Care in Practice. On Normativity, Concepts, and Boundaries

Annemarie Mol, Ingunn Moser, Enrico Maria Piras, Mauro Turrini, Jeannette Pols, and Alberto Zanutto

Abstract In recent years many STS scholars have dealt with care practices in different fields. Starting from *Care in Practice. On Tinkering in Clinics, Homes and Farms* [Transcript-Verlag, Bielefield, 2010, 325 pp.], a book edited by Annemarie Mol, Ingunn Moser and Jeannette Pols, this debate aims to discuss the meaning and development of the concept of care and its accomplishment in practice. Mauro Turrini, Enrico Maria Piras and Alberto Zanutto wrote two commentaries on the book, while the editors answered to their observations. The result is a vibrant discussion that goes beyond the care to address issues such as the need / refusal to define and delimit concepts in doing social research and what these boundaries mean / do.

Keywords care in practice; normativity; concept boundaries; situated practices.

The Normativity of Care

Mauro Turrini

Looking after those people who, for reasons of health, disability or isolation, require continuous attention is a growing concern of our contemporary societies. The ageing of population, a major sensitivity to impaired people and other social changes have increasingly focused the attention on care and its bodies of expertise, organizations and technologies. However, social sciences, maybe due to an intellectual bias towards repetitive daily routines, have so far paid scant attention to these topics. *Care in Practice: On Tinkering in Clinics, Home and Farms* is an important

TECNOSCIENZA
Italian Journal of Science & Technology Studies
Volume 2(1) pp. 73-86 - ISSN 2038-3460
http://www.tecnoscienza.net

attempt to inaugurate innovative questions and areas of research oriented towards the multiple sites and aspects of the care work.

Drawing on the pioneering enquiries of the so-called "nursing theory", which is oriented to empower and elevate the nursing profession, as well as other approaches, predominantly feminist, which have investigated the invisible, domestic work usually carried out by women, the book tries to rethink the work of care in the light of its social expansion, cultural centrality, irreducible specificities and normativity. Assembling 13 empirical studies carried out by well-acknowledged researchers, among whom John Law and Mary Winance, a wide range of situations are explored. They span from the intimate relationship between a daughter and a mother who suffers from progressive dementia (J. Taylor) to the personal memories of animal farm stories drawn from the author's childhood (H. Harbers); from new technologies of care – such as wheel chairs (M. Winance), an Internet-based service for information sharing among patients and professionals in Denmark (B.R. Winthereik & H. Langstrup), diverse telecare services (D. López, B. Callén, F. Tirado & M. Domènech; J. Pols) and high-tech home care devices, among which pulmonary ventilators (D. Willems) – to several programs for improving care practices – including a program for increasing nourishing practices in Dutch nursery homes (A. Mol), a British computerized system for tracing cattle movement to control and prevent any epidemics spread (V. Singleton) and Marte Meo, a Swedish video-recording system used by nurses to improve the quality of dementia care (I. Moser). The heterogeneity of the contributions points out the importance of a collective effort aimed at developing analytical concepts and problems to unravel care practices in a wide range of situations. The great variety of the case studies considered is not integrated into a unitary theoretical framework. In my opinion, the authors' main goal is not to put a theory in practice but rather to put practice into theory. Not by chance, the book does not offer a univocal definition of care, but multiple formulations defined each time according to the specificities of the situation scrutinized. The theoretical introduction written by the editors offers the reader a very open meaning of "good care" as a "persistent tinkering in a world full of complex ambivalence and shifting tensions" (Mol et al. 14). This extremely broad definition refers to a double meaning that is implicit in the book, according to which care does not only consist of those professions, organizations, technologies and expertise committed to look after diseased or impaired people, but also involves all those daily activities that are in to some kinds of care such as, for example, the provision of food and shelter. In other words, the care work we see in nursing houses, clinics and farms can be potentially found everywhere. This definition, thus, leads to some of the most intriguing and, at the same time, problematic aspects of the book.

Firstly, I will mention the extensive and fuzzy definition of care in relation to the private/public dichotomy. Care is here understood as a complex, ambivalent and shifting phenomenon, and, thus, there is no distinction between the provision of formal care through the public, private or not for profit sectors, and that provided informally by relatives or friends. In this way, the very dichotomy between public and private is questioned: according to the authors, the care work should be considered of public relevance, but without loosing the specificities that are inherent to its (*good*) practices. The crucial role attributed to contextual nature of care is a point that can not be undervalued. From a methodological point of view, it corresponds to an eminently ethnographic approach particularly interested in the details and subtleties of practices that are local, embodied and responsive to a variety of heterogeneous and unpredictable elements. Theoretically, it poses the necessity to rethink the carer/cared relationship. Other recent approaches on this theme have shed light on the asymmetries between caregivers and cared people in order to criticize the paternalist role of caregivers (doctors, nurses, farmers and so forth) and propose that also impaired people should claim individual rights, the free of choice and so forth. On the contrary, *Care in Practice* does consider people who need care not in light of their autonomy or abstract categories, but of their bodily failures and fragilities and their collocation in collectives. Rather than limiting itself to recognize the public relevance of the care work or to claim rights, the approach of care intends to analyze *care*fully any singular situation in order to let their specificities surface. By analogy with the feminist critique, bringing public attention to care should not imply losing its distinctive aspects, which, in the case of care, basically consist of the bodily needs, the lack of autonomy and the necessity of continuative relationship.

To better understand this point, we should go back to the studies that anticipated and introduced a new research on care (Pols 2003; Moser 2008) and recall, in particular, the most important volume issued on this topic, Annemarie Mol's last monograph, *The Logic of Care* (Mol 2008). A sort of manifesto, it offers a succinct, critical engagement with the current, predominant model of patients as consumers or citizens who have both a right and a responsibility to care for the self by making informed choice. Differently from this "logic of choice", which relegates the patient's involvement to some individual, intellectual or, in the case of market transactions, even economic *choices*, "the logic of care" is focused on the broader process of diagnosing, informing, injecting, encouraging and so forth, of which the patient is not only the object but one of its principal actors. In this sense, *caring* is constituted by collectives, uncertain practices shared by doctors, nurses, patients, relatives and friends, and even technologies.

Care is thus foremost described as a work of arranging, modulating and resolving bonds. Anyway, it is not presented only as a matter of good sentiments and warm relations between people. This consideration leads us to a second aspect of the book I would like to highlight: even if the ethnographic descriptions and stories presented are rich, moving and, sometimes, touching, the book is not sentimental at all for many reasons. First, the networks here investigated include the crucial role of "cold" non-human elements, such as farm animals (which, differently from pets, are usually seen as economic means) as well as machines and artifacts, i.e. telecare or wheelchairs. Not by chance all the contributions, although draw on and are addressed to multiple disciplines such as medical anthropology, medical sociology, disability studies, assume a typical Science and Technology Studies posture in recognizing the sociality of animals and technologies. Most of the authors have a background in STS and, even if they have moved out to study other practices, they take in serious consideration the pervasive role of technology. Second, the silent, "cold" process of attuning bodies, technologies and knowledge that constitutes care does not necessarily implicate empathy-with-the-other, but also distance and separation. As John Law shows in his article on the huge cattle slaughter after the spread of foot and mouth disease in England, "the choreography of care […] necessarily depends on the organization of separation" (Law 2010, p. 68). In a similar way, Mary Winance in her study describes how disabled people attempt or refuse to acquire autonomy observing wheelchairs tests and rehabilitation programs. She concludes that "the aim of care as shared work is to construct a person who is both attached and detached, "dependent" and "independent", moving on his/her own and being moved by others" (Winance 2010, p. 111). This aspect is very important in that it distinguishes this book from other approaches on care and, in particular, from the so-called movement of the "ethics of care", according to which the normativity of care lies in the relations of dependency implicated in care activities. Instead of interpreting care as a unitary, monolithic phenomenon based merely on the mutual dependency among human beings, this book is focused not only on the organization of closeness and distance, of dependency and autonomy among bodies, technologies, organization, knowledge and so forth, but it also points out the incompatibility among the values of care. This last point is argued in Mol's article on food provision in nursing homes for dementia people, where sometimes the attention towards *nutritional values* related to the quantity of the food provided interferes with the *cosiness* of eating practices. Or the *choice about food* can worsen the *taste of food*. These tensions can be solved by an artful way to accommodate specific individuals and circumstances. As Janelle Taylor concludes about her personal experience as a daughter who cares for her mother who suffers from Alzheimer's disease, the most important question about caring is how to keep together all the complexities and frictions involved in care. While at the mention of her mother's memory loss everybody responds with the question: "Does she recognize you?", she thinks that the right question to ask to a person who cares for someone else is a different one.

> I wish that just once, someone would ask me a different question […]
> «Janelle, are you keeping the cares together?»
> «I'm doing my best», I will answer.
> «And you?» (Taylor 2010, p. 53).

This consideration leads us to a third, crucial aspect of *Care in Practice*, namely the *normativity* of care. The subtle deconstruction of all the elements, aspects and values is not here considered a mere intellectual exercise, but it is aimed at identifying what "good care" is and where to find it. All the contributions in different ways seem to try to answer the question: what do we care about deconstructing things? Of course, there is no attempt to construct an ethical paradigm based on universal principles, but rather to explore specific *modalities* of handling questions to do with the good. The approach focused on practices makes space for ambiguity and ambivalence and, thus, it is impossible to predetermine what is good, but it is possible to achieve it contextually through "a persistent tinkering" of the elements. What is emphasized is a reflexive and experimental nature of care that comes from all members involved in the process. This interpretation of ethics resonates with what John Law has recently termed the "ontological politics" inherent to the method of social sciences:

> There *is* no general world and there *are* no general rules. Instead there are only specific and enacted overlaps between provisionally congealed realities that have to be crafted in a way that responds to and produces particular versions of the good that can only ever travel so far (Law 2004, p. 155).

Social analysis is thus embedded in reality and attempts to be engaged with it under multiple levels. From this eminently political point of view, one of the most interesting aspects of *Care in Practice* is the opposition to the systems of control that are pervading many areas of work and the care work in particular. Exerting a control on care activities through the proliferation of checks, rules and regulation is a strategy that is not innocent, in that it implies the objectification, centralization, disembodiment, formalization and standardization of work practices. On the contrary, the quality of care may only be improved through the recognition of the generative and creative nature of care practices.

All these three aspects mentioned constitute what is not only an object of study, but also a coherent research approach, which, to be unequivocally normative, is promising and brilliantly sketched in this book. Whilst the care approach has obvious merits, it also raises important and unresolved questions. Firstly, the book offers a very broad and fuzzy definition of care, according to which care can be analyzed everywhere, not only in clinics, houses and farms, but also, for example, in places that are not usually seen as places of care. Think for examples to scientific laboratories and the practices to "seed", "culture", "staining" and "harvesting" these cells to be observed under microscope. In my opinion, this can be seen as activities that have to accommodate bodies, cells, technologies and knowledge within complex and specific circumstances. Can these practices be considered part of care? Again, what about the practices of breeding and sacrificing animals in laboratories? Can be these considered care practices? To which extent is it possible to consider as care the treatment reserved to farm animals or guinea pigs? If care and instrumentality are not inseparable entities, can we find care also, for example, in the relationship between brokers and their clients? An extensive definition of care giving, however, does not only raise these problems, but it also offers new opportunities. According to this meaning, care seems to sketch an innovative scrutiny to reality. It can be almost considered an alternative, more normative, that arrives when the relativism of science studies is being accused of having aided the politicized treatment of science (which was adopted, for example, by the George Bush administration).

Moreover, if this definition of care, on the one hand, can be potentially found everywhere, on the other hand, in the book, there is not actually very much on clinics in the foucaldian sense of clinics. The contributions investigate a wide range of institutions that are not clinics in a narrow sense, whose complexity, however, would be important to highlight. In a moment when the one-on-one doctor-patient relationship of clinical medicine is increasingly replaced with a science-based rationalization and standardization of health services, the care approach seems to suggest an alternative solution, which avoids to formalize and reduce the complexity of clinical decision making or to fragment the expertise of medical professionals and, at the same time, proposes a contemporary vision of care embedded in technology and science. Yet, no contributions deal with this topic and, aside from the case of the on-line, clinical records for pregnant women, no medical practices are discussed. So, what are the implications of care for individual professional responsibility? From an organizational perspective, the creative, experimental and incremental care approach does not seem to be able to give an answer to the crucial question of professional as well as juridical responsibility of physicians. Perhaps, the care approach is to be understood as part of the recent paradigm shift in terms of thinking about errors, where the lens of responsibility is being refocused away from people and towards organization. However, if care practices seem to be the most efficient way to improve the quality of care and avoid failures, systems of control are undoubtedly more attuned in allocating the responsibility in the case of an error occurrence. Another still more important question, the relationship with risk, in the last decades, has become a central question not only for societies, but also for organizations, especially for health services. I argue that the logic of *risk* is at the very antipodes of the logic of care. Typically, the ways to increase the patient autonomy of choice – i.e. informing him/her about the dangers of a surgical operation or handling to him/her an informed consent to sign – are an obstacle in the construction of the care team whose elements participate with different roles in the relentlessly adjustment of the treatment to adopt. To put it briefly, risk is intrinsically part of a subjectivity oriented towards an entrepreneurial maximization of health through rational assessments based on scientific data. Belonging to the disembodied, abstract "logic of choice", it has nothing to do with the activities of persistent, shared tinkering involved in care. At the same time, I also think that the normative aspect of care, which is interesting to consider and to explore, can not avoid to be compared with the normative aspect of risk, whose discourse is well articulated in the clinics including informed consents, patients' rights, medical insurances, physicians' organizations and so forth.

Meaningfully, in the introduction of *The Logic of Care*, Mol describes three episodes where the mobilization of the logic of choice leads to poor care. Among them there is one about the author's experience of amniocentesis. Prenatal diagnosis is a medical practice deeply embedded in risk: pregnancies at risk are invited to carry out amniocentesis for the risk of fetal anomalies, even if this practice implies an increased risk of abortion, of which every woman is informed by means of the informed consent. In the author's episode, Mol is disappointed by the rude reaction of the nurse who reacts to the preoccupation of nurses replying rudely: "Well, it is your own choice" (Mol 2008, p. xi). According to the author, this episode witnesses the lack of care determined by the logic of choice. I would like to add that the logic of choice seems to be inherent to certain medical practices that raise question on how difficult it is to keep together the relentless work of care and the management of risk, which includes crucial decisions to make and medical responsibilities to take *care* of.

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What exactly are "Care" and "Practice"? Some Notes on Concepts and their Boundaries.

Enrico Maria Piras and Alberto Zanutto

It is not uncommon to describe a book as a must-read for different audiences. In reviewing *Care in Practice*, though, it is hard to limit the potential academic/practitioners community that might benefit from it. *Care in Practice* is an edited collection that speaks to different audiences and it does so by freeing care, tearing down the walls the confined it in the domains of the sociology of family and nursing studies. These two communities might certainly be interested in the essays, but also scholars in the field of social services, organization studies and farming could find interest in (at least some of) the essays proposed. Moreover, Science and Technology Studies theoretical underpinnings are a common background for most of the authors, a reason for their colleagues in the fields to become interested in the book.

The main reasons to read it, though, are more basic than its ability to cross academic boundaries. The first is simply the overall high quality of the essays. The second is the possibility offered to the reader to explore many different social contexts only by following the thin red line of care and the diverse material forms in which they occur. The third is that the whole volume and some essays in particular are infused with a passion for the care practices described that perfectly fits the political scope of the book, which is to rescue them from the private realm and show their public relevance.

The aim of the editors and authors is twofold. Firstly they want to look closely at the care practices, analyzing the assemblage of professionals, family members, and low or high tech artifacts that need to be aligned in the process. Processes that involve tinkering, mediations and frequent reshaping of the care collectives. These fine grain descriptions (most of the works are based on ethnographical research) take the reader in contexts where care practices are never accomplished once and for all but are precarious compromises that are always in need of fine tuning. Secondly, the book aims at "opening" the care practices themselves; the book does not ask the reader to investigate deeply the contexts for themselves but rather to deconstruct and analyze the practices to explore their richness.

The essays on the one hand highlight what makes every care practice unique, its situatedness and its being tailored to the setting in which it occurs, and on the other they underline the intertwinement of the elements they are made of, being it ethical values, technical dimensions, social routines and collective representations.

The stories portrayed highlight that caring means keeping together the hybrid collective made of knowledge, artifacts and people, and how it cannot be managed to reach a perfect and stable alignment but rather implies to keep working carefully (with care) around the details. It is this attention in acting without taking "the heart out of care" (introduction) that turns the actions described into care practices.

As said before, one of the strengths of the book is that "typical" care practices, those that deal with humans in need of assistance, are alternated with other stories in which the subjects of the careful attention are animals. John Law, for instance, describes the work of vets in the case of a mass killing of animals under the policies to reduce the spread of a possible epidemic, stressing the fact that caring means to provide a cure in some cases and to make sure the animals have a decent death in others. Hans Harbers recalls his memories as a child in a Dutch farm discussing the forms of attention for the different animals, practices that ranged from allowing them into the house to killing them, providing rich evidences that care is multifaceted rather than uniform.

Among the essays that deal with care aimed at people, there are some interesting works that are focused on practices of assistance in nursing homes and health institutions. In these contexts, an increasingly important reality especially in the urban areas, some works allow to observe how providing care to the people in need intersects with values, ethics, and the choices about welfare policies. This intricacy creates an ambivalent and somehow ambiguous context in which caregivers and the ones who receive care are constantly called to tinker to adjust to the contingencies at hand. This happens when care practices are about feeding people (Mol) or they are questioned in order to evaluate the indicators of quality of service (Moser).

Some works deal more explicitly with the relationship between care practices, people and technologies. Care for the artifacts and care for the people are indistinguishable when the latter live and move only thanks to machines (Willems, Winance). In these extreme situations becomes clear that caring is not only providing a one-way attention to the "people in need" but rather to take care of the hybrid networks that sustain them. A final group of works explores practices of care mediated by information and communication technologies showing how both professionals and people receiving care do not limit themselves to the scripts in the artifacts but rather exploit them in unanticipated ways (Lopez and colleagues, Winthereick and Langstrup, Pols).

One aspect that distinguishes the book is the desire that it may contribute not only to the scientific debate but also serve as a stimulus to a broader reflection on the importance of care practices in various social contexts explored. Far from keeping a neutral stance, in fact, the editors hope that the care practices (in general, not only those described here) get more visibility and recognition in the public debate in which they are currently underrepresented. “Perhaps care practices can be strengthened if we find the right terms for talking about them”, claim the editors in their introduction (p. 11). We can only agree with this statement. However, it is precisely these “right terms” we would like to focus on in the conclusion of this review. More specifically we argue that authors could have taken more care of the words “care” and “practices”.

Show care, through words, photographs (see Law; Harbers) or drawings (see Xperiment!) is what is done by each individual author. Readers are led by the hand from farms to big rooms where wheelchairs are tested, from memory clinics to private houses, they are shown the tinkering through which care is enacted, the ongoing and ever-changing remodeling of the hybrid network of actions, living beings, spaces, artifacts, rules of which care is made up.

The words of the writers reshape the reader’s idea of the concept of care, offering new grips and new visual experiences through which reading it again. This constant change of scenery invites readers to a radical exercise of comparison, in a constant search for common ground between practices radically different at first sight. In a provocative way, offering the same volume of care practices that take place in farms and or memory clinics, in the treatment of dementia and pregnancy, the volume as a whole suggests the reader that even though there are differences in these experiences, these are nonetheless similar in many respects.

However, the process is only partially completed. Neither in the introduction nor in the individual essays there is a definition of what is meant by care. Defining etymologically means putting a limit, drawing a line to tell something from something else. Accepting a boundary, no matter how temporary and precarious it could be. The decision not to give a definition of the concept is a rhetorical strategy used by editors and the authors to appropriate “care” and “steal” it to nursing studies and sociology of the family, the disciplines that “own” the concept, showing how care is relevant in other social and institutional contexts.

At this point, however, one would expect an examination of the effects of the abolition of definitional boundaries. This additional step is absent in the book: the care is not in any way “re-defined” and it remains a concept of an uncertain status. Care appears like an intuitive construct, a “natural” and self-evident concept. This is not (obviously) the intent of the editors and authors of this book who, in fact, dedicate their efforts to describe in detail the hybrid collectives involved in implementation of care practices. However, if care can be found everywhere and it is not defined in any way, what is left of it? The risk is that the care appears more a style than a practice, a vague label that could be associated with any activity and consequently poorly defended.

Practice, the other word used in the title, requires a different approach. In the book practice is more a word rather than a concept and it is generally used to refer to "what is opposed to theory" or as a synonym of "mundane activity". In academic literature, though, "practice" is a concept that has gained a considerable interest in the social analysis (e.g. "communities of practice") and in particular in the field of organization studies. Among the many "turns" (postmodern, linguistic, narrative) proposed in the last decades, there is also a claim for a "practice turn" in social theory (Schatzki, Knorr-Cetina, von Savigny 2001). While practice has been defined in different ways, all the conceptualizations share the assumption that it refers to materially mediated activities that require a shared practical understanding (id.). Practices hold together socio-material arrangements, discourses and classification systems, understanding and learning; they are, to put it into Silvia Gherardi's words, "[modes] relatively stable in time and socially recognized, of ordering heterogeneous items into a coherent set" (Gherardi, 2006).

The care practices described and analyzed in the essays fit quite well in this definition of practice, except that the relative stability and the social recognition are not much stressed. We do not mean to superimpose a theory or a definition, still we believe that these two features of "practices" could have been of some use in the re-definition of the concept of care by stressing the patterns of action, the production of practical knowledge involved and the social effects of practicing care.

In conclusion, in our reading the major merits and limits of the volume derive from the same editorial decisions, first and foremost by the lack of an explanation of what is meant by care. Not only the editors do not provide a definition of the concept of "care" but even individual authors do not venture into definitional issues preferring a description and analysis of the observed activities. The absence of boundaries produces a wide and varied discussion that is certainly a strength of the volume.

This richness, however, is likely to become a weakness if the detailed descriptions and analysis proposed are not followed by a re-conceptualization of the care itself. There is a risk that care, without semantic boundaries, becomes a fluid label to describe any process or simply a style rather than a situated practice.

"Words can only say so much" when it comes to care, state the editors in the introduction. This is true but the lack of new words to reframe care is likely to weaken the political effort that is one of the aims of the book, namely the stated emphasis on the need to "strengthen care practices – and whoever is involved in them" (introduction, p.11). This would require a redefinition of care aimed at providing a conceptual support to the articulated, changing, and hybrid network of relationships between living things, technical artifacts, living spaces and nursing professions, and rules that constitute the care for us as it is presented in the book.

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Authors' Response

Annemarie Mol, Jeannette Pols, and Ingunn Moser

We are obviously very happy that the book we recently edited, *Care in Practice*, gets such detailed attention by concerned commentators. And we gratefully accept the opportunity to respond to the comments that have been made. This offers us the occasion to reflect on one thing in particular: the question of what it is to define a term that is crucial to one's academic work. For this is a concern that both comments share: that, while writing about "care" we have not *defined* it. Neither the editors, nor the authors of the various contributions, our reviewers remark, lay boundaries around "care". Thus, or so we read in the comments, it might be everywhere, this care. It loses its distinctiveness, is all too fluid and cannot be defended. Turrini quotes what we say about "good care" in our introduction, that it is a matter of: "persistent tinkering in a world full of complex ambivalence and shifting tensions". But this does not seem to count as a "definition" because it is "too broad". Please, pause for a moment to look at the spatiality implied in this "too broad". It evokes a regional kind of space – we should apparently have delineated a smaller turf. Piras and Zanutto draw on a similar regional imaginary of space when they remind us that to define is "to put a limit, drawing a line to tell something from something else". This is my land, there is the boundary and beyond it, dear neighbour, is yours.

Interestingly, in the case at hand the question of what may (or may not) be bounded in this regional way, emerges at two levels at once: first that of care "itself" and then that of words, terms such as "care". Let's look at each of these in turn.

First care. Is this a regional phenomenon, that is a field, a terrain that may be delineated? Our critics seem to think so when they write that: "There is a risk that care, without semantic boundaries, becomes a fluid label to describe any process or simply a style rather than a situated practice". What we are being asked here is to understand care for what it *really* is, namely a "situated practice" – something that is somewhere, somewhere bounded, and not somewhere else, beyond its defining boundaries. The danger evoked is that of falsely taking care to be "simply a style". Thus, not a region, a terrain, but a way of working, a mode of doing things. Somehow we must have been unclear. For understanding care as "a style" (or an assemblage of different but related styles) is exactly what we aim to do in *Care in Practice*. We thought we were explicit about this when we specified caring styles, their *logic*, as: "persistent tinkering in a world full of complex ambivalence and shifting tensions." But given our critics' way of wording, we have not been explicit enough. So let's try to be more explicit here. We did not seek to ask where-questions, as in where is care – and where is it not? Instead, we sought to ask a how-questions: how is "care" being done? Which modes and modalities of "caring" may we trace in various practices? How can each of these, different as they are, shed light on and help to specify the others? Or, in other words, in the essays that we assembled, "care" was a verb, and not a noun.

This takes us to the second level, that of words. For verbs, like nouns, may be defined or left unbounded enough to adapt them to local needs and circumstances. What is wisdom? There is an impressive theoretical tradition that takes it that while in daily life words may be vague, in the social sciences one should use them in a thoroughly disciplined way. That is to say: bounded. Science, or such is the presumption here, should build on and mobilise not just words, but well delineated words. Only such well delineated words get the honorary status of "concepts". Measured against the standards of that tradition, our work fails. But that tradition is not self evident. We disagree with it. Thus we do not "fail", but try to foster another set of standards. Here, words should be fit to sensitise research, but not close it down prematurely. This, or so we take it, allows for another type of research. Let us try to elucidate this with an example. If you would want to count apples, you would first have to define "apple" so that you would know which entities to count and which others to exclude from your calculations. Again, if you would want to know about the colour of apples, you would first have to define the entity "apple" whose colour you are curious about. But what if you want to know what an "apple" *is*? Then you need to have a sense of where to go look for it, but starting out by clearly defining "apple", is not the way to go. For then you answer you own question before you have asked it and kill your curiosity before you have learned anything new.

The apple example may seem somewhat simplified, as the term "apple" is strikingly stabilised in most practices. However, this isn't true for worlds were apples are being cultivated and traded. There, questions rise about them: is this sour fruit still an apple, should it be marketed as such, what about wild apples, etc. This is typically the case: where objects are tinkered with, where ways of working are developed, boundaries get contested, instable, take a variety of shapes. This is why we are weary of definitions. If we were to define, say, "autonomy" then we would be able count it, or at least wonder if people in this or that situation are granted enough of it. However, if we abstain from defining "autonomy" we may yet learn new things about "it" when researching practices where people try to find a wheelchair that is appropriate for the bodies they live with and the situations they live in. And which shape, we may then wonder, does "autonomy" take in situations where people live at home but have an electronic guardian angel? If we do not set out by knowing what "subjectivity" is, but keep this open, then we may yet encounter "it" – and learn strikingly new things about it – among people with dementia and even in a ward for people who are living in a vegetative state. So it goes with "care". It is what we study. We would have killed our curiosity had we defined it before going out in our various fields!

It is also possible to frame this in a slightly different way and ask the philosophical question what a language is. The words of a language may be taken to refer in a stable way to an objects or a process – and in that case they can be defined. Such defining depends on explicating the link between a term and the objects or processes that it is supposed to refer to. A first problem is that such explications in their turn have to make use of others words and how to define those? The activity is potentially endless. But there is another problem as well: this understanding of language as a collection of labels, does not fit with the way words are being used in practices. For in daily life, but also in writing, words are not tightly linked to specific objects and processes. They are not labels, but move around, they slide and shift. And if a researcher sets out by tightly defining her terms, she is unable to move along with the way words are being used in the practices she studies.

Practices: there they are. Piras and Zanutto deplore it that we have missed the "practice-turn" in "social analysis" (as they call it). They conclude that we have done so because, again, we have not defined the term "practice". But the quintessence of the practice turn is to study practices – not to define the term. It is to follow objects and/or processes, like autonomy, subjectivity, respect, killing, tagging, buying, tasting, filling in forms, using a webcam, and so on, without beforehand fixing what these things and activities are. Or, more specifically, without fixing their *essence* in a definition to then restrict one's research efforts to studying their extra, accidental *attributes*. The quintessence of the practice turn is to abstain from such fixing and to stop making the division between essential and accidental characteristics. Even one's central concerns, especially one's central concerns, deserve to be opened up, rather than defined. Opened up, that is, for study. After the practice turn, words are tools within a practice rather than labels that may be firmly circumscribed. This is why our "editorial decision" to not define our terms is not a failure of our work, but a precondition for it. It is what has allowed us to contribute to the collective, ongoing, study of *care in practice*.

We engage in this study, or so we said, to strengthen care. Which brings out the question if "care" is good. Is it? Well, that depends. Turrini suggests that "care" is not a proper way of ordering ways of working in situations where there are risks, because when things may go wrong it is better to be able to point out responsibilities. Is it? Again, that depends. If some doctor denies responsibility for a medical fault because he was off playing golf while letting a students do the medical work, casting some blame may be in order. But what if a care assistant is blamed for errors she made while she had only five minutes for a task that can be done in five minutes under test conditions, but not in conditions where people are afraid or start yelling – and while lots of other tasks are waiting to be done? We would hope that an analysis in terms of care might help to ask such questions. There are no definite answers, for the complexities are endless. Different settings, different people, different goals, different frictions, different materials, different concerns, different goods. They may all be studied and analysed in their specificities, but not in general. Instead, different ways of caring and different care practices deserve to be held in tension. The art is to compare and contrast different situations of care and to wonder which lesson might transport between them. Between farms and clinics; between care for eating and care for breathing; between care with webcams and care depending on patient files; between counting newborn piglets and wiping away tears. Investigating a broad variety of cases in detail, trying to learn from all of them on their own terms, while juxtaposing them comparatively, does not provide a sense of security. It does not provide definite facts, let alone definite normative conclusions. It has an altogether different aim: to contribute to strengthening and improving care, while searching how to do so. The chapters that we assembled in *Care in Practice* seek to be *caring*.

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