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In conversation: Is care in opposition to design?

Chris Fremantle and Lynn-Sayers McHattie

We need to challenge underpinning assumptions of design including 'Who does it?' 'What's it for?' and 'How do we learn to do it?' are brought into sharp focus by the question of care. Care might even be something conceived to be in opposition to design. Care isn't a discipline whereas design might still think of itself as one.

CF: Merle Laderman Ukeles' 1969 Manifesto for Maintenance Art argues that the Avant Garde is "individualistic", characterised by "doing your own thing" and "dynamic change". ⁵⁰ She calls this the "death instinct". She contrasts this with the "life instinct" which she defines as "perpetuation and MAINTENANCE of the species; survival systems and

operations; equilibrium". Care might be understood to be formless in itself, deriving its form, wrapping around, the thing being cared for.

Ukeles gave form to care in her project Touch Sanitation (1979-1980), shaking hands with all 8,500 sanitation employees of the New York City Sanitation Department. This iconic act of care for the carers challenged assumptions about art. Care fends off death. But care can also objectify the thing being cared for. Continuing to explore Ukeles work for a moment, the sanitation workers are disposing of things which have been categorised as rubbish (objectified), but Ukeles by her acts enters into a relationship with each sanitation worker as a human being. She precisely counters the objectification of the 'sanmen'.

LSMcH: It's interesting you bring up that care may be understood to be formless in and of itself, that is, in tension to design, which as a discipline, particularly through design practice purports to give form - material or immaterial – deriving its form, wrapping around, the thing being cared for. In this conceptualisation design is aligned to clinical and care contexts that emerge from practice rather

than theory. Ukeles work in giving form to care challenged assumptions about art. Does design care? equally, challenges the assumption that design gives form to care, rather, care is derived by the context care is found in. This brings forth methodological considerations whereby method is mediated between practitioners and researchers through consideration and contemplation of the specific context care is found in – through paying attention – in doing so we are attendant to the possible reification of care.

CF: If Ukeles offers one way of thinking about art, care and maintenance, Chris Dooks' recent PhD offers a different way, focused by making art specifically in the context of his long-term condition CFS-ME.⁵¹ Dooks talks about himself as 'exhausted'. His question basically rotates around whether he could develop ways of making art which were achievable with his condition. Obviously one of the challenges Dooks confronts is the amount of attention he has at any particular point. He frames his practice-based approach as 'bricolage', making work from what is at hand. His research proposes that making art might help him cope with his condition. He turns the constraints imposed by his condition into creative constraints, self-imposed as part of the process and practice of making work. His reflexive approach is embodied in caring for himself.

LSMcH: In continuing the thread of care being deeply contextually located and, as such, aligned to practice rather than theory and your challenge that artists and designers working in health and care settings could benefit from a practitioner-led (such as Dooks), rather than theory- or polemic-led discussion as a means to explore the potential for creativity, innovation and different ways of thinking it's interesting to take a moment to think about these disciplinary divides. Whilst design and art may be viewed as disciplines, care would not be considered under this nomenclature. As the boundaries of these 'so called' disciplines become increasingly permeable it opens up the possibilities of innovation in care and maintenance through transdisciplinary collaborations. Our work then becomes a mode of expressively capturing a series of noticings (Shotter, 2011) and a gradual process of attunement.

CF: It is not my intention to challenge the relevance of theory, but I do think that theorizing around concepts like 'care' is vital.⁵² Care is a form of practice and is relational, but has been invisible until recently. Feminist theorists have identified care as part of a hidden economy and have sought to explore alternative methods of valuation beside monetary.

LSMcH: I think it is interesting to think about care in a post-capital economy; care has largely been invisible and often informal care, which is highly gendered, that is, it is women who care and often have two generations to care for – children and ageing parents. If care is relational how do we value care? Care is performed and therefore it is currently valued at an hourly rate.

CF: Yes, care is performative in many ways. I've heard it suggested that performance is one of the key challenges to design. By performance I understand the thing that takes place after design has finished, whether that is the use of a piece of kitchen equipment or the operation of an online booking system. People (including designers) have to use designed objects and systems to perform tasks. The performance of everyday tasks is also the place where the French theorist of the everyday, Michel de Certeau, locates resistance. De Certeau suggests that commercial and governmental organisations work with strategies, metaphorically operating with an aerial perspective, but people in their everyday lives have tactics which are defensive and opportunistic, and can be related to a street-level view of life. He talks specifically of perruque, the practice of using an employers' resources for personal use – stationery and photocopiers have been the most obvious examples. Of course, both design and care exist in these contexts too and they are sometimes engaged in resistance.

LSMcH: As design has moved from the design of products, or to your previous point of giving form, to addressing complex social challenges – such as care – they can be held in tension. Design and care in this manner can be engaged in resistance. Care and maintenance, for example, are not diametrically opposed.

CF: I have recently sought to provoke a discussion about care and maintenance in a public art context through a piece just published in the Design for Health

⁵² The Design Research Failures project https://designresearchfailures.com has a significant number of references to a disconnect between theory and practice.

Journal and the associated blog on the London Arts in Health Forum.⁵³ The intention is to challenge artists and designers working in healthcare settings, to use 'no' and 'low maintenance' rubrics found in every Brief as a creative constraint. I might be asking can care and maintenance inspire design (and art)?

LSMcH: I think it is an interesting way of thinking about how we define innovation challenges within care contexts. If 'failure demand' approaches can be conceptualized at the beginning of designing care and maintenance pathways then perhaps we can not only inspire art and design but new civic and community approaches around the sufficiency of care.

CF: Yes, art and design need to be brought into a new discursive relationship challenging each other's disciplinary parameters and opening up new avenues to think about care and maintenance, both of the human and the environment (including potentially the other-than human). Care can provoke art and design to judge the imposition of form on the formless. Rather than assume that form is automatically a good thing, care asks us to judge when we objectify. It requires attention to relationality. Performance can be used to measure care and limit its valuation. Equally performance can be a space to both challenge design, but also one in which design can engage in resistance. The different faces of these various concepts form new configurations when brought into relationship with each other, each usefully destabilising our assumptions.

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De Certeau, Michel. 1984. The Practice of Everyday Life. trans. Steven Rendall, Berkeley: University of California Press. Shotter, John. 2011. Getting It: Withness-Thinking and the Dialogical in Practice. New York: Hampton Press.

⁵³ http://www.tandfonline.com/eprint/2rYsTjpxE4YTWTQky7tb/full and https://lahf.wordpress.com/2017/05/03/no-maintenance-a-creative-challenge-for-public-art-in-healthcaresettings/