Editorial

The mental health nurse as cyborg: technology, a blessing or a curse?

The Luddites famously resisted the industrialisation of hand-loom weaving by wrecking the machinery that threatened to bring their livelihoods under the oppressive control of factory owners. The industrial revolution was relocating their workplaces from hearth to hades: a shift from homeworking into the dark satanic mills of William Blake. Far from being valorised as heroes, the Luddites have suffered abjectly under the 'enormous condescension of posterity' (Thompson, 1963: 12). They are remembered, if at all, as hopeless vandals, with the term Luddism now reserved for unthinking or irrational opposition to technological advancement. To some extent this is surprising, as there cannot be many human beings who have not experienced a detrimental psychological impact from lacking control over their jobs. Indeed, the history of work under capitalism is arguably a history of the alienation of workers. The application of technologies to the work process is undisputedly a major aspect of this alienation, regardless of perceived benefits associated with new technologies.

The sociologist Harry Braverman (1974) notably pointed out the ways mechanisation of the labour process degrades the experience of work. This analysis has been applied to nursing work, where routinisation and task focused care can mimic the deleterious impact of production line technologies (McKeown 1995). In this sense, mental health nursing is an occupation that is as much subject to the vagaries and vicissitudes of how work is owned, controlled and organised as any other job. Despite professional rhetoric and exhortations, nurses are workers who neither completely control their work, the products of their work, nor the context in which they work. The substantial gap between an aspiration for a respected, professionally agentic role and the reality of prevailing, alienated impediments to fully-fledged autonomy is apparent wherever we care to look for it. That said, the alienation of nurses is relatively minor compared with the often-crushing alienation of patients within increasingly restrictive and coercive contemporary services. To rehash Erich Fromm's (1968) observation, psychiatric care might be best thought of as alienated people, being cared for by alienated practitioners, using alienated and alienating technologies. One optimistic insight that can be gleaned from such a negative situation, is that staff and patients may have a common interest in defeating alienation and taking a critical or resistive stance towards potentially oppressive technologies.

Right now, and increasingly for the future, the introduction of novel technologies into mental health care systems raise some pressing concerns for nurses and patients. Adapting the work of David Graeber, mental health nursing faces accelerating existential threats associated with (assumed) technological advances enmeshed in the organisation of healthcare work under neoliberalism (McKeown, 2023). An insatiable thirst for metrics and defensive risk management practices have combined in a proliferation of time spent on record keeping as opposed to more relational care. Other technologies, such as body-worn cameras, CCTV and remote monitoring systems, arguably further dilute professional commitments to relational practice and care ethics. Moreover, from a patient perspective, these self-same technologies, are linked to exacerbations of psychiatric oppressions, and have been in the forefront of recent contestations of care (e.g. Stop Oxevision, 2023).

The tensions between relational care and the proximal and affective distance of administering technologically driven practices pose a unique set of alienating circumstances for nurses and patients, and herald an encroaching corruption of nursing work in a process that Graeber named bullshitisation. We contend that such tendencies function to alienate nurses from both an idealised professional identity as authentic providers of care, and a somewhat deeper alienation from their own humanity and the concomitant need to be a positive force in the lives of others. The latter being what Karl Marx referred to, in a specifically humanist analysis, as alienation from species-being. Alternately, post-humanist theorising, exemplified in the work of Donna Haraway, decentres humans as a singular locus of interest and identifies interesting ways of thinking about technological developments. In this way, Haraway (2000) has explored the notion of the cyborg to illuminate the interactions between humans and technology but urges that binaries of good versus bad technology are unhelpful. Such a lens affords interesting observations on the practical and ontological melding of nurses and their machines. For instance, on psychiatric wards, where the (over)use of computers suggests a hybridity of human and technology: the nurse as cyborg arguably offers a spectrum of providential or dangerously detrimental consequences (McKeown, 2023).

Just as the operators of drones responsible for killing other humans at great distances face injurious psychological consequences (Wilcox, 2017), mental health nurses operating remote, impersonal observation technologies can experience alienating distress and long-term, cumulative upset as they come to perceive the actuality of being divorced and emotionally distanced from direct patient care. There is, indeed, a potential double whammy here, as this distancing, or the intrusions of the

technology, raise the stakes for conflict with patients who understandably are aggrieved at invasions of privacy and affronts to autonomy.

Yet, are we to insist that all technological development is a bad thing, or that even all those technologies we have highlighted as problematic are irredeemable? Nursing scholars Jennifer Lapum and colleagues (2012), albeit mainly focusing on general adult nursing settings, suggest that a liminal space can be found between the technology and the human, within which relational and person-centred practices can be emphasised. This involves not seeing the cyborg nature of post-humans as something necessarily to be resisted. Rather, the cyborg is inevitably part of our present and future and we cannot wish this out of existence; we as cyborgs is inescapably our reality, and this is true for nurses and patients. Technology presents its greatest hazards to humans when humanity is less present and, conversely, there is most potential for humane goods to be achieved when our humanity dominates in the space between applied technology and humans. In this sense, the fact that the cyborg is a hybrid of human and technology creates the potential for humane outcomes, as long as we exercise our human agency as cyborgs and do not acquiesce in passive habituation to technological dominance:

> *if we take notice of the risks of the technological feature of a cyborg ontology, can we more readily draw out the human features in the context of healthcare? If we accept our cyborg ontology, can we initiate and complicate this liminal space?* (Lapum et al., 2012: 284).

It is crucial that a further dimension to any consideration of, and movement beyond, good-bad binaries of technology and mental health nursing depend upon the socio-economic context and questions of who is in control. We contend that as long as psychiatric services are enmeshed with societal governance systems operating under a neoliberal polity, then neither nurses nor patients can be considered in charge of decision making. Other ways of organising society, mental health care and nurses' work are available to us. These might include more egalitarian, cooperative and mutual forms suggested by notions of distributed democracy or co-production but not to date adequately realised in mental health care or wider society. Radical nurses are increasingly making vociferous calls for such reforms, transformations or abolitions (see Dillard Wright et al., 2023) and, of course, such demands are not new to the growing service user, survivor, or service refuser movement (see Crossley, 2004). Under more equitable, democratically organised care systems the alienation that

stems from lack of control is immediately neutralised and the potential to fully realise a professional ideal of consensually provided care and support is arguably much more likely to be achieved; minimising alienation from species-being. In such circumstances, we may be better placed to negotiate an agreeable place for technology within the spaces of psychiatric care, better utilise currently available technologies for positive ends, or, indeed, reject those technologies which are legitimately seen as oppressive and contentious.

In conclusion, we stress the value and necessity of adopting a critically ambivalent approach to issues of technologies in mental health care. Taking care to avoid binary thinking around good/bad technology should allow us to engage with the full complexity, difficulty, and messiness of this acutely contested territory. From a perspective of ambivalence, we can avoid being overinvested in certain standpoints regarding technology and move away from a 'worrying politics of certainty' (Breslow, 2022). Even the Luddites might agree that if the industrialisation of textile production had occurred in the context of a socialised economic system, availability of welfare (or even universal basic income), with work organised into fully democratised cooperatives then a shift from home to factory working need not have motivated destruction of the new technology. We are proud to declare our own progressively Luddite tendencies and urge mental health nurses and allies to think critically about complicities with technological 'advances' and work hard to bring about the forms of democratic, relational care that could form the space for active dialogue about which technologies are preferable and how they are to be applied. Context is key, and we need to massively improve the context in which mental health technologies operate if we are to have any chance of exerting humane control.

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