# Responding with care: A careful critical approach within educational health promotion

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**Abstract**

*By engaging with a manual based program called DISA this paper explores how care is enacted in educational health promotion and moreover elaborates on how to engage methodologically with a careful critique. Together with sociomaterialist scholars I propose a theoretical and methodological notion of care that includes the vital doings of materialities, discourses and affectivity. Working with this notion of care makes it possible to engage with exclusions and power while at the same time open up for the erratic and unpredictable. To do this I put to work the concepts translation and touch. With these concepts it becomes possible to acknowledge the transformations taking place within the practice and avoid becoming stuck in stabilization and negativity. Not to ignore the orderings of the practice but to work actively through negativity into a generative potential. This shows that how to respond with care cannot be determined by ready-made instructions. It involves creating an imaginative and fluid practice since care always becomes a moving and temporary matter.*

Keywords: care, careful critique, sociomaterialism, health promotion, manual-based program, translation, touch.

## Introduction

This paper is about care. It explores how care is enacted in educational health promotion and moreover elaborates on how to engage methodologically with a careful critique (Gunnarsson, 2015; MacLure, 2016). Here, care is encountered as a loaded and slippery concept, connected to questions about how to give care and how care is enacted. The feminist history scholar Michelle Murphy convincingly explains that care is a “circulating, hegemonic force in our worlds” (2015, p. 731). Furthermore, Murphy shows of how health care is molded within “dispossessing patriarchal, postcolonial, and capitalist structures” (ibid.) and urges us not to forget the ugly and critical aspects of care. In historical investigations of health and medicine, Michel Foucault showed how practices of care worked as powerful techniques for disciplining the subject. According to Foucault (2003), care practices work to define what it is to be normal and behave in normal ways. The imperative of health

regulates the "caring" and the "cared for" and constrains the subject to ensure its own good health, Foucault states (2003, p. 344).

Although it is crucial to remember the problematic and oppressive aspects of care, I argue that care is too important and too vital to diminish to hegemonic regimes (e.g. Puig de la Bellacasa, 2010). To work with care makes it possible to engage with exclusions and power while at the same time open up for the erratic and unpredictable. This implies to work with a careful critical strand with engagements that are both creative and troubling (Puig de la Bellacasa, 2010). With influence of Rosi Braidotti's writings on affirmative critique I suggest *careful critique* as a methodological and empirical proposition of how to explore health promotion in education. By engaging in a practice of health promotion I try to investigate the ambiguities of care and how a methodology of a careful critique might be carried out. For this exploration I put to work a sociomaterial approach, primarily the feminist philosophers Annemarie Mol, Donna Haraway and Maria Puig de la Bellacasa. The sociomaterial approach provides a performative ontology where care becomes a shifting phenomenon enacted in relation to its companions. This means to explore enactments of care in educational health promotion involving material vital doings with a critical standpoint that is careful (Puig de la Bellacasa, 2010).

## How to care for young peoples' health?

This exploration of care connects to the many calls within education on how to care for and promote young peoples' mental health. Stories of health promotion in education tell about an increase of mental health problems among children and youth, an intensified focus on schools' responsibility for health promotion, and the necessity to teach students how to cope with mental strains. These stories are repeatedly told in Sweden as well as in many other countries (e.g. Gunnarsson, 2015; Wright & McLeod, 2015). The past decades have witnessed an increasing number of programs implemented in order to accomplish evaluative and structured promotion of health in education. The programs often claim to hand evidence-based prescriptions. One such Swedish program that I engage with in this paper is called DISA.[1] DISA is a manual-based program designed for girls in the eighth grade. It aims to prevent stress and symptoms of depression and is directed at all girls (Treutiger & Lindberg, 2012). Described as a psycho-educational program, it is based on cognitive behavioural therapy and focuses on training teenage girls to become aware of how they think, and how this affects their well-being. The program consists of ten meetings, each lasting for about one hour. All the meetings have a predetermined content structured by manuals that are to be followed very closely (ibid.). For the exploration of care I engaged in health promoting practice at two schools applying the DISA program.[2] This practice involves certain coordinates of knowledge. It comprises (re)productions of well-being, competence, emotions and gender. But it also comprises constant transgressions of self, other, body, mind that opens up for unexpected events (Gunnarsson, 2015).

## Aim, questions and disposition

In this paper, care becomes a matter with interwoven layers, both an empirical question that concerns how care is enacted in the health promoting program DISA, and a methodological question that concerns how to comprehend health promotion in education by producing knowledge with a careful critique. The objective of this paper is therefore to empirically and methodological explore care as a shifting and multiple phenomenon. The two questions guiding this paper are: How is care

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[1] DISA is an acronym standing for Depression in Swedish Adolescence.
[2] The work with the empirical material was part of my doctoral thesis. See Gunnarsson (2015).

enacted within the health promoting practice? And, how to produce knowledge with a careful critique?

I begin by considering previous research on care in education. Then I elaborate on the theoretical and methodological implications of working with care within a sociomaterial approach and the connections to translation and touch. The empirical engagement with the health promoting practice is then described. Thereafter I trace how care is enacted within material-affective events with a specific focus on how the manuals are involved. This entails how trust, times and negativity are part of the production of care. Finally, I gather up the tracings and discuss how to arrange a careful practice that affords to respond to the matter of young peoples' health.

## Stories on care in education

There are many stories of care, stories about farming, economy, nursing, medicine and education (see Mol, Moser and Pols, 2010). Turning to research within education, care is connected to notions of well-being, morality, fostering and health. For this short overview of research on care I will outline three strands, one influenced by the work of Nel Noddings working with the philosophy of hermeneutic, one influenced by the work of social constructionism, and one influenced by a sociomaterial or posthumanist approach. I will connect some of the many studies and put them in relation to the present story about care and health promotion in education.

In the 1980s the feminist scholar Nel Noddings introduced ethics of care as an approach within moral philosophy and moral education. Noddings' theorizing on care ethics propose that schools and teachers should work with care as a way to relate to their students (2010, 2012). In short, this includes that the teacher-carers learn from the need of the cared-for and confirm instead of condemn. Many educational scholars build upon the work of Noddings and stress that the notion of care needs to be strengthened in the context of education (e.g. Velasquez et.al, 2013; Wilde, 2012). These scholars argue that due to the current emphasis on efficiency, measurement and standards the relational aspects of teaching have become subordinated. By extending Noddings' theory, Steve Collins and Hermia Ting (2014) outline the complexity of care where a care-full teaching includes openness and uncertainty. Without formula or manual, how to care becomes a constant negotiation in every specific situation without predictable outcomes (ibid.).

In relation to this, there are several scholars who question how caring the educational movement of care really is (Wright & McLeod, 2015). A Foucault-inspired critical approach on care has been adopted to explore how educational health promotion work as governance of young people (e.g. Dahlstedt, Fejes & Schönning, 2011; Ecclestone, 2012). With this critical perspective, educational care and schools health promotion are described as part of a therapeutic culture (Brunila, 2014; Ecclestone, 2012; McLeod and Wright, 2015). According to this critique, the therapeutic culture shapes individualization in line with dominating neo-liberal discourses (McLeod and Wright, 2015). This critique also asserts that the universal therapeutic orthodoxy claims that we all have problems and by doing so avoid "attention to the underlying structural conditions that create it" (Ecclestone, 2015, p. 50).

To critically explore educational care practices is one way to shed light on the standards these practices produce. But does the critic merely became part of reproducing what was already there (Gunnarsson, 2017; Gunnarsson and Hohti, 2018; Mol, 2008)? With an ambition to challenge this critical stance to afford movement and change there is an increasing amount of educational research engaging with posthuman approaches (see e.g. Taylor and Hughes, 2016; MacLure, 2016). This theoretical field rethink relationality and in so doing acknowledge the collective aspects of care. The feminist philosopher Maria Tamboukou (2003) works with Foucault and Deleuze to problematize discourses on emotional learning and care. Tamboukou suggests that education is always a dangerous place molded with both power relations and intense flows of desire. Acknowledging how

power and desire work together within practices of care opens up for possibilities of thinking differently (ibid. p. 222). In line with this, Hillevi Lenz Taguchi and Anna Palmer (2013) put to work a diffractive analysis for a critical and innovative knowledge production about ill-health among Swedish school girls. Their study explores how various material-discursive agents become part of co-constructing young girls' ill-health. They argue that health is "a collective and distributed phenomenon that engages multiple performative agents that are collectively responsible for counteracting practices as well as prevention" (2013, p. 684). Here questions are raised on what care and health might become when including the complex collective of agents involved.

Connecting to the various stories of care I propose, together with the posthumanist and sociomaterialist scholars, a notion of care that includes the vital doings of materialities, discourses and affectivity. This means to extend and amend previous approaches on care, such as the anthropocentric version suggested by Noddings that builds on moral dispositions and separations between care giver and taker. Furthermore it means to offer a creative way forward rather than to reproduce a self-regulating mode of care suggested by the foucauldian critical scholars. Working with a careful critique, suggests to encounter care as a transitory and collective matter without celebrating or critiquing alone. As Mol (2002) insists, to produce a story of care that might resist the capture of what is good or bad, and rather consider relations, tensions and transformations.

## Engaging with care: touch and translations

As mentioned earlier, together with a sociomaterial approach care becomes a shifting and relational phenomenon. Hence, to acknowledge the relational transformations, I put to work notions of touch and translation. Haraway (2008) writes that caring requires curiosity and this becomes possible through a relating that inevitably transforms the entangled actors (e.g. Gunnarsson, 2015). This transformation take place within a matter of touch. To touch and to be touched, involves temporary and corporeal co-shaping through encounters with and in response to possible others (Barad, 2012; Braidotti, 2010a). Effecting energy, flows, and frictions – touch produces alterations and becomings within the many relations going on (Barad, 2012). By moving and affecting, touch affords to acknowledge the material and corporeal effects of care. Moreover, working with this sense of touch refigure stable bodies and pre-given givers and takers. It urges us to ask "which worldings and which sorts of temporalities and materialities erupt into this touch" (Haraway, 2006, p. 145)? For my work this implies to elaborate how care is enacted within the touches that the practice offers. Then, working with touch emphasizes the ongoing relationality of movement, imprints and transformations.

Engaging within a health promoting practice such as DISA, involves touch, but also translations. Within translations actors relate and connect to each other and become transformed. Practices and actors, including researchers, are not stable entities. They become in their relations, in touch with each other. Working with a careful critique opens up for tracing translations, not only of investigated phenomenon but also of the researcher. Bruno Latour discloses how translation "refer to the work through which actors modify, displace, and translate their various and contradictory interest" (1999, p. 311). Here translations involve processes of coexisting but also of betrayal and ambiguity (Latour, 2005). This means to consider the temporarily and collective doings of all kind of relations and actors. With attentiveness to how touch and translations transform the human and non-human actors, a sociomaterialist approach embrace the messiness and ambiguities of care. To place at the forefront touch and translations is a way to become attentive to the bodily dimensions of the practice. Not to gain a closer contact with what really take place, but within the ambition of a careful critique, "a chance for participating in re-doing it" (Puig de la Bellacasa, 2009, p. 310).

## Exploring a careful critique in educational health promotion

The methodological approach of a careful critique I propose offers no rules to follow and has no aim to describe practices as they are. It makes an entry to investigate doings, relations and affectivity and bring the bodily dimension of the practice into play. As Haraway writes “to care is wet, emotional, messy, and demanding of the best thinking one has ever done” (2007, p. 4). When encountering questions of care in health promotion I suggest a methodology in which the researcher engages and becomes immersed into the practice since exploring a practice is to do something. It involves encounters with participants. It involves laughing, feeling, thinking, seeing, listening, and so on. Thereby knowledge is produced by touch and engagement in relation to the human and non-human actors involved. Here the body becomes a complex and responsive research technology with an opening to unsettle boundaries of personal and social, materiality and discourse (Law, 2000). Furthermore, it provides an opportunity to explore how the researcher is involved in producing and reproducing the investigated phenomenon and potentiality for becoming “sensitive to the multiplicity of the world” (ibid. p. 28).

In the engagement with DISA I entered the practice with an ambition to embrace the mess and the order, the patterns and the unpredictable (c.f. Haraway, 2008). It was an attempt to become attached to and give to the situation the obligation to make me think and feel. In this work I participated in DISA meetings at three schools, one group at each school. The groups involved 10-15 students, one group leader and me. We met once a week for about one hour for ten weeks. I engaged in the practice by sitting with the other participants in the circle of chairs, took part in the assignments, got involved in discussions and raised questions. To unfold enactments of care it took more than to just look and listen, I strived to include how I touched and became touched by the practice (c.f. Mol, 2002). As Mol insists, the researcher can never "leave reality untouched" (2014, p. 96) because there is no reality just waiting to be explored. The researcher touches the practice but also gets touched by it, both transforms and is transformed in reciprocal relations. Trying to acknowledge how there is no fixed researcher ‘I’ but a co-becoming researcher body engaging in the practice (e.g. Lenz Taguchi, 2013; Moberg, 2018; Pedersen, 2013).

Within the participant engagement, empirical material was constructed through notes and audio recordings. Since the two manuals, the student manual and the group leader manual, to a great extent structured the meetings the notes became co-constructed in relation to them. I consider this way of engaging with a practice and constructing notes to be an empirical study of touch and imprints. Imprints, in the form of thinking-feeling that was produced through the engagement which then are translated or transformed into text. The notes are therefore considered as affective traces (Braidotti, 2010b) provoked by both engagement and transcriptions. When participating in the practice I sat with the student manual in front of me, read and answered the assignments and wrote notes both in the manual and in the notebook. The notes included the different doings taking place in the practice but also the involvement and co-becoming of the researcher in touch with the practice (c.f. Gunnarsson, 2015).

In what follows I will elaborate and unfold how care is enacted within processes of translations and touch. To do this I trace care within material-affective events taking place. I engaged in the practice focusing on relations and doings and tried to explore, both critically and creatively, what was produced within these events and to embrace the manifold of actors involved. This gives the engagement dual purposes, both to trace and examine how stabilizations are produced and also to trace openings and movements for other stories and realities to become (Lenz Taguchi, 2016). In the next section I encounter some of the events that took place in the health promoting practice to further elaborate on care and a careful critique.

## Enactments of care in the manual-based practice

Similar to earlier work with self-help programmes, DISA was molded with a happy healthiness including responsibilizing the girls' own health (c.f. Gunnarsson, 2015; Murphy, 2015). While aiming to enhance an individualized regulation of thoughts and feelings the promotion of health consistently ignored social and political questions, such as gender and racial discrimination, as well as questions about school environment and organization. Entanglements of manuals, statistics, evidence, measurement, prediction and control captured the practice into iterative stabilizations (Gunnarsson, 2015). However, the tracing also discloses how the practice included movements and tensions. Within relations there are leaks and frictions that challenge the orderings that the DISA program infuses despite of its manual-based setting. Engaging with this practice with the sociomaterial approach provided a specific attention to the manuals. How is care enacted when manuals are part of the practice? How are processes of touch and translations taking place within these relations?

## Co-constructions of trust and times

In the work with DISA the two manuals become vital actors in guiding and arranging the meetings. They iteratively become robust actors, part of arranging the meetings, raising questions and giving answers. When I asked the group leaders about the manuals they often emphasized that they tried to follow them quite thoroughly but for various reasons it was difficult to do so. Reasons given for these difficulties where insufficient time and that many assignments were repetitive while others where too complicated. Simultaneously there were articulations of firm confidence in the program.

> Karin: How do you work with the manual?
> Kristina: We try to follow the manual very closely actually.
> Anna: Well, besides the things we have removed.
> Kristina: Because when you have the DISA program, the training, it feels safe. We feel safe in doing it.

Here the two group leaders articulate how following the manual produces a way of doing DISA the right way and provide assurance to the practice. Creating a close relation with the manual affords an intimate touch of a caring practice. This takes place with the training and the program's set up that together with the manual establish trust and provide trustworthiness to the practice. The manual and the three day course to become a DISA group leader becomes material and social technologies that actively construct trust. It produces stabilizing effects where the manual becomes a forceful actor on how to care for and promote health. Putting the trust in the manual as capable of taking care of the situation is at the same time part of producing the situation. Within this translation molded with trust, care becomes enacted within fixed and linear manners (e.g. Gunnarsson, 2015). But although the manual produce feelings of safety and trust there were tensions regarding how far it was possible to digress from the manual while maintaining the feeling of doing it correctly. To exclude and leave out assignments is articulated as an interference that still retains trust. The trust in the manual is fragile and there are constant translations taking place adopting the manual in relation to the practice. Mol (2008) writes that technologies such as manuals are never neutral or stable and can never act alone. They may be strategic, ordering the health care practice in a certain manner, but still leaky and adoptable. Together with feelings of trust the translation process succeeds to mobilize the manual to enact care in a certain way.

The DISA meetings often took place within a tight schedule. Time limitations produced stress and strain while creating a space that seldom addressed students' discussions and questions. The meetings became characterized by running through, checking off and filling in. In my notes I recorded:

*The timeframe give no opportunity to discuss the assignments or the questions from the students. The group leader recurrently interrupts and tells us to move on to the next thing in the manual. There are many questions that get rejected.*

The organization of the school day, the many assignments and questions in the manual, the students' talk and movements resisted hesitation. Again the manual becomes a vital actor providing rapid and pre-made questions and answers. The group leader interrupts and the students get quiet – producing a space where the manual becomes a loud key player. By putting the trust in the manual it becomes a significant actor. Fulfilling the assignments becomes the objective of the meetings. Although students' thoughts and feelings are the alleged objective of the program, there is no time to acknowledge their questions. Instead, the manual provides a specific procedure including intentions of teaching and learning which involves managing emotions and thoughts (Gunnarsson, 2015). The relations create a tension of whether to follow the manual or whether to pay attention to the many questions, thoughts and feelings that the manual provoke. This produces a bodily intensity dislocating the practice into confusion regarding how to care for health. What kind of touching is produced when ignoring the thinking-feeling of the participants, the ones being reached for (Puig de la Bellacasa, 2009)? Mol argues that "care is bad when people are being neglected" and "when there is not enough time to listen" (2008, p. 84) and I agree. But I also hesitate and wonder about the possibility of a health promotion practice with enough time. Is there a place where a desire to talk and listen could be realized and fulfilled? The practice will always include tensions and doubts. Nevertheless, to keep on doing is the best option there is, Mol (2002) states. Hence, there were not very caressing events within the practice when the manual and its pre-made agenda ordered the time and limits for discussions. By engaging in the practice with a careful critique the tensions connected to trust, time, manuals, bodies and talk produced specific knowledge as well as questions. This approach acknowledges the complexities of health promotion and enactments of care. It also raises questions about what the practice could afford within its specific collaborations. Questions about how the manual became translated in the practice and how it could be played with.

At the sixth meeting, the manual include an assignment with different examples of situations that are described as stressful and negative. According to the manual three different ways of handling these situations are to be chosen from; avoid the situation, change the situation or change the way to react to the situation (Student manual, 2011, 7.1). However, within the collective of actors the practice did not correspond to the manual but became something else. Ignoring the three suggested ways, the discussion wondered around and the manual became transformed.

*The examples of stressful situations in the manual evoke discussions on school work, how to be a good friend and girlfriend. The preset alternatives are ignored. But I get annoyed and want to modify the discussion (but I keep quiet). I think-feel: 'These are not the right answers'*

Here the manual is played with in relation to the other participants. Multiple answers and responses are produced that are not consistent with the manual's instructions. This disturbs me. Connecting to the logic of the manual the researcher body requests reproduction of the right answers. A process of translation - where body, manual, time have been adjusted to interact and collaborate - has disconnected the desire to discuss the assignments, and induces the researcher body to co-exist with the manual. According to Latour (1999) translation is what happens when entities, human and nonhuman, come together and connect, changing one another to co-exist. By engaging in the practice translations of the researcher-body produce stabilizing thinking-feelings. Manuals, questions, affects, knowledge pass through my researcher body and within the touch builds alliances with the machine of DISA (c.f. Pedersen, 2013).

In the health promoting practice the manual becomes a reliable and forceful actor. It touches and translates in a manner that more or less captures the other participants. Together with trust and time the touch of the manual seizes thinking in its efforts to provide questions and answers.

Nonetheless, the relation also included moments of tensions and play transforming the manual in relation to the practice. With these ambiguities, the answer is not to get rid of manuals to produce a careful practice. Rather, if the manuals could be considered as organic and fluid matter, can there be a mutual sense of trust where the manual afford space for experimentations? A proper tool is the one that make us think. It is the one that matters to the particular situation or concern. So the question could be how to set up a manual sensitive to the situation where translations and touch affords each actor to be part of enacting the practice as well as care.

## How to escape negativity?

When tracing care within material-affective events in DISA there are many connections to negativity. The program presumes that the participants are vulnerable and have negative thoughts and feelings that need to be addressed (c.f. Brunila, 2014; Lenz Taguchi and Palmer, 2013; McLeod and Wright, 2015). It invokes that you first have to be aware of negative thoughts before you can be able to regulate them and become more positive. Awareness of negative thoughts is assumed to be achieved by doing the assignments in the manual. The assignments involve repeated doings where the participants, one by one, write down and work with negative thoughts, sometimes 'their own', sometimes examples in the manual. The last DISA meeting involves an assignment with the heading "Big stressful life incidents" (Student manual, 2011, 10.2). It is aimed at prevention of depressive feelings when these occasions occur. At the bottom of the page there are several examples on "common big life events" (ibid.) for example family vacation, changing of school, and break-ups. The participants should choose from the examples that, according to the manual, make us "think more negative thoughts and feel more depressed" to "be prepared and to plan for this occasion" (Group leader manual, 2011, p. 72). The assignment tells us to first answer the question about how we would be affected by this incident and second to answer how to handle it. My notes say:

*The classroom falls silent. I look at the assignment and choose the example that someone who means a lot to me dies. I get caught up in thinking about this. It evokes a lot of thoughts and feelings and it makes me sad. When I have filled in the boxes and think that I am done, I see five empty rows with boxes below. Are there so many more to fill in? But the group leader heads on to the next assignment.*

Within this event, I am touched by the assignment and the questions about how the death of someone close would affect me. Collectives of pure boxes and linear questions create intense thinking-feelings of distress. It grabs hold of me, leads me through the various steps, producing a bodily intensity of the pain that such an event would imply. The manual and its boxes and words transform from a device supposed to prevent ill-health to become involved in producing despair and confusion. To engage with the questions produces bodily sensations of sorrow and pain, a distributed bodily knowing. Not able to escape negativity but co-constructing a freezing melancholy (e.g. Braidotti, 2010a). The assignment also involves a specific sense of fixed time and space including a linear logic of how to plan ahead to adjust a possible future. Nevertheless, what takes place within the touch of the assignment, the researcher body and the classroom is not possible to control or predict, even though we put our trust into the manual and respond to the questions in an effort to control an uncertain and wild reality. Time-space-body become materialized and transformed within the event. This materialization disqualifies preparations for and orderings of the future (c.f. Bodén, 2016; Juelskjær, 2013).

In touch with the manual the researcher body was not able to escape negativity but became hailed and transformed into sorrow and distress. Likewise, the students articulated how the practice reproduced negativity.

> Nina: You reflected on all the thoughts that you had the last week. So, all this negativity came, all at once and you just…
> Evelyn: And then it was so hard to handle it when you thought about it so much.

To recall the negative thoughts from last week and gather them up at one moment intensified the negativity so that it became difficult to manage, Evelyn states. The logic of becoming conscious about negative thoughts captures the participants and the intended effect of gaining well-being and more positivity in the present was missing (c.f. Kvist Lindholm & Zetterqvist Nelson, 2015). Within collectives, manuals and bodies translates into imposing negativity out of control, "you just…" as Nina expresses the affectivity produced when doing the assignment. Furthermore, this logic seeks to separate elements as now/then, negative/positive, and order them in a linear manner. Care becomes enacted with separations and dualisms which translate bodies and practices. The enactments of care produce con-constitutive effects where "bodies and meanings coshape one another" (Haraway, 2008, p. 4).

Although, there were fixations of negative thoughts, occasionally fluidity and play also emerged. In one interview the students expressed how relations with the manual and group leader produced not only obligations but also opportunities in the requirement to answer the questions.

> Karin: For Janina you said you had not written anything?
> Janina: But eventually you made up stuff. Maybe something that happened five years ago.
> Sophie: You kind of fake to write so she [the group leader] would not get angry.

The students' articulations included tensions and movements of what took place when being asked to answer the questions in the manual. Diverse strategies were produced for how to respond when in touch with the questions. Not to answer or fake an answer were doings co-created in relation with the manual and the group leader. These relations produced a form of discipline, the questions should be answered, including a threat of reprimands and anger. But they also produced movement including an opportunity to be creative and play with the answer. There was no fixed truth that had to be told but multiple imaginary responses. Not for fun, but within the air of expectations of doing the right thing and fulfilling the assignment. It could also be a strategy to reject touch and in doing so avoid the risk of being hurt. Since, touch (as well as care) involves the risk of violence (Puig de la Bellacasa, 2009), to navigate the questions with a fake answer create an opening to evasion. It affords a way to traverse and betray the negativity produced within the translational process at stake.

To traverse negativity becomes a question of care in a double sense. Both in the sense of caring for young peoples' health and in the sense of a careful methodological engagement. The collectives enact care with stabilizing effects for the participants. When focusing on negative thoughts and feelings, negativity and melancholia tend to carry the day (c.f. Braidotti, 2010a). But even though the health promoting practice captures the participants by insisting on negativity there are leaks and frictions. Materiality, affectivity, beings, and times effect the practice that becomes constituted within relating in many ways (Haraway, 2008). Within these arrangements participants are able to escape or traverse negativity within enactments of alternative doings and different versions of care. This does not imply carelessness regarding young peoples' problems but to actively work with and transform the negativity and pain into a generative potential (Braidotti, 2010a). Then, to escape negativity and put to work a careful critique becomes a way to embrace the "irreducibly wild" (Mol, 2008, p. 82) realities.

## Handle with care: caring collectives within wild realities

Within the health promoting program DISA, I have traced enactments of care and elaborated how to work with a methodology of a careful critique. To challenge anthropocentric ideals of care as well as critical approaches wanting to unmask care practices, I encountered the practice with the ambition to both critically and creatively investigate how care was enacted within collectives and doings. To care for health in education, I have argued, is too important to only criticize or predict and measure. In line with Tamboukou (2003), the alternative elaborated in this paper implies to explore how

enactments of care within health promotion is molded with desire and power dancing together. This means to acknowledge the tensions and movements taking place within the practice and yet avoid becoming stuck in stabilization and negativity that is rather robust in the air of manual based programmes. This has raised methodological and empirical questions. In an era where mental health has become an educational responsibility, how can we transform the assemblages that harm the bodies of young people? How can we touch upon this matter with care?

Encountering practices of health promotion in education with the trope of care, affords questions about how to perform careful arrangement for young peoples' health. Thinking with the sociomaterial approach and the events in the practice, I do not ask if education should engage in health promotion or not, but rather how these practices could be carried out. Since relations, touch and translations always are at stake, the caring practice cannot build on presumptions on who to care for. This means that there is no universally good nor any manual to follow that can determine how to respond to the urgent matter of health problems among youth. It is not possible to define good care or to tell in general what good care is. To care implies to leave the term vague and ambivalent and continually investigate the various effects of the practice. It involves creating an imaginative and fluid practice since care remains a moving and temporary matter. This means to strive for a practice that affords to arrange collectives that are caring (Mol, 2008). A careful practice then becomes a mutual co-construction that acknowledges the impact of manuals, group leaders, students, trust, times and so on.

What Mol asks for in order to assure a careful practice is attentiveness and adaptability. Within care practices as well as in research practices "rather than consistency, sensitivity is appreciated as a strength" (Mol, 2010, p. 257). This is nothing simple or obvious. To work with all senses to unsettle the various transformations at stake can never be done without cuts and neglections. Mol states "nobody ever said that care would be easy" (2008, p. 51) and asks us to try, adjust, fail, and try again. There is no way to calculate the right things to do, but there is a possibility to become responsive to the moment and movement and to embrace the wildness of reality.

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