

Dis-ease: The Affective Experience of Being Hospital-adjacent

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Abstract:

In this piece of writing-as-analysis (Sharon Murphy Augustine), I seek to make sense of my body's affective response – the heebie-jeebies – to working at a satellite university campus that is co-located with a hospital. Thinking-with Jane Bennett, Karen Barad, and Donna Haraway, I recount three vignettes – three confrontations – between my body and medical entities that provoke the heebie-jeebies: a feeling of dis-ease. I conclude that staying with the sense of dis-ease may in fact afford the opportunity for doing and being differently in my role as lecturer and education advisor at a medical school.

Keywords: Affect, dis-ease, writing-as-analysis, medical education

In this piece I seek to harness “the thinking that writing enables” (St. Pierre 621) as I explore my affective response – the heebie-jeebies – to the physical environment of working at a small, satellite university campus that is hospital-adjacent. Ōtākou Whakaihu Waka ki Pōneke/University of Otago, Wellington is a medical school physically co-located with Wellington Regional Hospital in Aotearoa New Zealand. It sits on Taranaki Whānui ki te Upoko whenua (land). Ōtākou Whakaihu Waka ki Pōneke offers a small range of health-related degrees, including years 4, 5 and 6 of a Bachelor of Medicine and Bachelor of Surgery (MBChB). It hosts approximately 1500 staff and students. I am employed here as a Lecturer/Education Advisor to support the professional learning and development of the clinical teaching staff.

This medical education environment is grossly unfamiliar territory for me. I have been in regular(?) classrooms since I was four years old. I was one of those kids who always knew they wanted to be a teacher, so went straight from high school into university, and then straight back to high school (literally: my first teaching job was at my old school). I spent 15 years as a high school English teacher before slipping out of the classroom to work with teachers as a professional learning and development (PLD) facilitator. This led me to doctoral studies, researching aspects of teacher PLD in the context



of conferences (Philippa Nicoll Antipas), and teaching into initial teacher education programmes. Having now completed my PhD and, given the current national and global job climate, I am incredibly grateful for the opportunity to work in academia within my field, albeit in this unknown context of medical education. It's a classroom Jim, but not as we know it.

At Ōtākou Whakaihu Waka ki Pōneke I find myself confronted by the material environment of working hospital-adjacent: wheelchairs in the hallways; patients in the lifts; the sound of the rescue helicopter landing on the hospital roof; health professionals in masks, scrubs, and Crocs waiting alongside me to get their morning coffee. It gives me the heebie-jeebies, the creeps, the willies. But why? What is this? What is my body telling me? It seems to be more than emotion. Rather, it is like the cold prickle of static electricity or the itchy tingle of a forthcoming sneeze: it is body and feeling and sensation. It seems to be *affect*: "It guides, dis/connects, excites, startles, interrupts, diverts, and reorients" (Dernikos et al. 4).

Thinking-with assemblage

In this exercise of writing-as-analysis (Sharon Murphy Augustine) then, I think-with an assemblage of Jane Bennett's *Thing-Power*, Karen Barad's agential realism, and Donna Haraway's tentacular thinking. I now briefly look at each in turn.

Bennett's proposition is one of vital materiality. She reminds us that human bodies are composed of minerals, metal, electricity: of many *things*. In this way, humans are kin to *everything*. In her text *Vibrant Matter: A Political Ecology of Things*, she seeks to highlight "the extent to which human being and thinghood overlap, the extent to which the us and the it slip-slide into each other" (4). For her, *things* possess agency, including the ability to "produce effects dramatic and subtle" (6). This is what she calls *Thing-Power*: the agentic power of all things to exert influence in a web of interrelationalities.

Barad's theory of agential realism is derived from a reading of Niels Bohr's (quantum) physics-philosophy that everything – all matter – is entangled. Following the wave-particle paradox, there is no 'subject' nor 'object', no 'you' nor 'I' existing independently of-separately from one another, but rather these phenomena emerge as two entities intra-act. Yes, *intra-act*, not *interact*: emphasising the intricately interwoven, entangled nature of the world and its bodies in all its mattering. Agential realism undoes Cartesian binary knots: of word and world, of (hu)man and nature, of epistemology and ontology. Rather, Barad speaks of ethico-onto-epistemology, entangling these crucial philosophical concepts and calling us to be responsible to and for what we enact in the world.

And the notion of tentacular thinking is Haraway's call to a particular kind of thinking. She reminds us that, "human beings are with and of the earth, and the biotic and abiotic powers of this earth are the main story" (55). There are resonances here with Bennett and Barad's works, reminding us that a human body – indeed all bodies – comprises multiple materialities. It is this complex, troublesome thinking *and* feeling, this thinking-feeling with and of the earth, that Haraway asks her readers to "stay with".

Thus, in an attempt to better understand my visceral, entangled, affective response to this unfamiliar environment in which I find myself, I consider three vignettes – I'm calling them confrontations – where my encounters with various entities have given me the heebie-jeebies.

Confrontation 1: The gastroenterology ward

I am looking for the Department of Psychological Medicine. As I exit the stairwell onto the correct floor, I'm not sure where to go: left or right? I choose left. I wander down the hallway a few paces when I abruptly pull up short. I'm confronted by two doors. They are firmly shut, requiring swipe card access. The text on the glass panels reads: 'Gastroenterology / Staff Only'. I immediately feel queasy. I recall the three weeks I spent ill with Campylobacter. The heaving stomach, the roiling nausea, the desperate rush for the toilet accompanied by the urgent anxiety of whether I needed to sit down or kneel to face it. I think-feel in emojis: 🤢🤮🤦. My teeth clench, my eyebrows rise, my face grimaces. I make a slight retching sound, moving my shoulders in a responsive mock-vomit gesture. I've got to get out of here. I turn on my heel and leave. I definitely should have turned right.

I never regarded myself as a germaphobe before I started working hospital-adjacent. But it turns out... the mere sight of the gastro ward doors is enough to make me feel ill. Is this Bennett's *Thing-Power* in action? Conjuring emotive memories of vomiting and diarrhoea, these are powerful reminders of how our bodies leak when infected by the leaky bodies of germs. Can such germs issue forth from the small gaps between the gastro ward doors? In these (theoretically post-)Covid times, we seem to be more aware than ever that germs spread silently, unseen through the air, settling onto surfaces, sinking into our fragile human bodies. This evokes a binary proposition for me – health v. illness – whereby germs are positioned as dangerous and thus avoided at all costs. Perhaps my affective responses are keeping me safe? But I eschew binary constructions. So, what other possibilities exist?



Confrontation 2: The patient in the lift

I'm being lazy and waiting for the lifts. This is no small matter, as the lifts are notoriously slow, unreliable, and frankly a bit dodgy. Think service lift rather than plush hotel elevator. I hear the telltale 'bing' of the lift's arrival and the rattle of the metal doors opening. I take a step forward when I realise there is very little room in the lift for me. A patient is being transported in their hospital bed and is accompanied by two health professionals. It feels as though it would be rude to back out now: there is, after all, physical space for me, albeit right beside the bed. Plus, as mentioned, waiting for the lifts is a pain. I walk forward and smile hesitantly, trying to pretend like this is all perfectly normal. But inside I'm frozen. Should I greet the patient? Ignore the patently obvious fact that they're ill? Should I be wearing a mask? I stare ahead at the closing lift doors, shoulders square and tight, trying to breathe as shallowly as possible. I must keep a mask on my person in this place, I think to myself. For the patients' sake not for mine, of course.



It's moments like these that remind me that I'm not working 'just' at a university, but that this particular university campus is swallowed by a hospital. As I sit here in my shared office space, a mere few meters away germs swirl: people are ill, families are sick with worry, health professionals are doing all that they can to care for others. The patient in the lift is a kind of confrontation with mortality for me. I attempt to ignore these illnesses and distress, but I wonder if this makes those who are in pain *Other*. If so, I put myself first and assume difference rather than kinship. This troubles my named core ethical value of empathy. But this is the challenge of Haraway's thinking-feeling. I need to stay with this trouble.

Confrontation 3: The chair in the stairwell

I'm walking up the stairs to the floor above. I've not gone this way before now. I spy a chair in the stairwell. That must be a health and safety issue, I think. Then I notice the, um, notice under the chair: 'Please leave chair in stairwell for physio use' I read. Huh, I think to myself, I wonder how many times it took for the chair to be moved out of the stairwell before they arrived at that solution? I continue upwards.

Some minutes later, I'm returning to my home floor when I see the chair is now occupied. A frail, elderly woman sits there. Hands clasped together, she looks down towards the floor. A health professional dressed in scrubs crouches next to her to be at eye-level. She is speaking to the elder in soothing, calm tones. "It's Tuesday, Mabel," she says. I feel worried and sad. My mind leaps to



assumptions: the elder has dementia, she is confused and frightened. I am confused. Should I do something? If so, what? At the same time, I am confronted by the professional's use of the elder's first name. Is that respectful? Has the elder asked to be addressed this way? Is this normal practice these days? If it were my elderly parent in the chair, I'd prefer the default to be Mr. or Mrs. I crinkle my nose, frowning, grappling with the lack of privacy for this elder; with the disrespect of being called by one's first name; of being treated in a stairwell. I am unsettled, uneasy.

What am I unsettled by / uneasy with? The elder is being treated. The elder is being treated kindly. And yet... my affective response pricks me to the idea that there is something ethically problematic here. It's a matter of respect, I think. Is this a Baradian pun: a *matter* of respect? Indeed, what might Barad have to say about this moment, this elder-chair-stairwell-health professional-me intra-active event? It strikes me that there is ethico-onto-epistemology at play here. Above, I said that we are responsible to and responsible for what we enact in the world. Barad pushes this further, saying: "responsibility – the ability to respond to the other – cannot be restricted to human-human encounters when the very boundaries and constitution of the 'human' are continually being refigured" (392). 'I', this entangled materiality, ignore the intra-active event in the moment, but it haunts.

Writing-as-analysis

This place can give me the heebie-jeebies: I micro-hunch my shoulders, I inflate my cheeks, my palms feel sweaty, my stomach churns. At the most unexpected moments, I find myself confronted by? with? disease. Disease. Dis-ease. The play on words is apt. Disease causes me dis-ease.

Disease has been largely, luckily, a stranger to me: I have (touch wood) enjoyed a reasonably healthy, hospital-free life. My father passed away in 2015 of pulmonary fibrosis, which was awful, but there was no blood, vomit, pus, no ... bodily effusions. I have given birth. For various reasons, it was a Caesarian birth. From my perspective, even when lying on the operating table, it was painless, bloodless, *clean*.

Cleanliness. Tidiness. Order. Structure. These abstract nouns start to make linear, arborescent lines (Giles Deleuze and Félix Guattari) in my mind. But bodies are not clean. Bodies are not tidy. Bodies are not bounded. And bodies are not just human bodies. I look up the etymology of 'confrontation'. The verb *to confront* comes from the Middle French *confronter* and Medieval Latin *confrontare*, meaning to border or to bound. Bodies – all bodies – leak, they defy boundaries and spread, and therefore confront other bodies, confront *my* body in all of its unbounded porousness, as it moves through this hospital-adjacent place | space that is *both* hospital *and* university *and* workplace *and* classroom *and* ... (Deleuze and Guattari).

And what is 'my' body anyway? Thinking-with Bennett and Barad remind me that my body is a mutually co-constituted mass of materialities: human and more-than-human, and indeed that 'my', that subjective, independent, individual 'I', is a philosophical construct that can be thought differently. Affect theory suggests the same, seeking to "disrupt the Cartesian notion of the self-contained, rational subject by embracing a view of bodies as porous and permeable human and nonhuman assemblages" (Dernikos, et al. 6).

Khandis Blake and colleagues studied the phenomenon of the heebie-jeebies. They relate the heebie-jeebies to the feelings of disgust and fear, particularly connecting the heebie-jeebies to skin-

transmitted diseases. In doing so, they suggest that the heebie-jeebies have a kind of adaptive affect: they warn humans to the presence of possible pathogens, in a less extreme version of the fight, flight or freeze response. So, my body prickles unpleasantly as it (they?) intra-act(s) with the more-than-humanness of this place | space – this biome – as a warning to keep myself safe from disease.

This indeed seems to go some way towards explaining my nauseated ‘ick’ response to the gastroenterology ward doors and to the patient being transported in their hospital bed in the lift, but not the onto-ethico-epistemological worry of the elder in the chair in the stairwell. Or the dis-ease I experience when I notice the Othering in the division of the hospital-university departments where, for example, Medicine and General Practice and Surgery is agentially cut (Barad) from Women’s Health, Māori Health, and Pacific Health – but that may be another story for another time.

Perhaps, then, ‘dis-ease’ *is* a better choice of phrase than the ‘heebie-jeebies’. Dis-ease seems to be able to encompass (embody?) the more-than-human pathogenic-warning-system of the heebie-jeebies as diagnosed by Blake and colleagues *and* the onto-ethico-epistemological dissonance wrought by being in such an unfamiliar context. Being hospital-adjacent rather than being in a classroom confronts me philosophically, ethically, axiologically. But is this dis-ease problematic? Barad says that “ethics is ... not about right response to a radically exterior/ized other, but about responsibility and accountability for the lively relationalities of becoming of which we are a part” (393). So, I’m slowly coming to the conclusion: no. I’m starting to conceptualise dis-ease as a kind of tentacular thinking-being-feeling that might allow me to stay with the trouble (Haraway).

The prickles of dis-ease afford me the opportunity to notice the difference of being hospital-adjacent. What others take as banal working conditions; I am unsettled by. Initially, I felt that it was me who needed to become accustomed to being in the presence of disease, but if I think-feel with Haraway and Barad and Bennett, then perhaps rather I need to welcome the dis-ease, to relish in it. Because tentacles are more than arm. They are leg. They are sense and sensation. Tentacles are kin to Barad’s brittlestars who do not *have* eyes but *are* eyes. Tentacles literally extend the reach of the more-than-human entity which again reminds us that all bodies are unbounded and porous.

So, what might happen then if I embrace tentacular dis-ease and resist the strange becoming the familiar? Because when the strange becomes familiar, it becomes the given, the taken-for-granted. It becomes fixed and boundaried. But dis-ease is mutable, uncategorised and uncategorisable, boundless. This multiplicitious dis-ease phenomenon is a space of and for possibility (Nicoll Antipas; Deborah Osberg and Gert Biesta; Katie Salen). Where there is dis-ease, there exists the potential for doing and being differently; for entangled, tentacular thinking-being-feeling (Haraway). Indeed, perhaps rather I should seek to become a dis-ease vector, a more-than-human entity who spreads dis-ease to other bodies. Who or what might I infect if I encourage colleagues and students to tune into affective dis-ease responses in order to think differently about disease. Because when we *think* differently we might, in turn, *do* differently, perhaps more responsibly in ways Barad-Bennett-Haraway (and others) call us to. Then what might unfold?

Perhaps let’s not yet search for a cure.

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