients who were "running on their own" (and did not need much attention), who represented "a complicated case" (for example a patient who, in addition to being in renal failure, was also unemployed, divorced, and had three children out of whom one had disabilities), or patients who were "doing badly" (and expected to pass away within the next few days or the week). For a critical analysis of the categories of "bad patients" and "good patients" used by medical students in the United States, see Sointu (2017).

9   There are many good reasons why patients on dialysis might refuse offers of living donor kidneys for instance, as Gordon (2001) shows.

bowel syndrome and many operations had followed. In 2018, he was diagnosed with testicular cancer and developed an inoperable fistula between his abdominal wall and stomach. He passed away from a cerebral haemorrhage in October 2018.

Measuring side-effects? A prominent ideal enters local clinical practices

Fieldnotes, City hospital, 11 July 2016, around 7 o'clock

The corridor is flooded with light, and, although the sun has just started rising, it already promises to become another hot summer day. Doktor Doblinger, my main contact, has told me via email to meet her after her nightshift. A few minutes before the agreed time, I am waiting, slightly nervous, at the nurses' station on the internal medicine unit. Around the corner, a tall woman in her late 40s appears. She walks briskly towards me. Her white coat swishes around her legs. After short introductions, she gestures me to follow her towards the dialysis unit. "You know," she starts recounting, "a couple of years ago, when we began developing the palliative care project, we distributed Quality-of-Life-questionnaires to all our dialysis patients. Susanne, our psychologist, had developed them. But out of the 80 questionnaires that we had distributed, we got back only 10. And some of them weren't filled out honestly even. Frau Prohaska, for example, you'll meet her at the daily round, had answered the question concerning sleep with 'very good'. At the same time, she was seeing Susanne to whom she was complaining about how bad her nights were. So, we knew *that she had sleeping problems!" We have entered the dialysis unit, passed the nurses' station, the patients waiting area and arrived in Doktor Doblinger's office. She sits down at her desk. The swivel chair sags down under her weight with a sigh. Moving the mouse to wake up the computer, she prints out the patient list for today's round and clips it onto a purple clipboard.*

To situate this observation, the insights on quality of life provided by medical sociologists and STS scholars are helpful. Quality of life emerged as a concept in the 1960s, when three separate debates unfolded in medicine and society (Armstrong & Caldwell, 2004). The first revolved around the question of social progress and social crisis; the second concerned haemodialysis and other newly developed medical technologies that prolonged life, but, as some physicians asked, at what cost? The third debate arose around the question of how to assess the quality of treatment and care for patients with chronic diseases that could not be cured, and elderly people, for whom survival was not a good measure. Armstrong and Caldwell have argued that quality of life served as a "device" (2006, p. 361), as they put it, in these three debates that allowed the debates to settle at a rhetorical level. The concept was formalised in the 1980s, when four instruments, developed between 1950 and 1980, were merged into one (Armstrong et al., 2007). These were a mental health assessment, a symptom list, a measure of so-called "activities of daily living" (i.e. the effects a disease yields on activities like climbing up stairs), and an assessment of "social functioning" (i.e. how limitations of everyday physical functioning affect the pursuit of hobbies and sexual life). Armstrong and his

colleagues have argued that, between 1980 and 1995, this four-dimensional quality of life instrument "consolidated its hold over medical outcomes research and practice" (2007, p. 577).

What is it that quality of life measures do? The introduction of Quality Adjusted Life Years measurements by the Swedish Pharmaceutical Benefits Board, which has been investigated by Ebba Sjögren and Claes-Fredrik Helgesson (2007), provides an example. The board introduced the metric to decide which prescription pharmaceuticals, out of the plethora of pharmaceuticals approved for use, should be included in the public pharmaceutical scheme. However, in order to use this measurement, the STS scholars highlight, the board not only had to delineate which products should be compared, but also which use of drugs to compare, how to compare the products, what kind of effects to count, and which data to use in the first place. The use of quality of life measurements, Sjögren and Helgesson (2007) argue, depends on a lot of work. What quality of life measures do in clinical practice is yet again different, Arseli Dokumaci's auto-ethnography (2019) suggests. Dokumaci reported how she was asked, as a rheumatoid arthritis patient, to fill out the Health Assessment Questionnaire (HAQ), a quality of life questionnaire developed for assessing disabilities caused by rheumatoid diseases. It includes question like "Over the last week, were you able to dress yourself, including tying shoelaces and doing buttons?" Based on her observations, Dokumaci argues that quality of life instruments expand the clinical gaze. In addition to seeing and knowing a disease and/or treatment through clinical markers, laboratory results, mortality rates and survival times, in other words by looking at 'the inner workings of the body', quality of life instruments bring into focus how the body that is afflicted by this disease and/or receiving this treatment functions in daily life. They leave intact, Dokumaci points out, the causal link between pathology -> disease -> disability, extensively criticised in disability studies.[10]

These medical sociologists and STS scholars have brought out how a concern for a patient's daily life with a disease and/or a treatment has come to be articulated in terms of "quality of life" that needs to be "improved" and a particular way of going about it, measuring quality of life with a questionnaire, has gained prominence and often dominance. They have shed light on what this prominent practice does and does not do in health care policy and clinical practices.

Let us return to the dialysis unit of the City Hospital. There, in the process of setting up a project on palliative care in 2013, a questionnaire was distributed. Susanne, the psychologist, specified

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10 For an investigations into what quality of life measures do in global health practices, see Wahlberg and Rose (2015) and in daily life practices of patients, see Pols and Limburg (2016).

that it was the German version of the Health Related Quality of Life Questionnaire. She had found it on the internet. It consisted of questions relating to physical health (sleep, fatigue, loss of appetite), emotional health (sadness and enjoyment of life) and social functioning (work and sexual relations). For example, it asked patients to choose, with regard to their previous week between the following statements: "1 - I do not get tired more easily as usual." "2 - I get tired quicker than I did before." "3 - Nearly everything makes me tired." "4 - I am too tired to do anything." The questionnaire was printed out and distributed by one of the unit's nurses. Ten patients answered the questions and returned the filled-out forms.

Let me draw your attention to what, then, did *not* happen. Doktor Doblinger and her colleagues did not follow up on the missing questionnaires. They did not sit down and rephrase the questions in such a way that they might solicit more "truthful" answers. They had not systematically reviewed the literature on health related quality of life in patients on haemodialysis, then assessed the current quality of life of all patients in the unit, then designed the palliative care intervention, tested the intervention in a pilot study, performed a full blown and preferably randomised controlled trial, and, had the intervention proven successful, implemented it in the existing structures in the unit and disseminated it to other units in Vienna, the rest of Austria and the rest of the world. They did not follow what a key player in Austrian health care identified as the gold standard of Evidence Based Medicine (Berg & Timmermans, 2003). Instead, the questionnaire, which I tried to follow up on between 2016 and 2018, could not be retrieved on the many computer backups the psychologist had made. Nor could anyone tell me where the 10 filled-out sheets had ended up.[11]

This was not the only quality of life questionnaire that I learnt about during my fieldwork. In a second unit, where nephrologists both regularly participated in international research projects and carried out research on their own, the head of the unit decided, in 2005, to carry out in collaboration with a pharmaceutical company a study on patients' quality of life. As he told me in an interview, he tried to involve in the study design a psychologist, "an expert", as he put it. Unsuccessfully, so an item battery was developed without a psychologist. Questionnaires were distributed, filled out and the completed sheets collected. The head had been in the process of hiring a student to enter the answers into Excel and perform the statistical analysis when "luckily", he explained, he had realised that the validity of the results would have been "very poor". The questionnaires were then stored in a cellar. When I was undertaking my research in 2016, no one could locate them or say conclusively whether they still existed.

In a third unit, in around 2000, an email arrived from the European Renal Registry of the European Renal Association.

It was addressed to the head of the unit who happened to be the physician who, from the 1980s onwards, was responsible for sending data from Austria - numbers of patients in the end stage of renal disease, type of kidney replacement therapy, and others - to the European registry. In parallel, he had established an independent Austrian dialysis and transplant registry. The email asked whether quality assessment instruments in Austria included a measurement of patients' quality of life. They did not. In response, he assigned one of the physicians in training on his ward to develop a prototype quality of life questionnaires. This physician, whom I also interviewed, explained that he did so by combining items of the generic Short Form (36) Health Survey (SF-36) with the symptom and dialysis-oriented Kidney Disease and Quality of Life-Short Form (KDQoL). The former included questions on physical, emotional and social functioning, the latter inquired into side-effects of chronic kidney disease through questions like "During the past four weeks, to what extent were you bothered by cramps, itchy skin, nausea", and asked patients to rate the occurrence of each of these side-effects by ticking one of four boxes ranging from "not at all bothered" to "extremely bothered." The combination of the two measures resulted in an instrument of over 50 items. The questionnaire was distributed to the unit's patients receiving haemodialysis, those on peritoneal dialysis and those who had received a kidney transplant. If patients did not return the questionnaire, the physician went looking for them and asked them the questions face-to-face. In the evenings, he entered the results in an Excel file and calculated each patient group's rating, compared the rating between the groups, and presented the results at the biannual conference of the Austrian Society of Nephrology. Both the head of the unit and the physician formerly in training me that the study had required "a lot of effort" and could "not be performed on an Austria wide scale." The reasons for this, they explained, were that dialysis units were often short of staff and that including items regarding quality of life into the existing registry questionnaire would make it longer and jeopardise the current high return rate. The former physician in training ventured that the completed assessment forms had probably been disposed of when the nephrology department and its dialysis unit had merged with another department and moved to a new location.

The quality of life questionnaires in the dialysis unit of the City Hospital and the two other dialysis units that I came across during fieldwork require specifying the arguments developed in medical sociological and STS studies on quality of life. They suggest that the ideal and practice to improve quality of life by measuring it with a questionnaire arrive in clinical practices that are going on in a specific particular place through highly particular dynamics. What creates an impetus in clinical practice to search for a quality of life questionnaire, print it out, and distribute it ranges from the implementation of a project according to the

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[11] While the quality of life questionnaires were not followed up on, the palliative care project became developed and implemented. For a detailed analysis of how this and other projects enact "quality of life", see Mann forthcoming a.

gold standard of Evidence Based Medicine (in the dialysis unit of the City Hospital), to the aspiration to produce knowledge and do science intertwined with the aim of improving products and increase profits (in the second unit), to the ideal that the provision of health care services should be monitored and steered through quality measurements, and to the tradition of teaching medicine through practical exercises (in the third unit).

More important is the fate of the three questionnaires. Many STS scholars have argued that questionnaires, protocols, and forms are not blindly followed by health care professionals and patients, stressing that there is a "mutuality" (Timmermans & Berg, 1997, p. 288) between questionnaires and their requirements and locally ongoing clinical practices. As Timmermans and Berg put it, the sine qua non for the functioning of a questionnaire, form or protocol is an "ongoing (…) (re)articulation of the protocol to meet the primary goals of the actors involved." (ibid., 291) Through case studies ranging from Cardio Pulmonary Resuscitation protocols in emergency wards (ibid.), Do Not Attempt Cardiopulmonary Resuscitation orders in acute wards (Cohn et al., 2013), person-centred care assessment protocols in internal medicine units (Lydahl, 2019), and health assessment protocols in psychiatric clinical practice (Bister, 2021), they have brought out how such a (re)articulation happens, how questionnaires, protocols and forms are adapted and adjusted to fit into locally ongoing clinical practices. This, however, is not what happened with the questionnaires reported about above. The unreturned quality of life questionnaires were not followed up on in the dialysis unit of the City Hospital, the answers of the questionnaires were not entered into an Excel file in the second unit, and the instrument developed in the third unit was not integrated into the quality assessments forms used across Austria. In fact, the three quality of life questionnaires and the fate they had in nephrology clinical practice provide examples of patients and medical professionals who stop bothering with questionnaires and their requirements and of forms that cease to be adapted and adjusted in local clinical practices. They exemplify questionnaires, forms and protocols that are abandoned, forgotten, and thrown away. The next section unfolds how such a forgetting, abandoning and forgetting can happen.

Making a phone call: A rejection of the prominent ideal through daily life practices

Doktor Doblinger, her medical colleagues, the nurses, and the psychologist, as mentioned above, did not follow up on the missing questionnaires. The ten questionnaires that had been eventually returned were thrown away. Did this imply that Doktor Doblinger and her colleagues stopped attending to the way their patients in the end stage of renal disease on haemodialysis treatment lived their lives and ceased to improve it? In order to answer this question, let me introduce fieldnotes from the daily round and what happened around it.

Fieldnotes, 24 March 2017, City Hospital, dialysis unit, 9:04 o'clock
Doktor Doblinger has seen the last patient on the morning round and heads back to her office. She sits down at the desk. The swivel chair sighs. She reaches into the pocket of her white coat and takes out her phone.

On the daily round, Herr Fialka had answered her question "How are you?" with a finger pointing towards his mouth. In the corners of the mouth and around the lips, an eczema had developed. "Na geh…" "Oh no…" Doktor Doblinger had exclaimed. "Do we have a skin [department] in the house?" Herr Fialka had asked. "Can't they concoct something?" "There is a skin department in the house, but they have very long waiting times. I'd rather call a good friend of mine who is a dermatologist," Doktor Doblinger had answered and added with a twinkle, "We will use her as telephone joker!" Herr Fialka had nodded while Doktor Doblinger had taken out her phone and dialled the number. Nobody had answered. "She isn't there. I'll try again later and bring you the prescription before you leave." She had made a note on her purple clipboard.

When she had finished, Angelika, who had followed the exchange standing next to the dialysis machine stated, "We have entered three and a half kilo… and are seeing how it goes." Doktor Doblinger had gotten some disinfectant and started touching Herr Fialka's right shin. In the middle, further up and further down. Her fingers had left imprints, a sign for her that too much liquid had accumulated there. "It's already better than the last time," she had observed. "Let's see to it that next time we get down to 55.5 kg dry body weight." Angelika had nodded and Doktor Doblinger had made another note on her clipboard.

After a moment of silence, Herr Fialka had started turning his head back to the TV, and Doktor Doblinger had muttered, "Good bye!" and started walking to the next bed in which the next patient was waiting.

Now, she takes up her phone and presses "redial." After the second ring, a voice crackles through the receiver. "Hallo Verena! … May I ask you a question? … I have this patient, born in 1942…"

To replace Herr Fialka's and other patients' kidney function, two temporally distinct routines were going on in the dialysis unit. On a day-to-day basis, nurse Angelika and the other dialysis nurses meticulously attended to fluids. On the morning described above, Herr Fialka's body had retained all the fluids he had taken in during the 48 hours since the previous dialysis run. Based on calculations of what Angelika and Doktor Doblinger called "dry body weight", 3.5 liters was set as the target for removal during this run. Achieving this was not obvious. Extracting too much liquid or extracting it too quickly could strain Herr Fialka's circulation, cause a sudden drop in blood pressure and make him faint, and extracting too little could leave him breathless. Angelika

therefore measured Herr Fialka's blood pressure every 30 minutes and attentively observed how he was keeping himself in his bed. In addition, Angelika and the other nurses watched over the state of Herrn Fialka's and other patients fistulas and measured the potassium level in patients' blood. At the end of every month, "the monthly bloods" were taken. For each patient a set of parameters were assessed: vital parameters - haemoglobin and C-reactive protein -, amount of waste products - calcium and phosphate - and other parameters, such as Kt/V, a dialysis quality parameter that had been introduced in the 1970s and 1980s, but that had never established itself as sole indicator (Cameron, 2002, p. 247). Depending on the values, Doktor Doblinger and her colleagues increased or decreased medication dosage (for example of phosphate binding drugs), replaced one drug with another (three pills of a blood pressure drug a day with another drug that required intake of one pill a day only), and increased or decreased the length of dialysis run or speed.[12]

Still, on the morning described above, Doktor Doblinger did more than attending to the amount of fluid in Herr Fialka's body. She reacted to another bodily ailment that Herr Fialka was afflicted with. This bodily ailment was neither cramps, nor itching skin, nor nausea caused by chronic kidney disease or haemodialysis treatment. It was a bodily ailment which, in common pathophysiology, was completely unrelated to Herr Fialka's kidney failure or dialysis. It was one morning among many during which I observed nurses and physicians attending to issues that Herr Fialka and other patients brought up that were related neither to renal failure nor to its treatment. I will provide just two more examples. On another day during the daily round, a patient mentioned how tired he was. To differentiate between a tiredness that was normal, one that was a sign of depression and one that indicated a slowly progressing dementia, Doktor Doblinger called the psychologist. When the patient came in for his next dialysis run two days later, the psychologist carried out a dementia test, which was positive. Doktor Doblinger then called a colleague from the neurology department, who advised her on the best possible medication to prescribe, wrote a letter of request for reimbursement of the drug which was covered only "under special circumstances", filled out the prescription form and handed it to the patient at the end of the dialysis run. On another day during the daily round, yet another patient had wanted to receive an influenza vaccination. Her general practitioner would have charged €30 for it. The patient had ventured that the solution might simply be "poured into" the dialysis machine. Doktor Doblinger explained that "pouring the vaccine into" the dialysis solution was definitely not feasible. She,

then, called a colleague specialised in general medicine to ask whether the serum was to be injected subcutaneously (under the skin) or intramuscularly (into muscle mass). When the patient came in two days later, she administered the vaccination according to her colleague's advice. In all these cases, Doktor Doblinger, nurse Angelika and their colleagues during the time that a patient spent in the dialysis unit established new diagnosis', provided prescriptions and administered drugs unrelated and in addition to kidney failure and haemodialysis treatment.[13]

Many other STS scholars have argued that the practical tinkering embedded in daily life dealings in the provision of medical and nursing care enacts knowing, improving, and that which is to be improved in other ways than prominent practices do. They have illuminated this divergence through case studies ranging from mundane goings-on in rehabilitation clinics versus rehabilitation outcome measures (Struhkamp, 2004), daily practices of washing in mental health care facilities in contrast to formal care-plans (Pols, 2004), day-to-day provision of nursing care provided for elderly with dementia (Moser, 2010) and health care for patients with arteriosclerosis versus randomised controlled trials. (Mol, 2006)

Such a divergence can also be observed in the provision of haemodialysis treatment in the dialysis unit of the City Hospital. Let me tease out the differences between the ways measuring quality of life with a questionnaire, which Doktor Doblinger originally set out to do, and the establishment of new diagnosis, provision of prescriptions and administration of drugs reported above enact knowing, improving and quality of life.

Measuring quality of life enacted knowing as a way of making explicit, a formalisation that transformed answers that patients had provided by ticking boxes into numbers, and a quantification. Improvement, in this practice, would have happened if a change of values had been observed before and after an intervention, at two clearly delineated and distinct points in time. Quality of life, in this process, would have become located in a fixed set of parameters. They would have been the effects that one and only one disease, chronic kidney disease, and the treatment provided for this one disease, haemodialysis, had on physical and emotional health, activities of daily living and social functioning. A questionnaire that had comprised kidney disease specific items would also have located quality of life in itching skin, cramps and nausea.

In contrast, through connecting and disconnecting patients, and doing the daily round physicians, nurses and other health care

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12 Each of these values deserves to be further unpacked. For an example of an indicator in practice, see Amelang and Bauer (2019).

13 These activities were described by Doktor Doblinger, nurse Angelika and their colleagues not in terms of "Verbesserung von Lebensqualität", the German equivalent of "improvement of quality of life". As the fieldnotes illustrate, they focused on issues to be avoided. Instead of articulating how a good was strived towards, what became put into words were the bads to be circumvented (Mol, 2002). Asked by the ethnographer about what they did to "improve patients' quality of life", they pointed out how quality of life differed for each patient and was experienced by some patients as very poor while, as they put it "objectively", being quite good. This reflects how quality of life, besides being a treatment goal, is also a concept about which informants reflect. A detailed analysis of the gaps between doings and the German word for "quality of life", "Lebensqualität", goes beyond this paper. For such an analysis focusing on the case of sensual engagements with foods and the word "tasting", see Mann and Mol (2019).

staff knew how patients were doing in a way that was an implicit, distributed and collective sensing.[14] Nurses gathered information through casual chatting with patients while connecting and disconnecting them while physicians learnt about how a patient was doing when encountering him or her during the daily round every other day over months, sometimes years, and, in rare cases, decades. The psychologist had appointments with them. The information and impressions were partially shared during the daily meeting of the nursing and medical staff, over coffee and in the corridors. Improving, in these practices, was an ongoing process.[15] It sometimes began with an evaluation and re-evaluation of what could and should be attended to. Doktor Doblinger, for example, did not examine a sprained ankle that a patient brought up during the daily round. The dialysis unit did not have an x-ray machine, necessary to either diagnose or rule out a fracture. If an issue was attended to, such as the eczema of Herr Fialka, it was followed up on. Most striking was the quality of life that the establishment of a new diagnosis, handing out of a prescription or administration of a drug improved. Against the backdrop of patients already spending three times every week with being driven to the hospital, often waiting to be connected, having a four hour long run, becoming disconnected, driven home and recovering from the procedure, quality of life was located in the time and money that these patients spent seeking and receiving health care for acute or chronic diseases they happened to become sick from *in addition* and unrelated to chronic kidney disease. Improving quality of life meant freeing patients' time and money so that they could spend these resources in ways other than seeking and receiving health care in the hospital and other health care facilities, which were part of a health care system that was differentiated according to medical specialties and distributed geographically.[16]

The connecting and disconnecting of patients and meeting them during the daily round that took place in the dialysis unit in the City Hospital suggest that daily life dealings do more than enact in other ways knowing, improving and that which is striven towards. When quality of life questionnaires were introduced, a patient's answer on the questionnaire (that she was sleeping 'very well') was brought together with the information that the physician and the psychologist had gathered during the daily round and a consultation. In the end, it was the questionnaire's information that became judged as "not truthful." In similar ways, in the second unit, the daily life of administering haemodialysis treatment went on without entering the questionnaire's results into Excel. In the third dialysis unit, the practice of measuring quality of life with questionnaires was brought together with all the other tasks that providing haemodialysis treatment included and the number of staff available to perform them. It was, again, the practice of distributing questionnaires that became ruled out as "being too much work." I, therefore, suggest that in empirically observable encounters that happen between a prominent practice and daily life dealings in the provision of medical and nursing care, daily life dealings can be the backdrop against which the prominent practice becomes evaluated and can constitute the resource through which it becomes questioned, abandoned, and forgotten. From the vantage point of daily life nephrology practices, the quality of life questionnaires that had been distributed had been neither been useful nor necessary. They had not detected the issues that patients brought up and might even have yielded harm, as they might have created a causal link between a patient's tiredness, chronic kidney disease and haemodialysis treatment, and left the patient's onsetting dementia undiagnosed. They became a story of something that "had not worked out" and was "too much effort".

The vital importance of daily life practices

STS scholars have studied how a good provision of haemodialysis treatment is crafted, negotiated and contested in disputes that nephrologists engage in, in tactics that patients pursue, and in policies designed to "improve" the health care service. Mobilising an approach to care as the study of daily life dealings and the practical tinkering embedded in them, this paper has brought out what is at stake in processes that have been othered, taken for granted and devalued in nephrology practice and also STS studies so far: the daily round and connecting and disconnecting patients. Based on ethnographic fieldwork carried out in one dialysis unit and other relevant sites in Austria, it has reported how a quality of life questionnaire was distributed to patients in the unit, but soon abandoned. I have analysed first the highly

specific and diverging dynamics through which the prominent practice and ideals to improve patients' quality of life, it is to be measured with questionnaires arrive in locally ongoing nephrology practices. Second, I have brought out the ways in which the connecting and disconnecting of patients and the daily round enact knowing, improving and quality of life in other ways than questionnaires do. My main argument has been that questionnaires, forms and protocols neither always become adjusted and adapted to fit into locally ongoing clinical practices, nor are daily life dealings simply other to questionnaires, forms, protocols and prominent practices. Rather, daily life dealings in the provision of health care may also be the basis upon which prominent practices become assessed, evaluated, and end up

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14 That sensing is anything but erratic has been argued in a variety of ways in studies on tasting (Mann, 2018; Teil, 2001).

15 The ongoingness of the tinkering involved in crafting a "good life" while living with a chronic disease has been emphasized in many studies on a variety of chronic diseases (e.g. Mol, 2008; Pols, 2013; Struhkamp, 2004). What has been left unexplored, however, is the question how a tinkering for a "good life" is able to include and eventually turn into a striving for a "good death". For an explorative study on the complex processes leading towards a withdrawal of dialysis and end of life, see Axelsson et al. (2020).

16 For a more detailed analysis of how patients from the City Hospital enjoy life outside the dialysis unit, see Mann forthcoming b.

becoming judged as being "too much effort" and "not having worked".

If, as I have argued, questionnaires, forms and protocols and the prominent practices they are part of may become abandoned and other ways of knowing, improving and a good provision of health care continue to thrive, this raises the question of under which conditions such an abandoning can occur. In the dialysis unit of the City Hospital, it seems two types of processes contributed to patients' resources becoming freed instead of kidney disease and dialysis treatment side-effects being measured. First, the dialysis unit was managed in a particular way by the head of the internal medicine department that the dialysis unit was attached to. She did not get involved in the provision of haemodialysis, but relied on the senior physician, who was leading the dialysis unit, and everybody else there "doing their thing." This implied that, amongst other things, if a staff member developed a project, rather than expecting that they strictly followed the gold standard of Evidence Based Medicine in its implementation, she appreciated that someone had taken initiative at all. Second, accounting practices were crucial. The values that the quality of life questionnaire would have produced never became part of the annual budget negotiations of the internal medicine department that the head of department had with the hospital's finance department. Also, the accounting system in the City Hospital did not list all the services that the dialysis unit had provided Instead it lumped them together with those of all other outpatient clinics of the hospital. Prescription of medication for diseases other than chronic kidney disease, treatments other than haemodialysis and the establishing of novel diagnosis, thus, remained invisible. I, therefore, recommend further investigation into processes, especially management and accounting practices, that enable alternative enactments of a good provision of health care to strive and prominent practices to become abandoned.

What is it, then, that has been gained by studying practices in terms of care? This paper has addressed this question not in general or abstract terms, so not forgetting that there are vital issues at stake in the worlds that we, STS scholars, and our research are embedded in, such as Herr Fialka's and other chronic kidney disease patients' quality of life. Instead, it has made three moves. First, it has mobilised one specific care-approach, which was the study of daily life dealings and the practical tinkering embedded in them. It has used this approach to, secondly, investigate one specific object, which was a good provision of haemodialysis treatment to patients in the end stage of renal disease in nephrology practices. It has done so, thirdly, in a given place, which was a dialysis unit in Austria. What has been gained has arisen out of a relational effect between the object and its specificities, the way the object had been studied so far in STS, and the strengths of the care-approach taken. This is insights into daily life practices: doing the daily round, connecting patients with and disconnecting them from dialysis machines, and an anything but benign phone call that has happened in between.

Author biography

Anna Mann works as a PostDoc researcher at the University of Copenhagen, Denmark. Anna's research is situated at the intersection of science and technology studies, sociology and anthropology. It investigates goods in practice through ethnographic case studies set in Western Europe. After having studied moments in which something "tastes good" in eating, she is currently tracing the making of "quality of life" in medical practice. With her research, she contributes to ongoing debates about values in practice, and the body and its materialities.

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'NOT IN OUR NAME'

Vexing Care in the Neoliberal University

by Emily Jay Nicholls, Jade Vu Henry & Fay Dennis

In this paper, we draw on our collaborative work running a salon for thinking about care in STS research, which quickly became more about fostering an ethico-politics for thinking with care as a mode of academic intervention. Not dissimilar to the origins of the salon in nineteenth-century France, the salon provided a provocative and disruptive space for early career researchers (ECRs) to think together.

As attention and critique increasingly point towards the unequal distribution of harms arising from marketization and the vulnerability of ECRs in the 'neoliberal university,' we have witnessed a surge in activities that promise a supportive space, such as pre-conference conferences, seminar series, discussion forums and self-care workshops. In this paper, we ask not only what these modes of care might make possible, but also what exclusionary practices and patterns they mask or render more palatable (Ahmed, 2004; Duclos & Criado, 2020; Martin et al., 2015; Murphy, 2015).

Reflecting on our experiences of organizing and participating in the salon, with the stated purpose to explore 'ecologies of care' as an embodied socio-material practice (Puig de la Bellacasa, 2017), we move from care 'out there' in STS research to care 'in here'. We follow threads spun by and out from the group to rethink our own academic care practices and how to do the academy otherwise.

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'Not in Our Name': Vexing Care in the Neoliberal University

On a frosty December evening, a group of us, as early- and pre-career academics (although the term sits uncomfortably given the uncertainty of such a 'career'), brought together through a mutual interest in science and technology, gather, through the security-protected doors, at the very top of a university tower block. Up there, on the peripheries, exposed and cold, we turn on the radiators and begin to think about and with care...

Introduction

In *Women Who Make a Fuss: The Unfaithful Daughters of Virginia Woolf*, Isabelle Stengers and Vinciane Despret (2014) draw on Virginia Woolf's (1938) *Three Guineas* to reflect upon the failure of the academy to shift in accordance with the needs of new entrants to the university. The authors write:

> If Virginia Woolf speaks to us today, if she can help us to stand up to the test of orienting ourselves, it will not be in defense of a university subjugated to the market, forced to betray its democratic vocation. They will not make us forget that this university has failed to be transformed by the new arrivals who ventured to enter here. (2014, p. 28)

It is not only that the university has admitted newcomers (women, those less affluent, immigrants) without providing what is necessary for them to thrive. There is, argue Stengers and Despret, a broader, more systemic crisis in higher education which, although likely to affect these newer populations disproportionately, threatens an entire generation of entry-level scholars.

Gill and Donaghue argue that the academy is in a current state of 'psychosocial and somatic crisis,' riddled by 'chronic stress, anxiety, exhaustion, insecurity, insomnia, and rapidly increasing rates of physical and mental illness' (2016, p. 91). In the UK specifically, where our reflections are situated, researchers have documented 'increasingly unsafe' working conditions in higher education (see McKie, 2020), reporting high levels of stress and anxiety across the sector (Loveday, 2018; Wellcome Trust, 2020). These conditions, it is argued, are the result of 'neo-liberal practices of power in the Western University' (Gill, 2016, pp. 39–40), promoting managerialism, impact agendas, elaborate research accountability mechanisms and productivity regimes (see Morley, 2016).

At the time of this writing, academic, administrative and maintenance staff have carried out repeated and prolonged strikes to protest pension reforms and other measures associated with 'the neoliberal transformation of Britain's higher education system' (Bergfeld, 2018, p. 233). These measures include the tripling of tuition fees in 2010 as well as the introduction of national audit regimes such as the National Student Survey in 2005, the Research Excellence Framework (REF) in 2014 and the Teaching Excellence Framework in 2017. These sweeping changes to UK universities are seen as consequences of an explicit government policy agenda which places higher education in the service of economic productivity and understands students as consumers and future workers (Vernon, 2018).

A central element of this regime in the UK is the REF, an exercise carried out every six years with the purpose of assessing the quality of research in UK universities. This includes the assessment of research outputs, impact beyond academia and research environment. The REF has been described as producing 'docile yet highly individualistic academic workers' (O'Regan & Gray, 2018, p. 534), while valuing and promoting only *certain kinds* of academic work. As institutional performance in the REF is directly tied to university funding, 'being REF-able' is a status of particular importance for Early Career Researchers (ECRs) navigating an unforgiving and oftentimes disheartening job market. Indeed, for ECRs, who typically spend several years on fixed-term contracts before securing permanent employment (should they remain within academia), the increasing workloads, competition, and pressure to publish is experienced on top of chronic job insecurity and, for many, financial uncertainty (Loveday, 2018). As well as resulting in an increasingly competitive and high-pressure environment, this also often spills over into life outside of the university, as a recent report by Wellcome Trust identified that,

> For early-career researchers there were often significant conflicts between their work and personal relationships. They felt that this was made more difficult by short-term contracts and a culture of mobility in which researchers felt obliged to live and travel across the UK and abroad. (2020, p. 39)

Here, academic life is not only lived according to the demands of impact agendas such as the much-maligned REF, but is also so often experienced as a need to be constantly on the move and an inability to put down roots or have an academic 'home' which can be expected to endure beyond the end of the next fixed-term contract. Moreover, the gendered construction of the *'real researcher'*– who has the 'right stuff' – requires a commitment not only to professional progress, but rather something more all-encompassing, as 'the great adventure of human curiosity presented to them as children is replaced by the theme of a vocation that demands body-and-soul commitment' (Stengers, 2018, p. 25).

In the context of this environment of competition and individualism, we wish to ask how we can make universities more hospitable

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and in doing so, how might we do them otherwise. The aim of this paper is to use our experience of running an academic 'salon' *about* feminist theories of care to reflect on how 'care' might be thought and done in ways which resist these harmful aspects of academic life. We will describe how we, as new scholars of feminist technoscience, found ourselves engaging with different 'registers' of 'care' as we attempted to learn more about feminist scholarship. For example, we attempted to practice an 'ethic of care' in our collaborative working relations with each other, ones based on the values of maintenance, continuity, and repair (Fisher & Tronto, 1990). Care is also the object our research inquiry: we study the routine, mundane, or 'devalued doing[s], often taken for granted, if not rendered invisible' (Puig de la Bellacasa, 2011, p. 92) and seek to care for our research participants through our feminist onto-epistemic commitments, methodologies, and writing practices (Martin et al., 2015). And finally, we ourselves have become the objects of care, as growing numbers of funders, university administrators, labour unions, professional societies, departmental mentors and scholars of higher education express concern about the precarity of ECRs in the contemporary academy.

In what follows, and in relation to our own experiences as ECRs, we shift between these distinct, politically charged registers of care, with the aim of thinking more critically about the work of 'caring' in the higher education sector. Maintaining that care is vital to the continuation of livable worlds, we want to follow Coopmans' (2020) lucid and aspirational example of caring for our own past academic work. That is, we wish to reflect 'care-fully' on how the small spaces and connections of our humble salon might enable flourishing, and to consider their value and the possibilities for us in rethinking care and higher education. At the same time, our reflective account aligns itself with 'critical care' scholarship in that it understands care as 'an affectively charged and selective mode of attention that directs action, affection, or concern at something, and in effect, draws attention away from other things' (Martin et al., 2015, p. 635). Although we are committed to honoring our collective work together, we also wish to put our experience as ECRs into conversation with the 'darker side of care'

(Ibid.) and avoid conflating care with affection, positive feeling or political goods. In this way, we aim to respond to Murphy's call for a 'vexation of care' which interrogates 'the ways positive feelings, sympathy, and other forms of attachment can work with and through the grain of hegemonic structures, rather than against them' (2015, p. 731).

We wish to 'stay with the trouble' of 'ECR care work' as an intended reparative for the increasing precarity experienced by entry-level researchers within the neoliberal university. These interventions, as we will argue, make working conditions for ECRs more palatable but fail to address the structural issues that enact inhospitable environments. These palliative forms of ECR care also enable an avoidance of the sociomaterial matters which make a difference, leaving the entrenched, historical tenets of the modern university unchecked in favour of strategies for coping or, alternatively, for better 'gaming' existing systems. We argue that feminist epistemologies can be deployed not just to attend to our own embodied, affective experiences as ECRs, but to also reconfigure the academy in ways that resist and subvert a neoliberal present, while transcending a gendered, colonial and militaristic past. In this way, we wish to humbly add our voices, albeit precarious, to a lineage of scholarship which connects Virginia Woolf to more contemporary feminist, postfeminist and queer scholars (see Puig de la Bellacasa, 2012), 'taking up the baton' from those who not only seek wider access, but have also 'worked at the university with the intention of transforming it' (Stengers & Despret, 2014, p. 28). In the words of Isabelle Stengers and Vinciane Despret 'This cry, "not in our name!" is the cry of men and women who refuse to see what is dear to them mobilised by their enemies' (2014, p. 22).

In what follows, we describe the academic salon we ran together and the ethos of care we developed and mobilised in the process. We then move on to contrast this with the forms of care enacted in response to the vulnerability of ECRs in the neoliberal university and, finally, close by by suggesting what subtle forms of resistance may be better suited to making the university more hospitable.

Methodological Sensibilities - Ecologies of Care as a Tool for Thinking

In coming together, our original intent was not to write a paper about care in the contemporary university. Rather, our initial goal was to use the format of an academic salon as an occasion to discuss critical care studies and to learn how to 'do' better critical care scholarship. Based in the Center for Invention and Social Process (CISP) at Goldsmiths, University of London, the salon we inherited has been running for over a decade, established in 2010 by two then-doctoral students, with the support of the directors of CISP at the time. One of them had been reading Marcel Proust's *In Search of Lost Time* and had been drawn to 'the idea of the "salon" as a social space created by smart women to foster

discussions and conversation,' and as a space for 'intellectual experimentation' (personal communication, November 2019). Since then, this forum continues to gather ECRs from different disciplines and substantive domains to think together in a relatively small, yet provocative and disruptive setting, not dissimilar to the 19th century Parisian salons depicted in Proust's classic novel. Running in the academic years 2018-2019 and 2019-2020, the posters and other promotional material for the first year of our salon invited participants to gather to 'examine the politics of care in a variety of empirical settings, as well as identify different research methods that might be used to trace

and analyse these contested knowledge practices' (Centre for Invention and Social Process, 2018).

We chose two readings to launch and frame our year-long salon series. Michelle Murphy's (2015) 'Unsettling Care: Troubling Transnational Itineraries of Care in Feminist Health Practices' was selected as an example of an empirical world to explore, and to help sound our own 'clarion call' for more critical care studies. Isabelle Stenger's 'Introductory Notes on an Ecology of Practices' (2005b) would then serve as the 'methodological' reading for our first session. In this paper, Stengers puts forth the notion of 'ecologies of practices' as a 'tool for thinking' about the registers or networks of practice that constitute the ecologies of power, politics and the production of knowledge. Understanding power struggles, argues Stengers, involves 'approaching a practice as it diverges, that is, feeling borders, experimenting with questions that practitioners may accept as relevant, even if they are not their own questions' (2005b, p. 184). Reading Stenger's discussion of ecologies of practice through Murphy's 'vexations', we chose to call our salon series 'Ecologies of Care', with the hope of developing our own understanding of how the politics of care could be understood and studied as ecologies of divergent practices of care.

Our academic salon served as a living laboratory for us to not only talk about care, but to also enact caring relations which spun out beyond the salons themselves, leading to joint publications and conference panels, along with trips to pubs and restaurants, as well as dinners and stays at our homes in the UK and France. They also brought us closer to other ECRs and PhD students, as the ideas formed within the salons turned into calls for papers and opportunities for new forms of sharing and collaboration (e.g., London Conference in Critical Thought, 2019; Henry et al., in press). As we moved through different academic and non-academic spaces

together as collaborators and as friends, we developed a running commentary between us of what we had created and what it may enable. As the three of us realised that our engagement with feminist scholarship had heightened our awareness of how care circulated through our own lives, we came to connect the feminist scholars that we had embraced on a formal level with the more informal network of support that emerged between the three of us as ECRs. Turning to Stenger's 'ecologies of practice' to think and talk about our own challenging experiences in academia, we began to discern several distinct 'registers' of care. Care was: 1) a way of relating to each other as organizers and participants of the salon; 2) an object of scholarship; 3) a way of doing academic work; and 4) a way of objectifying us as precarious academic workers.

Due to the timing of this article and Special Issue, and the disruptions we faced in our second year of running the salon (which we describe later), we chose not to solicit input from salon attendees when preparing this paper. Rather than attempting to render an authoritative representational account of what happened during these salons, we aimed instead to engage in what Helen Verran calls 'participant-storytelling' (2001), assembling bits and pieces into a critical, albeit partial narrative or 'fable' to 'foster new kinds of discussions' and 'make a difference in the worlds [we] inhabit' (Kenney, 2015, p. 14). The running commentary we held between us is what we draw upon in this article, as we retrace the links and points of connection we have made when talking about and reflecting on our salon, as well as our broader experiences of university life. Our ongoing reflections have not focused only on our salons, but have also formed a space to vent and a refuge from times when the demands of the neoliberal university were felt most acutely. Here, we held on to the salon as a thing of value beyond impact agendas and instead relied upon it, and the collaborative labour which went into organizing it, as a space of possibility.

Converging on a Feminist Salon – Caring for Each Other

We took up the responsibility of organizing the salon without necessarily appreciating the history from which its name had come. The idea of a salon can be associated with small, exclusive events convened by elite white women for their elite white guests, spaces far-removed from the socially-engaged, emancipatory aspirations of our academic feminist research. As Bodek recounts, salons served historically in France and the UK as informal universities for women:

> [...] who when excluded from the educational mainstream created an alternative route which satisfied their desire to learn, while at the same time camouflaging their activities behind the acceptable female role of hostess. (1976, p. 186)

In this way, salons were liminal, gendered spaces that were excluded from the formal power structures of the aristocracy and

the emerging Habermasian 'bourgeois public sphere' (Kale, 2002). With the intellectual and political work of women confined to the private, domestic spaces of salons, Landes has concluded that the 'critical thinking' championed in the male-only societies, coffee houses, and newspapers of the emerging 'public sphere' gave rise to an 'essentially, not just contingently, masculinist' modern democratic state (1988, p. 7).

Virginia Woolf also expressed 'extreme skepticism as to the public sphere's capacity to represent or include women' (Fernald, 2006, p. 159). In Woolf's 1938 essay, *Three Guineas,* she argues that because women were marginalised by the university, government offices, and other influential institutions of the 'public sphere', their intellectual and political views were fundamentally incompatible with those of mainstream society. She asserts that the 19th century women who were relegated to salons and other educational

activities of 'the private house' were ultimately obliged to bolster a capitalist and militaristic patriarchy, arguing:

> Consciously she must use whatever charm or beauty she possessed to flatter and cajole the busy men, the soldiers, the lawyers, the ambassadors, the cabinet ministers who wanted recreation after their day's work […] In short, all her conscious effort must be in favour of what Lady Lovelace called 'our splendid Empire'... 'the price of which,' she added, 'is mainly paid by women.' (Woolf 1938, p. 32)

Our shared interest in feminist STS and our individual desires to succeed as new scholars *within* the academy were, we came to realise, at odds with the gendered and imperialist legacy of a 'salon'. But in ways also described in *Three Guineas*, we soon discovered that our liminal 'salon' served as a site of refuge from the demands and constraints of the neoliberal university. If universities are indeed as Woolf lamented: 'cities of strife' (p. 28) plagued by 'poisoned vanities and parades which breed competition and jealousy' (p. Ibid.), our salon, through its marginality, conferred us some freedom to experiment with what academic life might look like if we practiced an alternative, feminist 'ethic of care' (Fisher & Tronto, 1990). Operating at the boundaries of the academy, away from the gaze and interest of funding agencies, scholarly societies and many of our securely employed colleagues, the salon soon resembled what Woolf called an 'Outsiders' Society' where ECRs

could work care-fully, 'by their own methods for liberty, equality and peace' (p. 92).

As an 'Outsiders' Society' practicing an ethos of care, we strived to foster a caring community by engendering reciprocity, experimentation and joint investment in the outcomes of our scholarly activity. Our care-full engagement with routine academic practices and processes – choosing readings, booking rooms, designing posters, arranging speakers – was underpinned by ideals of feminist kinship emphasizing both difference and mutual obligation (Fisher & Tronto, 1990). We allocated tasks as they emerged, according to the differences in our training, experience and other time commitments, and trusted that the work of running the salon would be fairly-distributed amongst the three of us over the longer term. All of us in different levels of employment and precarity, and with different stresses, strains and responsibilities, the recognition of and honor given to these differences were key to the success of our mutual undertaking and were an important element of our feminist ethic of care. Given the relatively low profile of our collaboration within the wider institutional context, and the manner in which caregiving and care-receiving (Fisher & Tronto, 1990) blurred our public and private worlds, we ultimately embraced the notion of the 'salon' as a particularly apt and generative lens – or better yet, a transducer (Barad, 1998) – for thinking and writing about the ecologies of care which circulate through our lived experiences as ECRs.

Thinking Differently through Care-full Academic Practices

In the ways described above, our salon interactions were guided by a feminist ethos drawn from a shared repertoire of academic literature (e.g. Fisher & Tronto, 1990; Despret, 2004; Stengers, 2005a; Puig de la Bellacasa, 2011; Murphy, 2015). Each of us had integrated this scholarship into her own line of inquiry prior to meeting each other and embarking on the collaborative work of the salon. As such, and inspired by Puig de la Bellacassa (2011), we wanted to exercise 'a feminist vision of care that engages with persistent forms of exclusion, power and domination in science and technology' (p. 91) and '[…] directs attention to devalued doings that are accomplished in every context by the most marginalized' (p.94). As part of studying our empirical sites of care 'care-fully', we had learned how to engage with material-semiotic concepts according to the emergent demands of our empirical research settings. Accordingly, we employed what we saw as a contingent, feminist approach to hosting our gatherings. As a care-full endeavor in and of itself, we set the topics and readings for the sessions, but then allowed the discussion to emerge as it would. This often meant that we would take off and beyond the readings that we had set, and our focus would twist and turn in relation to the interests and commitments of those who had chosen to attend.

Casting off from the first session of the salon, which we planned as an orienting session on critical care and ecologies of practices (Murphy, 2015; Stengers, 2005b), the threads of our discussions spun out freely over the course of a year into explorations of queer theory (Barad, 2015; Race, 2017), human-animal relations (Despret & Meuret, 2016; Giraud & Hollin, 2016), and grief and survival on a damaged planet (Poynor & Pfingst, 2016; Poynor, 2013; Tsing, 2012). Although as convenors of the salons, we took on the responsibility of selecting topics and readings, we attempted to anticipate and respond to the emerging interests of those in attendance. In the first salon, for instance, the group stumbled into a discussion of the ways in which queer theory and STS might connect and so we decided to orient the following session towards this topic.

Although our salons did draw a core group who attended most or all of them, they were also attended by a changing cast of characters, and we were never quite sure who would attend or what they might bring with them. In the introduction to *When Species Meet*, Donna Haraway (2008), describes how ethologist Thelma Rowell was in the habit of leaving out twenty-three bowls to feed her twenty-two sheep. Haraway describes this practice as 'making available to events; it is asking the sheep and the scientists

to be smart in their exchanges by making it possible for something unexpected to happen' (p. 34). For each salon we put out lures on our institutional website, on Twitter and through various networks, reached out our metaphorical hands, and then waited to see who would come and where our discussions would take us.

As we suggest in the following vignette, one session generated provocative and sustained dialogue on the matters of care in sexualized drug use and the gay party scene:

> Taking up the invitation in the reading to 'think with pleasure' (Race, 2018, also 2017), one of the members paints a beautiful picture of his sexual encounters on drugs in which his body is opened up, desired and desiring, moving and receptive to being moved by others, to move as one, feel together, and *be* together in intensely pleasurable ways. He thoughtfully reflects on how care (rather than concern, say) is possible because he and those involved are invested in having a 'good time', and a good time relies on the pleasure of everyone. With this, he pushes us to think further on what care may be and the difference between service provision 'care' and peer-to-peer care, where there is a mutual investment in something 'good'. We discuss how an instrumentalization of care destroys what care is.

Much like the success of a 'good night out', our salons relied on mutual investment. Reflecting on this salon in a blog post, one participant commented that, 'I am inspired to conceive of care as a gamble, an extension of one's hand to other(s) in the hope that they might reach back' (Lim, 2019; see also Christianson, 2019). In a similar way, our decision to continue the conversation that had begun in a prior session was our attempt to 'reach back,' whilst also extending our own hands out into the world to see who would respond to our own invitation.

While most attendees were PhD students and ECRs studying and working at London universities, they were affiliated with a diverse range of disciplinary concerns including sociology, design, public health, anthropology, education and media studies, and had come from different countries such as France, Singapore, the US, Canada, as well as the UK. During discussions, attendees self-identified as Asian, African-American, white, gay, cisgender, mother, polyamorous, married and single, and ranged between the mid-20's and over 60's. They reflected on the salon readings through these identities, as well as through their expertise as scholars and activists in areas such as HIV, digital media, filmmaking, injection drug use, animal rights, and global health care services.

We were delighted that our 'care-full' provocation and mode of organisation generated such lively and heterogenous gatherings. However ephemeral, these forums opened up a plurality of perspectives and disciplinary approaches, distinct ways of attuning to the invisible, devalued labours that constituted the various 'neglected things' that we studied and cared for. We came away

with a new appreciation for how much our individual research inquiries could be enriched by the collective input of ECRs from such different horizons, and decided to use the salon as a vehicle to showcase the expertise of emerging scholars during the following academic year. In solidarity with new researchers, the salon would become a workshop about 'inventive methods' (Marres et al., 2018), where our fellow ECRs would share their research and provide attendees with hands-on guidance on the makings and doings of their care-full research. Unlike other well-funded seminar series, our salon did not feature established academics from distant universities, but instead sought to promote the work of much newer researchers who resided locally in London or were passing through for other purposes and wished to present their work in a warm and receptive setting.

The first salon workshop was given by Emma Garnett and Angeliki Balayannis, two ECRs working at the intersections of human geography, anthropology and STS. Drawing from their feminist scholarship on ethical research and environmental pollution (Balayannis & Garnett, 2020), they encouraged attendees of the salon to deploy creative practice and think with chemicals as kin in order to imagine new ways of relating with these non-human actors. They began by presenting their empirical work, foregrounding the neoliberal routes of toxic waste remediation extending across seas and lands. The speakers then tasked us with reassembling those sociomaterial configurations of dominance and exclusion. Using scissors, glue and anonymized copies of various documents and local photos, we were invited to create collages that put actors together in alternative, more-than-human and anti-colonial gatherings (Murphy, 2008). By re-directing narratives of chemicals through these creative practices, the aim was to engage with and enact critical care as an onto-epistemological mode of attending to neglected things: 'we must take care of things in order to remain responsible for their becomings' (Puig de la Bellacasa, 2017, p. 43).

This second year running the salon was first interrupted by industrial action across the UK university sector and then cut short by an emerging global health crisis. The former intended to challenge, in part, poor working conditions and increased casualisation across the sector; and the latter a crisis of wide-ranging and devastating effects that, within the context of academic life, will likely impact ECRs considerably and disproportionately. While we were running the salon, however, we ran it as an experiment to see what could happen if we practiced a feminist ethos of care to convene an academic event about care. From this experiment, we have learned that such a care-fully-run salon about care can create promising new spaces to engage in what Star has called 'methodological weaving', a mode of feminist STS research which integrates different strands of '[...] political action, poetry, art, social science research and consciousness raising' in order to '[...] open up academic writing and other forms of representation', and '[...] to stretch, to

co-develop our imaginations and thus build and weave new ways of knowing' (Bauchspies & Bellacasa, 2009, p. 336). We offer our experiment with care and the salon as one small way of 'taking up the baton' initially proposed by Virginia Woolf (Stengers & Despret, 2014). Unfettered by funding priorities and disciplinary boundaries, our rather unassuming and interdisciplinary salon has given us a

glimpse of what Woolf might have imagined when proposing an 'experimental' and 'adventerous' college: one which seeks '[...] not to segregate and specialize but to combine', and to '[...] explore the ways in which mind and body can be made to co-operate' as well as 'discover what new combinations make good wholes in human life' (Ibid., p. 27-28).

ECRs as Objects of Care

So far, we have discussed 'care' as an ethos which motivated our interactions with each other and as a mode of contingent and inventive methodological engagement. In this section, we jump scales (Agard-Jones, 2013; Jain & Stacey, 2015; Lindén, 2020) to consider how we are also objects of care in the wider context of higher education. Funders, university administrators, labour unions, professional societies, departmental mentors and scholars of higher education have all expressed concern about the precarity of ECRs in the neoliberal academy (e.g. Herschberg et al., 2018; Locke et al., 2016; Maher & Sureda Anfres, 2016; McAlpine & Amundsen, 2017; Signoret et al., 2019; University and College Union, 2016). In tandem with this turn to the experience of ECRs and the marketization of the university, we have seen a surge in academic events aimed at ECRs in the form of pre-conference conferences, networking events and workshops, not dissimilar from our 'salon' at CISP. In general, these interventions propose to care for ECRs by providing: (1) capacity-building to develop the professional skills of ECRs; and (2) opportunities for peer-to-peer learning and support. Many of these interventions are likely to have arisen in part from the pressures put on funding bodies, universities and professional societies by ECRs to have their experiences and needs acknowledged and centred, and, we think, rightly so.

While these caring interventions seek to promote the kinds of positive peer-to-peer ECR interactions that we have experienced with our feminist-inflected salon, we pause and ask to what extent these efforts resemble the 'wellness' programmes rolled out by universities in response to a crisis of stress within universities. Gill and Donaghue have critiqued such wellness interventions as 'resilience courses' that attempt to 'address alarming levels of staff stress, unhappiness and overwork through a focus on individual psychological functioning' (2016, p. 97). We, too, are alarmed by the number of events for ECRs that currently centre on neoliberal discourses of 'self-care' and resilience. Here, we are reminded of Vik Loveday's (2015) work on class and gender in higher education, which not only foregrounds the unequal ways that hardships are distributed within the academy (see also Gill & Donaghue, 2016), but also highlights how these structural inequalities can become normalized and understood as personal deficits. Loveday argues that the production of anxiety in the neoliberal university also functions to make individuals feel personally responsible for their success or failure and asks, 'How is it that a problem of society can so easily be turned into a deficiency of the self?' (Ibid., pg. 4).

Extending this line of questioning, we wish to also ask: 'How is it that a problem of the academy can so easily be turned into a deficiency of the ECR?' (see also Loveday, 2018). Relying solely or even mostly on strategies that promote the resilience and self-care of ECRs does not turn back to ask the question of why such tactics are needed in the first place. Indeed, as The Great Lakes Feminist Geography Collective has argued (Mountz et al., 2015), our needs would be much better served by collective action and the restructuring of institutions than the individualized emphasis on behaviour-change. Returning to the analysis by Gill and Donaghue, we argue that such forms of care:

> remain locked into a profoundly individualist framework that turns away from systemic or collective analyses and politics to offer instead a set of individualised tools by which to 'cope' with the strains of working in the neoliberal academy. These 'technologies of self' call forth an enterprising, self managed and 'responsibilised' subject who can 'manage time', 'manage change', 'manage stress', demonstrate resilience, practice mindfulness, etc. – whilst leaving the power relations and structural contradictions of the neoliberal university untouched and unchallenged. (2016, p. 92)

We are concerned that simply creating more forums specifically for ECRs *on top* or *outside of* the routine of the university works to further silo, marginalize and silence our experiences. These spaces of 'care' perpetuate the problem: ECRs learn how to cope with precarity, play the game or disappear and the higher education sector can feel satisfied that they have done their bit.

It is heartening and validating to observe the growing number of research publications, position papers and other reports documenting the experiences of ECRs and advocating on their behalf. The acts of caring about ECRs (cited at the beginning of this section) can contribute to more generative environments in higher education. But unless this research and writing is coupled with interventions that go beyond peer-networks and building skills and resilience, the continual re-telling of the ECR story may reify structural problems to the extent that they seem insurmountable, thereby exacerbating the production of shame and anxiety among new scholars in the neoliberal academy (see Loveday, 2016). We wonder if there might be more relational methods to care about and for ECRs which might also create more livable worlds for

the wider collective of actors who are situated across the higher education sector.

We are reminded anew of Stengers and Despret, who have noted that when consenting to the admission of girls, of those less affluent, and then of immigrants, entrance was offered only on the terms of the university:

> If there has been a collective preoccupation, it has not been the transformation of the arrival of young people who were not pre-formatted 'heirs' into a dare, by offering them knowledge that would be worthy of them, or that which would open horizons other than that of joining the 'elite' as it has been defined without them or even against them. Rather, the preoccupation has been the threat of a 'lowering of the standard.' You are welcome on our terms, so that nothing changes. You are welcome as long as you do not make a fuss. (2014, p. 17)

We are, then, ambivalent about care interventions, including our salon, which seek to make difficult conditions in the university more bearable for ECRs without changing the system more broadly. That is, we are concerned that caring *about* and *for* ECRs in this manner will allow a broken system to keep ticking over, without offering or enabling space for others in higher education to think and do the academy differently.

However, and, while indeed ambivalent about the claims we are able to make about the care work we did in our salons, we were not driven by a desire to make our professional lives more palatable, but by a genuine excitement about creating a space of intellectual possibility amongst ourselves, and of fostering friendships beyond the requirements of 'networking'. Brought together by our collaborative task of running the salons, we also formed a friendship which was sustained by, but also expanded beyond them. As such, worked in and around our planning meetings for the salons, we helped each other to heal the personal and professional wounds acquired during our journeys through the academy: humiliating job interviews, the heartbreak of lost funding bids, the stresses,

strains and anxieties of precarious and uncertain professional lives and frayed identities. As The Great Lakes Feminist Geography Collective writes, 'commitments to slow scholarship fostered by academic alliances and friendships, can help us to come out of moments of depression or exhaustion, lest we drown in shame, loss, and discontentment' (Mountz et al., 2015, p. 1244). Stengers has suggested that 'slowing down' in the academy means:

> [...] reweaving the bounds of interdependency. It means thinking and imagining, and in the process creating relationships with each other that are not those of capture. It means, therefore, creating among us and with others the kind of relation that works for sick people, people who need each other in order to learn – with others, from others, thanks to others – what a life worth living demands, and the knowledges that are worth being cultivated. (2018. p. 82)

'Slow scholarship' can therefore be an antidote to fast-paced systems like the UK REF, which are encapsulated in slogans such as 'publish or perish!' (see e.g. Mazanderani, 2019).

Although the three of us are in similar stages of our academic careers, our personal circumstances were and remain vastly different. As such, we return to difference as a key way for rethinking care within the academy. As both the neoliberal university *and* ECR care work often works to flatten out, individualize and marginalize the ECR experience, and respond to the 'problem' by building self-care, capacity and resilience (detailed above), our collaboration made room for our differences, structural and otherwise. Rather than working to build a sense of community based on shared identities, we held on to our differences, gave each other advice from our own perspectives, and distributed tasks and labour accordingly. The trust this required was, in some small way, its own resistance to the neoliberal individualism and competition we have described, as we focused on the success of our mutual undertaking as something of value beyond the potential benefits it might confer to us individually as academics.

Discussion and Conclusion – Fleeting Mobilities and Defining a 'We'

Fisher and Tronto (1990) have noted the difficulties of reconciling feminist ideals of kinship and care with the hierarchical structures of the market and bureaucracy. In convening our salon, we were able to deploy an ethics of care that acknowledged the differences in our own nationalities, age, training, experience and other time commitments while working collaboratively to realize our equal potential as ECRs. However, while more and more actors across the sector are recognizing their responsibility to care about and for ECRs, we argue that much of the actual burden of change remains with new scholars. Prevailing forms of care from the wider university acknowledge that ECRs are *entitled to equality*, but still fail to engage with *differences* across the contemporary university

– differences in power, salary, job titles, disciplines, culture, and gender (see Fisher & Tronto, 1990).

Although we have critiqued how so much of the burden of change is placed on new scholars, we value how our work with the salon has allowed us to hold onto the possibility of something different: it has allowed us to enact forms of care and kinship which were attuned to the specificities of our distinct identities and circumstances. While our work together will appear on our curriculum vitaes, job applications, and funding bids as 'evidence' of networking and academic citizenship – and while this article itself will render our work together more 'REF-able' – our feminist

collaboration was not motivated by a logic of what currency it would hold in the neoliberal university. Although we were not able to change the logic and structures of the wider academy, we were able to keep reminding ourselves of what **all scholars** have been promised upon entering the university: the time and space to think, to work together, and to rethink what might be possible. While doing so, we worked to honor and accommodate our differences in capacity, precarity and perspective, not only as a matter of taking responsibility for each other and our work together, but also because these things in turn broadened our thinking. As such and, we think because of this, we were able to form more generative connections with others, who came to the salons or who responded to our call to 'think critically with care': to develop and maintain relations of care as a site of critique and refuge from processes that seek to individualize, depoliticize and contain care as a personal (extracurricular) concern.

In describing our lived experiences as ECRs, we have attempted to articulate what Duclos and Criado describe as the 'ecologies of support from below and beyond' (2020). By rendering an account of the flickering and fleeting sociomaterial relations of feminist kinship that formed through our liminal salon, we have tried to foreground how feminist scholarship on care might generate '[...] semi-porous, world-creating media that support habitable life', '[...] inspire aspirational, drifting movements' and '[...] lift up and foster the creation of possible 'existential territories' (Ibid., p. 155). We shine a light on what Virginia Woolf has called 'experimenting in obscurity', providing glimpses of an 'Outsiders' Society' (1938, p. 35), a hidden, moving and ephemeral 'we' that sought to resist, in small ways, the hegemonic tendencies in the university by enacting a feminist practice of 'thinking with' (Stengers & Despret, 2014, p. 28).

Although the 'we' that was constituted through the salon has been a source of intellectual, emotional and spiritual enrichment, this paper is not a recommendation of 'strategies' or 'best practices' of care for ECRs in the neoliberal university (see Fenby-Hulse et al., 2019), nor do we wish to rehearse the well-developed critical and/or auto-ethnographic accounts which have resonated strongly with our lived experiences as ECRs (see Bowsher, 2018; Burton, 2019;

Powell, 2016; Thwaites, 2017). Indeed, much of our critique could be directed at the impulse for such recommendations, particularly where they fail to take difference of circumstance or positionality into account. Recognizing nevertheless that critique is best when paired with a call to action, we look to O'Regan and Gray who, when critiquing the REF, propose a 'resolute and vocal resistance, which consists, in part, of continuing to research and write in ways which are meaningful for ourselves as academics, rather than in ways which are supposedly meaningful for the REF' (2018, p. 546). While recognizing that such resistance may be more difficult and treacherous for ECRs, we hope to have nonetheless made the case for finding and creating these small spaces and ways of working which, if only subtly, subvert the logic of individualism which drives the audit culture of the academy.

In thinking about how 'we', as ambivalent ECRs, might 'take up the baton' of feminist thinking to resist the university in order to change it, we are inspired by Bacevic (2019), who argues that the transformation of higher education requires attending to how disputed boundaries are negotiated. This disputed boundary both includes and excludes us from the 'we' of the contemporary university, so that certain formations of care are validating and give us sustenance, while other mobilizations are ultimately 'not in our name' (Stengers & Despret, 2014). Here, we attempt to live along such fault lines, with tensions of care described, by looking for other 'double gamers' dispersed across the academy who 'slowly implement cultural changes to practice while they manage to remain relevant within their institution so that they can be the catalysts of that change' (Costa, 2016, p. 1006). While the burden of transforming the academy cannot rest entirely with ECRs living in precarity, we carry on with our engagements with feminist scholarship, generating feminist knowledge according to the rules of the contemporary university, while working to expand and diversify the webs of feminist kinship that defy it. In the words of Stengers and Despret, 'no triumphalism here, no call to sovereign freedom [...] And no denunciation' (2014, p. 151), because '[...] if we must pass on the baton, the "we" of Woolf, we must dare to "make" the relay; that is to create, fabulate, in order not to despair' (Ibid., p. 47).

Acknowledgements

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ABOUT THE COVER ARTIST

Helena Cleeve

By Helena Cleeve

The front cover features an illustration made by Helena Cleeve. The illustration, which was created particularly for this special issue seeks to outline how care practices may simultaneously enact diverging and contradictory realities. Care may be reparative, creative and transformative but also constricting, selective, and derivative.

Helena Cleeve is currently employed as a postdoctoral researcher at Karolinska Institutet in Sweden. While Cleeve holds a PhD in medical science, also from Karolinska Institutet, her background is not in healthcare, but within the field of design. She holds as a BFA in industrial design from Lund University in Sweden, and an MFA in Transdisciplinary Design from Parsons the New School for Design in New York, the United States. Cleeve's interest in the visual and material is noticeable in her research as she combines healthcare sciences, care studies in Science and Technology Studies with visuals research methods. She recently defended her PhD thesis "Mundane mattering: how materialities come to matter in everyday life in dementia care units and in end of life care", which discusses the significance of seemingly mundane things in nursing homes and in palliative care settings. The research is based on interviews, workshops and ethnographic fieldwork but it also exemplifies how illustrations and drawings can be used to study issues concerning materialities. The thesis shows that while materialities are often overlooked and trivialized they are important for how daily life, identities, and agencies are shaped in the studied care settings.

Cleeve is concerned with exploring how research and visual communication can be brought into meaningful relationships with one another. Her article "Markings: Boundaries and Borders in Dementia Care Units" was written in the form of a visual essay where the visuals are not merely accessory to the text, but forms a crucial part of the argument. It was the first visual essay to be published in the journal Design and Culture. Cleeve has given several lectures on visual communication for researchers, and also works as a freelance illustrator. Among her illustration projects are brochures for patients undergoing cancer treatment, research communication materials, and an anthology for Sveriges Unga Akademi.