

**ARE
YOU
FEELING
BETTER?**

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**HOW DO
IMPERFECT
PEOPLE
EMBODY
UTOPIAN
VALUES?**



IMPERFECTION AS RESISTANCE

Artist Anthony Schrag asked a group of nursing students how, as imperfect people, they strove to embody Utopian values?

*They say that metals get stronger every time that they are bent
So, we are now titanium, living in the folds of contradiction.
Making systems better, so perfect
that we no longer need to be good.*

These lines are from the poem *Song of the Compassionate Robots*. The poem had been developed from conversations with healthcare students and explored the question: How can imperfect people embody utopian values? The answer to that question is – of course – that they cannot. Perfection and imperfection are like matter and anti-matter: they cancel each other out, and one cannot embody the other in the same way death cannot truly exist within the mind of the living. Implicit in the question and the poem, however, is in enquiry of why imperfect people might attempt to embody utopian values, and – perhaps more importantly – a question about whose utopian values they might try to embody?

The question emerged from a series of conversations with Student Nurse Tim Owen Jones. We were partnered together as part of the *Are You Feeling Better?* programme, a project that matched King's College London students with artists to explore the theme of 'utopia' through ideals of health and wellness. From quite early on in our conversations, Tim and I talked about the expectations that were made of nurses, the pressures of perfection that are both professionally and socially demanded, and the internal drive to adhere to those high standards. To be a nurse was to live in the shadow of Florence Nightingale; to be endlessly hardworking; to have inhuman levels of empathy; to never, ever make a single mistake; and to be perfect.

The approach to 'Health' in general within the UK is a utopian project: it assumes that we might - with the correct policy, funding and support - reach a certain state of perfection and that utopias of health are worth fighting for. In *Picture Imperfect: Utopian thought for an Anti-Utopian Age* (2005)¹ Russell Jacoby argues that utopias are important because it is through them that we develop aspirations, and from those aspirations we develop our politics.

Utopian thinking does not undermine or discount real reforms. Indeed, it is almost the opposite: practical reforms depend on utopian dreaming... Utopian thought consists of more than daydreams and doodles. It emerges out of and returns to contemporary political realities. As I see it, this contradiction defines the utopian project: it partakes at once of the limited choices of the day and unlimited possibilities of the morrow.²

Utopias therefore have a political agenda because they espouse the promise of an alternative world order. However, due to the heterogeneous and pluralistic nature of societies that contain different and often oppositional politics, the plurality of these political agendas and the impossibility of each and every utopian future

being true means that utopias are always bound to fail. Not all utopias can come to fruition, and it is those with the most resources who will make their perfect world more true and real than those with less resources. Utopias therefore are built by – and for – the powerful.

Jacoby does not argue that, because of this, we should consequently abandon the search for a better world, but rather he suggests that imaginary possibilities of utopias (in general) are important social and developmental mechanisms and not mechanisms of policy and legislation. He recognises that utopias have a generative relationship to conflict, and that they are useful, but only if we accept that they are all bound to fail.

What, then, of the notion of the Utopian Nurse? How do their utopian failures become acceptable? As an artist, I live failure. I have the luxury to work in the mucky edges of things *not working* and in the experimental envelopes of *just trying things out*. I have the privilege of risk. But, nurses? How can they function within imperfection?

To explore this, Tim and I developed the *Secret Society of Imperfect Nurses*, a social forum that aimed to explore expectations and limitations of being a professional carer in today's NHS, as well as a wider reflection about the notion of the perceived utopia of the healthcare system, in general.

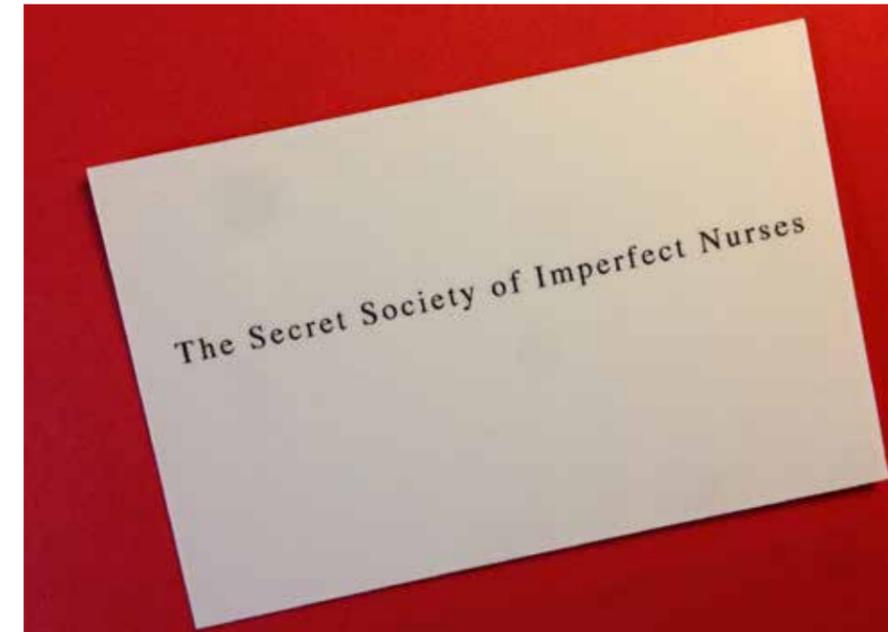
The society met in dark bars. Anonymous cards were used to draw in members. We used fake names and created a 'secret' atmosphere that utilised aesthetics of underground movements. It was a clandestine space to admit one's flaws, to critique others, and to analyse the systems that demanded the impossible. It was a resistance movement against perfection.

The aesthetic concept of resistance was aligned with Chantal Mouffe's notion of 'agonism' in that it was an artistic space that did not aspire to total political rejection of the ideas of the perfect nurse, but rather provide a space to explore what that notion of that idea means. Mouffe writes.

*Those [artists] who advocate the creation of agonistic public spaces where the objective is to unveil everything that is repressed by the dominant consensus are going to envisage a relation between artistic practices and their public in a very different way than those whose objective is the creation of consensus – even if that consensus is considered critical consensus. According to the agonistic approach, critical art is art that forms a dissensus – that makes visible what the dominant consensus tends to obscure and obliterate, aiming to give voice within the existing hegemony.*³

The intention of an agonist intervention within the public space is not to make a total break with the existing order and suggest an alternative political utopia, but to subvert that order, and provide new subjectivities. In other words, it is art's role to provide a 'potential for transformation', rather than be a political act that guides the transformation itself. The society did not aim to 'fix' perfection and replace it with another ideal, but rather provide a moment of resistance from which new potentialities could develop.

Indeed, as an artistic space – rather than a pedagogical or political group – the imagining of other possibilities provided gaps within the armour of perfection (as well as the assumptions of imperfection as 'failure') because it is about imagining, rather than a specific utopian outcome. As Bishop and Groys have both suggested: "Art is a wonderful place where you can reflect on the failures(s) of utopia."⁴ The *Secret Society* was therefore a productive space for student nurses to find points of contact and resistance – as well as release, camaraderie, and support – that helped them cope with the pressures of their work. It was a productive re-imagining of which utopian values to embody.



Problematically – and perhaps ironically – it could be said that this process actually helped the students become better nurses. This is problematic because acts of resistance are always easily co-opted. Mouffe, again, suggests that the notion of "radical art equals transgressive art, and the more radical, the more transgressive"⁵ is a false assumption because "there is no transgression that cannot be recuperated by the dominant hegemony."⁶ The *Secret Society* model could be – quite easily – set-up by the very systems that exert the pressures of perfection, and formalised as a mechanism to produce better, more efficient nursing staff, thereby reducing nurses to workers - compassionate robots - to serve the state. I suggest, however, that such a model would fail to function in the same way since it would be in service to the aims of a specific utopia: the utopia of perfect healthcare staff.

Agonistic re-imagining is not intended to be productive to the dominant hegemony. Instead it is intended to "make visible what the dominant consensus tends to obscure and obliterate,"⁷ So the question of how a space such as the *Secret Society of Imperfect Nurses* might continue to function as a site of resistance is a difficult beast with which to wrestle. Jacoby's notion of utopias as a 'productive space of imaginary' could be useful here, albeit if it were subverted. Rather than employing 'utopian dreaming' as a guide for the 'unlimited possibilities of the tomorrow,' perhaps we could imagine 'imperfection' as a way forward?



4.

What I mean by this refers back to the imagery that was suggested in the poem at the beginning of this text: that of metal bending. Each time metals are twisted, bent, or knocked this actually makes them stronger, more durable and harder. The atomic bonds become tighter, harder, more resilient. I suggest that this is also true with imperfection: each time we are knocked, bent, twisted and imperfect, we become more resilient. In this way, perhaps leaning towards our imperfections might make us stronger; our atomic structures more durable and resilient to the pressures of the dominant hegemony of perfection. In this way, utopian dreaming our own imperfection might very well be the resistance we all need.

Images:

3. *Secret Society of Imperfect Nurses* card. Photograph: Anthony Schrag

4. Anthony Schrag carries his 'non-aggressive placard' around university campus. Photograph: Tim Owen Jones

STAFF ROOM SECRETS

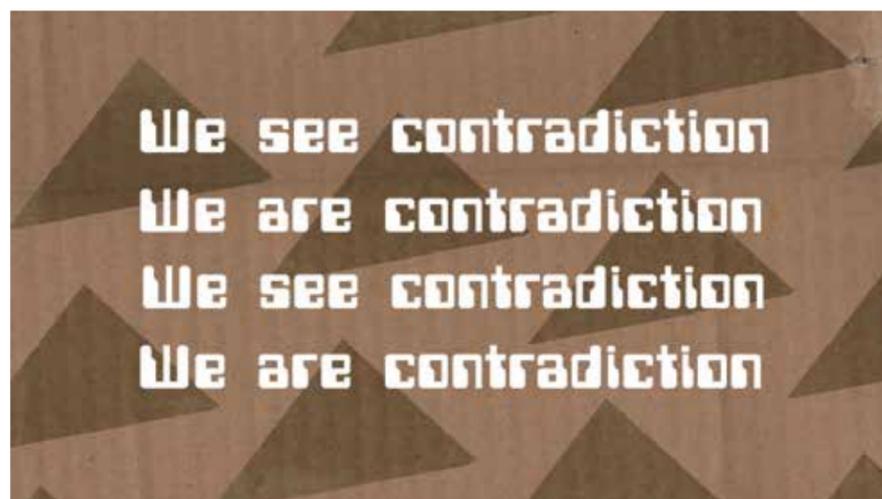
Tim Owen Jones, Adult Nursing Student & Assistant Producer, *The Secret Society of Imperfect Nurses*, reveals the challenge and reward of training to be a nurse.

Being a student nurse is hard. Student nurses work long shifts of 12 hours for 37.5 hours a week when on clinical placement, this is half of the course. The other half is taught in university, where coursework and exams then fall during the time when we are working on the wards or in the community, with no pay, and over the limited holiday periods (typically 8 weeks across the whole academic year). To earn money some of us work one or two paid shifts a week – again 12 hour shifts – as health care assistants or otherwise – or we just borrow. If working, this can easily be a 60hr week on ones feet. In London, to avoid paying public transport charges, I cycle between 10 to 15 miles a day to get to and from where I need to be. We eat when we can and rest in between. We offload to friends and family and try to limit our anxieties when awaiting results, starting a new placement or planning our budgets. I think being a student nurse pushes people to the limits of good health.

Student nurses, however, have the privilege of spending more time with patients than most. They work towards the patient's goals. Students have permission to ask questions to establish the best outcomes for the day. They have the enthusiasm to learn. Those days turn into weeks, those weeks into months and each experience builds upon the last, building a vast personal catalogue, developing a resource to fulfill the student nurse and patient's ideals. I think that, if Utopia is a place that does not exist (Eutopia is a perfect place), the student nurse's mission is to strive towards one place and exist in the other; well-being, health and good experience at the core of every transaction, thought and intention.

At first, I didn't like the term 'compassionate robots'. It sounds like nurses do not think or make the time to achieve more than just tasks and chores that are determined for them at the start of their working day. It fits an antiquated model of female nurses running errands on the whim of the male doctor or the whip-cracking matron. But then I thought more generally about our contracts of employment, about professions, about jobs and about what we must achieve to receive a monthly salary, about systems and about hierarchies. Never before have I been allowed to think so much for my fellows when I try to coordinate their care, trying to coordinate their health as they arrive at my place of work when they are at their most vulnerable. Yes, 'only' a student nurse, but a graduate now three times over, from different disciplines, with work and life experience in a variety of areas; a scientist, a teacher, a researcher, an arts producer. And never has it been my role to think more than I must think now. Compassion means 'to suffer with'. If nurses are compassionate robots, then we – members of our communities, citizens of our countries – are ALL robots: we are the ones who must decide what kind of workers we want to be and by whom we are controlled. Author Lynsey Hanley comments, it is already the case that many "low-skilled workers are treated like the robots who will surely one day come to replace them: incapable of overwork or fatigue, impervious to ill treatment".¹ Surely a nurse's honed coordination of academic, physical and emotional labour is irreplaceable by machine and yet does the low pay, overwork, fatigue and ill treatment occur at all?

I think an antiquated model of nursing created the idea that nurses need to be perfect, a religious model, a misogynist model. I think there are systems in place to cover the backs of those who hold positions of dangerous responsibility; surgeons, pilots, politicians and those in the military. Yet those systems do not exist in nursing; we are allowed the closest to people, to their families and to their hopes. To those we care for, perhaps nurses are entrusted the most and yet there seems to be much less of a system to protect a nurse from the backlash of the mistakes they make. A nurse has a PIN number and sits on a register, alone. For that reason, the pressure to be perfect, to deliver faultless care is so great. A systematic shift could perhaps ease that pressure. Nurses are as professional, as responsible and as fallible as everybody else.



5.

The wretched staff room is, I fear, one of the only places for resistance and critique in the clinical environment and the Facebook wall is a place for release. At least now, there may be space in the cloud for student nurses to vent and to exchange and to learn from one other - a permanent space that can develop and evolve ideas and intentions, from which change can occur. The staff room is a strange place to experience; a retreat and yet the most neglected space within a conventional hospital's walls. There is usually a dirty old microwave, paid for by staff, a fridge full of months-old forgotten food, maybe a television that has not worked in years and a line of broken chairs over which to argue. Conversations start and stop as colleagues enter and leave, for secret exchanges to then continue, unbroken until another hungry nurse bursts through the door to scoff from a heated Tupperware. So the conversations start and stop and are forgotten as other topics arise. For that reason, reflection, resistance and critique are perhaps not as effective as they could be, maybe the reason why not much change happens fast. Could this mean the blue thumb of agreement is the beginning of a revolution? Utopia?

1. L. Hanley (2016). High Status, High Income: This is Britain's New Working Class. The Guardian. Retrieved from: <https://www.theguardian.com/commentisfree/2016/jul/03/high-status-high-income-britains-new-working-class> on 22 August 2016.

THE SONG OF THE COMPASSIONATE ROBOTS

We recognise that we are imperfect.
Our family and friends know that we are imperfect.
Even our patients understand that we are only human
and are trying to do our very very best
They say: I know you're not perfect...but just make sure you are perfect with me.

And so we try to be a perfect link between powerful doctors and vulnerable people.
We, we are the porous barrier between illness and health;
between the psycho-social and the bio-medical;
between expected perfection and accepted fallibility;
between capitalist and socialist systems.
We are an island of compassion, buffeted by winds of bureaucracy.

How do we reconcile the juxtaposed systems?
How do we believe two different things at once?
We do, because we are endless vessels that pour out love.
Pour it all out, but are never filled.
We become empty.

So, we talk and we cry;
we stop the car and sob;
we run, we run, and we run and run so incredibly far.
We play video games and do a lot of staring into space.
We are endless vessels that pour out love, but are never filled,
So fill ourselves with in alcohol,
in exercise,
in desperate love,
in food
anything to fill us up.

We know we're submerged in a sea of bad practices, and a few bad nurses are hidden
In the murky waters,
protected by paperwork and the blank stares of exhausted managers.
We know that if we had time and money to address
the causes of our over-work,
the wrongs would stand out like
sharp, rocky outcrops.

But we cannot critique our colleagues.
We cannot be the ones to stand-up.
We are the lowest of the low, and it is hard to criticise others when we are Nurses.
Beholden to empathise, to care and to try to understand.
And so we are Paperwork Perfect.
We never take a full hour for lunch.
We reflect and protect our PIN.

We jump through the hoops of validation.
Everyone knows we're not perfect;
that everyone makes mistakes, and bad things happen:
but we do not talk about it.
We live in the crevices of shattered expectations.
We live through our bodies;
take on the role, the act,
the stance of The Nurse Proper.
Stand and sit as nurses should.

And even though we should leave our politics and
our religion and
our rage
at the door,
We all know that,
sometimes our guard drops.
We do not bite our tongues and
when that happens, we remember the Nursing Code.
We are reminded to take ourselves out of our work,
but to see the individual in front of us.

We see contradiction.
We are contradiction.

We see contradiction.
We are contradiction
Because I can't bring myself into work, but I am nurse, and so
I am always at work.

I am a compassionate robot.

Compelling and divining, calling down the Ghost of Florence,
so she can haunt our body in the right way:
Composed, lovely, and caring.
She haunts us all the time.
Because we are Nurses All The Time. 24/7, 8 9 and 10.
Without a structure to vent, to scream, or to stop the car and just cry;
to run, run, run and run so incredibly far,
to play video games and do a lot of staring into space,
to find things to fill us with alcohol, exercise, desperate love, food and anything.

We all know that a doctor has killed someone, but we do not talk about it.
Or at least, we don't talk about it publicly?
Do we? This is our moral challenge.
Our strange dichotomy:
Between prescribing drugs and helping people get off drugs.
Between encouraging people to be healthy and eating ourselves senseless.
Between working towards utopia and knowing such utopias will fail.
If only everyone knew.

The media. The government.
If only the wider public knew that we were only human
And no amount of check-lists and over-work and paperwork could make us perfect.

TS Elliot said we should 'Dream of systems so perfect that no one will need to be good.'
We are those perfect systems.

But we work in a structure that cannot accommodate human creativity;
That cannot accommodate compassion;
That has no time;
That "will never change" no matter how hard we try.
That does not trust trust.

And so we play the role of The Nurse Proper;
We become the Nurse Expected of us,
Because we are Nurses,
Beholden to empathise, to care and to try to understand.

When you have a baby, you are responsible for that child,
for its life and protection and care.
And no matter how heavy that burden is, we know we can carry it.
Because we are haunted by the ghost of Florence Nightingale,
And the ghost of Mary Seacole,
And of Betsi Cadwaladr.

And like building a new church,
We're the compassionate robots of the NHS,
handmaidens to its birth.
Sturdy. Strong.
And Gold.

They say that metals gets stronger every time that they are is bent
We are now titanium, living in the folds of contradictions.
Making better systems, so perfect,
that we no longer need to be good but,
instead,
We can be human.

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