

Acting with, against or acting out in practice: A fractal view on health care (&) research

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Paper presented at the 4S/EASST conference Acting with science, technology and medicine, held in Rotterdam, The Netherlands, August 2008.

### **Introduction: acting with**

Acting with practice has recently been proposed as an analytical metaphor facilitating a move away from well-known debates on the preferred “normative” stance of STS researchers. Instead of neutrally describing practice or actively prescribing for practice, the researcher could choose to recognize his/her situation as constitutively performative; involved in ongoing relationships with the peoples and organizations that are the subject of study. Potentially this stance might open up for new ways of understanding engaged research. The research topology implied by the notion of “acting with” (proposed in Zuiderent-Jerak & Jensen 2007) also holds attention at this conference. It might, however, bear further scrutiny. First, the suggestiveness of the notion of “acting with” (although not necessarily its substantive elaboration) stems largely from the implication that the researcher and other actors can and should engage in constructive and synergistic interactions. But while this may be an ideal, it is perhaps rarely reality. Researchers may find themselves in situations where the antonym concept of “acting against” practice might seem more pertinent. They are yet more likely to be enmeshed in situations in which they alternate between taking actions with and against their interlocutors. Additionally, there are situations where the very notion of acting with or against are undecidable, due to the unforeseeable consequences, which actions in the field and descriptions of the field give rise to, later and elsewhere, at different levels. Finally, it may be an

inevitable dimension of contemporary social research to “act out”. By “acting out” I refer simultaneously to two common dimensions of interventionist research, which, though different, are potentially interrelated. On the one hand researchers may act out scripts that others, for example research policy makers, have created for social research, or they might act out the expectations that their direct partners, for example, health care managers, have. But “acting out” can also be considered in the psychological sense of acting out fantasies or aspirations, for example the hope of making important differences in the world by means of research. The designation of this hope and the activities it may engender as “acting out”, of course, implies that there may be some significant distance between what one is actually capable of achieving and what one will claim to others to have achieved, and perhaps even what one is genuinely convinced to have achieved.

### **Scales of intervention**

Whether we are in the realm of acting with, against or out in practice, the issue of scale becomes important. Scales, or levels, have always been central to the scientific and evaluative endeavours of social science, as indicated, for example, by the perpetual discussions between proponents of macro and microsociology. The most recent resurfacing of scale discussions in STS was the special issue of *Science, Technology and Human Values* where Sally Wyatt among others, proposed a return to the Mertonian ambition of creating mid-range analysis, mid-range theory. Scales are of course never neutral. On the contrary they bear within them an immanent evaluative component, which is often made explicit: understanding the big picture is often seen as more important than understanding many small ones; it is further assumed that we know what is big and what is small when we see it. This usually unquestioned assumption is what makes it so easy for analysts of, say, “globalization” or “neo-liberalism” at large to be taken more seriously, than ethnographic STS research of fingerprinting, or fishery inspection.

A correlation between size and importance, then, is very common, and this is also the case if one brings into the social research equation the question of where and why one might want to “act with” or “against”. Hence, the idea of “engagement with” is usually premised on the notion that certain kinds of action find their efficacy at certain levels of practice: the micro level of the hospital ward, the institutional meso level, or the macro policy level. Now, my point is that just as it is quite complicated to figure out how and when one is acting with, against, or out in practice, so it is very difficult to know whether one is really acting in large, medium or small settings, of grand, mediocre or limited importance. This, of course, is a basic insight of actor-network theory, which precisely suspends the assumption that any setting or actor has a predefined size or importance, and views size and importance as emergent characteristics of actors and networks, which are always retrospectively ascribed.

### **(De-)Categorizing Scales and Interventions**

Yet, if for the moment we accept common attributions of size and importance to health care settings, we might end up with a kind of grid, into which different kinds of engagement with practice could be plotted on one axis and different levels of size and importance on another. It might look something like this:

Research stance	Acting with	Acting against	Acting out
Size/importance			
Small/unimportant	Implement wireless phones on a single	Write critical evaluations/ Write	Claim to have been central in supporting

	hospital ward	critical papers about the lack of empowerment of nurses	technology implementation at the hospital
Medium	Collaborate to develop work-flow analyses and redesigning certain work practices	Question existing work practices and relationships between nurses and doctors	Claim to have been central in improving work practices and technology use at a hospital or in a region
Large/important	Collaborate to develop regional/national strategies for technology use	Write general critiques of the decline of health care systems in the wake of neoliberalism	Claim to be able to rationalize or improve health care systems as such

This is a somewhat crude and schematic picture but its contents are drawn rather directly from STS scholars' work and from their justifications for that work. In that sense it should look relatively reasonable, both in the ascription of levels (both size and importance) to the activities and in the ascription of stances: with or against. Perhaps a special note should be made with reference to the third column, which is the column of "acting out": it should be obvious that whereas the two previous columns describe actual activities the latter point at explanations given for what those activities have accomplished: that is, we are here in the realm of a politics of concretization, aiming to legitimate and demonstrate worth, either to one's colleagues, funders, collaborators or oneself.

As I said, I don't think this picture is completely unrecognizable or entirely off the mark. And yet some things are not quite right about it: in fact those things that are not quite right about it *in spite of* its seeming sensibility will hold my attention for the brief rest of this presentation.

Consider for example the top left box: acting with on a small scale. This is a good starting point because it refers to a small study I myself carried out on the implementation of wireless telephones on a hospital ward. Modestly, I've put it in the upper left corner, because people often smile at me when I explain that I spent my research time running around comparing telephone consoles with nurses' telephones. Surely this *was* an instance of acting with even if it was rather insignificant in scope. But it was also more than that, which is why people smile when I explain about it. For what I attempted to do was to connect this microscopic bit of research with general questions about health care policy and technology implementation that I would argue to be very important in some settings. So at least in my own estimation, in this case, empirical size and analytical importance does not quite align.

Of course this might be due simply to overestimation of the importance of my own work. So let us consider another case; the lower left box. Here we are dealing with STS research acting with others on very large-scale issues having to do with the general direction of technology use in health care. There can be absolutely no doubt that this is important. But what must then be considered is what specific kinds of impact such research has *and for whom*. For example, what are we to make of claims to be able to create nationally streamlined and efficient health care practices by use of STS? After all, it is precisely such claims that have typically been problematized by our research tradition. Making such claims might indeed be a required and integral aspect of "acting with" health care political networks. But while it is certain that interacting with such networks provides a way of affecting health care practices, it is also striking that the manner in which this happens resembles health care consultancy much more than STS. So in that case what has changed

for whom? If STS interventions are required to resemble consultancy interventions how much difference can it make *qua* STS? Or, viewed from another angle, to which extent can this be viewed as a health policy intervention acting with the content of STS research? If the latter is predominantly, it suggests that such STS interventions may be unable to make much difference in spite of their large and ambitious scope. In that case, again, size and importance do not match neatly, and the content of boxes mix.

In fact, these boxes show the capacity to break down entirely, showing a truly fractal indifference to the presumed scale at which they are supposed to belong. For example, if one considers, not schematically, but in detail, the wireless phone study, it can certainly be argued that this involved the simultaneous acting with and against people in the field, sometimes supporting specific activities and understandings through our actions, sometimes working against certain management ambitions through specific actions and inactions. Additionally, it would also quickly be found that the field itself was not actually located squarely at a local level. For the phones, of course, did not fall from the sky, but were ordered by the IT-department at the behest of hospital management. And hospital management responded to health political demands to make their communication on its wards more swift and efficient by means of new technologies. And it was very important for the IT-department that researchers would evaluate the pilot project positively, so that they could go ahead with preparing a hospital wide implementation of wireless technologies, perhaps demonstrating that this hospital was a frontrunner in the use of technologies, to be emulated regionally. So was this study a microsociology? Of course. But was it not then part of longer institutional health networks traceable down to what happened at the ward level – and to some extent vice versa? Again: obviously -- perhaps with ramifications all the way to health political so-called macro levels.

Then again, did this study act with practice? Certainly. Did it act against practice? To be sure. And did it act out in practice? That too, as we drew broad conclusions and made large claims in order to verify that money given our research project were spent usefully. Given this situation we can consider whether the decision to act with practice was *optional*. I think the answer is clearly no, since had we refused to act with, or go along, with at least some demands made on us, there would simply have been no project. Nor was it optional to act against parts of practice because practice itself is multiple; so that acting with someone –perhaps managers-- invariably meant acting against others—for example nurses – or vice versa. But if acting with and against the field is something one does invariably then it can be seen simply as an abstracted description of doing research. However, then the “choice” to act with appears irrelevant. Researchers never choose to act with (or not). What they choose is specific: to act with or against something, someone, in some particular way, for some particular reason.

### **Acting With as Choice or Predicament**

But in this case what of posing “acting with” as an agenda for STS? As a constructivist proposition it is curious because either it is general and therefore empty, or it is substantive, which is fine for a given setting but dubious as an agenda. Most problematic, though, is the combination of the two, as in the argument that it is a general and substantive agenda. That would mean arguing that certain specifiable actions or attitudes are indeed better suited for engaging the field as such. And it would mean implying that specific areas or levels of practice are *as such* better or more important or more relevant to engage with. Both of these claims ought to be quite unpalatable to a constructivist. Perhaps, therefore, we need to be careful in dealing with the aspiration to “act with”.

I would like to end by briefly returning to the notion of researchers acting out in practice. The organizers of the conference have offered the notion of “acting with” as a rubric which we might discuss and to which we might respond as a disciplinary collective. Now, it is hard not to notice the earnestness with which many authors here have accepted “acting with” as a face value description of STS research. From the program it appears that researchers act with all sorts of entities: from global science and innovative technologies, to patient safety and e-governance and to deaf people, dementia, internet sexuality and nonusers. Apparently some feel that acting with does not sufficiently stress the good qualities of their interventions; so we also encounter presentations and sessions that underline the additional positive characteristics presumed to follow from acting with -- as in acting with care or acting with engagement. All of these actings with might be viewed symptomatically. At least to my eyes there appears to be a peculiar kind of intimacy between the acting with organizations, technologies, marginal people and so on – and acting out in practice in order to demonstrate all the good things one does. Yet, when the positive sides of acting with are stressed too exclusively one becomes suspicious. It makes one want to ask questions such as does STS really act with just because it is such a fine thing to do? Is it, indeed, entirely beneficial to co-construct knowledge production with managers, consultants and policy makers? Or might there be potential problems with this, which the notion of acting with allows one to stop thinking about? For example, is the neo-interventionism of acting with a way of making a virtue out of necessity at a time when academic funding and influence is increasingly dependent on showing willingness and capacity to act with practices? Asking such questions is arguably central if one wants to understand the full implications of acting with.

### **Acting With as Acting Out**

Stanley Fish has argued provocatively that: “in the academy, the lower the act, the higher the principle invoked to justify it” (277). I would not necessarily go that far. Yet, one cannot help feeling queasy about the prospect that acceptance of the “acting with” agenda becomes less of a call for increasing attentiveness to how contemporary STS research sorts its attachments to other practices and more a legitimating exercise in relevance through which one is strategically enabled to suspend very difficult questions about how to relate to other networks, not least in policy, which may have very specific ideas about the benefits STS research can provide – not all of which might be beneficial for the research community.

None of this is to say that STS should not collaborate with practices. But then, of course, they have always done so. Indeed, such engagements and interactions are the primary mechanisms through which STS’s capacities for making change are developed, assessed and adjusted. The interventions of STS cannot be established at a general theoretical or methodological level, precisely because they are themselves the performative results and “emergent products of complex interactions among myriad contingent events” (Smith, 164).

This performative view on acting with provides for one way of understanding the disciplinary learning of the field. Yet it also indicates how the problem of with acting is connected to viewing this agenda as an instance of simple improvement, and believing that following this agenda is bound to make research progressively more useful and relevant.

I would suggest that acting with can be used as a tool for research only when it is considered as an ethics of specificity. What this means is that acting with might be used to increase practical sensitivity with regards to collaborators *as well as and, at the same time as* increasing analytical attentiveness to the fractal character of our research interventions. And that it may function well as such a tool only in conjunction with an ongoing consideration and scrupulous explication of our

own investments in acting with. That is, with reflective attentiveness to the constitutive interrelationships between acting with, against, and out in practice.