

14 Professionalised designing in between plural makings

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Abstract: Designing is considered an ability that is endowed to everyone at large, going beyond one's professional expertise. However, without a careful examination of the colonial legacies, instituting everyone's creative practices as designing encourages the making of nondesigners as being isomorphic to the design professions. The chapter aims to evoke more imaginations of how designing relates to other makings practices while not fully rendering them as designing. Here, the general term 'making' is employed to indicate a scope emphasising the richness of the divergent practices of forming, causing, doing or coming into being, in which designing is only one or several modes of making. In this chapter, through a literature review, I first examine how the discourse and narrative of design professions over-occupy makings. This is followed by a mini autoethnography that illustrates how multiple practices of makings make transformative change and enhance the hierarchy in a 'design' project of remote care that I am engaged in. This chapter concludes by proposing the plurality of makings as a method of introspection to sensitise our design practices, as well as bodily and affective experiences. In the scope of plural makings, participation does not necessarily mean inviting them to enter the design process but rather means an embodied designer joining in the meshwork of ongoing makings.

Keywords: Designing, making, plurality, non-designer, practice

Introduction

'Everyone designs'. Simon (1988, p. 67) uses this phrase to suggest design as a common ground for communicating creative activities among different professions. Subsequently, similar expressions further spread the autonomy of people in designing and redesigning their existence (e.g., Escobar, 2018; Manzini, 2015). Designing is considered an ability that is endowed to everyone at large, going beyond their professional expertise (Manzini, 2015). This argument is aligned with recent studies on ontological design that see design as inseparable from what it is to be human and fundamental to becoming human (Fry et al., 2015, p. 286). For instance, Willis (2006, p. 70) suggests that to design is to deliberate, plan and scheme in ways that prefigure our actions and makings. Ontological design involves a concern about the retrieval and reimagination of heterogeneous forms of confronting the dangerous and concurrent conditions of coloniality, patriarchy and capitalism (Fry, 2017). Design can potentially be transited from a tool for Western modernity to a tool for reimagination (Escobar, 2018).

However, without a careful examination of the colonial legacies, instituting everyone's creative practices as designing encourages the makings of nondesigners

isomorphic to the design professions (Suchman, 2021; Willis, 2018). Hence, the current chapter aims to evoke more imaginations of how designing relates to other makings practices while not fully rendering them as designing. Here, I deliberately employ the general term ‘making’ to indicate a scope emphasising the richness of divergent active practices of forming, causing, doing or coming into being. For Fry (2019, p. 69), making is the agency of human and world formation. Correspondingly, designing is narrowed down to one or several professionalised modes of making that are typically related to dominant Western modernity. Informed by studies of the pluriverse (Law, 2015; Escobar, 2018), this division acknowledges that different practices have the inconsistent capabilities of enacting futures. One mode of designing has no ontological priority because when a mode becomes visible by revealing coherent methods, values and institution, it often conceals more (Fry et al., 2015).

In what follows, I first present three approaches to how the discourse and narrative of design professions over-occupy the practice of making in design epistemology. I particularly coin the term ‘design-ise’ to problematise the notion that professional designing occupies a privileged position in the discourse and material of change, while other forms of making need to be expressed by the knowledge of designing. This is followed by an autoethnography to illustrate how multiple practices of makings can lead to transformative change and enhance the hegemony; this is shown through a ‘design’ project that I was involved in. Based on a reflection of the ethnography, the chapter concludes by considering how design professions can join in the ongoing meshwork of makings.

Designised makings

The word design appeared in English in the middle of the sixteenth century, referring to a plan or scheme intended for subsequent execution (Margolin, 2015). Similarly, in other European languages (Italian *design*, Spanish *dibujar* and French *dessin*), the connotations of design signify more about drawing a conceptual image—the clear or visual expression of an intention, idea and plan (Ingold, 2013). This assumption has been accepted in contemporary design research, which is often coined by the intentional operations focusing on ‘how things should be’ (Margolin, 2007; Bremner & Roxburgh, 2014). Conditioned by this assumption, designers, including architects and planners, are expected to be able to create a design concept for the desired future. Here, the concept of design refers to an abstract form of ideation that is often materialised by language and functioning in design (Dong, 2007). It is considered a primary generator prior to the real existence of an object (Darke, 1979). A pre-existing design concept envisioning and conditioning various futures legitimises the practices of design professions (Ingold, 2013). Design professions are often required to have the intellectual capability of delineating, prototyping and evaluating this design concept. The creation of design concepts in professional designing is not exactly equal to the anticipatory foresight manifested in other makings because it enrolls relational makings to reach and scale up an evenly shared consensus of the future. Thus, designing tends to position and limit the foresight of other makings expressed only in a design process. In the epistemology of designing, makings tend to become programmed, rationally sequenced, time managed and positioned as succeeding the intellectual creation of design concepts. There is a tendency to create a design concept in a design project that is detached from its implementation and use, while the implementation

and use are implicated in other makings that not always aligned with the design project.

Making as the implementation of a design concept

First, there are practices of making about formation, oversimplified here as the implementation referring to the execution of a design concept which succeeds designing. For instance, in a retrospective study of Alberti's treatise *On the Art of Building in Ten Books* circa 1450, Ingold (2013) finds that Alberti deliberately elevates the recognition of architects by distinguishing the profession from the 'humble' mason, carpenter and other build workers. Alberti (1988, p. 7) believes that the architect has the ability to 'project the entire form in mind without any resources to the material' (cited in Ingold, 2013, p. 49). In this book, the practice and knowledge of architecture are untangled from the actual construction process, in which there are numerous overlaps between an architect and mason. The knowledge and wisdom of geometry that masons and carpenters have built up in practice were often less documented in Alberti's times (1988, p. 7). This notion of designers being devoted to building design concepts still remains to this day, and beyond the scope of architecture, it can be seen in a design paradigm that centres on building a solution to address a specific problem. Manzini (2016) calls this 'solution-ism', where designers build for a solution the dominant, if not single, possibility to solve a problem and, thus, promote changes. For example, the Double Diamond (British Design Council, 2015) and the design model of 'fuzzy front end' (Sanders & Stappers, 2008), which are two globally famous frameworks, all convey this notion that designing distinctly ends when a design concept of the solution is delivered. The rest of the practice after design is expected to be the handover, implementation and iteration needed to launch a conceptual solution idea (e.g., in service design, abundant design models such as the service blueprint [Shostack, 1984] and principles [e.g., Lin et al., 2011] are elaborated on to consistently put service concept into action and operation [Yu, 2021]). Within the discourse of design concepts, it is difficult to grasp how change can happen in an alternative way or even if the change that happens inside the making of implementing a concept (Manzini, 2016).

Making as habitual use

There are other practices of making that are recognised as being used. There are many practices called 'use' that exist in the scope of designing, here referring to what people do with an object (Kohtala et al., 2020). Conceptualising the interactions between people and objects as using can be manifested in the widespread culture of employing the term 'user' in design practice to delineate the people who utilise a product, service or building. The term 'user' is so taken for granted that there is neither a clear definition nor enough etymological study in the design community of it. One possible contemporary origin is computer science or engineering, which has widely coined the term end-user to distinguish people who only 'use' software. The term 'user' is closely concomitant and affiliated with the knowledge of experts, such as designers, developers and engineers. People can barely call themselves users without the presence of these experts. Knowledge about the needs, interests, desires and habits of users which produced mainly by design practices is less rooted in the everyday life of

users. Rather, the knowledge on users is more serving as expert knowledge aiming to better designing or engineering *for* users. The term ‘user’ implies that people can be grouped because they have many characteristics in common when interacting with an object (Ritter et al., 2014, p. ix). The value proposition of user centricity requires designers to concentrate on the needs and interests of users (Norman, 2013) and to develop products or services with better usability and experience (Woolrych et al., 2011). Value is employed to promote a cultural change that encourages enterprises to develop more products and services that meet users’ needs (Deserti & Rizzo, 2019; Junginger, 2012).

Design practices value the needs and interests of users but often narrow and eliminate the heterogeneous changes possibly made through the practice of use. What users do when using a product or service is always beyond an interaction with a product or service that is predesigned with a certain teleology (Kohtala et al., 2020). The practices of different users are always contextual and multiple directional and entangled with other ongoing practices. In a comprehensive taxonomic study based on a literature review in design, human-computer interaction, consumption and science and technology studies, Kohtala et al. (2020) find that the *use as-is* that connects functions to the designed aims is often a starting point to establish a spectrum of innovation and design capabilities of users. Considering people’s practices solely as using could produce a sense of dehumanisation by framing users as independent and rational (Marmont, 2019). The impersonal interaction between the user and service or product (e.g., the interaction between a user and Uber) in the design narrative tends to conceal the encounter among people (e.g., the interaction between the passenger and taxi driver) (Appadurai & Alexander, 2020). Teleology implies that users’ practices can be well-arranged as specific functions in the design concept. Within the design concept, the journey of a user representing heterogeneous people displays a set of replicable and timeless events and processes with fixed interactions with other actors, regardless of the time these events take place. The purpose and approach of use are pre-narrated before the real use, hence determining how we use an object (Bjögvinsson et al., 2012). Designed objects always condition the being and knowing of us and structure our sense of time and the future (Escobar, 2018; Fry et al., 2015; Tonkinwise, 2016). As such, using is difficult to be oriented towards an alternative future but can better be oriented towards the future that designing made. One example of how to design conditional use comes from an anthropological study in Silicon Valley (Appadurai & Alexander, 2020), in which it was found that many task-oriented apps (e.g., Uber) valuing user experience, including convenience, joviality and efficiency, tend to encourage users to be habitual and mindless, hence increasing user stickiness. As suggested (Appadurai & Alexander, 2020, p. 90), habitual actions do not easily produce new knowledge.

Utilising the knowledge of making in design

It should be noted that the epistemology of the implementation of the design concept and habitual use constitute the worlding of how design relates to other practices of making. Referring to Tsing (2010), the term ‘worlding’ defines the situation rather than providing a description of what is happening. There are growing complexities of heterogeneous making, including implementation and use encountered in design practice. Therefore, there is a need to understand how the complexities

of other makings are engaged in design practice. The engagement of nondesigners particularly touches on the democratic movement towards participatory design or co-design and its critiques that have been occurring for nearly half a century. There are growing critiques of the dominant position of designers and architectures *in* the design process and calls for involving more users and other experts as designers (e.g., Oosterhuis, 2014; Robertson & Simonsen, 2012). Participatory design or co-design tends to encourage the utilisation of the knowledge of other actors in the design process. Extracting knowledge from users and actors can help to draw different interests and desires together, but it may hardly be sufficient: Transient design practices and life-long everyday practices of actors are disproportionate. Concentrating on the knowledge produced in design practices fails to fully acknowledge the dynamics of actors' ongoing practices. Even though some actors participate in the design process, they can also twist, change, forget their participations and carry the participations, through their practices towards other directions that diverge from the expectations of designers (Agid & Chin, 2019).

To unpack this failure, reviewing the research in the 1970s, when participatory design was developed, is helpful. In an influential study in 1973, design theorist Rittel and urban theorist Webber used the term 'wicked problem' to express the dilemma facing designers and planners in building a unified solution in a plural society where different knowledge and practices coexist. In subsequent studies, as Akama (2015) suggests, co-designing tends to concentrate on the former—the connection—while the divergence between practices is relatively omitted. Design is believed to have the ability to introduce different knowledge and experience into the design process to explore, envision and develop solutions more collaboratively (e.g., Mattelmäki & Sleswijk Visser, 2011). A growing body of research has been committed to exploring how co-design or participatory design accommodates heterogeneity (e.g., Eriksen, 2012). However, framing collective creativity mainly in design is paradoxical to this commitment.

The co-designing approach encourages people with different types of knowledge to detach themselves from their ongoing situated practices. In the context of design, they would not be able to carry out daily practice but instead share their knowledge in a designerly way, a term coined by Cross in 1982 to indicate a distinct way of knowing that is evidenced in designers' practice. There is an underlying premise that other participants' knowledge rooted in their practices can be converted into information in their communications (Strathern, 2018). Anthropologist Mosse (2019) finds that during a series of participatory events with farmers in western India, there is much farming experience and knowledge not mediated by language. Knowledge of farmers was hardly represented through participatory techniques when removing their practical contexts. Strathern (2018, p. 30) suggests that the way of reaching an agreement by sharing and communicating knowledge risks ironing out the difference of existence by flattening viewpoints and ideas which would better appreciate the context from which experts can operate. Without sensitivity about divergence, co-design for other participants can be oversimplified as a knowledge-sharing session. The different interests, values and intentions risk being translated by a set of dominant languages, concepts and knowledge that might draw one world-making project into another (Tsing, 2015). Translation is the accountability of designing to other makings and their futures, as it often leads to violence. A translation often endorses that the host worldview and knowledge are commensurable if the process of translation does not

point out the discrepancy between the translated and the translating (Satsuka, 2015). For instance, Appadurai and Alexander (2020) find that apps are becoming so complex that users find it difficult to make a change in how they use these apps, but user research can involve them as designers and testers in the design process. As such, users' failures and deviated actions can be translated into contributions to co-design events. Another profound example is the digital takeout platform. Chen (2020) finds that this platform, which is empowered by an algorithm, has the ability to collect the delivery time of riders. The specific information of riders and their daily delivery practices are extensively collected and analysed; their data and information can be used to plan and anticipate the shortest time and route required for other rider deliveries. Hence, a rider's participation risks yielding further oppression of other riders.

Designised makings manifested in the above three subsections entail attempts to explain other practices of making by design and enrol these practices as functional segments in the design project. By doing so, designers understand the goals, interests and values of makings that are inconsistent with design practices, here in a simplified and marginalised way, while the project threatens to endorse hegemonic worldviews. The aforementioned examples of medieval build works, users of a Silicon Valley app and a food takeout platform demonstrate that marginalisation is not only discursive but also material because other practices limit the enactment of an alternative future without joining in the designing practices. For the design itself, the result of extending the design to every making is a reduction in design (Fry et al., 2015). Designisation implies the tendency to refuse to be contaminated; that is, the wisdom and knowledge of heterogeneous practices that cannot be well translated by design will be difficult to enter the domain of design. Therefore, the epistemology of designised making also contributes to overformulising design methods and processes as the fluidity and diversity inside the design decrease.

Appreciating the plurality of makings

Given these considerations, we, as the knowers of design, need to reimagine how the practices of designing can relate to other makings while acknowledging that the purposes, values and interests of different actors are not evenly shared. As makings are constantly going on, design practices need to sensitise ourselves to trace them and respond to them more dynamically. There is a need for a pluralistic epistemological framework that might be able to broaden perspectives; doing this can help take note of other makings to let more worlds, including materials, practices and intentions, into a story of making futures. In the end, this can influence design professions. Shifting our focus to makings requires more attention be paid to how transformative changes happen and how the hegemonic world is being made (Suchman, 2011).

In the next section, I present an autoethnography, through which I write about my experiences of encountering multiple trajectories in a 'design' project (Ellis et al., 2011). At a hospital in a coastal city in China, I participated in a doctor's meeting where I expected to observe how they would *design* a process of applying a remote care platform to patients with pulmonary nodules for surgical rehabilitation. According to the functions designed in the platform, after discharge, patients are expected to collect their health data through the app and compatible medical devices, such as spirometers. Doctors are then supposed to check the patient's health status and provide support through a web-based management platform. As a service designer, my

observations came in the design research phase. I hoped to understand their working habits and design abilities. These observations could help me design for and with them later. However, this presupposition became uncertain because the designing, using and implementing were intertwined, so their practices could not be summarised.

This ethnography is anchored as being ‘auto’, here by mainly considering the inherent tension between my twofold identities—a designer and ethnographer—in the field. As a project designer, my practices constitute the field of ethnography. I am responsible for promoting the project and making the platform applicable at the hospital through my design knowledge. Design knowledge inevitably became a crucial lens through which to remember and analyse what is happening in the field. As an ethnographer, I intended to describe and interpret different actors’ practices and also reflect on my design practices in plural makings. This twofold approach resonates with Tim Ingold (2017)’s argument on the embodied participant observation, an anthropological way of doing ethnography. As he suggests, ‘To observe is not . . . to objectify. It is to notice what people are saying and doing, to watch and listen, and to respond in your own practice’ (Ingold, 2017, p. 23). To design in this study is my way to respond to and hence join in other practices for observing. In order to better observe others in design practice, I also tried to deviate from design knowledge to allow me to perceive the heterogeneity existing in the practices of makings.

Autoethnography is not only about writing personal experiences, but more importantly, it involves accountability for narrating the relationship between oneself and others (Tolich, 2010). During the write-up, I also employed the interviews and conversations that I conducted with the doctors to compare and contrast my personal experiences (Ellis et al., 2011). Those who were involved were doctors, a patient and her family member; they all signed informed consent before or during my participant observation to ensure they understood their appearance in my research (Tolich, 2010). Pseudonyms were applied to protect their anonymity. One value of autoethnography is to create accessible texts to produce aesthetic and evocative narrative descriptions that enable readers to feel the feelings and conditions of others (Winkler, 2018). In the current study, I hope to resonate with those who know design and help them look back, find and sensitise the practices of makings existing in their design practices. I also used drawing to interpret key scenes during the writing process (Causey, 2017). When drawing these illustrations, I can deliberately put in more details that seem not relevant to the project I am working on. For instance, within drawings, I can share how the desks of doctors’ office are untidy by presenting some specific materials (e.g., teas, keyboards and papers) on their tables. By doing so, I hope to disturb the single viewpoint on the design project and allow rooms to notice others makings were taking place.

Making transformation

‘This office is different than you’d expect, isn’t it?’ said Doctor Fu when he ushered me into the office and down the long corridor of the thoracic surgery ward. There were three other young doctors in the office. Four were medical graduate students who were participating in this project. Fu continued, ‘You can sit wherever you like. This [the office] is really messy’. The office, which was around 20 square metres, held eight tables with desktop computers, with 11 chairs scattered about. These desks, chairs and computers did not belong to any specific doctor; any doctor in the department

could use them. The stacks of objects in the room were evidence of the interwoven work and lives of these different doctors. Medical books, models of lungs and gifts of tea were crammed into many corners. Unfinished hot milk tea implied that there were other doctors here not long ago.

There were other things that indicated rapid changes happening in their work. The CT light tables gathered dust on the wall, while the young doctors checked the CT images on the computers. Many blank forms were piled neatly and were more than a metre high in the corner next to the door. They were the vestiges of the doctors' work before the movement to paperless offices beginning in 2020. In addition, there were many different printed forms on the desks, including the records of prescriptions, medical tests, surgical statements and discharge notes. The doctors needed to fill them out on the computer in the office and print them out. Why did these records need to be printed out? Based on the communication with the doctors, I found the reason was that the inpatient platform through which the doctors filled out the records was not linked to the archives department. The printed forms would be collected by nurses regularly and then scanned into the digital version once sent to the archives department. When the paperless movement ended, one of the main jobs of medical graduate students was to help their leading surgeon fill out these forms in bulk. Before the movement, students needed to handwrite these forms for their surgeon.

The last inpatient form was the discharge record, which meant that the patient's treatment was officially terminated when the patient was discharged. The remote care project asked the doctors to extend their working scope to rehabilitation after leaving the hospital. The paperless movement coexisted with the remote care project. Taking quick notice of the move away from paper can help us understand the change in remote care and how it was entangled in between makings. This move away from paper was not the ideal shift from one mode to another, in which all paper would be removed. Besides, the paperless movement gave a new form of the hierarchy between medical graduate students and surgeons as it was still students doing this monotonous work of filling forms, however, more efficiently. The movement reminded me that the platform conditions the futures of rehabilitation care, but I might not expect to apply the platform as an isolated vision of better futures and it could also reproduce one dominant hierarchy.

Half an hour after I arrived, a surgeon, Dong, arrived at the office. He had just finished his last surgery. Every week, Dong carried out an estimated ten surgeries. Even though Dong could finish his surgery and outpatient by 5 to 6 p.m., unless something unexpected happened, his research work had just begun. In terms of promotion for doctors in the Chinese healthcare system, research projects and articles are more important than the quality of treatment. Dong told me that he often stayed at the hospital until 9 to 10 p.m. He had worked at this hospital for more than two years. Compared with other surgeons, Dong was relatively new. He had to manage several different research projects. The remote care project was one of them. For him, applying the platform was a clinical experiment. As a study, he planned to compare the efficiencies of rehabilitation for patients with and without the platform.

Dong covered his face with his hands as he sat back in his chair and then updated his surgical status on the desktop computer. Ten minutes later, he turned his chair around to the other graduate students. As Dong was about to speak, the graduate students rotated their chairs around. They began the discussion about each student's graduation thesis. They worked together and not only on the project. Dong, as their

senior, was also responsible for guiding them in their studies and research. Then, the discussion was redirected to the remote care project.

The meeting that I wanted to observe happened all of the sudden. They formed a very subtle circle while the other doctors were working outside. In Figure 14.1, I illustrate this situation from an overhead perspective. ‘The platform looks quite complicated’, Dong said, ‘How about each of us starting to learn one segment of the platform? We must learn it very well. We must teach patients well. We must ensure that we have good data’. Wang, one of the students, then said, ‘I can learn how to use the doctor platform and how to register an account for patients. Wu, would you like to learn how to teach patients how to use the app? You two guys could teach them how to use the devices. How about this?’ Dong did not reply to Wang but directly said, ‘Now, I’ll go to the ward. Yesterday, I found one of my patients who would be willing to rehabilitate’. No reply here meant confirmation. ‘By the way, I will also ask patients to sign the informed consent and patient’s information reports’, Wang added. Then, the two men went to the storeroom and brought a big box with all the medical devices to the office. That was when I realised that what I was observing was not just a design meeting.

When the students were learning about the platform, I followed Dong to the ward. The patient, Yanming, was a woman of around 50. It was the day after her surgery, and her husband was at her bedside. Rather than directly inviting her to the project, Dong first focused on rehabilitation in their conversation, including what Yanming could do after discharge and the exercises involved in rehabilitation. Then, gradually, Dong said, ‘Like we said yesterday, we have a research project, and we’d like you to participate in it’. Instead of using technical terms like remote care and data collection or medical terms like rehabilitation, he said, ‘Anyway, when you’re at home, just try to use it, and we will help you in the hospital. My students will come over here to help you use it in 10 minutes’.

Dong came back to the office and said, ‘All right, is everybody ready now?’ On the way to the ward, they ranked the process of teaching Yanming in order of doctors’ feelings of difficulty regarding each segment. According to their discussion, Wang would first introduce the overview of the study and ask Yanming to sign the informed consent form. Then, the two men would help her use devices and Wu would help her use the APP. ‘Then, we *sú jī yīng biàn* (随机应变), a Chinese idiom which means to improvise neatly according to the change of opportunity and circumstance’, said Wang. Was this a moment of designing? Yes and no. Like what designers do, their discussion indeed formed a rough service process that could be referred to when they needed to use the platform with other patients. However, the service process was enacted by colloquial and later embodied practice rather than abstracted and concreted by other languages and materials as a transferable design concept. In addition, the design comprises the doctors’ use and implementation of the platform. On the one hand, they are the users of the platform, conditioned by the preset function of the platform. On the other hand, they were working in medical research, intending to collect data of good quality. To do so, they need to guarantee that the functions of the platform are expected to be routinely used by the patients and themselves. In this sense, this is also a moment of implementation. Designing, using and implementing hung together, all manifested in their practices at the same time. How can I give their practices a name to mediate these three categories by my design knowledge? My provisional strategy involved suspending the question of conceptualisation and acknowledging the insufficiency of design knowledge. Doing so allowed room for me to see and learn from strange but ongoing practices.



Figure 14.1 The 'project meeting' in the doctor's office.

When we entered the ward, we filled it and squeezed in the bedside space. Without us, the ward was already overcrowded because six beds were put in a space originally designed for four. This crowding might imply a limitation of medical resources and bad service experiences. After this event, Dong told me that for patients, the cost of surgery in this hospital was relatively cheaper than other hospitals in the city.

Crowding also indicates one's activities and gestures can be seen, perceived and hence responded to naturally by others. There was a very smooth connection among the different doctors, Yanming and her husband. Because the doctors had only a rudimentary understanding of the platform, they were unable to answer all the patients' questions about the platform. This was neither a mistake nor a problem. They just needed to continue to learn or change the process. The patient's questions were not always related to the project; the questions varied from how Yanming could install batteries to when she could swim after discharge. The patient's husband was also closely engaged in the process. For example, when the doctor told the patient how to use the electrocardiograph, her husband directly rolled up his shirt to stick an electrode slice to the skin of his chest to help Yanming learn how to use it.

Along with this, I observed different activities in this ward, and if I had questions, I could ask them directly. There were some practices of 'designing' happening. Fu asked me, 'Brother Zhipeng, what do you think of making a poster in the corridor? I think introducing the project to patients only by talking is not enough'. I said, 'Sounds great! Could we later discuss how to make this poster?' I illustrate this connection in Figure 14.2 by imagining multiple activities from Yanming's perspective.



Figure 14.2 Training patients to use the platform: research and rehabilitation.

Medical study, using the platform, husband's care and my design research were all being enacted in this room. One's activities are always related to others'.

Teaching Yanming took about 40 minutes. Then, the doctors returned to their offices and began discussing what to do next. 'Ok, does every learn how to teach patients?' said Dong. 'We need to involve 500 patients in two years. Next time, let us try to teach patients using only two people'. The discussion became more serious and gloomier then. One patient for 40 minutes of training meant that they would be overwhelmed. The doctors discussed the division of labour among the different doctors based on their daily routines and possible ways to reduce the time it took to teach patients. Without the presence of patients, their discussions centred more on their studies. For example, one of their focuses was on how to collect effective data. The benefits of patients were not well discussed. In addition, most of the work was assigned to graduate students. In the following months, the project strongly disturbed their study routines. The project leaders would not be expected to consider them as authors or well-paid in the project. In fact, the labour fee for these students in the project was 1,500 Chinese Yuan per month.

'Do you have any suggestions, Zhipeng?' Dong asked. I was involved beyond merely being an observer. I brought the idea of making a poster proposed by Fu and emphasised it: 'This study, for you, I guess, is your work, but for patients, it is their treatment. Maybe we can extend our scope and take a look at what you and patients really need in the project beyond collecting data'. Here, I could feel that my participation slightly disrupted the discussion. I proposed making some new posters or brochures with illustrations to introduce remote care and rehabilitation, through which I hoped to redirect this project and move it to something beyond just a medical study. This proposal evoked more discussion about how they could change their way of treating patients.

Discussion and conclusion

This chapter questions the epistemological assumption that the practices of design professions are conceptualised as independent creations of intellect from other practices. Within this framework, designers are encouraged to understand the relationality of multiple practices through a prefabricated perspective. Different practices are expected to endow specific functions, such as use and implementation, to join in the world-making project of design. This assumption of designisation may contribute to the decline and homogenisation of design knowledge because it restrains our imagination of how the transformative change happens, thus making design clumsy in trying to promote transformations. If we hold a singular assumption that the complex functions of society and culture are conditioned by prior design, the value of design tends to be limited to proposing a more elaborate design concept for the world and to expecting that the world is ready for it (Ingold, 2013).

Appreciating the divergence between making and designing allows us to turn our attention to the relationality with potentials and tensions that contain transformational messages in other makings. Through ethnography, I hope to demonstrate the insufficiency of prefabricated understanding in design professions. The ongoing change should be watched and reinterpreted carefully within the encounter. During my practice of design research, there are many other things being made, enhanced or damaged, including the rehabilitation of Yanming, her family ties, the doctors'

medical study, the doctors' promotion system, the scaling up of remote care platform, the digitalisation of healthcare and the hierarchy at the hospital. The opposite of designisation is not to clearly mark, define, pick out and protect these makings and then claim they are not designing. Doing so is the other side of the coin of designisation because a clear distinction may encourage assimilation or segregation. In overlapping practices, antidesignisation begins from appreciating the plurality of makings as an ontological condition that people are participating in different world-making projects but stay together and influence each other. The doctors did not deliberately distinguish their study from the family's care, nor did they fully utilise the care in the study. The flexible and respectful interactions between doctors and patients around the medical study and surgical rehabilitation had enabled a new remote care technology to be nascent in the local hospital.

Acknowledging the plurality of makings as an ontological condition, we might need to bring more relationalities into our sight. I agree with those design scholars who claim that studies of relationalities are needed for a systemic understanding of complex situations (e.g., Sanders & Stappers, 2008; Postma et al., 2012; Fuad-Luke, 2014). Utilising the knowledge of relationalities as an intellectual tool for better design practices matters but is hardly enough because these relationalities indicate multidirectional initiatives of plural makings that cannot be abstracted and used coherently by design. Through my mini autoethnography, I hope to start evoking readers to think of design in the guest position as ongoing practices that constitute the conditions of existence of design. For example, the last discussion with the doctors showed less care about patients and also the young doctors. My proposal of making posters here was an echo of the situation to raise attention to other issues rather than to transfer this discussion to a design process. My guest position did not indicate detaching oneself from the meshwork but involved observation points in and across different the boundaries of makings. This position allows us to see the coincidence and confrontation among makings that designers cannot fully take control of and that one design framework cannot fully encompass. Seeing such relationality of plural makings can become a method of introspection to sensitise our practices (e.g., dialoguing, sketching, drawing, modelling and prototyping), as well as bodily and affective experiences, to the specific situation rather than to the body of existing design knowledge and methods. Some scholars argue for extending the scope of the co-design process from using design methods to the embodied practices of designers to enable contextualised knowing and creating (e.g., Kimbell, 2011; Light & Akama, 2012; Akama et al., 2019; Agid & Chin, 2019). If the scope is plural makings, participation does not necessarily mean inviting them to enter the design process, but rather, it means an embodied designer joins in the meshwork of ongoing plural makings.

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