

# An Illustrated\* A to Z for the Design of Care

This book extends the explorations of design thought and action of the first *Does Design Care...?* workshop held at Imagination, Lancaster University in September 2017 that investigated different ways to conceptualise, provoke, contest and disrupt care. This illustrated A to Z for the Design of Care is intended to help guide design out of the intractable and entangled challenges we face with care and set it on the path to reconcile the contradictory needs to abstract the gesture of care (its theories) while it grounds the bodiliness of that same gesture (its applications).

edited by Paul A. Rodgers, Craig Bremner and Giovanni Innella

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*\* Each entry in this A to Z was written and illustrated by its author during the Does Design Care [2]...? workshop in Chiba University, Japan. Only a few colours of paper, scissors and glue could be used to produce the illustrations.*

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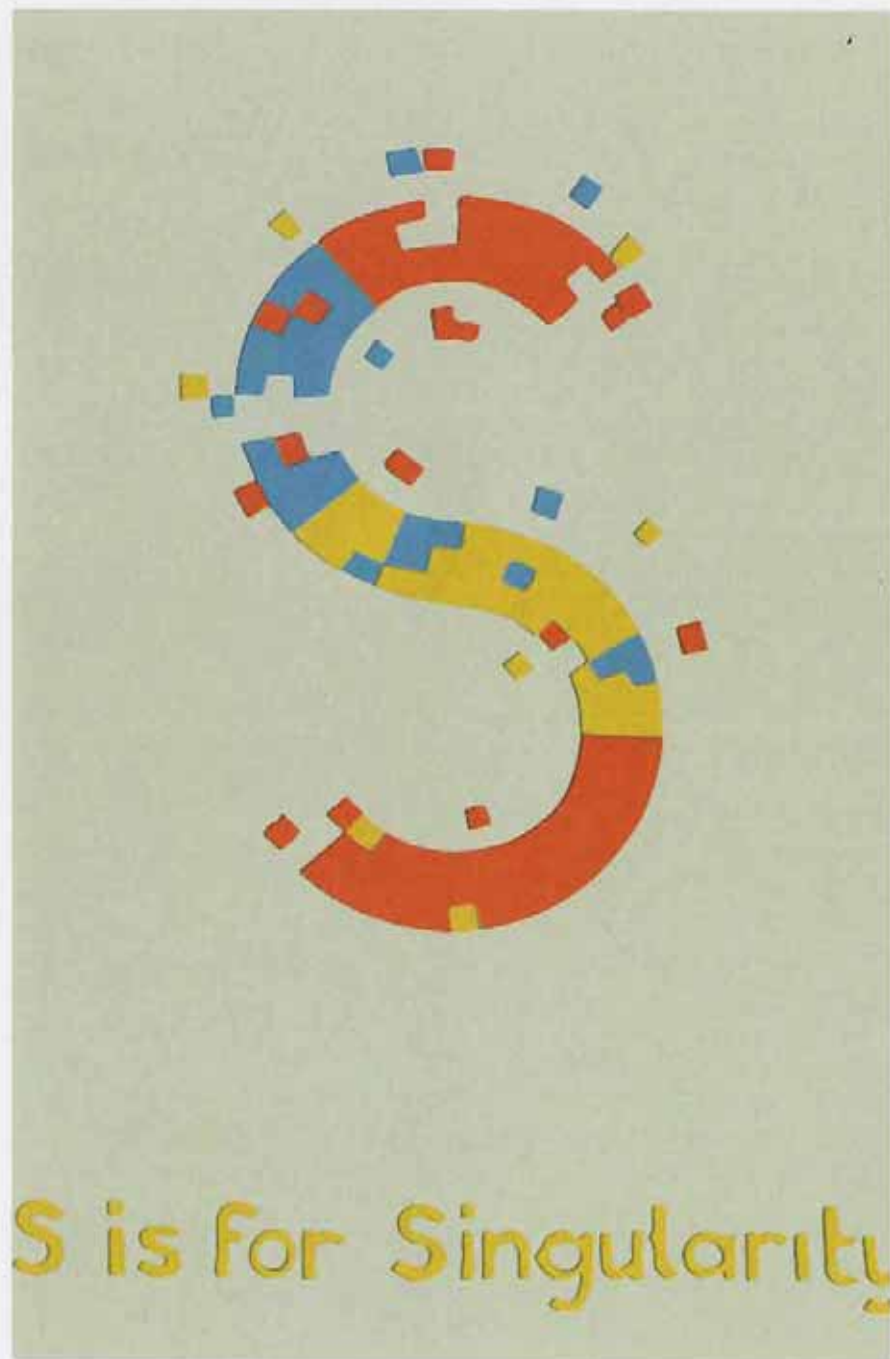
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# Introduction

This illustrated A to Z for the Design of Care book was written collaboratively by nearly 50 design researchers and practitioners during the Does Design Care...? [2] workshop held at Chiba University, Japan, 1–3 July 2019. This workshop extended the explorations of design thought and action of the first Does Design Care...? workshop held at Imagination, Lancaster University in September 2017 that investigated different ways to conceptualise, provoke, contest and disrupt care.

Care is not usually a word that we hear when we talk about design and when the word care has been used it is usually in a context warning designers to act carefully rather than carelessly. Still good advice, but as this A to Z shows, design has dived headlong into completely new fields of care – particularly social care and health care – at exactly the same time as the service of Care has been instrumentalised so it can be Capitalised and extrapolated so it can be served in equal parts excessively, efficiently and inefficiently. In a circular mix of remarks Bifo Berardi, referring to Yuval Harari (who must have been thinking of Foucault) states that “Twentieth century medicine aimed to heal the sick. Twenty-first century medicine is increasingly aiming to upgrade the healthy” Harari explains that “Healing the sick was an egalitarian project. ... In contrast, upgrading the healthy is an elitist project”. Updating Foucault’s notion that diagnosing what is ill is always equally about enforcing what is healthy.

As a result the challenges in care systems have become intractable. There have been divide and conquer approaches to responsibility and accountability in care that act to cripple our ability to engage with the speculative and systemic approaches that design offers. Imagination has been cauterized by a risk-averse, Neo-liberal culture – the same culture that also profits enormously from turning care into a transaction. This illustrated A to Z for the Design of Care might help guide design out of these intractable and entangled challenges and set it on the path to reconcile the contradictory needs to abstract the gesture of care (its theories) while it grounds the bodiliness of that same gesture (its applications).



# S is for Singularity

Singularity exists within Design for Care in a polarised way. In one condition, design for care of a particular person or their situation, requires a highly individualised analysis and bespoke response. In medicine, pharmacy has moved towards personalised medicine, providing the right drug, in the right dose, for the right person at the right time intervals and duration. This type of approach encompasses the user-centric paradigm. Muramaki (2001) captures this level of complexity and its personalised nature well, explaining that "The curious thing about individuals is that their singularity always goes beyond any category or generalization in the book." The second condition, which provides a contrasting view, where plurality is required in the action of design for care. If design, and more specifically any single design discipline works within its silo, a shortfall will occur. Julier & Munch (2019) explain how design culture has moved from the singular focus towards an 'orchestration of multiple things, people and actions'. They describe how this brings with it the potential for 'unstability' and a tendency towards an 'undisciplined' ecosystem. Within design for care, moving beyond the discipline to an iterative and expanded culture of trans-disciplinary engagement is needed incorporating many complex viewpoints.

# Conclusions

Design once identified itself as a collaborator with the owners of the means of production. Now it collaborates mostly with the owners of the means of behaviour manipulation and care falls into this category. One of the paradoxes built into design is the impossibility between what design does and what it dreams of doing. Without grasping the Capital context of care and design's inherent impossibilities, the enthusiastic embrace of care might appear somewhat opportunistic. It is worth asking how much care, in particular health care, is in fact just opportunistic. People appearing to need care are perfect, soft targets for something that we design and call care, leading to something imitating care. As a result design solutions becomes anecdotes and individual stories fitting design into its newish fictional guise. With the maturing of the service economy eventually people just wanted to be served. With the rapid rise and maturing of the caring economy will people just want to be cared for?

This A to Z looks into the questions of what do we mean when we speak 'care'; what do we mean when we think 'care'; where do we locate care (as a gesture); and where do we locate the idea of care (as value)? Alongside the impossibilities lie possibilities and this illustrated A to Z guide into what is a new era for design and care feels a way, provides some handy hints, makes some suggestions and continually asks questions – can design avoid getting entangled in care's transactional vector? Does design really need fictions to approach care? Above all, in these dark times can we begin to care for design? The authors of this A to Z have illustrated evocative accounts for the design of care.

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