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I'd rather be a cyborg than an "individual" with dementia

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This short paper is based upon theoretical work that I started to develop over the course of the last couple of years, looking at how *critical posthumanism* and the *new materialisms* paradigms can offer fresh directions within contemporary policy, research and practice approaches to dementia care. In this paper, I want to draw on those perspectives in order to problematize the rise of the 'individual' with dementia, which has emerged within Western care frameworks largely since the 1990s, as a primary vehicle for addressing marginalisation, challenging dehumanisation and promoting greater social justice. And in place of the individual with dementia, I want to argue for a 'reclaimed', 'grey' and 'symbiotic' construct of the cyborg with dementia, which I believe is a sociomaterial construction of subjectivity more aptly suited to engaging critically with contemporary developments in the dementia landscape, as well as in advancing radically progressive alternatives.

As authors such as Andy Clarke and Katherine Hayles have argued, the image of the cyborg as a 'monstrous' fusion of organic and inorganic matter has proved a highly popular myth within Western science fiction since the middle of the 20th century due, in large part, to the emergence of cybernetics in the 1950s and the expansion of the NASA space programme during the 1960s. Yet, in a now seminal essay within the field of Science & Technology Studies, the socialist feminist scholar Donna Haraway argued for the need to reclaim this predominantly patriarchal, militaristic myth system and reinvent it as one capable of advancing radical and progressive social transformation. The cyborg, Haraway argues, is a 'trickster' figure within Western culture and - in keeping with the Latin word *monere* from which the word 'monster' is derived - the cyborg serves both *to warn and to advise* us of the nature of subjectivity within technoscience driven, capitalist societies. Within such societies, the cyborg is, Haraway (1991: 149) argues, both 'a creature of social reality as well as a creature of fiction'. Thus, rather than being

a vision for a distant future humanity, Haraway argues that 'we are all chimeras, theorized and fabricated hybrids of machine and organism' (Haraway 1991: 180). In Haraway's hands, rather than being a symbol of revulsion or a tool of oppression, embracing our cyborg nature has the potential to become profoundly liberating. Applying Haraway's work on the cyborg to contemporary research, policy and practice priorities in dementia, I believe, presents the ageing studies community with a number of important opportunities to advance progressive social change, which I hope to be able to summarise in the remainder of this paper.

First, I believe cyborgism presents the progressive dementia community with an alternative framework for promoting social justice, to established frameworks that have been advanced predominantly from within the liberal humanist tradition. Since the latter decades of the 20th century, in keeping with the rise of what the sociologist Ulrich Beck and others have described as the period of *second modernity*, Western societies have witnessed an increasing emphasis on the promotion of the individual, as a normative approach to subjectivity in dementia, as well as the *individualisation* of public institutions. By the individual, I am referring here to the implicit belief in an indivisible human subject with apriori agency, a unique biography, and whose existence is taken to be both self-evident and essentially virtuous. And by individualisation, I am referring to a structural shift within Western societies, whereupon said individuals are increasingly expected to take control of their own lives and to manage their own life trajectories. Within the contemporary dementia policy landscape, and in keeping with the rise of 2nd modernity, individualisation is increasingly increasingly forming part of the contemporary governmentality of dementia care, to borrow Foucault's term. In Scotland, for example, where I live, regulatory frameworks such as the 2011 Standards of Care for Dementia in Scotland now require carers to recognise the individuality of people with dementia. Further, welfare institutions and services are increasingly being required to enable people with dementia to perform their individuality within everyday care settings; through, for example, maximising their independence, choosing direct payments and demonstrating as much autonomy as the progression of their disease will allow.

Now, my own research into dementia, which I began a few years ago, has led me

increasingly to the belief that, as a vehicle for advancing progressive approaches to care in dementia, *individualisation* is something of a modern Janus, or double-edged sword - depending on your choice of metaphor. I have laid out my reasoning for this belief in a series of recent papers, which I have sought to bring together and summarise in this paper. First, whilst the rise of the individual has led to the realisation of many tangible benefits for people living with progressive neurocognitive conditions, including respect for basic rights, I fear that essentializing individualism in dementia risks re-enforcing the very concepts and values – namely, of reason, autonomy and rationality characteristic of the European Enlightenment - that have positioned people with dementia as *less than* the human ideal. For example, and as Neil Badmington (2000) highlights, *Article 1* of the *United Nations Declaration of Human Rights* (1948), which as many of you will no doubt be aware, forms the back-bone of many rights-based approaches to dementia care, draws on the Cartesian notion of ‘the cogitating I’ as the primary justification for inherent human worth and uniqueness. In other words, the very qualities which Philippe Pinnel in his *Treatise on Insanity* in 1806, describes as absent amongst people with dementia. Following the work of critical posthumanist scholars such as Cary Wolfe (2010) and Rosi Braidotti (2013), I think we can view the rise of individualisation in dementia as an aspect of ‘compensatory’ humanism; in other words, a framework that - in seeking to advance the cause of social justice - actually reinforces the very normative constructions of subjectivity that are detrimental to those who it is seeking to include. As Wolfe argues:

‘A fundamental problem with the liberal humanist model is not so much what it wants as the price it pays for what it wants: that in its attempt to recognise the uniqueness of the other, it reinstates the normative model of subjectivity that it insists is the problem in the first place.’

In contrast, Haraway’s imaginary of the cyborg does not seek to construct a unified, discrete and bounded self - what she describes as the ‘seduction to organic wholeness’ (Haraway 1991: 150) and which has become somewhat lionised within the liberal humanist approach to person-centred approaches to dementia care. Cyborgs are, instead, inherently partial and incomplete subjectivities that, as such, have the ability to

'transgress boundaries' in order to create new 'potent fusions' (Haraway 1991: 154). In this fashion, cyborgs living with progressive neurocognitive diseases are not required to 're-arrange' their Being into a seemingly coherent and unified self; through for example, engaging in reminiscence. Rather, cyborgism encourages *us* to view Alzheimer's disease and related disorders as part of a complex, non-unified and inherently partial montage of selfhood; a non-unified subjectivity that is perpetually in a state of becoming. In this respect, embracing cyborgism may enable the progressive dementia community to move *away from* assertions of the essential humanity of people with dementia as the primary vehicle for achieving social justice. Such assertions may have been a necessary in recent years, as I have argued, in the context of widespread and systematic dehumanisation of people with dementia . However, and as Haraway again argues, the bridge between essentialisation and the 'policing of consciousness' (Haraway 1991: 159) is a short one and quickly leads to a *governmentality of individualism* in dementia that I alluded to previously. Cyborgism, in contrast, encourages us to believe that there are no *essential* qualities to being a person with dementia, just as there are no essential qualities to being member of any other dominant or marginalised group. Unity, in this respect, is not *apriori* but must be built and re-built through social relationship. In this context, cyborgism encourages us to move beyond-and-through the human in order to establish new progressive connections, which may include meaningful connections with nonhuman entities. As Haraway (1991: 154) argues, 'a cyborg world might be about lived social and bodily relations in which people are not afraid of their joint kinship with animals and machines.'

Related to this point, my second reason for championing cyborgism in dementia is due to rapid advances in technoscience that have occurred since the latter decades of the 20th century, and which are increasingly transforming the landscapes of dementia in the 21st century. Developments such as *Web 2.0*, the *Internet of Things*, *Big Data* and *Deep Structured Learning*, for example, are facilitating new, '*Technology Enabled*' approaches within dementia care and thus dementia, in the 21st century, is increasingly becoming *mediated* via digital technologies. In this context, cyborgism provides us with a framework for understanding and responding to what Haraway (1991) refers to as the 'informatics of domination'; in other words, '*the translation of the world into a problem of*

coding' in which '*communication technologies and biotechnologies are the crucial tools recrafting our bodies*' (p.164). Haraway's imagery of the cyborg provides a critical framework for exploring the rise of Technology Enabled dementia care, whilst avoiding descent into technophobia and reactionary assertions of essential humanity. Instead, cyborgism enables us to consider critically how the use of technologies such as Global Positioning Systems (GPS), may be re-crafting embodied subjectivity in dementia. It invites us to ask *cui bono?* Whose interests are being served in the deployment of such technologies and how might cyborgs with dementia reclaim these technologies within their everyday lives?

In summary, the influence of critical theory within mainstream dementia care research, policy and practice has, to date, been somewhat limited. Yet established critical perspectives within the humanities and Science and Technology Studies have much to offer the dementia studies community in developing critical insights into the shifting, and increasingly technologically mediated landscapes of dementia in the 21st century. Critical posthumanism, as well as the broader new materialisms paradigm, have much to offer in the development of socialist and feminist-inspired approaches to dementia. As the sociologist Joanna Latimer highlights, such approaches can help us to 'break the thinking shackles of humanism' and explore what bodies with dementia can truly do, once we become open to new possibilities of thinking and materialising subjectivity. In this context, Haraway's seminal work on the cyborg offers the dementia studies community a *narrative that matters* – a way of understanding the relationship between dementia and embodied selfhood in ways that serve to foster progressive and egalitarian social relationships, including relationship with nonhuman entities. It is an approach highly compatible with the work of other contemporary critical posthumanists, such as Rosi Braidotti's framework of *becoming animal, becoming earth and becoming machine*, as well as Haraway's later work on companion species. As such, rapid developments in technology enabled care as well as increasing interest in animal assistance interventions, such as the Dementia Dogs initiative in Scotland, may actually provide important and fertile grounds for developing applied, posthumanist-inspired approaches to dementia. Haraway famously asserted that she would 'rather be a cyborg than a Goddess'. In a similar vein, I believe the dementia studies community

could usefully explore what a radical approach to dementia might look like in the 21st century, with the cyborg (as opposed to the individual) at its centre. Thank you.