



Abstract

Using the example of how nurses killed 'mentally ill' patients during Nazi-fascism in Germany, this article employs various aspects of Giorgio Agamben's work, including his work on the production of 'bare life'. According to Agamben's approach, and based on a Foucauldian conception of discourses, nurses during this period were governed by scientific discourses which transformed the patients that they killed into what Agamben called 'bare lives'. That is, nurses did not perceive the lives they terminated as human lives. By utilizing a perspective of 'vulnerability', it is possible to question the normative frames that govern nurses' perceptions of their patients. The outcome of this paper is a critical analysis of contemporary nursing ethics based on the work of Murray & Holmes and Judith Butler.

Key Words bare life, *Homo Sacer*, nursing ethics, precariousness of life, vulnerability

Biopolitical Spaces, Vanished Death, & the Power of Vulnerability in Nursing

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Introduction

In the 1930's and 1940's, nurses were actively involved in the killing of nearly 200,000 patients in psychiatric asylums across Germany.[1-10] The patients killed by physicians and nurses were considered to be 'mentally' or 'incurably' chronically ill. These killings were justified through eugenic, scientific, and 'humanistic' arguments. The following analysis aims to demonstrate that nurses' actions during Nazi-fascism Germany were governed by their perceptions of their patients -- perceptions which changed according to the prevailing scientific discourses that they perceived as truth. These scientific discourses transformed the subjects, both nurses and patients, into gendered and racialized subjects,

which ultimately legitimized the distinction between 'valuable' and 'useless' lives. Agamben's theoretical approach to the production of 'bare life' is especially useful for an analysis of this nature.[11-16] As such, this paper explores various possible potential benefits which can arise from utilizing Agamben's theoretical considerations for this research project.

In order to comprehensively develop the theoretical argumentation, the text is divided into two parts. The first section begins with a synopsis that traces the argumentation of Agamben and emphasises the connections that were formed under the National Socialist regime between sovereign power, medicine, and nursing. These three items combined in the production of bare life and the construction of spaces, where patients became 'homines sacri'. Special emphasis will be placed on the paradoxical relation between exclusion and inclusion. According to Agamben,[15] Western politics constructs itself through acts of exclusion/inclusion of bare life (e.g., those who are and who are not part of a given jurisdiction). The 'state of exception' is the condition for this

paradoxical politic, in which bare life is included through its simultaneously exclusion. The text further discusses the concept of the ‘homo sacer’ and the significance of this concept in Agamben’s thinking. It follows with a description of the concentration camp as a paradigm and the dominant role that medicine and nursing has taken since this time in the production of ‘bare life’. I consciously renounce multiple possible critiques of Agamben’s approach due to the delimited frame of this paper. Furthermore, I concentrate solely on those aspects of Agamben’s work that are useful within the framework of this project.

The second part of this paper concerns ethical considerations for nursing that result from the theoretical discussions outlined in the first section. By utilizing a perspective of ‘vulnerability’, it is possible to question the normative frames that govern nurses’ perceptions of their patients.

State of exception, ‘homo sacer’, and the ‘Muselmann’

Three theses

Agamben’s study ‘Homo sacer: Die souveräne Macht und das nackte Leben’ [14] identifies the present as a catastrophic endpoint within a political tradition that originated from Grecian antiquity and which led to the Nazis’ extermination camps. For Agamben, [17] biopolitics is the core of sovereign power and the modern age is not distinct from previous eras, but rather, brings forth that which was already in existence. Agamben believes that the production of a biopolitical body is the original capacity of the sovereign power. Inclusion into the political community is only possible if simultaneously there are humans whom the status of legal subjects is denied. Agamben concludes his study with three theses.

1. The original political relationship is the ‘banishment’ (that is, the ‘state of exception’, which encompasses a domain wherein it is impossible to distinguish between outside and inside, inclusion and exclusion).
2. The fundamental performance of the sovereign power is the production of bare life as an original political element and as a threshold for the connection between nature and culture, *zōé* and *bios*.
3. The camp and not the state is the biopolitical paradigm of the occident.

Sovereign power and the ‘state of exception’

Following the argumentation of Agamben, in order to under-

stand the functioning of sovereign power it is necessary to examine the exception, because it is in the exception that the nature of the state authority will be revealed. Agamben, [18] following Carl Schmitt, explores what he calls ‘states of exception’; periods when sovereign states rationalise the suspension or modification of law in the name of national security. The sovereign decision over the exception is the original-juridical structure and its principle; the juridical localisation is the ‘state of exception’. The sovereign who has the legal power to suspend the law puts himself legally outside of the law; this is the paradox of sovereignty. The moment a sovereign declares the state of exception, he does so by declaring that there is no existence outside of the law. “Me the sovereign, me who is standing outside the law, declare, that there is no outside the law”. [14 p25, translation mine] The most prominent characteristic of “the exception is that what is excluded in it is not, on account of being excluded, absolutely without relation to the rule”. [15 p17] What is excluded maintains itself in relation to the rule. “In this sense, the exception is truly, according to its etymological root, taken outside (*ex-capere*), and not only excluded”. [15 p18, original italics] The exception does not function according to an interdiction, but rather by means of suspending of the juridical order.

The exception does not subtract itself from the rule; rather, the rule, suspending itself, gives rise to the exception and, maintaining itself in relation to the exception, first constitutes itself as a rule. The particular ‘force’ of law consists in this capacity of law to maintain itself in relation to an exteriority. We shall give the name relation of exception to the extreme form of relation by which something is included solely through its exclusion. [15 p18, original emphasis]

It is noteworthy that the state of exception was not an invention of totalitarian governments but rather developed from a democratic-revolutionary tradition. [11, 12] Every democratic constitution has the ability to declare a state of exception.

Banishment and ‘homo sacer’

The relationship of the exception is the act of banishment, in that the banished is abandoned by the law. According to the schema of the sovereign exception, law applies to the banished in that it no longer applies and that the sovereign holds him in its ban. [15] The relationship between the ban and the abandoned is ambiguous. To ban is essentially the power “of delivering something over to itself” but in doing so, the power maintains itself in relation to the one considered to be non-relational. “What has been banned is delivered over to its own separateness and, at the same time, consigned to the mercy of the one who abandons it – at once excluded and included, removed and at the same time

captured".[15 p110]

The original power of the law holds the power to abandon life, but through this act the law holds life in its control. The sovereign then is the point where it is impossible to distinguish between law and violence; it is the threshold where violence transforms into law and law transforms into violence. Simultaneously, sovereignty is the threshold where nature and culture become indistinguishable. For Agamben, the leading political difference since Grecian antiquity has not been between friend and enemy but rather the segregation between bare life (zoé) and political existence (bios), or in other words, between the natural existence and the legal being of a human. According to Agamben, occidental politics have been founded and developed through the exclusion of bare life (which was, at the same time, an involvement). Politics seems to be the place "in which life had to transform itself in good life and in which what had to be politicized were already bare life. In Western politics, bare life has the peculiar privilege of being that whose exclusion founds the city of men".[15 p7] Agamben uses the term 'homo sacer', a figure from Roman law, to describe a human who could be killed without punishment (of the killer) because he was banished from the political legal community and reduced to the status of his physical existence. Whilst even a criminal had the right to reclaim certain legal warranties, the homo sacer was completely without protection. As he had been excluded from the legal community, he could neither be prosecuted nor could he be religiously sacrificed. "Neither completely living nor completely recognized as dead, the homo sacer was a sort of a 'living dead', who did not even have the elementary right to die like a human".[17, translation mine]

There exists a structural analogy between the sovereign exception and the homo sacer. They are the two sides of the order in which they correlate and they exist symmetrically within this structure. Sovereign is the one who has the ability to declare anybody as homines sacri, and homo sacer is he who compared to any other may be sovereign. Just as the sovereign stands above the law, bare life is outside of the scope of the law while at the same time part of it. "What is captured in the sovereign ban is a human victim who may be killed but not sacrificed: homo sacer".[15 p83] Anybody may slay him without committing homicide; he is reduced to his existence, to bare life without any rights - he can only survive in perpetual flight. "And yet, he is in a continuous relationship with the power that banished him precisely insofar as he is at every instant exposed to an unconditioned threat of death".[15 p183] He is bare life, zoé, which "is as

such caught in the sovereign ban and must reckon with it at every moment, finding the best way to elude or deceive it".[15, p183-4] In this sense, there is no life more 'political'. Bare life is the foundation of a political body, which sets the parameters of what defines the life and death of a human and decides who may be recognized as a human.

The camp and the hospital

The camp is defined as a space without legal subjects (bios); in the camp only 'bare life' (zoé) exists. The paradigmatic figure of the camp is "the Muslim", der Muselmann "a being from whom humiliation, horror, and fear has taken away all consciousness and all personality as to make him absolutely apathetic (hence the ironical name given to him)".(13,15 p185) This person was not only excluded from the political and social context he once belonged to, but also no longer belonged to the world of men, not even to the precarious world of the camp detainees who had forgotten him. He remained "mute and absolutely alone".[p185] The camp constitutes a space of exception and, as I will argue, the psychiatric hospital was a space of exception as well. The camp was a piece of land and the hospital an institution that was installed outside the normal juridical order, but they were not merely external spaces.

What is excluded in the camp (and in the psychiatric hospital-T.F) is, according to the etymological sense of the term 'exception' (es capere), taken outside, included through its own exclusion. But what is first of all taken into the juridical order is the state of exception itself. Insofar as the state of exception is 'willed', it inaugurates a new juridico-political paradigm in which the norm becomes indistinguishable from the exception.[15 p170, original emphasis]

Both the camp and the psychiatric hospital were "hybrid of law and fact in which the two terms have become indistinguishable".[15 p170] Both the camp and the psychiatric hospital were characterized by the fact that their inhabitants "were stripped of every political status and wholly reduced to bare life".[15 p171] The camp and the hospital became biopolitical spaces, "in which power confronts nothing but pure life, without any mediation".[15 p171] According to Agamben, at this point, politics become biopolitical. Nevertheless, Agamben neglects the Foucauldian concepts of governmentality and the specific turn in political rationalities that Foucault introduced with the concept of biopower.[17-32] Due to this neglect, Agamben cannot fully grasp the biopolitical dimension of the 'killing of patients' within a National socialist biopolitic in Germany.

However, Agamben notes that often the question of "how

crimes of such an atrocity could be committed against human beings” is posed.[15 p171] This question is the starting point of many historical studies within nursing as well.[2-7,10,33-35] Nevertheless, I concur with Agamben that this type of question is hypocritical. I believe that Agamben is correct in claiming that it would be more honest,

and, above all, more useful to investigate carefully the juridical procedures and deployments of power by which human beings could be so completely deprived of their rights and prerogatives that no act committed against them could appear any longer as crime. (At this point, in fact, everything had truly become possible).[15 p171]

Notwithstanding that Agamben emphasizes juridical dimensions in this quote, I understand my research as an attempt to investigate this proposed direction. The bare life into which patients were transformed is not, according to Agamben, an extra-political fact, but rather produced through the sovereign decision. If the state of exception becomes the rule, then the juridical-political system becomes a deadly machine, as illustrated by the killing of patients by nurses and physicians during the Nazi regime.

There are not first life as a natural biological given and anomie as the state of nature, and then their implication in law through the state of exception. On the contrary, the very possibility of distinguishing life and law, anomie and nomos, coincides with their articulation in the biopolitical machine. Bare life is a product of the machine and not something that pre-exists it, just as law has no court in nature or in the divine mind.[11 p87-8, original emphasis]

In the case of the killing of patients during the Nazi regime, the sovereign established a symbiosis not only with the jurist but also with the physician, supported by the nurse, and the priest as well.

In 1920, Alfred Hoche, a specialist in criminal law, and Karl Binding, a physician who specialized in ethics, wrote a book wherein they claimed to authorize the extermination of ‘life unworthy life’. In this book, Agamben affirms that the fundamental biopolitical structure of modernity found its first juridical formulation. Binding’s formula of ‘life unworthy life’ and ‘mercy death’ reappeared in the Nazi regime. Masked as a humanitarian problem – before the background of a new biopolitical determination of the National socialist state - the sovereign power practiced the power of decision over ‘bare life’. ‘Life unworthy life’ is not an ethical but rather a political term because it allows a person the possibility to disassociate bare life (zoé) from bios within another person.

It is important to remember that the National socialist government never adopted a law regarding its eugenic program.

This program was simply based on a secret decree that never gained legal force. This implied that all the physicians and nurses involved in this program found themselves in a doubtful judicial position; it was a state of exception.[1,4,7,10,34-47] The sovereign decision over ‘bare life’ shifted away from political motivation and entered an ambivalent terrain wherein the sovereign and the physician, along with the nurse, began changing places. The precondition for these killings was that all murdered persons were judged as already having been excluded from the political community. They were living in a borderland between life and death, between interior and exterior, where they were nothing more than bare life. They were reduced to *homines sacri* and in this ‘no man’s land’ the physician, nurse and scientist were moving where, in former times, only the sovereign could move.

Ethical considerations

Normative frames and power

As previously outlined, the killing of patients in the time of the Nazi regime was possible because some lives did not count as lives at all, or in Agamben’s terms, were considered ‘bare life’. The following ethical considerations follow the theoretical discussion of the first section of this research paper, which highlighted that one cannot refer to the state of ‘being’ as outside the operation of power. Consequently, certain lives cannot be apprehended for living within certain epistemological frames. The example of nursing under the power of the Nazi regime shows that human life that never lived or lost in the full sense, existed. A critical ethical analysis of the nurses’ actions must pose the questions: Who counted as human?; Whose lives counted as real lives?; and What made for a grievable life? I am following the reflections of Butler[48-58] as I believe that her work raises important ethical considerations for nursing. This approach complements the claim of Murray & Holmes[59] regarding their critical approach to bioethics. According to these authors, a critical perspective must analyze power and its effects, and must call into question a reductive binary logic. Such critics must seek to understand “the many broader contexts – socio-political, socioeconomic, historical, cultural – that provide the conditions under which mainstream bioethical principles have become authoritative, if not hegemonic”. [59 p2] I believe that the example of nursing under the Nazi regime illustrates the necessity to construct a specific ‘nursing-care ethic’ that must make broader social and political claims. In order to make claims “about rights of protection and entitlements to persistence and flourishing” one must construe, according to Butler,[48] a new bodily ontology, which is a social ontol-

ogy as well; “one that implies the rethinking of precariousness, vulnerability, injurability, interdependency, exposure, bodily persistence, desire, work and the claims of language and social belonging”. [48 p2] This is a specific mandate for nursing, because nurses are especially confronted with these issues, and, as the example of nursing in Germany (and elsewhere) highlights, they are in a particularly powerful position [60-7] due to the specific characteristics of the care situations in which they are engaged. [66-75] One aspect of ‘care situations’ is the asymmetrical relationship between nurses and their patients, a fact that Murray describes as follows:

We need only reflect on the body in illness and pain to understand that the rational and coherent subject is a conventional fiction: in practice, this subject is fragmentary, radically uncertain, contradictory, and embodied. Any ‘autonomous’ decision takes place between the patient and a vast healthcare complex in the face of which the patient can hardly be said to be ‘rational’ or ‘free’. [59 p4]

Within a bodily ontology, the body is always given over to others and it is socially crafted and formed by norms, and social and political organizations that have developed over time. Whilst the precariousness of life imposes an obligation on society, and especially on nurses, precariousness is for some minimized and for others maximized, as is particularly apparent in the Nazi era. Butler takes this different allocation of precarity as her point of departure when rethinking the bodily ontology of leftist politics. According to her considerations, a life can only be considered as life if it is produced according to norms that qualify it as life. However, throughout this process, the ethical question arises: when do violence and injury emerge, since normative frames generate specific, historically contingent ontologies of the subject?

The problem of recognition

Recognisability cannot be thought of as a quality of individual humans as persons. [59,76] The idea of ‘personhood’ is based on a normative ideal, which produces certain recognizable persons but makes it far more difficult to recognize others because they do not conform to that which is normatively understood as recognizable. The objective of a nursing-care ethic should not be to determine how it might be possible to expand this normative frame, but rather to consider how these frames allocate recognition differentially. [48,54,57,58] Recognition is only possible within historical schemas that establish domains of intelligibility, or in other words, dynamic fields of the knowable that constitute a historical ‘a priori’. [48] A life must be knowable as a life, and in order to achieve intelligibility it has to conform to certain conceptions that

define what life is. Thus, schemas of intelligibility condition and produce norms of recognizability. The paradox of the frame exists in that it never contained the scene it was meant to limn, because something is already outside, excluded by the frame, which makes the ‘sense’ of that which remains inside possible. Every identity is relational within an unstable system of differences. [77-9]

Using an ethical approach to nursing care, in order to answer the question, “how can ‘patient-subjects’ be represented within nursing and what might be a sufficient institutional recognition for them?”, we must consider the ontology of the subject. Nurses have to question the norms that produce the idea of ‘the human’: who is worthy of recognition and is representative of all people. A differential of power is at work, one that distinguishes between those subjects that will be recognized and those that will not, as was the case of German nurses under the Nazi regime. Nurses must be aware that the subject can only emerge if it is differentiated against those possible subject formations that are excluded, “a host of not-me”. [51 p141] This implies that the subject discards all dimensions of itself that do not conform to the normative frame of the ‘human subject’.

The critical potential of mourning

Butler proposes another perspective in order to construe an alternate ontology as a foundation for ethics, which seems to be especially relevant for a nursing-care ethic. She calls the perspective a ‘perspective of loss’ [53,55] and the ontology a ‘bodily ontology’. [48,49] The perspective of loss enables one to speak of a ‘we’ because “all of us have some notion of what it is to have lost somebody”. [53 p20] Each of us is constituted politically in part “by virtue of the social vulnerability of our bodies – as a site of desire and physical vulnerability”. [53 p20] Loss and vulnerability is a constitutive part of our “being socially constituted bodies, attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure”. [53 p20] Mourning means that one accepts that by the loss of an ‘other’, one will be changed and undergo a transformation. Mourning means that something that is larger than one’s own deliberate plan or project takes hold of oneself. In other words, mourning reveals something about us; it reveals that we are interconnected with others and that these ties compose us. In losing an ‘other’, a ‘you’, one discovers that “‘I’ have gone missing as well”. [53 p22] Grief, understood in this way, furnishes not only a sense of political community but can also serve as a perspective for nursing ethics because it reveals relational ties. This perspective is important in order to theorize

fundamental dependency, as nurses face it in their everyday experiences, and to use this dependency in order to base one's ethical responsibility. Our relationships with others 'holds' us in ways we cannot always recount or explain and it subverts the notion of an autonomous and self-controlling subject.[49,57,58]

These conditions affect the manner in which we perceive life and the body. The body is constituted as a social phenomenon and bears the imprint of the world of others. It relates me to the other who I never chose a relation to and "if I build a notion of 'autonomy' on the basis of denial of this sphere of a primary and unwilling physically proximity with others",[53] then I am denying the social conditions of my embodiment. This makes life precarious and, according to Butler, there "ought to be a more inclusive and egalitarian way of recognizing precariousness, and that should take form as concrete social policy regarding such issues as shelter, work, food, medical care, and legal status".[48 p13] This could be read as a mandate for nursing to advocate for this kind of social policy. Nevertheless, precariousness itself cannot be properly recognized, because precariousness implies living socially, which means that one's life is always, in some sense, in the hands of others (58). This is especially apparent in nursing interactions. Precarious life is a generalized condition, "it is, paradoxically, the condition of being conditioned".[48 p23, cf. 58] It is impossible for the subject to recover the source of its vulnerability, because it precedes the formation of the "I" (57,58). Beings are given over to the touch of the other "even if there is no other there, and no support"; to these lives, the 'other' signifies "a primary helplessness and need, one which any society must attend to.[53 p32]

Nevertheless, vulnerability cannot be understood outside of a differentiated field of power that determines the differential operations of norms of recognition. We cannot recognize life outside of already established normative frames, because these frames structure how we are able to know and identify life and the necessary conditions for sustaining these lives. The hypothesis of my research project is that the normative frame made it impossible for the nurses to identify the life outside the frame, which was construed through scientific and judicial discourses in Nazi Germany. The life nurses killed was, to them, considered to be no life at all; in Agamben's terms, it was considered 'bare life'. These conditions require renewal as they are continuously evolving, and thus, nurses are given the responsibility to maintain the necessary conditions of life. Precariousness is coextensive with birth because the survival of the infant depends on the social network that supports it. The survival of the infant depends on

whether the death of the child would matter; "grievability is a presupposition for the life that matters".[55 p14]

According to this perspective, violence is "always an exploitation of that primary tie, that primary way in which we are, as bodies outside ourselves and for one another".[53 p26] Grief enables the apprehension of 'a mode of dispossession that is fundamental to who I am'. The patients killed by nurses and physicians were not grievable because they were not lives that mattered. The boundary of the body never fully belongs to me - my survival depends on the socially constitutive sociality of the body. Nevertheless, this sociality of the body enables one under certain social conditions to jeopardize life and survivability. This becomes very clear through the actions of the nurses, because the physical coercion and, finally, the killing of these bodies, was the result of unwilling imposition of force on these bodies.

Violence and vulnerability

Violence exposes the primary human vulnerability "in which we are given over, without control, to the will of another, a way life itself can be expunged by the will of another".[53 p28-29; 57,58] Violence puts the other at risk, but this vulnerability is part of bodily life. According to Butler, vulnerability "becomes highly exacerbated under certain social and political conditions, especially those in which violence is a way of life and the means of self defence are limited".[53 p29] The perspective of vulnerability can become the basis for non-violent solutions whereas the denial of vulnerability is a fantasy of mastery and can fuel the instrument of war. The actions of nurses and physicians created conditions under which certain human lives were more vulnerable than others, or in other words, certain human lives were more grievable than others. There exists a hierarchy of grief, because some lives cannot be mourned.

Without grievability, there is no life, or, rather, there is something living that is other than life. Instead, 'there is a life that will never have been lived', sustained by no regard, no testimony, and ungrieved when lost. [48 p15]

Not only does this imply that a normative notion of the human exists and that humans regarded as non-humans are forever excluded from being regarded as human, but also, this restrictive conception of the human permits violence and even murder against these excluded individuals. This was the justification that permitted nurses to act in the way they did under the Nazi regime. The patients who were considered to be "degenerated" or "mentally ill" suffered foremost the violence of being de-realized. The de-realization of these

patients' lives was the reason why they could not be mourned, or to use a modified utterance from Butler,[54] 'because they were always already lost, or, rather, never were, and they had to be killed, since they seemed to live on, stubbornly, in this state of deadness'.[11-15] The 'de-realization' of the other is exactly what Agamben tries to capture in the paradigmatic figure of the 'Muselman'.[13] As already discussed in the first part of the paper, the Muselman was trope for those beings that were already lost, but lived on 'stubbornly' in a state of deadness, ignored and hated even by the other detainees. The ontological status of this targeted population is contained and suspended.

Violence through discourse

On the level of discourse, certain lives are not considered as lives at all; they cannot be humanized because they do not fit into the frame of the 'human'. Dehumanization first occurs within discourses and then gives rise to physical violence "that in some sense delivers the message of dehumanization that is already at work in the culture" (53 p34). This mechanism of dehumanization was surely at work within the discourses during Nazi fascism. One example was the equating of specific minorities with 'pathogens', 'ballast existences', or 'cockroaches' (10,34,35,47,80)(81).

Nevertheless, the discourses themselves can affect violence through omission. This was especially the case for the patients that were killed. No obituaries existed for these patients nor could they have, because "there would have had to have been a life, a life worth noting, a life valuing and preserving, a life that qualifies for recognition" (53). These lives were not grievable and they remain unrecognized, because the majority of the documentation about these patients was destroyed. Consequently, barely any trace of these lives exists.

In 1989, 30,000 files from the centralized organized killing by the Nazi government (called 'Aktion T4', the start of the systematic killings) were found in an archive belonging to the secret police of the former German Democratic Republic. To this day, the victims are not fully recognized as 'victims of the Nazi-regime', nor are they equally recognized under public law with other victims of the National socialist regime.[82-85] These lives failed to become publicly grievable lives. If a life "is not grievable, it is not quite a life; it does not qualify as a life and is not worth a note. It is already the unburied, if not the unburiable".[53 p34] A discourse of dehumanization does not simply produce these effects; rather, there is "a limit to discourse that establishes the limits of human intelligibility".[53 p35] The result is a death that is unremarkable- a death that vanishes. This is to say that discourses regarding

dehumanization do not simply produce a treatment that is structured by this very discourse, but rather, dehumanization emerges at the limits of discursive life; a refusal of discourse produces dehumanization. "Violence against those who are already not quite living that is living in a state of suspension between life and death leaves a mark that is no mark".[53 p36] A critique of violence must begin by questioning the representability of life itself, because the tacit interpretative scheme divides worthy from unworthy lives. According to this logic, those who were killed were not quite human and not quite alive, which means that nurses and physicians did not feel the same horror and outrage over the loss of these killed lives as they did over the loss of those lives that bore a certain similarity to their own.

Moral horror seems to be a sign of our humanity, but the humanity in question is, "in fact, implicitly divided between those for whom we feel urgent and unreasoned concern and those whose live and deaths simply do not touch us, or do not appear as lives at all".[49 p50] This shared precariousness leads not to reciprocal recognition, but opens up the possibility to exploit targeted populations "of lives that are not quite lives, cast as 'destructible' and 'ungrievable'".[53 p31] These populations are cast as threats to human life and when such lives are lost "they are not grievable, since, in the twisted logic that rationalizes their death, the loss of such populations is deemed necessary to protect the lives of 'the living'".[53 p31] This was exactly the logic of the killings and it is consistent with Foucault's consideration of biopolitic. According to Foucault, the killing of certain sectors of a population within biopolitical rationality is only justifiable if their death strengthens the population.[22]

Further implications for nursing ethics

It is of paramount importance for nurses to comprehend that state power operates "within an ontological horizon saturated by power that precedes and exceeds state power".[51 p149] This implies that the state "both produces and presupposes certain operations of power that work primarily through establishing a set of 'ontological givens'".[51 p149] These ontological givens comprise notions of the subject, culture, identity, and religion that seem to be self-evident within the historical, normative framework. These frameworks determine modes of intelligibility "that further the workings of the state and, as such, are themselves exercises of power even as they exceed the specific domain of state power".[p149] These frameworks encourage a reduction of the complexity of populations to specific identity forms. A critical perspective in nursing must focus on the violence affected by

these normative frameworks and must offer “an alternative account of normativity based less on ready judgement than on the sort of comparative evaluative conclusions that can be reached through the practice of critical understanding”. [51 p150] Critical understanding stands for a destabilization and reworking of normativity. This normativity becomes “the unjustifiable ground (actually, the failure of any ground) for the unjust judgement that certain lives are worth saving and others worth killing”. [51 p162] Butler calls this a ‘perspective of coalition’, which requires a rethinking of the subject as a dynamic set of social relations. As such, if my formation implicates the other in me, I am constituted with foreignness to myself, which is the source of my ethical connections. [53 p46;57,58] The idea of ‘ethical connections’ corresponds with the claim of Murray and Murray & Holmes. [59,76,86,87] This kind of analysis is capable of “calling into question the framework that silences the question of who counts as a ‘who’ – in other words, the forcible action of the norm circumscribing a grievable life”. [51 p163] A conceptualization in nursing of the body as bound up with others enables one to reconsider the body in the field of politics. Through the actions of nurses and physicians in the time of the Nazi regime, the body’s vulnerability to subjection was exploited and the fact of interdependency abused. The body “that exists in its exposure and proximity to others, to external forces, to all that might subjugate and subdue it, is vulnerable to injury; injury is the exploitation of that vulnerability”. [49 p61] Nurses in particular must be aware of the two separate truths about the body: the body as tied to others, which enables our desires and the body that allows for the possibility of subjugation and cruelty.

Final remarks

This paper began by outlining some core concepts of Agamben’s theoretical considerations regarding the state of exception and the production of ‘bare life’ in order to assess their utility for the intended research project. The analysis explicitly renounced a critical discussion of various fundamental assumptions in Agamben’s approach. This paper concludes that the discussed concepts enable one to comprehend, on a theoretical level, how the killings of patients occurred. Through the installation of a state of exception within psychiatric hospitals, it became possible to exclude ‘bare life’; life that was not perceived as life and that was sustained in a zone of indifference. The second part of this paper discussed various ethical considerations that arise from the theoretical considerations. The work of Butler, followed by the claim of Murray et al., were used to develop an alternate approach to a critical nursing-care ethic that is not based on the idea

of an autonomous subject. Following their approach, I proposed a perspective of vulnerability and interrelation. Such a perspective enables nurses to question existing normative frames and to develop a nursing-care ethic that is not based on the idea of the ‘human’ or on fixed identities.

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