

ACCOUNTING FOR THE UNACCOUNTABLE: THEORISING THE UNTHINKABLE

During a graduate seminar, students of nursing were able to talk freely about what could or would disgust them in the care they would give to bodies in the line of providing nursing care. In answering questions about what caused them to have aversive feelings, they learned what might disturb, then where such feelings might come from and not that they were inappropriate or to be silenced. Such a process is a rare occurrence in a nursing course. Yet from the seeming chaos of war zones and emergency rooms to the ritualised order of forensic psychiatric settings and many other practice environments, nurses often experience feelings of disgust and repulsion in their practice. For these intense feelings to occur, an abject object must exist. Cadaverous, sick, disabled bodies, troubled minds, weeping wounds; products of bodies, such as vomit and faeces, are all part of nursing work and threaten the clean and proper bodies of nurses.

One of the mechanisms to disavow what we term the unclean side of nursing is silence: nursing's academic literature rarely confronts this material. The objective of this editorial is to open up a discussion that theorises the unaccountable and dark side of nursing care and to suggest that the concept of abjection, as developed by Julia Kristeva (1982), can be used in nursing, health and social sciences to look at bodily boundary work. We do this because we have noted a continuing return to Kristeva's work with its particular salience to all that disgusts, horrifies and renders the certain, uncertain.

This use of Kristeva's work arises out of the relevance of the emotional defence of the abject to explanations about lack of boundaries, sully of subjectivities and when various attempts to regain certainty are mobilised. It is challenging enough to describe what occurs in these situations; to truly represent the range and extent of human reactions is virtually impossible. Kristeva's theorisation of the psychical defence of abjection affords the possibility of voicing the incomprehensible in bodies that leak, in the chaos of illness and disease and in the monstrosity of illnesses such as cancer, as well as in much that is deemed 'out of place' in nursing and health care.

For example, nurses are exposed to and confronted by many forms of disruptive health issues and practices that challenge the order of the clean and proper and affect them

at a personal level of anxiety and perhaps even fear. At the core of the process of abjection is a shrinking from the abject even in the face of extensive professional socialisation to do otherwise. To continue to work in the face of the abject, nurses must appear to systematically reject their own sensibilities to maintain professionalism. Kristeva's original example of the corpse that so clearly evokes our own mortality is something that every nurse can relate to (witnessing our first death, our first preparation of a dead body for its social rituals are rites of passage for many nurses). But there are many more situations, such as nursing the homeless person, the rape or incest victim, the person with leprosy, the burn victim, the cancer victim, the rapist, the serial killer, the paedophile or the IV drug user. Our challenge is to bring into the open the important concept of abjection, which historically has been silenced in theorising nursing.

The mapping of what counts as proper and improper, clean and unclean, possible and impossible is accomplished through the work and authority of the nurturing, maternal function (Kristeva 1982). The maternal function is associated forever with civilising the infant body, even as abjection places this function outside the control of the symbolic order and signifies the maternal function as 'lack'. Paradoxically, such exclusion constitutes the basis of the maternal power – a power that both repels and pleases. It is this duality of the abject that signifies why nurses and their work are a challenge to present in the symbolic order of language. Kristeva's psychoanalytic concept offers nurses and other health researchers a way to bring this incomprehensibility to our understanding. She makes apparent why nurses run to religious symbolism such as 'vocation' to understand their work and their pleasure in it or, on the other hand, to science and evidence, to contain and disavow the horror of the work they do.

REFERENCE

Kristeva J. 1982. *The powers of horror*. New York: Columbia University Press.

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